

## Mi-CC\$I

# **Collaborative Care**

# **Patient Education Toolkit**



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### **Mi-CC\$I Patient Brochure**



#### New Hope for Patients with Depression

Depression can hurt and make it hard to enjoy life. Sometimes depression makes it hard to function. Even when treated, the risk of becoming depressed again is still high.

Our team wants to help; that's why we offer Enhanced Depression Management (EDM) to our patients. It's a team approach to treating depression that can speed up your recovery and help keep you from falling back into this difficult state.

EDM changes how your depression is managed. A care manager and consulting psychiatrist help your doctor coordinate and monitor your care. Most DIAMOND patients have little or no out-ofpocket expenses for these added services.

#### Enhanced Depression Management (EDM)

EDM was developed by the Institute for Clinical Systems Improvement (ICSI) in partnership with medical groups, health plans, corporations, patients and the Minnesota Department of Human Services. Over ninety clinics in Minnesota and Wisconsin offer EDM.

Following ICSI's model, the Michigan Center for Clinical Systems Improvement (MICCSI) is working with medical groups and health plans to offer EDM to patients in Michigan.

MICCSI is a non-profit, independent organization collaborating with providers, payers and health systems to improve quality of care, decrease health care costs and increase patient satisfaction.

For more information about EDM, please go to www.miccsi.org.

#### Insert Company Name

Primary Business Address Address Line 2 Address Line 3 Address Line 4

Phone: 555-555-5555 Fax: 555-555-5555 E-mail: someone@example.com Enhanced Depression Management

A Better Way To Manage Your Depression



Insert Company Logo Here

**Business Tagline or Motto** 

Tel: 555 555 5555

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#### Insert Care Manager Card Here

#### Your Care

**Program Components** 

A Team Approach

**Primary Care Provider** 

**Consulting Psychiatrist** 

change in your care.

**Care Manager** 

recovery.

manager and a consulting psychiatrist.

Stays in charge of your care, and is now assisted by a care

Coordinates your care under your doctor's orders. He or

she will contact you often to see how you are, educate

you on depression and partner with you to manage your

Reviews your case with your care manager. If you are not

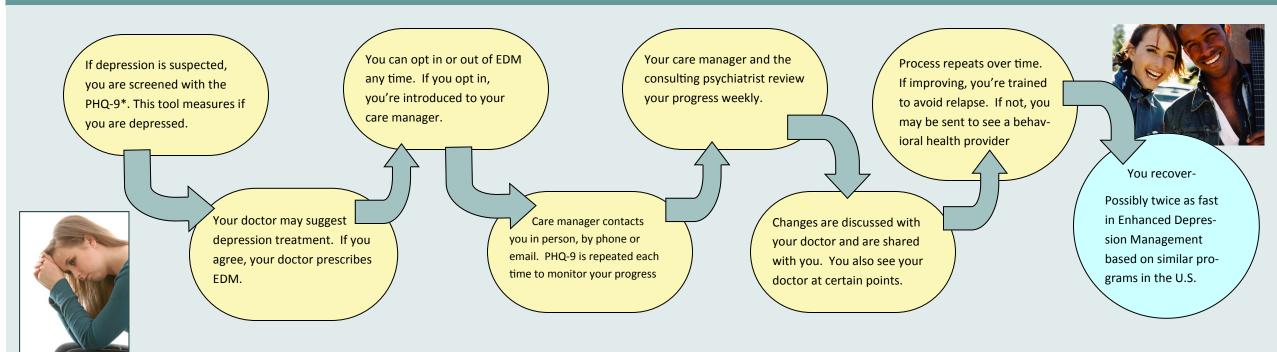
getting better, he or she may suggest a medication change, a visit to a mental health provider or some other

#### Patients are reporting great results.

After 6 months in care, patients share:

- 43% of patients fully recovered
- An additional 13% reported their depression was reduced by 50%
- They share Enhanced Depression Management is better than what they were receiving before.





