CPCPracticeSpotlight57

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Shared Decision Making Can Be Part of Behavioral Health

Vanguard Medical Group, Verona, New Jersey; independent; 16 providers; 17,000 patients

Oct. 23, 2015

CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.2: Planned Care for Chronic Conditions and Preventive Care
- 1.3: Risk-Stratified Care Management
- 1.4: Patient and Caregiver Engagement

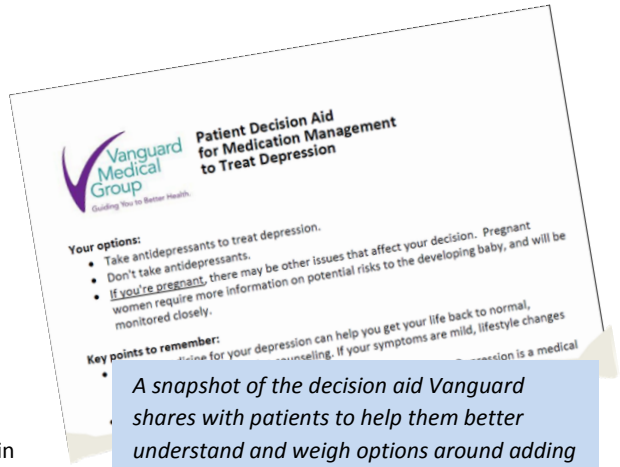
CPC Change Driver 3: Continuous Improvement Driven by Data

- 3.1: Internal Measurement and Review

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: When CPC kicked off advanced primary care strategies in January 2014, the team at **Vanguard Medical Group** was already well underway in integrating behavioral health, having embedded a psychiatric advance nurse practitioner (PsyNP) in its Cranford practice prior to CPC. Now with two PsyNPs on staff, Vanguard saw an opportunity to further broaden patient engagement by adding shared decision making for medications in behavioral health treatment. Their aim was to help patients better understand and weigh options around adding an anti-depressant medication to their treatment plans.

Innovation: Physicians, nurse care coordinators (CC) and the PsyNPs together planned how a decision aid would integrate into BH visits. The practice's existing health library contained four aids addressing specific aspects of depression and medication management, but this team opted to distill key pieces of each aid into a single, introductory-type decision aid. They also looked for content from the National Council for Behavioral Health.


Vanguard Medical Group
Guiding You to Better Health.

Patient Decision Aid for Medication Management to Treat Depression

Your options:
- Take antidepressants to treat depression.
- Don't take antidepressants.
- If you're pregnant, there may be other issues that affect your decision. Pregnant women require more information on potential risks to the developing baby, and will be monitored closely.

Key points to remember:

A snapshot of the decision aid Vanguard shares with patients to help them better understand and weigh options around adding an anti-depressant to their treatment plans.

Knowing they often had these conversations when patients were distraught, the goal was to create an aid that would provide a high-level view of options in a brief, easy-to-read format that wouldn't overwhelm a patient. Further, they wanted to be sensitive to the patient's time and level of health literacy.

The resulting aid is a single sheet (front and back) in a bulleted-list format that guides a focused decision-making conversation while succinctly framing options around anti-depressants. Along with listing the risks and benefits of using these medications, the decision aid reminds patients that lifestyle choices may also improve depression. It is shared with patients in a hard-copy format during BH appointments with the PsyNP.

Identifying patients – The practice has several processes where patients with depression are identified:

- **PHQ-2 on visit in-take form:** As patients arrive for office visits, the front desk gives them a "My Agenda" form that includes a PHQ-2 at the top. Patients also have the option to check a "There is something else I would like to talk about but prefer not to write" line. The MA records positive screens in the EHR while rooming the patient.
- **During provider encounter:** Providers may flag patients for PHQ-9 screening if they further assess the patient is depressed but didn't self-score as such on the PHQ-2. Also, Vanguard providers have strong experience caring for their empanelled patients, relying on their clinical and institutional knowledge of the patient to order a PHQ-9.
- **During care coordination referrals:** CCs completing transitions of care follow-ups on in-patient hospitalizations and ED visits will screen for depression, especially for patients who recently experienced an unplanned admission and/or a new diagnosis. These situations can be a trigger for additional behavioral health support.
- **Outreach to high-risk patients**: CCs overseeing care plans for high-risk patients routinely screen for depression, with special attention paid to patients who continually struggle to self-manage chronic conditions. CCs make referrals to the PsyNP as part of the care team collaboration.

Implementation and usage of the decision aid – PsyNPs currently use the decision aid to discuss treatment options for depression with eligible patients. Additionally, Vanguard recognizes that more and more often patients seek medication from their PCP before being referred to BH or considering talk therapy. Thus, Vanguard may add the decision aid tool to the PCP workflow to support other providers in having consistent, succinct conversations with patients around treatment for depression.

PsyNPs report that patients generally find the decision aid helpful by providing clarity, especially when the patient is distressed, and by presenting options. Patients also appreciate having the information on paper to take home with them if they opt to make a decision at a later visit. While the practice has more than 150 patients using embedded behavioral health services, total usage among the PsyNPs has remained below 20 patients per quarter total for both PsyNPs. Overall, providers are pleased with the decision aid; other Vanguard PsyNPs use it in their workflows.

TMF Health Quality Institute

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