

Introduction

* Woburn & North Andover Pediatric Associates

- Woburn Pediatric Associates (WPA) is a primary care pediatric office that was founded by Dr. Joseph Leader on August 15th, 1967.
- Dr. Leader is still practicing medicine full-time alongside 14 other physicians and 8 nurse practitioners.
- WPA is a part of PPOC (Pediatric Physicians Organization at Children's).
- North Andover Pediatric Associates (NAPA) officially opened in 1998.
- In 2015, Woburn Pediatric Psychological Services (WPPS) opened as a sub separate practice, integrated into the Behavioral Health Department, with one full-time psychiatric MD, two part-time psychiatric MDs, and one full-time licensed independent clinical social worker (LICSW).

* What are SSRIs?

- Selective Serotonin Reuptake Inhibitors (SSRIs) are a class of prescription antidepressants.
- SSRIs initiate the reuptake of serotonin in the brain, allowing for greater production of serotonin.
- Prozac (fluoxetine), Zoloft (sertraline), Lexapro (escitalopram), and Celexa (citalopram) are the most prescribed SSRI medications.
- SSRIs are the recommended first-line prescription drug for the treatment of anxiety and depressive disorders.
- SSRIs are subject to the FDA's black box warning due to increased risk for suicide ideations.

Related Literature

- "In the collaborative care model (CCM), treatment is closely monitored through regular measurement and observation by care managers (13). There is a substantial evidence base for collaborative care, including more than 80 randomized controlled trials, suggesting that collaborative care is twice as effective as usual primary care treatment of patients with depression." (Sowa et al., 2018)
- "Studies have shown that up to 9 percent of teenagers meet criteria for depression at any one time, with as many as 1 in 5 teens having a history of depression at some point during adolescence. Major depressive disorder (MDD) in youth is under-identified and undertreated in primary care (PC) settings." (Nakaishi, 2)
- "The most recent and presumably best, analyses suggest that there may be a very slight increased risk of suicidality with antidepressants in children and adolescents, but not an actual increased risk of completed suicide. Since the time of this black box warning, PCPs have prescribed less SSRIs, and the rates of suicide in youth have increased." (Nakaishi, 6)

Objectives

- Explored and evaluated the efficacy of care coordination models for monitoring SSRIs in a pediatric primary care setting.
- Outlined critical information for each patient prescribed an SSRI for the treatment of a mental health disorder by creating a Patient Care Coordination Note (PCCN) on Epic, an electronic medical record (EMR) software.
- Maintained confidentiality of patient medical records, complying with strict HIPAA Privacy Regulations and standard operational policies.
- Updated scheduled SSRI follow-up appointments on Excel each week
- Alerted Site Supervisor of any suspected SSRI Protocol errors.
- Collaborated with Behavioral Health team, providers, and nurses to create patient care plans.
- Acted in Accordance with Health Information Privacy and HIPAA Compliance Laws.

Materials & Methods

- A patient is diagnosed with anxiety or depression and prescribed an SSRI for treatment by their pediatrician.
- The Behavioral Health Director is notified of patients prescribed an SSRI.
- Patient identifiers, as well as other relevant information applying to patients, are recorded in the SSRI Excel Spreadsheet.
- The Behavioral Health Director calls the patient approximately 7 days after starting their medication to ask the patient standard questions regarding side effects. The following programs were used to record their responses:
 - Epic to:
 - open and close telephone encounters for scheduling follow-up appointments
 - create SSRI Care Coordination Notes in patients' chart
 - update SSRI Spreadsheet on Excel
 - analyze and surveil patient SSRI treatment progress by reviewing patient's PHQ-9 and GAD-7 scores from each follow-up visit since starting medication
 - Excel to:
 - investigate patient records on Epic when necessary
 - complete each patient's SSRI Care Coordination Note

PATIENT HEALTH QUESTIONNAIRE-9				
Over the last 2 weeks, how often 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 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

