



HENRY FORD *At Home*

Managing Depression in HHC Patients

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Henry Ford Health System Detroit, MI

- Comprehensive, integrated, non-profit, managed care, health care organization located in Detroit, MI
- 4 Hospitals located in Metro Detroit providing 1500 beds
- 9 Emergency Centers
- 31 Medical Centers
- Community Care Services (HHC, Hospice, Infusion, DME, Private Duty)
- System owned HMO Insurance

Henry Ford at Home

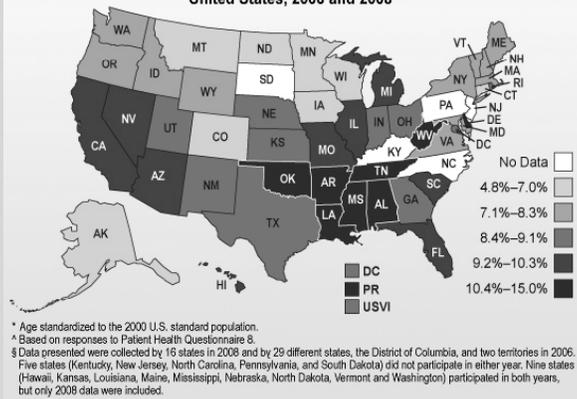
- Home Health Care
- Hospice
- e-Home Care
- Home Infusion
- Health Products (DME)
- Extended Care (Private Duty)
- Self Health Centers/Health Coaching

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

Age-standardized* percentage of adults meeting criteria for current depression,[^] by state/territory — Behavioral Risk Factor Surveillance System, United States, 2006 and 2008[§]



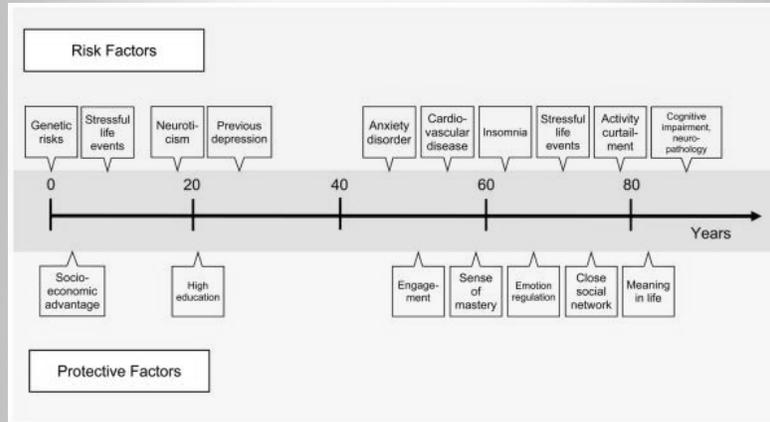
- CDC. Current Depression Among Adults United States, 2006 and 2008. MMWR

Epidemiology of Depression

- 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
 2. J Clinical Psychiatry 2004 Dec;65(12):1619-23, Prevention and Treatment of Post-stroke Depression.
 3. Europe J Cancer Care (England) 10 (4): 270-4, 2001, Depression in Palliative Care Patients.
 4. National Parkinson's Association, 2012, Study of Depression in Parkinson Disease.
 5. JAMA 2001 Oct 3;286(13):1621-7., Depression in Patients Recovering from a Myocardial Infarction.
 6. J Geriatr Psychiatry. 2002;10:129-141, Provisional diagnostic criteria for depression of Alzheimer Disease: Rationale and Background.

Life Span Perspective on Risk and Protective Factors for Late Life Depression



Annual Clinical Review: Clinical Psychology, 2009; 5: 363-389.

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

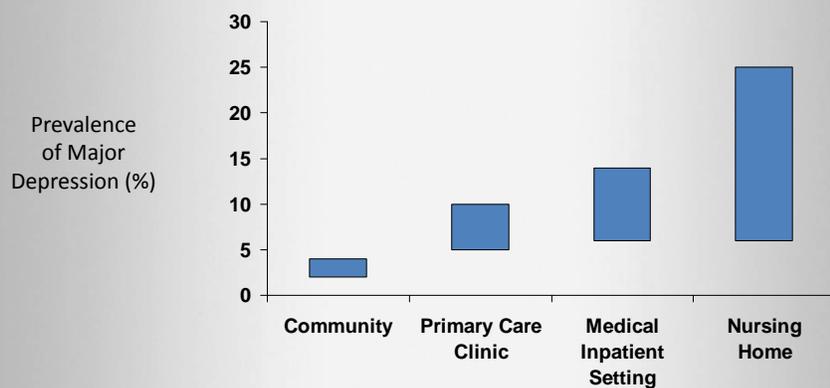
Late Life Depression

- Incidence of major depression declines with age, but minor depression is much more common ¹
- Depressive symptoms occur in 15%–25% of older adults (>65 years) that fail to meet criteria but cause distress and interfere with functioning ²
- Fewer than half of depressed seniors are recognized as being depressed and of those who are identified fewer than half receive treatment ²

