

# Depression

## The challenge

- Depression is the most common chronic illness in the U.S.
- Depression is twice as common in women as in men.
- Depression impairs social functioning more than any other chronic illness, including arthritis, diabetes, CHF, and hypertension.
- Only 19% of people with depression receive guideline-based care.

## The solution

- 70% of patients who were given antidepressants got better, as compared to 40% who were not given medication.
- Follow up appointments, setting self management goals, measurements (repeating PHQ-9's) and referring to specialty care is part of the system of caring for patients with depression.
- Data collection to monitor progress

## Self-Management

Patients with depression need support as well as information to become effective managers of their own health. In order to meet these needs, it is essential for them to have the following

- Basic information about depression
- Understanding of and assistance with self-management skill building
- Ongoing support from members of the practice team, family, friends and community

## Tracking

- Patients that have the diagnosis of major depression (ICD-9 code 296.20 – 296.26), dysthymia (chronic depression) (ICD-9 code 300.4), or minor/other depression (ICD-9 code 311)

- At least 18 years of age
- Patients are considered active unless there is documentation that the patient has transferred to another practice or moved from the area or if the patient no longer meets the criteria established by the health center for an active patient. (Not seen within the last 12 months.)
- All patients with a score of 10 or greater of the PHQ-9 and a diagnosis of depression should be included in the registry, and will be automatically classified as “CSD”. (Clinically significant depression).
- A patient with a lower PHQ score, but with a history of severe, recurrent major depression should be entered into the registry.