Behavioral Activation: An Evidence-Based and Cost-Effective Intervention for Depression

January 19, 2017
Presented by:
Paula E. Hartman-Stein, PhD.
Opening Remarks

► Purpose
► Welcoming Dr. Hartman-Stein
► Q&A

Dr. Adrienne Mims
Vice President & Chief Medical Officer
Free Technical Assistance

Alliant Quality can offer the following technical assistance to help your primary care practice improve screening rates:

► Expertise in billable screening tools, treatment approaches and referral processes
► Process design and linkages to referral programs
► Training in quality improvement methodologies
► Opportunities to participate in Learning and Action Networks
► Education on best practices, shared successes and lessons learned
Depression Screening Codes

The following clinicians are eligible to bill for the services listed below:
General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.

- **G0402** - *Initial Preventive Physical Examination*
  NC ($175.95); Atlanta ($183.14); Rest of GA ($174.20)

- **G0438** – *Annual Wellness Visit*
  NC ($181.05); Atlanta ($188.64); Rest of GA ($179.13)

- **G0444** - *Annual Depression Screening, 15 minutes:*
  NC ($18.98); Atlanta ($19.99); Rest of GA ($18.65)

- **CPT 99490** – *Chronic Care Management:*
  NC ($42.89); Atlanta ($44.60); Rest of GA ($42.51)

[http://www.alliantquality.org/content/behavioral-health](http://www.alliantquality.org/content/behavioral-health)
Clinical Geropsychologist, Consultant, & Health Care Educator

Education
- University of Pittsburgh, West Virginia University, Kent State University
- Geriatric Clinician Certificate from GREC, Case Western Reserve University

Work History
- Hospitals, Primary Care Clinic, Long Term Care settings
- Founded the Center for Healthy Aging in Kent, Ohio (private practice)
- Medicare Correspondent, *The National Psychologist* newspaper

Accomplishments
- Adjunct Professor, University of Massachusetts Medical School
- Senior Fellow, University of Akron
- Associate Professor, Northeast Ohio Medical University
- Certified Trainer for Healthy IDEAS
- Member of The Centers for Medicare & Medicaid Services (CMS) Technical Expert panels for depression & elder maltreatment screening measures
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Objectives

1. Analyze the elements of behavioral activation (BA) for treatment of depressed adult and geriatric patients.
2. Analyze linkage between activity and mood.
3. Evaluate the clinical efficacy of BA compared to cognitive-behavioral therapy (CBT).
4. Evaluate the cost-effectiveness of BA compared to cognitive-behavioral therapy (CBT).
5. Analyze an evidence-based tool to identify pleasant & meaningful activities in BA interventions for older adults.
Need for a Clinically & Cost-effective Intervention for Treatment of Depression

- Clinical depression is a common, debilitating mental health disorder, the second largest cause of disability world-wide.
- Antidepressant meds and cognitive behavioral therapy (CBT) have the most research evidence.
Need for an Evidence-based and Cost-effective Intervention for Depression

- Limitations of antidepressant meds: side effects, poor pt adherence, and discontinuation relapse risk.
- CBT: as effective as antidepressants, provides protection against relapse, but is complex and efficacy is dependent on skills of the psychotherapist. Due to economic factors, skilled mental health therapists may not be available in all health care settings.
Behavioral Activation: An Evidence-based and Cost-effective Intervention for Depression

What is Behavioral Activation (BA)?

- Management of depressive symptoms by engaging in meaningful, positive activities.
Behavioral Activation: Theory Behind It

A lowered mood (regardless of why) can lead to...

And the circle of inertia begins.
Breaking the inertia even in a small way is what BA does.
Behavioral Activation: How does it work?

Implements mood by:

- Increasing frequency of behaviors that lead to positive outcomes
- Doing activities that “feel good” or are pleasurable or reduce stress (may involve a task to accomplish, something social or a once pleasurable activity.)
Why Behavioral Activation?

► Simple to understand
► Fairly easy to deliver (motivating the pt is the hard part).
► New evidence that BA is as effective as CBT for most pts with depression.
► Does not need professionals with advanced training in mental health to deliver.
► Non-judgmental
► Well-suited for PC & community settings
► Can be delivered along with medications for depression or as single intervention
Behavioral Activation Steps

► Review patient’s depressive symptoms
► Explain the model that links mood & activity
► Assess client’s current levels of activity
► Set specific goals & frequency
  – Identify behaviors that fit with life goals
  – Consider behaviors in a variety of life areas
  – Make sure behaviors are observable and measurable
  – Consider “easy,” “medium,” and “difficult” activities
Choose SMART Goals

► Specific
► Measurable: how does the pt & the provider know when it has been accomplished?
► Attainable: Be sure it is doable and realistic
► Relevant to the patient’s values
► Time-limited

(Adapted from Healthy IDEAS protocol)
Choosing the Goals can be Challenging!

Example of tool to help patients choose the activity:

California Older Person’s Pleasant Events Schedule (COPPES)

✓ a list of 66 events that people tend to find pleasant

Review of Behavioral Activation Steps

► Be realistic re identifying achievable goals
► Ask the patient to identify examples of meaningful or pleasant activities
► If the pt has difficulty identifying such activities use tool, e.g., Pleasant Events Schedule
► Reinforce patient’s efforts in person or on phone
► Reassess depressive symptoms during regular PC visits
Impact from Healthy IDEAS: BA with Older Adults receiving home care or attending senior centers

► Reduction in depression severity
► Reduction of self-reported pain
► Increased knowledge of how to get help for depression.
► Increased level of activity
► Knowledge of how to manage depressive symptoms.
Cost & Outcome of BA vs CBT: What Does the Evidence Show?

- Randomized, controlled trial with pts from 3 PC sites in the UK. Largest trial of BA and one of largest trials of psychiatric treatment for depression
- 440 pts, mean age of 44 yrs.
- 62% had one or more co-morbid anxiety disorder.
- 87% treated in PC setting

Cost & Outcome of BA vs CBT: What Does the Evidence Show?

► Number of episodes of depression: mean of 7
► 78% used antidepressants
  – Duration of antidepressant tx: mean of 164 weeks
► Length of tx:
  – average of 12 BA sessions;
  – 13 CBT sessions over 16 weeks;
  – sufficient dose of therapy: 8.
► Primary outcome:
  – PHQ-9 at 12 months
Cost & Outcome of BA vs CBT: What Does the Evidence Show?

► BA was as effective as CBT!
► BA is suitable for delivery by professionals with no training in psychotherapy
► 20% of pts had no improvement in depressive symptoms regardless of tx. (perhaps personality disorders or characterological “depression.”)
► “Findings suggest BA should be a front-line tx for depression, with substantial potential to improve reach and access to psychological therapy globally.”
Case Examples

- 72 year old man with Parkinson's and depression.
  - BA strategy: cleaning out his workshop

- 80 year old woman with dementia and depression.
  - BA strategy: Picture albums & casseroles
References


Replication report: NCOA-Center for Healthy Aging website
http://www.healthyagingprograms.org

Thank you!

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