

Screening for Anxiety, Depression, and Substance Use Disorder (SUD) in the Primary Care Setting

Impact of The Condition

In recognition of the volume of individuals living with depression, anxiety and SUD, routine screening for these conditions should occur as part of physical health exams. Despite the high prevalence of mental health and substance use problems, too many Americans go without treatment — in part because their disorders go undiagnosed. Indeed, more than half of people who die from suicide have had a healthcare visit in the past 30 days and nearly 10% have a primary care visit within a week prior to their deaths yet fewer than 40% received behavioral health treatment at all. Regular screenings in primary care and other healthcare settings enable earlier identification of mental health and substance use disorders; this translates into earlier care. Screenings should be provided to people of all ages, including the young and the elderly and should include screening for suicide risk where appropriate.

Summary of the Guidelines

MVP Health Care expects that primary care providers (PCPs) will incorporate anxiety, depression and SUD screening into routine physical health evaluations and examinations.

1. MVP recommends the following evidence-based screening tools to be used for this purpose:

- a. *Anxiety, Depression and Substance Use Disorder (SUD) Screening Tools*

Substance Abuse and Mental Health Services Administration (SAMHSA)

- b. [Screening and Assessment Tools Chart | SAMHSA](#) *Adult Depression in Primary Care Guideline:*

Institute for Clinical Systems Improvement Health Care Guideline for Depression in Primary Care:

[Depr.pdf \(icsi.org\)](#)

Screening Tools

[PHQ-9 Questions \(English\)](#)

[PHQ-9 Questions \(Spanish\)](#)

- c. *Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD)*

The American Psychiatric Association (APA)

[Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder](#)

- d. *Alcohol and Substance Use Disorder*

U.S. Department of Health & Human Services; National Institute of Health; National Institute on Alcohol Abuse and Alcoholism:

[How to Apply The Core Resource on Alcohol in Clinical Practice | National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) \(nih.gov\)](#) Screening Tools:

[The CRAFFT Screening Interview](#)

2. Referral to Treatment:
 - a. Patients who are found, upon screening and further evaluation, to meet criteria for either of the disorders as defined by the current DSM, or those whose diagnoses are uncertain, will be referred for further evaluation and treatment.
 - b. Referrals to treatment must be documented in the medical record.
3. Screening services are provided by licensed health care providers or staff working under the supervision of licensed health care providers. The following licensed health care providers are eligible to provide services or supervise staff that are providing services.
 - a. Physician
 - b. Physician Assistant
 - c. Nurse Practitioner
 - d. Psychologist
 - e. Clinical Social Worker

The following licensed and registered providers also may perform Screening and/or Brief Intervention in the primary care setting, under the direction of one of the 4 provider types above.

- a. Marriage and Family Therapist
- b. Registered Nurse
- c. Certified Nurse Midwife
- d. Professional Clinical Counselor

All health care providers listed above must be trained and proficient in order to provide or supervise individuals providing screening services, within their scopes of practice.

4. The training materials are available once the clinical guidelines with the screening tools are approved by the MVP Quality Improvement Committee. The new and updated guidelines are distributed to PCPs, hospitals and outpatient clinics to be used for training purposes. Existing practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. Copies of the guidelines with the screening tools are made available to all new providers either by a welcome letter distributed when the provider is

accepted in-plan or by the MVP Provider Quality Improvement Manual (PQIM). All materials available on the web site are available in hard copy upon request.

5. Monitoring is done yearly with claims analysis reports to compare rates of use of codes for screening and brief intervention between different PCPs to identify providers not performing expanded screening or referring for brief intervention. The claims analysis is based on billing for the preventative services for alcohol, drug abuse, anxiety and depression screening.

This guideline is not intended to replace the role of the physician's clinical judgment in the management of medical services, it is an educational guideline provided to assist in the delivery of good medical care. All treatment decisions are ultimately based on the physician's clinical assessment and judgment. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site, and by written notices from the plan via fax or newsletter. A print copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at 800-777-4793.