

PURPOSE:

The purpose of this policy is to ensure that ___ (Practice) establishes a systematic process and criteria to identify patients who may benefit from behavioral health screening. Depression is among the leading causes of disability in persons 15 years and older. It affects individuals, families, businesses, and society and is common in patients seeking care in the primary care setting. Persons older than 65 years, one in six suffers from depression. Depression in older adults is estimated to occur in 25% of those with other illness including diabetes, cancer, chronic lung disease, arthritis, stroke, and cardiovascular disease. Stressful events, such as the loss of friends and loved ones, are also risk factors for depression. General Anxiety Disorder (GAD) is the most common sub-type of anxiety disorders seen in primary care practices. GAD is more common in women than in men and prevalence rates are high in mid-life. Research has found that there is considerable co-morbidity with depression and that patients with this disorder often demonstrated a high degree of impairment and disability. Alcohol Use Disorders are medical conditions that doctors can identify when a patient's drinking causes distress or harm. According to the National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, in the United States about 18 million people have an alcohol use disorder, classified as either alcohol dependence—perhaps better known as alcoholism—or alcohol abuse.

POLICY:

It is the policy of the Practice to outline methods for identifying patients with possible behavioral health (mental health or substance use) disorders and provide guidance for decisions to refer for specialized behavioral health treatment.

- Anxiety Screening. The Practice recommends the use of the GAD-7, the most common screening tool for this disorder, for patients exhibiting patterns of persistent worry, anxiety symptoms, and inattention. The Practice has the GAD-7 available in English and Spanish.
 - The GAD-7 is given in combination with the PHQ-9. For this reason, patients identified for depression screening are also identified for anxiety screening. The criteria for doing this screening can be found in KM03.
- Depression Screening. The Practice will use Patient Health Questionnaire-9 (PHQ-9) – A nine question depression scale that is based on the nine diagnostic criteria for major depressive disorders in the Diagnostic and Statistical Manual Fifth Edition (DSM-5). The Practice has the PHQ-9 available in English and Spanish.
 - The Practice has specific criteria and a process to identify patients who would benefit from depression screening. The criteria can be found in KM03.
- Alcohol Use Disorder. The Practice uses the CAGE a common, 5- question tool used to screen for drug and alcohol use. The CAGE Assessment is a quick questionnaire to help determine if an alcohol assessment is needed. If a person answers yes to two or more questions, a complete assessment is advised.

- This assessment is given at the discretion of the provider or to individuals who answer that they have currently use alcohol on their new patient health sheet.

It is the policy of the Practice that patients should be identified for behavioral health screening annually however, the emphasis of care must be on the whole person over time and on managing all of the care needs of the patient. The Practice adopts evidence-based guidelines and uses them to plan and manage patient care.

PROCEDURES:

The Practice has specific criteria and a process to identify patients who would benefit from depression screening. Patients who would benefit from depression screening are identified on the basis of one or more of the following factors:

- Patient currently diagnosed with depression or anxiety will be screened
 - if introducing a medication
 - when making a medication change
 - Annually
- Patients currently treated with an antidepressant, antipsychotic or an anxiolytic, will be screened
 - if introducing a medication
 - when making a medication change
 - Annually
- All patients will be screened annually

A patient may fall into more than one category.

The Practice identifies these patients through a chart review prior to scheduled appointments. Patients may also be identified by a care team member.

Quality Control

The Practice monitors the policy and procedure in the following manner:
Quarterly monitoring of high risk patients is conducted

DATE	ANNUAL REVIEW/ SUMMARY OF CHANGES	APPROVED BY