

AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

CHAMP Patient Identification and BH Measures

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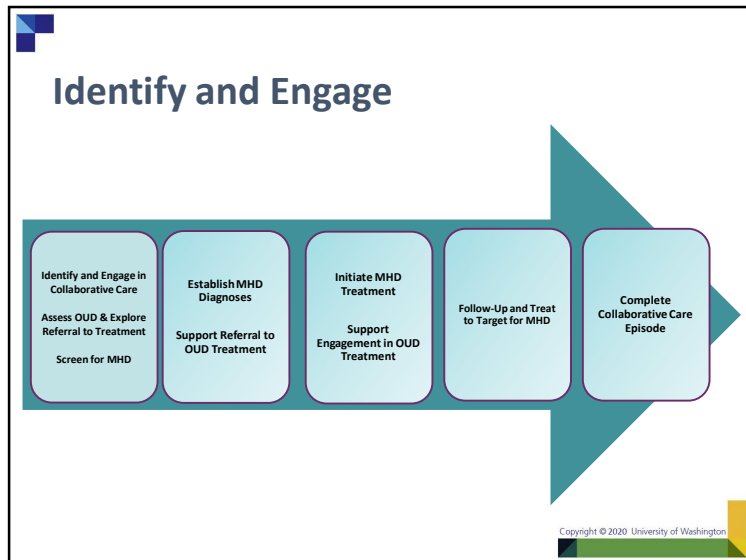
Learning Objectives

By the end of the session participants should be able to:

- Review the use of behavioral health measures in collaborative care
- Describe screening for co-occurring disorders (OUD and MHD) in primary care
- Discuss other ways to identify patients
- Identify how to follow-up on positive screeners

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Behavioral Health Measures as “Vital Signs”

Some behavioral health measures (like the PHQ-9) can be used for two purposes:

- **Screening:**
 - Identifies there is a problem
 - Most effective when tied to clinical decision making
- **Monitoring response to treatment:**
 - Like monitoring blood pressure
 - Including how each symptom is responding to treatment



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Advantages of Behavioral Health Measures

- Objective assessment
- Creates common language
- Focuses on function
- Avoids potential stigma of diagnostic terms
- Helps identify patterns of improvement or worsening
- Flexibility of administration

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Commonly Used Behavioral Health Measures

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Screening for Co-Occurring Mental Health Disorders in CHAMP

- To enter the CHAMP study patients must have a co-occurring Mental Health Diagnosis
- Patients who screen positive on the NMA-CHAMP and meet DSM 5 criteria for OUD will be referred for further screening for depression, anxiety and/or PTSD
- Screeners used for this purpose include:
 - PHQ9
 - GAD7
 - PC-PTSD-5

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Screeener for OUD: NIDA-modified ASSIST – CHAMP (NMA)

Use of Prescription Opioids Other Than as Prescribed, Q1-6
Prescription opioids include: fentanyl, oxycodone, hydrocodone, Percocet, hydrocodone/acetaminophen, methadone, buprenorphine, etc.

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. How often have you used prescription opioids? IF ANSWER IS "NEVER," SKIP TO QUESTION 7.	0	1	2	3	4
2. How often have you had a strong desire or urge to use prescription opioids?	0	1	2	3	4
3. How often has your use of prescription opioids led to health, social, legal or financial problems?	0	1	2	3	4
4. How often have you had to do what was normally expected of you because of your use of prescription opioids?	0	1	2	3	4
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
5. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of prescription opioids?	0	1	2	3	4
6. Have you <u>ever</u> tried and failed to control, cut down or stop using prescription opioids?	0	1	2	3	4

Street Opioid Use, Q7-12
Street opioids include: fentanyl, heroin, oxycodone, hydrocodone, etc.