\* The Patient Health Questionnaire (PHQ-9) asks you nine questions. A combined score of greater than 10 indicates major depression. Each time you are contacted by your care manager, you will be asked the same PHQ-9 questions. Your score will determine whether you are improving or whether your treatment needs to be adjusted to bring your depression under control.

- 2. A plan to keep in touch with you and track your progress
- 3. A medical guide to know how to best change your treatment if needed
- 4. A care manager to help you understand and reduce your depression symptoms
- 5. A psychiatrist to help your care team manage your depression better
- 6. Tools to keep you from falling back into major depression.

#### Patient

With this support group, it is easier to be active in your own recovery. The care manager helps keep you on course. You have access to psychiatric expertise, and your doctor always knows how you are doing.

#### **Benefits of Enhanced Depression Management**

Many patients continue to struggle with depression because they drop out of treatment or stay on medication that is not effective. With the DIAMOND care manager and consulting psychiatrist monitoring your care, this is less likely.



### **Understanding Depression**

### **Understanding Depression**

#### **Depression is not:**

- A case of the blues
- Something you can "snap out of"
- Weakness

#### **Depression:**

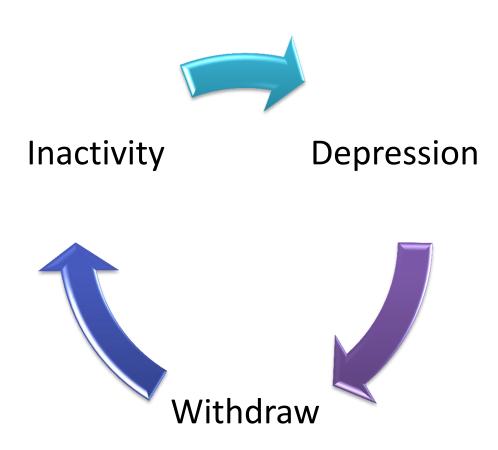
- Is a medical illness that...
  - Changes the way you feel , think and act
  - o Requires ongoing treatment just like diabetes or high blood pressure
  - Affects 1 in 5 people in the U.S. including people of all races, ages, genders and socio-economic levels
  - o Treatable- with treatment, most people feel better
- Is caused by...
  - o Genetics and family history.
  - Changes in the brain where chemicals called neurotransmitters can be out of balance
  - Stressful life events like other health problems, death of a loved one, financial struggles
- May...
  - o Look different in every person
  - o Have symptoms like
    - Pain
    - Headache
    - Weight gain/loss
    - Problems sleeping
    - Fatigue
    - Hard time concentrating
    - Not enjoying things you use to enjoy
    - Feeling unhappy or even miserable
- Is treatable...
  - o Partner with friends and family to note how depression is affecting you

7

• Share these notes with you healthcare provider who will work with you to create a treatment plan that fits you best



## The Cycle of Depression

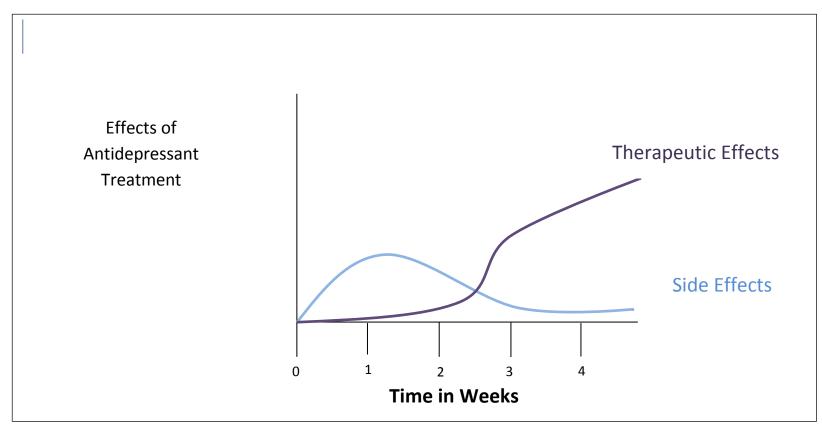


# The Cycle of Depression



### **Antidepressant Medications**

## **Antidepressant Medications**



What you can do to get the best results:

