



Improving Mental Health Outreach Plan Medicare Advantage Star Ratings Campaign

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A depression and anxiety screening Member Outreach plan presents a compelling opportunity to improve Medicare Advantage plan profitability and member health. *Improving or Maintaining Mental Health* is one of only 9 out of 47 Star Ratings measures with a weight of 3. Moreover, the measure drives overall Star performance by serving as a barometer of members' ability to engage in managing their overall health. Yet at least 10% of Medicare Advantage members have undiagnosed depression and anxiety, and of those diagnosed with depression, only two-thirds receive any care.

Our action plan demonstrates how to design and execute a campaign to close the mental health care gap with seniors. Moreover, this action plan may be used as a general model for how to improve Star Ratings.

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Planning Your Depression and Anxiety Campaign

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Implementing Your Depression and Anxiety Campaign

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Understanding the Depression and Anxiety Landscape

Making depression and anxiety screening reliable and cost efficient

The power of the PHQ-9 and GAD-7 assessments

The Patient Health Questionnaire-9 (PHQ-9) asks nine questions about the frequency of depression symptoms in order to determine a probable diagnosis of Major Depression along with the potential severity of depression. The Generalized Anxiety Disorder7 (GAD-7) parallels the PHQ-9 in format, question construction, purpose, and ease of administration, in order to determine a probable diagnosis of Generalized Anxiety Disorder in addition to the potential severity of anxiety.

Depression and anxiety screening with telephonic outreach

The PHQ-9 and the GAD-7 uncover results consistent with clinically administered screenings¹. Moreover, there is a strong concordance between telephone administration and in-person administration of the PHQ-9 self-assessment². Telephonic Member Outreach allows the health plan to cost-effectively reach more members over larger geographical regions.

¹ Spitzer, Robert L., Kurt Kroenke, Janet B. W. Williams, and Bernd Lowe, Dr. "A Brief Measure for Assessing Generalized Anxiety Disorder." JAMA Network. 2006. Accessed June 14, 2016.

² PintoMeza, Alejandra, Antoni SerranoBlanco, Maria T. Peñarrubia, Elena Blanco, and Josep Maria Haro. "Assessing Depression in Primary Care with the PHQ-9: Can It Be Carried Out over the Telephone?" Journal of General Internal Medicine. Accessed August 2, 2016.

PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	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 concentrating on things, such as reading the newspaper or watching television	0	1	2	3
4. Feeling tired or fatigued	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

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*Total Score:

Understanding the Depression and Anxiety Landscape

Depression diagnoses more prevalent in women and dual eligibles

Gender gap between women and men persists until age 85

The share of female Medicare Advantage beneficiaries over 65 diagnosed with depression is 12%, compared to 8% for men. The gap persists until men turn 85⁵. Men suffering from depression may demonstrate higher rates of aggression, risk-taking, and substance abuse, and are less likely to report symptoms measured in traditional depression screenings⁶, perhaps leading to the gap's origin.

Evidenced correlation between low-income and depression

The prevalence of depression more than doubles in low-income households. When a member of Medicare Advantage is also eligible for Medicaid, rates of depression increase to 23% of males and 26% of females.

Differences in depression care by race/ethnicity

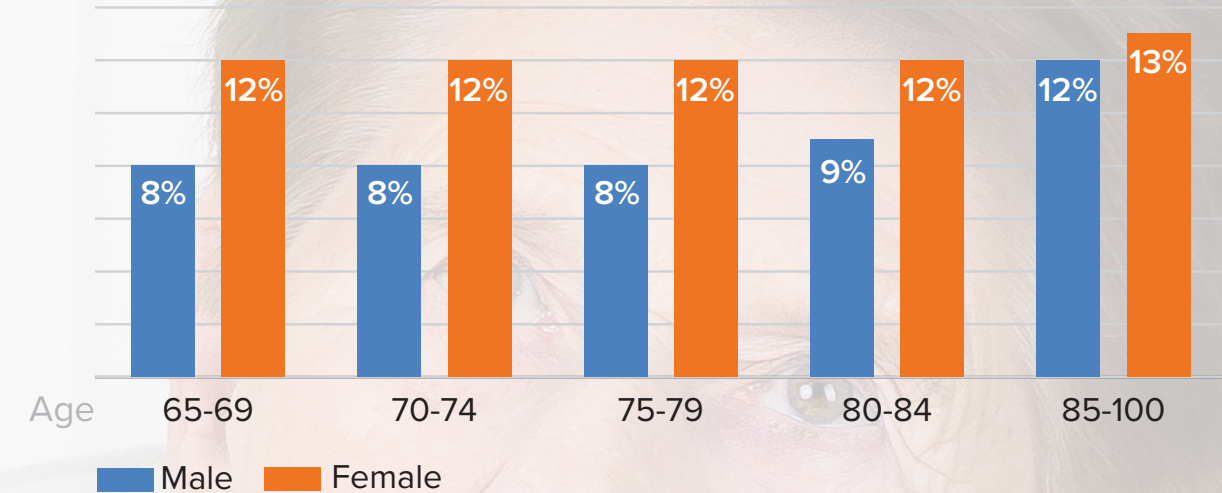
Within the first 30 days following a mental health hospitalization, 60% of whites received follow-up care, compared to only 42% of African Americans⁷. An effective outreach program will attempt to address these biases.