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
7. How often have you used street opioids? IF ANSWER IS "NEVER," SKIP TO SCREEN.	0	1	2	3	4
8. How often have you had a strong desire or urge to use street opioids?	0	1	2	3	4
9. How often has your use of street opioids led to health, social, legal or financial problems?	0	1	2	3	4
10. How often have you had to do what was normally expected of you because of your use of street opioids?	0	1	2	3	4
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
11. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of street opioids?	0	1	2	3	4
12. Have you <u>ever</u> tried and failed to control, cut down or stop using street opioids?	0	1	2	3	4

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Scoring the NMA-CHAMP Screener

Instructions: For each substance – prescription and street opioids – add up the scores received for the appropriate 6 questions. This is the Substance Involvement (SI) score.

Prescription Opioids		Street Opioids	
Question #	Score	Question #	Score
Q1		Q7	
Q2		Q8	
Q3		Q9	
Q4		Q10	
Q5		Q11	
Q6		Q12	
Total (SI SCORE)		Total (SI SCORE)	

Instructions: Use the resultant SI Score to identify patient's risk level. To determine patient's risk level based on their SI score, see the table below:

Level of risk associated with different SI Score ranges for illicit or nonmedical prescription drug use	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

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NMA Screening Toolkit

- We have created a toolkit to help your clinic implement universal screening for OUD with the NMA
- Toolkit includes:
 - Basic information about the NMA
 - A training guide for medical assistants, front and back office staff
 - Frequent patient questions about the NMA with suggested answers
 - Strategies for training, testing and making improvements in OUD screening workflows

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DSM 5 Criteria for OUD:

1. Taking larger amounts or taking drugs over a longer period than intended.
2. Persistent desire or unsuccessful efforts to cut down or control opioid use.
3. Spending a great deal of time obtaining or using the opioid or recovering from its effects.
4. Craving, or a strong desire or urge to use opioids
5. Problems fulfilling obligations at work, school or home.
6. Continued opioid use despite having recurring social or interpersonal problems.

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DSM 5 Criteria for OUD continued:

7. Giving up or reducing activities because of opioid use.
8. Using opioids in physically hazardous situations.
9. Continued opioid use despite ongoing physical or psychological problem likely to have been caused or worsened by opioids.
10. Tolerance (i.e., need for increased amounts or diminished effect with continued use of the same amount)
11. Experiencing withdrawal (opioid withdrawal syndrome) or taking opioids (or a closely related substance) to relieve or avoid withdrawal symptoms.

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Screening for Mental Health Disorders in CHAMP

- PHQ-9, GAD-7, PC-PTSD-5
- Can be self-administered (at home or in clinic)
- In-person administration or administration via phone or telehealth
 - Facilitates assessment and teaching about depression symptoms
 - Can be administered verbally for low-literacy patients

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Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
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 asleep, 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
FOR OFFICE CODING: 0 + 4 + 6 + 3 = Total Score: 13				

If you checked off any problem on this questionnaire so far, 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?

Not difficult at all ✓ Somewhat difficult Very difficult Extremely difficult

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GAD 7

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column				
Total Score (add your column scores) =				

How to Score the GAD-7:
Scores 10 or higher indicate need for further diagnostic evaluation.

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Primary Care PTSD Screen for DSM 5 (PC-PTSD-5)

PC-PTSD-5

How to Score the PC-PTSD-5:
If patient denies exposure, then PC-PTSD is complete with a score of 0.
If patient indicates a trauma history, then they are instructed to answer 5 additional yes/no questions.
A cut-point of 3 on the PC-PTSD-5 (respondent answers 'yes' to any 3 of 5 questions) indicates probable PTSD.

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PTSD Checklist for DSM 5 (PCL-5)

How to Score the PCL-5:

- A total symptom severity score (range 0-80) can be obtained by summing scores for each of the 20 items.
- A cut-off score between 31-33 is indicative of probable PTSD.
- A 5-10 point change represents reliable change.
- A 10-20 point change represents clinically significant change.
- 5 points is the minimum threshold for determining whether a patient has responded to treatment, and 10 points is the minimum threshold for determining whether improvement is clinically significant.