- Take your medication daily (or as your health care provider directed)
- Be patient.
  - o Antidepressants can take 2-4 weeks for full effect
  - Side effects can occur but usually go away in 1-2 weeks
- Keep taking medicine even if you feel better
- Check with your health care provider before stopping your medicine or changing your dose
- Remember antidepressants are not addicting



### **Managing Medication Side Effects**

### **Managing Medication Side Effects**



#### Fatique

- Take your medicine at bedtime
- Take short naps
- •Exercise



#### Dizzy/Lightheaded

- Get plenty of fluids
- Get up slowly when seated or lying down
- •Ask your health care provider if wearing support hose will help



#### Dry mouth/eyes, constipation, water retention or fast heartbeat

- Drink liquids and sip water often
- Brush teeth two times a day and use sugarless gum or candy
- Eat more fiber

#### **Upset Stomach or Nausea**

•Wait 1-2 weeks. Nausea often goes away on its own Take medicine with meals Ask your health care provider about adding another medicine like an antacid



#### Jitters, shakes or tremors

•Ask your health care provider if your depression can be managed with a lower dose of medicine



#### **Restlessness, Anxiety and Agitation**

- Ride a bike, jog or do other vigorous exercise
- Stay busy and focus on other things
- Use relaxation tools like muscle relaxation and deep breathing exercises
- Talk to your provider about changing medicines or adding a medicine to help you relax



#### Headache

- Take a pain relieve like acetaminophen (Tylenol or others) if your health care provider approves
- Ask your provider about taking a smaller dose



#### Insomnia (Hard Time Sleeping)

- Avoid caffeine (found in pop, coffee and chocolate)
- Take antidepressant in the morning
- Ask your health care provider about taking a medicine to help you sleep



#### Weight Gain

- Choose fruits, vegetables and whole grains and limit sweets, sugary drinks and fast foods •Exercise 30 minutes each day
- •Talk with your health care provider about changing medicines or doses



#### Problems with Sexual Function

• Ask your health care provider about changing your dose or your medicine •Ask your provider about adding another medicine to treat sexual dysfunction • Using medicine one time daily and planning sexual activity before that dose



### **Relapse Prevention Plan**

#### **Relapse Prevention Plan**

A Relapse Prevention Plan focuses on stress reduction and self-monitoring and can help you to recognize depression early.

Today's Date:

Program activation date:

Contact/Appointment information				
Primary Care Provider:				
Next appointment: Date:	Time:			
Care Manager:	Telephone number:			
Next Appointment:	(circle one-6 mo/12mo follow up call)			

\*\*Use the depression-fighting strategies that have worked for you in the past, including taking your antidepressant medication regularly, increasing your pleasurable activities and maintaining a healthy lifestyle.

#### **Maintenance Antidepressant Medications**

Diagnosis:	

1.

2.

You will need to stay on your medications to avoid relapse of depressive symptoms. If you feel you need to change or stops medications-please call your Primary Care Team. Your Physician can help you decide the safest options for medication changes.

#### **Other Treatments**

\*\*Write down the problems that can trigger your depression and strategies that have helped you in the past.

- What are some of my everyday stressors?
- What coping strategies have worked for me in the past?
- Are these skills I can use every day or every week?
- How can I remind myself to use these skills daily?

\*\*Watch for warning signs by regular self monitoring. You can check routinely for personal warning signs or telltale patterns of thought or behavior. You may want to ask a partner or friend to let you know if they notice any warning signs

\*\*Use the PHQ test to check your depression score. If your score goes up over 10, it's time to get help again.

#### Triggers for my depression:

1.

**Personal Warning Signs** 

1.

**Coping strategies:** 

1.

#### Goals/Actions: How to minimize Stress from Depression

\*\*Try to identify three or four specific actions that will help you. Be realistic about what you can and will do.

\*\*Prepare yourself for high-risk situations.

- What are some problems or predictable stressors that might affect you in the future?
- Can you do anything to make a particular event less likely or less stressful?

• If you can't avoid a stressful situation: can you avoid negative reactions (like criticizing yourself) or react in a more positive way?

