Resource Guide

Antidepressant Medication Management

A resource for primary care physicians

Health Partners Plans

Depression Management

Managing patients with depression

Health Partners Plans (HPP) has experienced staff members and teams that can help you manage your patients with depression.

HPP's resources include:

- Pharmacists and clinical case managers dedicated to managing member care
- Educational materials for your patients
- Medication Adherence reports
- A complex patient multidisciplinary team of medical case managers and behavioral health case managers
- Partnerships with behavioral health resources (including Magellan Health Services and Community Behavioral Services)

Increasing Medication
Compliance in the Depressed Patient

The National Committee of Quality Assurance (NCQA) utilizes Healthcare Effectiveness Data and Information Set (HEDIS). Health Partners Plans collects HEDIS data in efforts to collaborate with and educate our providers and members to improve their quality of care. Per NCQA recommendations, HPP tracks the Antidepressant Medication Management (AMM) measure and has programs to improve our members' health outcomes.

Collaboration/Coordination

- Major depression is a serious mental disorder with symptoms such as difficulty concentrating, loss of interest or pleasure, feeling sad, and thoughts of death or suicide.[1] In 2017, an estimated 17.3 million adults in the United States had at least one major depressive episode, which represents 7.1% of all adults in the United States.[2] Studies have shown that a majority of these patients will initiate care with their primary care physician rather than a mental health professional. Therefore, effective collaboration between the PCP and the behavioral health provider is critical in the successful treatment of depression.

What Effective Treatment Can Achieve

- Depression is among the most treatable mental disorder, as treatment types include antidepressant medication, psychotherapy or a combination of the two.[3] Coupled with appropriate forms of psychological therapy, most patients experience good outcomes with appropriate antidepressants taken for the proper duration.
- Early treatment is more effective and helps prevent the likelihood of serious recurrences.
- Patients need to be monitored very carefully during the acute phase (the first three months) and the initial continuation phase (the first six months) of treatment, so the clinician can adjust the dosage or type of medication, if necessary. The risk of depression is higher in patients with serious co-morbidities and treatment of depression may have a beneficial effect on their overall functioning and recovery.
- About 2/3rds of individuals who suffer from major depression can achieve full remission.

HEDIS Measure Description[4]

Two measure rates are reported to look at the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. These include:

- **Effective Acute Phase Treatment:** Members who remained on an antidepressant medication for at least 84 days (12 weeks) with gaps in treatment up to a total of 30 days.
- **Effective Continuation Phase Treatment:** Members who remained on an antidepressant medication for at least 180 days (6 months) with gaps in treatment up to a total of 51 days during both the acute and continuation treatment phases combined.

Source: Magellan

Increasing Medication
Compliance in the Depressed Patient (cont.)

Clinical Goal

- Members with a diagnosis of major depression will remain on antidepressant medication for at least 180 days (6 months) after initial fill date, also known as the index prescription start date (IPSD).

Criteria for Meeting Clinical Goal

1. Submitting appropriate member diagnosis code of major depression for both Acute and Continuation phases;
2. Receipt of pharmacy claims:

- 84 days (12 weeks) – Acute Phase
  - — 84 days need to be covered out of the 114 days after the IPSD (115 days total)
  - — Allows at most 31 days where member goes without medication during the 115-day period
- 180 days (6 months) – Continuation Phase
  - — 180 days need to be covered out of the 231 days after the IPSD (232 total days)
  - — Allows at most 52 days in both the acute and continuation phase combined where member goes without medication during the 232-day period

Medication Compliance

Many patients are reluctant to take and adhere to their medications due to several factors. The most common reasons for medication non-compliance include[5]:

1. Forgetting to take their medication
2. Fear of medication side effects
3. Making decisions based on personal value judgement, religion, and cultural beliefs on the benefit and the risks of medication treatment
4. Cost of medication
5. Polypharmacy

Non-adherence to depression therapy is associated with several significant negative outcomes relating to the individual's quality of life, self-care, and loss of productivity, as well as elevated risk of relapsing depression in early discontinuation of therapy[6,7].

According to the American Psychiatric Association (APA) Practice Guidelines for the Treatment of Patients with Major Depressive Disorders:

- **Factors to consider when choosing medication include:**
  - — Anticipated side effects
  - — Safety/tolerability
  - — History of prior response
  - — Cost
  - — Potential drug interactions
  - — Patient preference
  - — Co-occurring psychiatric and medical conditions
- **Patience is important.** Improvement with pharmacotherapy may not be seen until after four to eight weeks of treatment. If there is not at least moderate improvement by eight weeks, then a reappraisal of the treatment regimen should be conducted.
- **The goals of the acute phase.** These include inducing a remission of symptoms and a resumption of baseline functional status.
- **Continuation Phase.** Patients should be kept on treatment at the same dose, intensity, and frequency as in the acute phase for 16 to 20 weeks following remission to prevent relapse.
- **Maintenance Phase.** In order to prevent relapse, the treatment that was effective in the acute and continuation phases should be used for:
  - — 6-12 months for the first depressive episode
  - — 3 years for the second episode

Increasing Medication
Compliance in the Depressed Patient (cont.)