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month...	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Recurrent thoughts, memories, or feelings about the stressful experience?	0	1	2	3	4
2. Recurrent dreams about the stressful experience?	0	1	2	3	4
3. Feeling or acting as if the stressful experience were actually happening again (not just when actually thinking about it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Feeling physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Feeling very upset, angry, or fearful about yourself, other people, or the world in general (for example, thinking that you, other people, or the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as hate, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people other than family)?	0	1	2	3	4
15. Trouble experiencing negative feelings (for example, being unable to feel anger or being angry)?	0	1	2	3	4
16. Having many thoughts or doing things that could cause you or others to be hurt or in danger?	0	1	2	3	4
17. Being "scared" or "startled" or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Having trouble sleeping?	0	1	2	3	4

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Discussion

- Limitations of Measures?
- Other ways to identify patients?

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Interpretation of measures and follow up to a positive screener:

- Assess for OUD and discuss options for OUD treatment
- Prioritize engagement
 - Make a close connection
- Identify and address safety concerns
 - Suicide risk
 - Overdose
- Assess for mental health needs, including acute situations
 - e.g., manic episode
- Consent for CHAMP Study
 - Your team will work together to determine how best to integrate this task into initial engagement

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NIDA-Modified ASSIST- CHAMP (NMA) Self Report Format

Use of Prescription Opioids Other Than as Prescribed, Q1-6
Prescription opioids include fentanyl, oxycodone [Oxycontin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. How often have you used prescription opioids?	0	2	4	5	6
2. How often have you had a strong desire or urge to use prescription opioids?	0	2	4	5	6
3. How often has your use of prescription opioids led to health, social, legal or financial problems?	0	4	5	6	7
4. How often have you failed to do what was normally expected of you because of your use of prescription opioids?	0	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months	Yes, in the past 3 months		
5. Has a friend or a relative or anyone else ever expressed concern about your use of prescription opioids?	0	3	6		
6. Have you ever tried and failed to control, cut down or stop using prescription opioids?	0	3	6		

Subtotal = 9

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NIDA-Modified ASSIST- CHAMP (NMA) Self Report Format

Street Opioid Use, Q7-12
Street opioids include fentanyl, heroin, opium, kratom etc.

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
7. How often have you used street opioids? <small>IF ANSWER IS 'NEVER', END OF SCREEN.</small>	0	1	3	4	6
8. How often have you had a strong desire or urge to use street opioids?	0	1	4	5	6
9. How often has your use of street opioids led to health, social, legal or financial problems?	1	4	5	6	7
10. How often have you failed to do what was normally expected of you because of your use of street opioids?	1	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months	Yes, in the past 3 months		
11. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of street opioids?	1	3	6		
12. Have you <u>ever</u> tried and failed to control, cut down or stop using street opioids?	1	3	6		

Subtotal = 5

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NIDA-Modified ASSIST- CHAMP (NMA) Self Report Format

Prescription Opioids		Street Opioids	
Question #	Score	Question #	Score
Q1	3	Q7	2
Q2	3	Q8	3
Q3	0	Q9	0
Q4	0	Q10	0
Q5	3	Q11	0
Q6	0	Q12	0
Total (Substance Involvement Score)	9	Total (Substance Involvement Score)	5

Level of risk associated with different Substance Involvement Score ranges for illicit or nonmedical prescription drug use

0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

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Understanding the PHQ-9 Score

Score	Severity
0 – 4	No Depression
5 – 9	Mild Depression
10 – 14	Moderate Depression
15 – 19	Moderate to Severe Depression
≥ 20	Severe Depression

Are there safety concerns?
If Question 9 is a score > 0, patient needs to be assessed for safety

Is it depression?
Major depressive disorder: needs to have Question 1 OR Question 2 with a score of ≥2

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GAD-7 Example

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+ 3	+ 6	+ 3	
Total Score (add your column scores) =	12			

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ID # _____

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES NO
3. been constantly on guard, watchful, or easily startled?

YES NO
4. felt numb or detached from people, activities, or your surroundings?

YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

YES NO

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PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem (0, 1, 2, 3, 4, or 5).

PCL-5

Total score = 35

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as "I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous")?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "jumpy" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

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Questions?

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