1.		
2.		
3.		
4.		

When we've made changes in our behavior, there's always a tendency to drift back towards old habits. How can you stop the backward drift?

\*\*Put drift into perspective. We all make plans, but all of us drift away. The key is catching yourself and getting back on track.

If symptoms return, contact:\_\_\_\_\_

Patient Signiture\_\_\_\_\_Date\_\_\_\_\_Date\_\_\_\_\_

Thank you very much for participating in the CoCM at \_\_\_\_\_\_!



### **AIM\$ Center Relap\$e Prevention Plan**



Date: \_\_\_\_\_

**Purpose**: Depression can occur multiple times during a person's lifetime. The purpose of a relapse prevention plan is to help you understand your own personal warning signs. These warning signs are specific to each person and can help you identify when depression may be starting to return so you can get help sooner – before the symptoms get bad. The other purpose of a relapse prevention plan is to help remind you what has worked for you to feel better. Both of these put YOU in charge!

**Instructions**: 1. Fill out this form with your care manager. 2. Put it where you'll come across it on a regular basis. 3. Use the PHQ-9 on the back to self-assess yourself. 4. If you see signs of returning depression, use your prevention plan.

#### **Maintenance medications**

1	;;	tablet(s) of	mg	Take at least until		
2	//	tablet(s) of	mg	Take at least until		
3	;;	tablet(s) of	mg	Take at least until		
4		tablet(s) of	mg	Take at least until		
Call your primary care provider or your care manager with any questions (see contact information below).						

#### **Other treatments**

1	 	 
2	 	 
3	 	 

#### Personal warning signs

1	 	 	
2	 	 	
3	 	 	
4.			

#### Things that help me feel better

1.       2.			
3			
4 If symptoms return, contact:			
Primary Care Provider: Care Manager:	Phone: Phone:	Email: Email:	

#### **PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

NAME:		DATE:		
Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)	Horash	sound tors	Hore the test	Heath every tay
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
<b>3.</b> Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
<ol> <li>Trouble concentrating on things, such as reading the newspaper or watching television</li> </ol>	0	i	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
<b>9.</b> Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
	add columns:		+	+
(Healthcare professional: For interpretation please refer to accompanying scoring card.)				
<b>10.</b> If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?		Si	ot difficult at a omewhat diffic ery difficult	
		Đ	tremely difficu	ılt

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at http://www.pfizer.com. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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## **Self-Management Action Plan Template**

#### SELF-MANAGEMENT ACTION PLAN

Patient Name:		Date:					
Staff Name:	Staff Role:		Staff Contact Info:				
<b>Goal:</b> What is something you WAN	Goal: What is something you WANT to work on?						
1.							
2.							
Goal Description: What am I going	g to do?						
How:							
Where:							
When:		Frequency:					
How ready/confident am I to work Not Ready 1 2 3 4 5 6	< on this goal? (Cir 7 8 9 10	Very	()				
Challenges: What are barriers that c	could get in the way	& how will I overco	me them?				
1.							
2.							
3.							
What Supports do I need?							
1. 2.							
2. 3.							
Follow-up & Next Steps (Summary):							
1.	y).						
2.							
3.							



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## Self-Management Goals

#### **Healthy Lifestyle**

- Exercise regularly
- Avoid addictive substances
- Make healthy food choices and eat at a regular time in a comfortable space
- Get regular sleep

#### **Goals Important to You**

### Relationships

- Spend time with others
- Go to social events or get coffee with friends
- Build supportive relationships

#### **Stick With Your Plan**

- Take medications as directed
- **Keep appointments**
- Participate in groups/counseling
- Stay in touch with your care manager
- Work on your goals

### Self-Reward

- Plan weekly activities that are relaxing or that you have enjoyed in the past like reading or listening to music
- Take up an old hobby or attend a special event



### **Productivity**

- Get involved in workplace projects or community events
- □ Start or keep working on a regular basis
- Get involved in personal or family activities

### **Spiritual**

- Connect with a spiritual community
- Look for ways to meet your spiritual needs such as quiet study, meditation, services/ceremonies