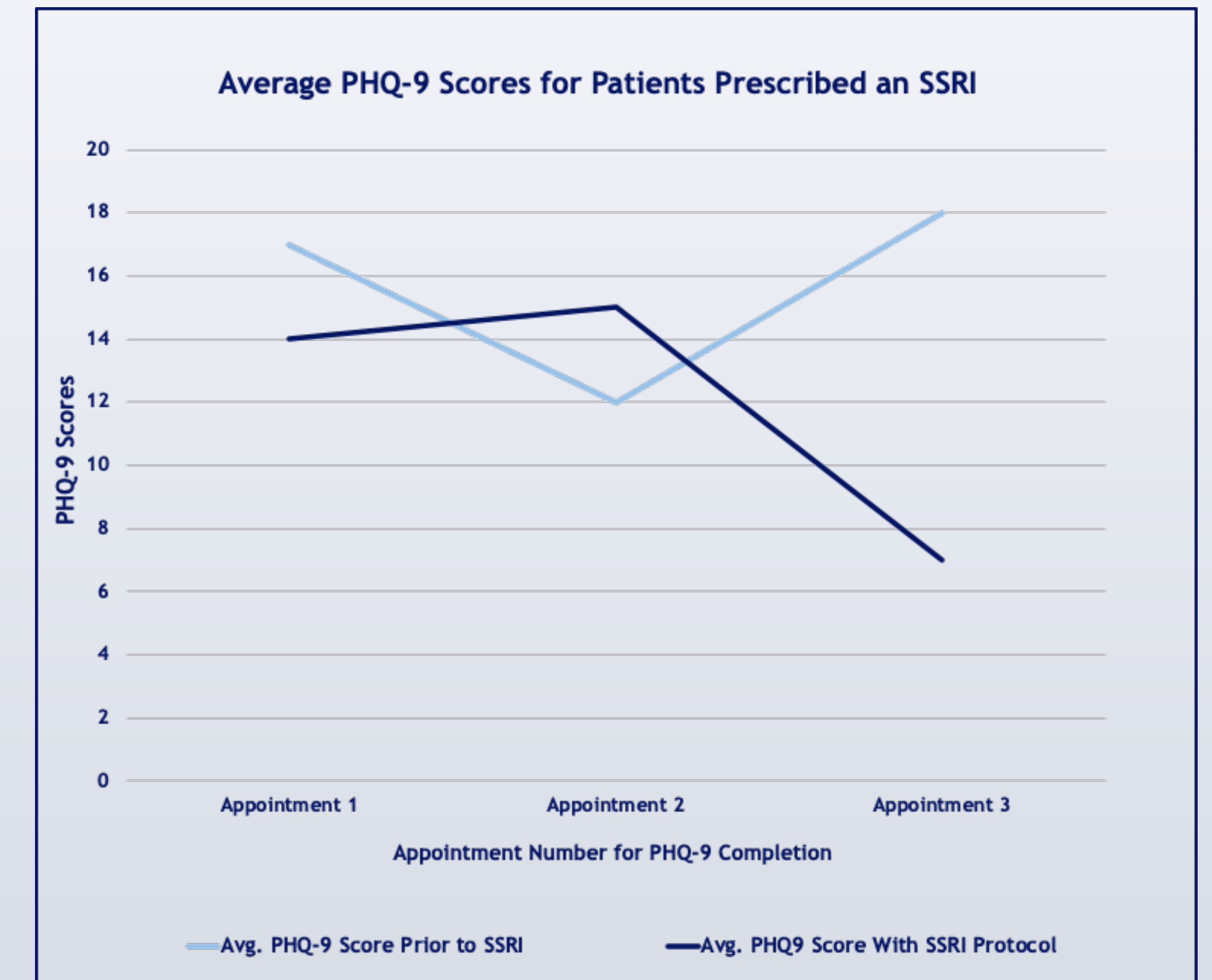
For scores: 0-4 = No symptoms, 5-9 = Mild, 10-14 = Moderate, 15-19 = Severe, 20-27 = Very severe

* The Patient Health Questionnaire-9 (PHQ-9) is a tool for screening, diagnosing, monitoring, and assessing the intensity of depression.

Monitoring SSRI - January 2021	
Starting SSRI	Document that you talked about risks and benefits including black box warning.
Start low and go slow - do every second week every starting higher than 10 mg of fluoxetine and 25 mg of Zoloft. See below for instructions on increasing dose.	
When starting a patient on SSRI, write SSRI on the top of your GAD7 or PHQ9 for the PHQ9. Make sure to write other way. PHQ9 will notify the nurse about a new patient on SSRI, and the patient will be entered into a spreadsheet for monitoring follow-up.	
1 week phone call from BIOC or VV from provider	Ask about:
	suicidal ideation
	increased agitation, restlessness, or irritability
	weighting depression
	activity level, appetite, sleep
	OC to determine dose if provider has discussed at initiation visit
3-4 weeks visit	PHQ9 or GAD7 - increase dose if not better at point (10 for PHQ9 to moderate depression, 10 for GAD7 to moderate anxiety) at all previous visits
	May increase fluoxetine by 10 mg q 3-4 weeks, up to 40 mg
	May increase sertraline by 25 mg q 2 weeks, up to 100 mg
	If need to increase dose beyond these levels, consider discussing with WPPS
8 week visit	PHQ9 or GAD7
	Find or dose once rating scale is below cut point (10)
	30 day prescription, no refill
12 week visit	PHQ9 or GAD7
	30 day prescription with 2 refills
6 months visit	PHQ9 or GAD7
	Must have visit before there are more prescription refills
	Q1 months visit, every visit 3 months of visits goes without visit, PHQ9 or GAD7 at every visit, start tapering medication - 25-50% reduction every 2-4 weeks, should be done during period of low stress. If symptoms recur during taper, consider consulting WPPS.

* WPA's & NAPA's SSRI Protocol

Results



* This graph shows the PHQ-9 Survey scores of randomly selected patients undergoing SSRI treatment for three months before the SSRI Protocol had been implemented as well as after the SSRI Protocol had been implemented.

Conclusions

- As the graph above shows, since implementing the SSRI Protocol in January, there has been a downward trend in patient's PHQ-9 scores. This data confirms that the SSRI protocol is indeed an effective collaborative care measure.
 - Continuing this study for an additional three-months would allow for more definitive results.
 - Limitations to this study include the COVID-19 lockdown changes; increasing and decreasing effects of mental health disorders; the change in weather; situational depression; as well as the short timespan this study was conducted over.

Acknowledgements

Jillian Costa, M. Ed., Behavioral Health Director
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