

CoCM Patient Education Toolkit



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These tools and resources are to be used with patients.



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-of-pocket expenses for these added services.

Insert Care Manager Card Here



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



Your Care Patients are reporting great results.

Program Components

- L. A checklist to help monitor your depression
- 2. A plan to keep in touch with you and track your progress
- 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.

A Team Approach

Primary Care Provider

Stays in charge of your care, and is now assisted by a care manager and a consulting psychiatrist.

Care Manager

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 recovery.

Consulting Psychiatrist

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 change in your care.

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.

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.



If depression is suspected, you are screened with the PHQ-9*. This tool measures if you are depressed.

You can opt in or out of EDM any time. If you opt in, you're introduced to your care manager.

Your care manager and the consulting psychiatrist review your progress weekly.

Process repeats over time. If improving, you're trained to avoid relapse. If not, you may be sent to see a behavioral health provider



You recover-

Possibly twice as fast in Enhanced Depression Management based on similar programs in the U.S.

Your doctor may suggest depression treatment. If you agree, your doctor prescribes EDM.

Care manager contacts you in person, by phone or email. PHQ-9 is repeated each time to monitor your progress

Changes are discussed with your doctor and are shared with you. You also see your doctor at certain points.



* 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.



Understanding Depression

Understanding Depression

Depression is not:

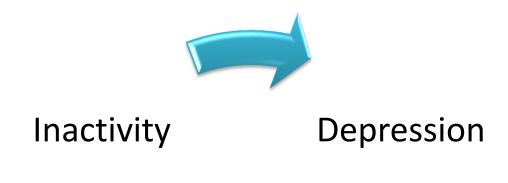
- A case of the blues
- Something you can "snap out of"
- Weakness

Depression:

- Is a medical illness that...
 - Changes the way you feel , think and act
 - 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...
 - 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...
 - Look different in every person
 - 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
 - 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



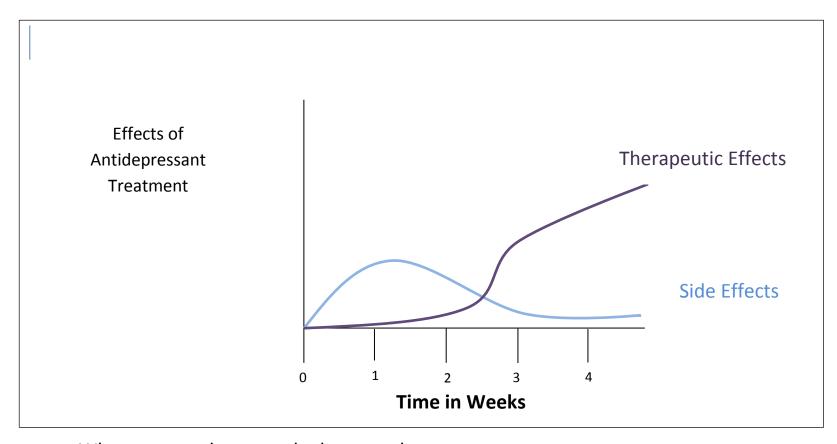


The Cycle of Depression



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
 - o 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
- Use eye drops (artificial tears)



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



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

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

Goals Important to You



Relationships

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

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



Self-Management Action Plan Template



SELF-MANAGEMENT ACTION PLAN

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

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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.

Patient Name:	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/12m	no follow up call)
**Use the depression-fighting strategies that have worked for y taking your antidepressant medication regularly, increasing yo maintaining a healthy lifestyle. Maintenance Antidepressant Medications	•
•	
Diagnosis: 1.	
2.	
You will need to stay on your medications to avoid relapse of defeel you need to change or stops medications-please call your Physician can help you decide the safest options for medication	rimary Care Team. Your
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:

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 SignitureDate
Thank you very much for participating in the CoCM at!



AIM\$ Center Relapse Prevention Plan





Date:	_			& Bellavioral Science
help you understand your you identify when depres	r own personal warning s sion may be starting to re elapse prevention plan is	signs. These eturn so you	n's lifetime. The purpose of a relapse p warning signs are specific to each per I can get help sooner – before the syn nd you what has worked for you to fe	son and can help nptoms get bad.
	ck to self-assess yourself.		Put it where you'll come across it on a e signs of returning depression, use yo	
		ma	Take at least until	
		_	Take at least until	
			Take at least until	
			Take at least until	
			y questions (see contact information I	
Other treatments				
1				
2				
3				
Personal warning signs				
Things that help me fee				
1				
		Dhar	ne: Email:	



Next appointment: Date: _____

Time: _____

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 "\scriv" to indicate your answer)	Hot a all	Several days	More than half	Westly Drery Lay
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. 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
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	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
9. 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 of Toplease refer to accompanying scoring card.)	OTAL, TOTAL:			
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?			ot difficult at al omewhat diffici ery difficult ctremely 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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