Screening Program PA02

Program Description

I - Program Name

The Patient Health Questionnaire two-item scale (PHQ-2) Screening Program

II - Identification of Eligible Member Population

Pennsylvania adults and adolescents who would benefit from an emphasis in preventative care, especially those that have high a prevalence of depression, complex and co-morbid illnesses, such as the Commonwealth of Pennsylvania's Medicaid population.

III - Conditions Where Screening is Recommended and/or Required

The PHQ-2 helps identify those who would benefit from further assessment or referral for depression disorders, especially those who may have expressed recent depressed mood and loss of pleasure or interest.

IV - Screening Tool

The PHQ-2 has been validated in clinical settings and has been found to be as effective as other depression screens. Psychometric studies have found that the PHQ-2 has sensitivity and specificity in the 80-90+% range. The PHQ-2 consists of the first two items from the longer Patient Health Questionnaire-9, which consists of nine items that align with the DSM-IV criteria for major depression. The PHQ-2 inquires about the frequency of depressed mood and loss of pleasure or interest over the past 2 weeks. Its purpose is not to establish a final diagnosis but to screen for depression as an initial approach. A PHQ-2 score ranges from 0-6, with recommendations for further screening with a PHQ-9 for anyone scoring a 3 and above.

While physicians concede that depression is a serious disorder that is common enough to warrant screening and that effective treatment is available, many believe that the screening process requires too much time and effort. The Patient Health Questionnaire two-item scale (PHQ-2) is a reasonable alternative screening measure given its brevity and potential to be administered during the clinical interview.

V - Planned Screening and Frequency

It is recommended that these tools be utilized for every potential candidate on initial evaluation and at least on a quarterly basis.

VI - Promoting the Program to Members, Providers, and Practitioners and Obtaining Input into Development and Implementation

Provider and practitioner feedback regarding this screening program will be obtained by presenting the program design in committee meetings. Program information will also be incorporated into the welcome letters for new practitioners and providers. The screening tool along with a description and instructions for use will be made available on the Magellan of Pennsylvania website.

VII - Scientific Evidence and Best Practices References

Depression is considered one of the most prevalent disorders with far-reaching consequences in America. This led the US Preventive Services Task Force in 2002 to recommend screening all adults for depression. According to 2014 statistics from the US Census Bureau Center for Disease Control and Prevention report, 5.4% of the American population suffers from depression. 18.8 million People are affected by depressive disorders yet 80% of these individuals are not receiving treatment. Depression costs employers over $51 billion dollars in lost revenue. Depression is projected to become the second leading contributor to global burden of disease by 2020 according to the World Health Organization.

Mood disorders are a significant reason our Medicaid recipients seek services in higher levels of care. Mood disorders are the top diagnosis of members in inpatient psychiatric units, Residential Treatment Centers, and Crisis Stabilization Units. The risk for suicide, the 10th leading cause of death in the United States, escalates significantly without proper treatment.
It is well known that a large number of those with mental illness and substance use disorders do not seek treatment and will "suffer in silence." The need for screening for these disorders is vital for the identification, diagnosis and treatment of these conditions. Since these individuals may often be identified in other systems such as correctional facilities, emergency rooms, schools or social services, a short and precise assessment tool is necessary that can be used with minimal training.

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- National Institutes of Health, National Institute of Mental Health. (n.d.). *The Numbers Count: Mental Disorders in America.* Retrieved March 5, 2013, from http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml
- Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings* NSDUH Series H-42, HHS Publication No. (SMA) 11-4667). Rockville, Md.: Substance Abuse and Mental Health Services Administration, 2012.
- Insel, T.R. (2008). Assessing the Economic Costs of Serious Mental Illness. *The American Journal of Psychiatry.* 165(6), 663-665.
- Parks, J., et al. (2006). *Morbidity and Mortality in People with Serious Mental Illness.* Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council.
- American Association of Suicidology. (2012). *Suicide in the USA Based on 2010 Data.* Washington, DC: American Association of Suicidology
- Kroenke K, Spitzer RL, Williams JB. The patient Health Questionnaire -2: validity of a two-item depression screener. *Med Care.* 2003; 41:1284-1292. 2007CQAIMH.

VIII - Program Review Frequency

The tools will be evaluated and revised at least every two years or when there are scientific and clinical updates made to them.