Managing Depression in HHC Patients
Henry Ford at Home

- Home Health Care
- Hospice
- e-Home Care
- Home Infusion
- Health Products (DME)
- Extended Care (Private Duty)
- Self Health Centers/Health Coaching

Henry Ford E-Home Care

- Provides technology to Home Health Care patients and the greater community in their homes:
  - Personal Emergency Response Systems (PERS)
  - Electronic Medication Dispensers
  - Telehealth Remote Monitoring
9.2 to 10.3% of adults screen positive for current depression in Michigan.

1 in 10 US population report at least one lifetime episode ¹
20-40% of post-stroke patients ²
15-25% of older cancer patients ³
61% of Parkinson’s patients, 1/3 with major depression ⁴
1 in 6 post-MI Patients ⁵
15-50% of Dementia’s patients ⁶

1. CDC, Current Depression Among Adults, October 1, 2010
Life Span Perspective on Risk and Protective Factors for Late Life Depression

**Early-Onset Versus Late-Onset**

**Early-Onset**
- First episode of depression in childhood or early adult life
- First degree relatives with depression
- Less physical illness
- More psychiatric comorbidity (SUD; personality disorders)
- Sad mood

**Late-Onset**
- First episode after age 50
- Less genetic predisposition
- **Chronic physical illness**
- Poorer treatment response with more chronic course
- Increased mortality
- Abnormal brain imaging
- Less psych comorbidity
- Apathy and inability to feel pleasure
Late Life Depression

- Incidence of major depression declines with age, but minor depression is much more common
- Depressive symptoms occur in 15%–25% of older adults (>65 years) that fail to meet criteria but cause distress and interfere with functioning
- Fewer than half of depressed seniors are recognized as being depressed and of those who are identified fewer than half receive treatment

1. CDC, Current Depression Among Adults, October 1, 2010

Depression by Care Settings

<table>
<thead>
<tr>
<th>Care Setting</th>
<th>Prevalence of Major Depression (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>2.5</td>
</tr>
<tr>
<td>Primary Care Clinic</td>
<td>7.5</td>
</tr>
<tr>
<td>Medical Inpatient Setting</td>
<td>12.5</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>25.0</td>
</tr>
</tbody>
</table>
Comparison to Other Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Physical Function</th>
<th>Social Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive Disorder</td>
<td>P &lt; 0.05 vs depressive disorder.</td>
<td>Score of 100 = perfect functioning. Wells KB et al. JAMA 1999;282:914-919.</td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Arthritis</td>
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<tr>
<td>No Chronic Condition</td>
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</tbody>
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Clinical Features of Late in Life Depression

- Depression” without sadness
- Irritability
- Prominent Anxiety
- Cognitive complaints
- Prominent vague somatic complaints
- Unexplained health worries
- Heightened pain complaints
- Loss of interest and pleasure
- Social withdrawal or avoidance of social interactions
- Multiple primary care visits without resolution of the problem
- Unexplained functional decline
Correlation of Physical Health Conditions

- 29% of Adults with Medical Conditions Also Have Mental Health Conditions
- 68% of Adults with Mental Health Conditions Also Have Medical Conditions


Mental Health Disorder Raises Treatment Costs

- Without Depression
- With Depression

Expenditures:
- Mental Health
- Medical
- Total

Costs:
- $0.00
- $200.00
- $400.00
- $600.00
- $800.00
- $1,000.00
- $1,200.00
- $1,400.00
- $1,600.00
An Estimated 1 in 10 US Adults Report Depression

Depression is a mental illness that can be costly and debilitating to sufferers. Depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma/COPD, cardiovascular disease, cancer, diabetes, and obesity. Depression also can result in increased work absenteeism, short-term disability, and decreased productivity\(^1\)

\(^1\) http://www.cdc.gov/features/dsdepression/

Depression in Home Health

Twice as common in patients receiving home care as in those receiving primary care.

Most depression in patients receiving home care goes untreated.

Challenges for identifying depression in the elderly home care patients.

Use of screening tools

- Every patient screened at every HHC SOC utilizing PHQ2 – embedded in OASIS.

  □ Choose the best answer for how you felt. Over the last 2 weeks, how often have you been bothered by any of the following problems?
  - Little interest or pleasure in doing things
  - Feeling down, depressed, or hopeless

Use of telehealth

- Beginning on January 1, 2014 every patient enrolled in telehealth received a PHQ9 survey via the telestation on the day after enrollment into the telehealth program.

  □ Presumably, no Health Care provider was present at the time of the survey

  □ Results were automatically transferred to the telehealth website
Patients answer survey questions by pressing one of 6 purple buttons.

**Goals**

- To capture and identify patients who are suffering from or are at risk for depression
- To treat depression aggressively whenever possible
- To provide education to patients and their caregivers, when appropriate, regarding depression
- To reduce readmissions and increase quality of life for patients suffering from depression
Monitoring the results

- Flagged responses are seen by telehealth nurses within moments
- Daily reports are compiled by Philips and sent to the High Risk Coordinator at Henry Ford Home Health Care for compilation of data and follow up with Physician and Case Manager

- Telehealth nurses were instructed to intervene in some flagged responses
  - Having a plan to hurt or kill themselves or Score greater than 10
    - Call to patient for phone assessment and verification of response accuracy
    - Call to physician if appropriate to report and obtain plan for patient: MD appt? Behavioral Health appt? Order for MSW?
  - Results reported to HHC Case manager
The physician is consulted to alter the plan of care to provide intervention for depression. Considerations:
- Behavioral health appointment
- Medication
- HHC MSW for evaluation
- Light therapy pilot participation

Results
- 700 patients screened
- 238 available PHQ2 scores from OASIS
  - 170 were 0
  - Of those 170, average PHQ9 score of 10.67
- 295 patients re surveyed on day 30
  - 96 improved scores by 1 to 4
  - 32 improved scores by 5 to 10
  - 16 improved scores by 11 or more
  - 2 worsened by 11 or more
  - 26 worsened by 5 to 10
  - 61 worsened by 1 to 4
Light Therapy Pilot

- Patients who screen positive for depression (PHQ9 score of >5 but <20 are offered a phototherapy light and MSW consult
- Light delivered to home and patient is instructed to turn light on for 1 30 minute time period or 2 15 minute time periods per day. Light should shine on the side of their face.
- Light remains in home for 30 days at which time PHQ9 survey is readministered.

Lights

- 10,000 Lux
- Negative Ion feature
**Light Therapy Exclusion Criteria**

- Diagnosis of bipolar disorder
- Diagnosis of Severe Depression
- PHQ9 score ≥ 10
- History of insomnia
- History or diagnosis of macular degeneration
- Seizure disorder

**Light Therapy Outcomes**

- 20 patients agreed to participate in the Light Therapy Pilot
- Of those 20, 11 completed the 30 day program and completed the PHQ9 at completion
- 100% of Light Therapy participants showed improvements in PHQ9 score with an average improvement of 6.8 points
Lessons learned

- More education for Case Managers to increase engagement and compliance
- Case Manager should present light therapy option
- Very time consuming and follow up is endless
- Resource guzzler
- Don’t assume that nurses will understand PHQ9

Next steps

- More education for Case Managers
- Hold Case Managers accountable for documentation and follow up regarding intervention
- Set goals for numbers of patients to receive Light Therapy.
Questions???