  - indefinitely for a second episode with complicating factors (or a third episode)

- **Psychiatrist referrals may be in order.** Refer treatment resistant patients to a psychiatrist.
- **Antidepressant medication management.** Factors to be considered should include:
  - **The patient.** Their perceptions and understanding of their depression and medications (taking into account the patient's culture, socioeconomic status and health literacy).
  - **The medication.** How complicated it will be for the patient to manage, the side effects and the cost.
  - **The Provider.** Primary care physician vs. behavioral health specialist, knowledge of psychopharmacology and psychotherapy.
  - **Disease Burden.** Chronic vs. acute, co-morbid medical problems, substance abuse.
  - **Understanding.** Lack of patient understanding of the proper use of antidepressant medications and the importance of staying on therapy.
  - **Communication and coordination.** A lack of communication and coordination of treatment between providers.
  - **Access.** Efficient patient access to obtain prescriptions.
  - **Affordable prescriptions.**
  - **Patient follow-up.**
- **Improved Treatment Adherence.** Providers can help to improve treatment adherence through the following:
  - **A strong alliance.** Establishment of a strong alliance with the patient.
  - **Patient education.** Educate patients about their illness, medications and adherence with their treatment.
  - **Compliance sssistance.** Providing medication compliance assistance, such as pillboxes.
  - **Patient follow-ups.** Be sure to schedule patient follow-ups.
  - **Behavioral health specialist.** I ncorporatebehavioral health specialists when appropriate.
  - **Tip sheet.** Provide a patient tip sheet (available from Health Partners Plans).

Best Practices

Pharmacists and Providers Counseling[8,9]

- Help members understand most antidepressants have a 2-4 week lag for beneficial effects to be noticed and it take generally 4-8 weeks at an adequate dose to determine if the drug is not working.
- Set member's expectation for their duration of treatment, and inform the member treatment duration can vary based on severity of episode and reoccurrence.
- Discuss with members that stopping medication suddenly can be dangerous. If they take the medication for less than their recommended duration of treatment, they are at greater risk for recurrence. Medication should be tapered properly to minimize withdrawal symptoms.
- Encourage members to continue any prescribed medication even if they feel better.
- Discuss the importance of contacting a healthcare provider if a member's symptoms of depression persist or worsen while taking the medication.

Behavioral Health Services available to you and your patients include:

Health Partners Plans

901 Market Street
Suite 500
Philadelphia, PA 19107
215-849-9606
HealthPartnersPlans.com

Magellan Health Services

(Medicare, CHIP and some Medicaid members)
Magellan has provider education resources including news, publications and member education materials on their website. They also have helpful Clinical Practice Guidelines on the Assessment and Treatment of Patients with Depressive Disorders.
1-800-788-4005
www.MagellanHealth.com/provider

Community Behavioral Health

(Some Medicaid members)
The Department of Behavioral Health and Intellectual Disability Services has educational and resource links on their website.
www.dbhids.org

Health Partners Medicare members:

Magellan: 1-800-424-3704

Health Partners (Medicaid) members (by county):

Philadelphia County: Community Behavioral Health **1-888-545-2600**
Bucks County: Magellan Healthcare **1-877-769-9784**
Chester County: Community Care Behavioral Health **1-800-553-7499**
Delaware County: Magellan Healthcare **1-888-207-2911**
Montgomery County: Magellan Healthcare **1-877-769-9782**

KidzPartners members:

Magellan: 1-800-424-3701

Suicide Prevention Hotline

1-215-686-4420

Health Partners Plans

1-888-991-9023
HealthPartnersPlans.com

Health Partners Plans
901 Market Street, Suite 500
Philadelphia, PA 19107

[1] American Psychiatric Association (APA). What Is Depression? https://www.psychiatry.org/patients-families/depression/what-is-depression. Accessed 2020 Sep 17.

[2] National Institute of Mental Health. Major Depression Statistics. https://www.nimh.nih.gov/health/statistics/major-depression.shtml. Updated 2019 Feb. Accessed 2020 Sep 19.

[3] Practice Guideline for the Treatment of Patients with Major Depressive Disorder ,2010, https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf. Accessed 2020 Aug 4.

[4] https://www.ncqa.org/hedis/measures/antidepressant-medication-management/

[5] Murphy SP, Ibrahim NE, Januzzi JL. Heart Failure With Reduced Ejection Fraction: A Review. JAMA. 2020;324(5):488-504.

[6] Stein-Shvachman, I., Karpas, DS., & Werner, P. Depression Treatment Non-adherence and its Psychosocial Predictors: Differences between Young and Older Adults? Aging Dis. 2013 Dec; 4(6): 329–336. doi: 10.14336/AD.2013.0400329

[7] Wick, JY. Tool Kit for Increasing Adherence to Antidepressants. https://www.pharmacytimes.com/publications/issue/2018/March2018/tool-kit-for-increasing-adherence-to-antidepressants. Accessed 2020 Sep 17.

[8] Practice Guideline for the Treatment of Patients with Major Depressive Disorder ,2010, https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf. Accessed 2020 Aug 4.

[9] Treating Major Depressive Disorder A Quick Reference Guide. Based on Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, 2010. https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-guide.pdf Accessed 2020 Aug 4.

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