⁵ Bierman, Arlene S., Beth Hartman Ellis, and David Drachman. "HOS Highlights: Depressed Mood and Mental Health Among Elderly Medicare Managed Care Enrollees." Health Care Financing Review. 2006. Accessed June 14, 2016.

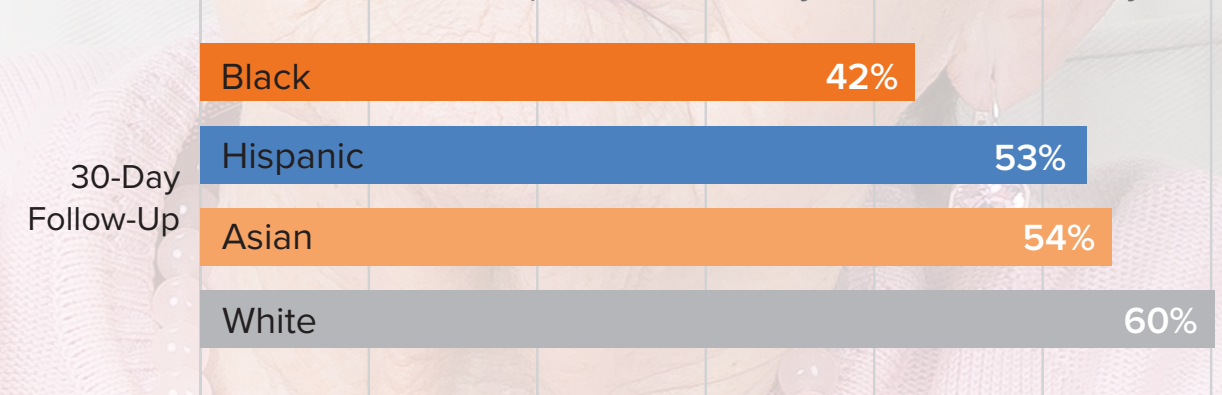
⁶ Ibid

⁷ Virnig, Beth, Dr., Zhen Huang, and Nicole Lurie. "Does Medicare Managed Care Provide Equal Treatment for Mental Illness Across Races?" JAMA Network. 2004. Accessed June 14, 2016.

Percentage of Medicare Advantage Members Diagnosed with Depression, by Gender



Percentage Receiving Follow-Up Care Following a Mental Health Hospitalization, by Race / Ethnicity



Understanding the Depression and Anxiety Landscape

Physical comorbidities help identify at-risk members

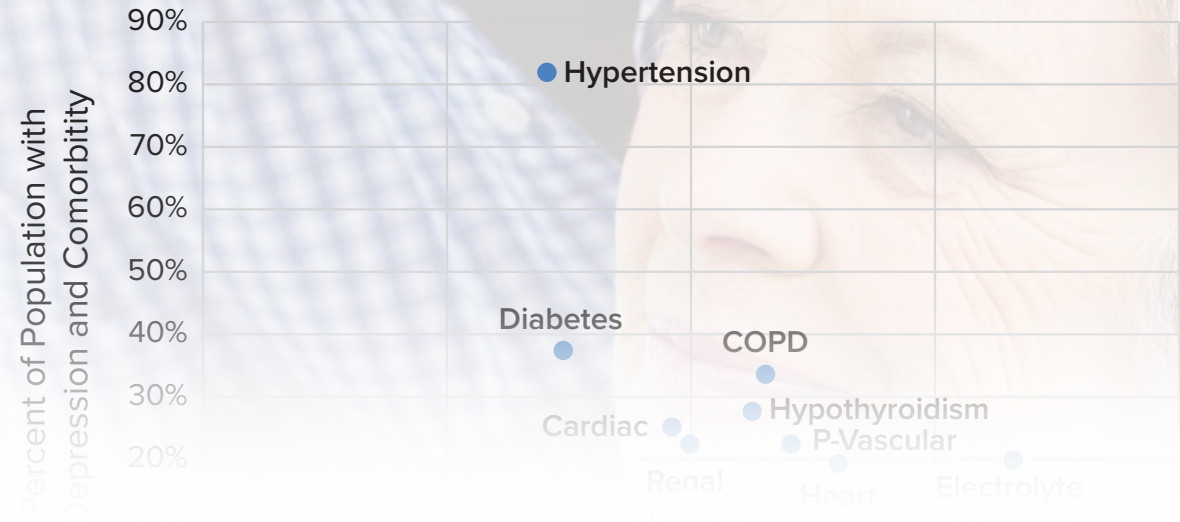
Comorbidities, depression, and anxiety often go hand in hand

Medicare Advantage members are nearly five times more likely to report a depressed mood in the HOS survey when they suffer from four or more chronic conditions (as opposed to members with no chronic conditions⁸). For Medicare Advantage members diagnosed with depression, the most common comorbid diseases are hypertension, diabetes, COPD, electrolyte disorders and renal disease⁹. The list of comorbidities for members with anxiety is similar, with the addition of heart failure, and the subtraction of diabetes.

Comorbidities may be used to identify at-risk members

Comorbidities correlated with depression and anxiety may be used to identify members most likely to be suffering from undiagnosed depression and anxiety. In the graphic to the right, 34% of Medicare Advantage members who are depressed also have COPD. Looked

Comorbidities with Depression for Medicare Advantage Members



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