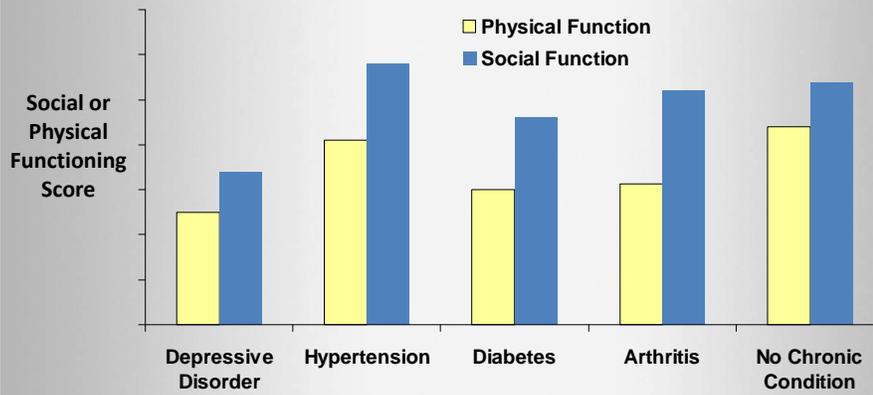
1. CDC, Current Depression Among Adults, October 1, 2010

2. Blazer DG. Depression in late life: Review and commentary. *J. Gerontol. A Biol. Sci. Med. Sci.* 2003;58:249–65

Depression by Care Settings



Comparison to Other Chronic Conditions

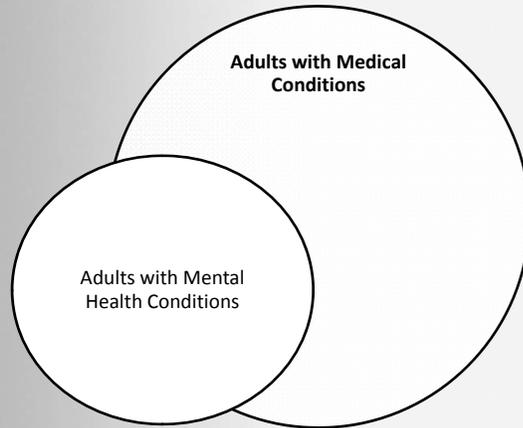


P < 0.05 vs depressive disorder. Score of 100 = perfect functioning. Wells KB et al. JAMA 1998;262:914-919.

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

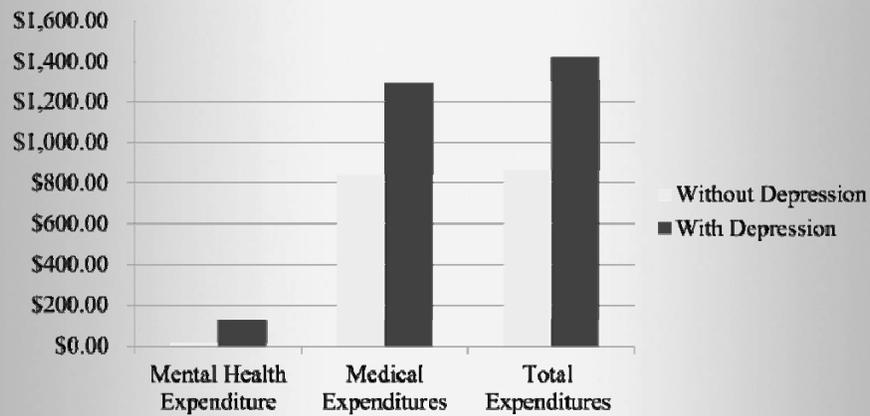


29% of Adults with Medical Conditions Also Have Mental Health Conditions

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

Druss, B.G., and Walker, E.R., February 2011, Mental Disorders and Medical Comorbidity. Research Synthesis Report No. 21. Princeton, NJ: The Robert Wood Johnson Foundation.

Mental Health Disorder Raises Treatment Costs



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.

J. American Psychiatry, 2002 Aug;159(8):1367-74. Major Depression in Elderly Home Health 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:

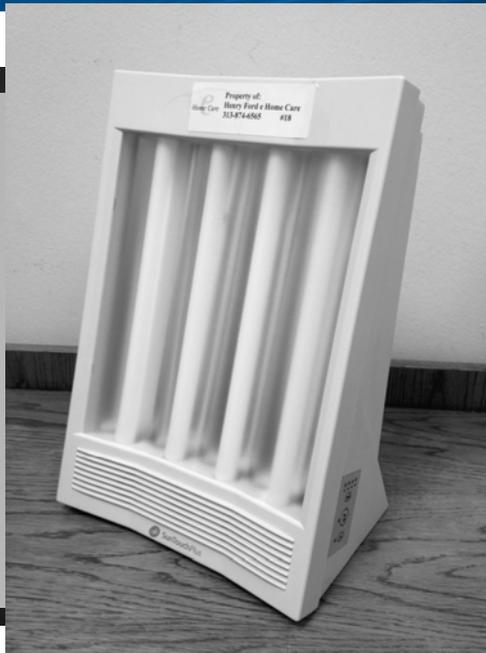
- Behavioral health appointment
- Medication
- HHC MSW for evaluation
- Light therapy pilot participation

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???