

Carta Informativa

6 de noviembre de 2024

A: Todos los Proveedores Colocados Contratados por el Grupo Médico Primario de First Medical Health Plan Inc., o APS Health Care, para el Plan Vital

Re: *Proyecto de Mejoramiento del Desempeño (PIP): Mejoramiento del Cernimiento de la Depresión, la Ansiedad y el Trastorno de Uso de Sustancias*

Estimado(a) Proveedor(a) Colocado:

Reciba un cordial saludo de parte de First Medical Health Plan, Inc., (FMHP).

El Departamento de Calidad de FMHP tiene la responsabilidad de monitorear y evaluar la calidad de los servicios provistos a nuestros beneficiarios del Plan Vital. Es por esto que, considerando las necesidades de salud de nuestros beneficiarios y cumpliendo con el Artículo 12, Sección 12.3.3.2 del Contrato de la Administración de Seguros de Salud (ASES), FMHP ha diseñado y establecido el Proyecto del Mejoramiento del Desempeño (PIP, por sus siglas en inglés); Proyecto para el Mejoramiento del Cernimiento de la Depresión, la Ansiedad y el Trastorno por Uso de Sustancias en la población de beneficiarios del Plan Vital.

Según documentado, las condiciones mentales son una de las causas de mayor discapacidad en el mundo. En Puerto Rico, el último informe científico, elaborado en el año 2016 reveló que, el 18.7% de la población entre 18 y 64 años tiene un trastorno psiquiátrico. Si incluimos a las personas con trastornos de sustancias, esta cifra aumenta hasta el 23.7%. De ellos, el 7.3% tiene algún trastorno mental grave e incapacitante, como la esquizofrenia y otras psicosis. La Organización Panamericana de la Salud (OPS) informó en el año 2020 que, los trastornos mentales eran una de las principales causas de incapacidad en Puerto Rico.

FMHP tiene como meta aumentar las pruebas de detección de Depresión, Ansiedad y el Trastorno por Uso de Sustancias en nuestros beneficiarios del Plan Vital. Estas pruebas de cernimiento proporcionan una identificación temprana de estos trastornos, lo que garantiza un diagnóstico preciso y oportuno, un tratamiento eficaz y un seguimiento adecuado por parte de los médicos de atención primaria y los profesionales de la salud conductual.

Es sumamente importante que, todo Proveedor Colocado contratado para el Plan Vital, realice el cernimiento temprano de estas condiciones a todos los beneficiarios que atienda y en los casos que

así se amerite por los resultados de los mismos, genere el referido al proveedor de salud conductual correspondiente y/o trabajar con el tratamiento correspondiente y pueda de igual manera, discutir los resultados con el Médico Primario del beneficiario.

Se adjunta a este comunicado, las Herramientas de Cernimiento nacionalmente reconocidas y seleccionadas para este PIP, para la detección de la Depresión (PHQ9), la Ansiedad (GAD7), el Trastorno por Uso de Sustancias (DAST) y los códigos de procedimiento que deben utilizar para facturar dichos cernimientos. Recuerden que es importante guardar toda esta documentación en el expediente clínico del beneficiario.

Si usted tiene alguna pregunta relacionada a este comunicado o necesita información adicional, siéntase en la libertad de comunicarse con el Departamento de Calidad a través del siguiente correo electrónico: Quality@firstmedicalpr.com

Cordialmente,

Departamento de Calidad
First Medical Health Plan, Inc.

PHQ9 – Cernimiento para Depresión

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 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 OFFICE CODING 0 + _____ + _____ + _____
=Total Score: _____

If you checked off any problems, 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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GAD7 – Cernimiento para Ansiedad

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than 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 is 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

Column totals + + + =
Total score

If you checked any problems, how difficult have they 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at rs8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than 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 is 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

Column totals ___ + ___ + ___ + ___ =
Total score ___

If you checked any problems, how difficult have they 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- 0–4: minimal anxiety
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DAST – Cernimiento para Trastorno por Uso de Sustancias

Substance Abuse Screening Instrument (O4/05)

The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has "exhibited valid psychometric properties" and has been found to be "a sensitive screening instrument for the abuse of drugs other than alcohol.

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or "over-the-counter" drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

	YES	NO
1. Have you used drugs other than those required for medical reasons?	___	___
2. Have you abused prescription drugs?	___	___
3. Do you abuse more than one drug at a time?	___	___
4. Can you get through the week without using drugs (other than those required for medical reasons)?	___	___
5. Are you always able to stop using drugs when you want to?	___	___
6. Do you abuse drugs on a continuous basis?	___	___
7. Do you try to limit your drug use to certain situations?	___	___
8. Have you had "blackouts" or "flashbacks" as a result of drug use?	___	___
9. Do you ever feel bad about your drug abuse?	___	___
10. Does your spouse (or parents) ever complain about your involvement with drugs?	___	___
11. Do your friends or relatives know or suspect you abuse drugs?	___	___
12. Has drug abuse ever created problems between you and your spouse?	___	___
13. Has any family member ever sought help for problems related to your drug use?	___	___
14. Have you ever lost friends because of your use of drugs?	___	___
15. Have you ever neglected your family or missed work because of your use of drugs?	___	___
16. Have you ever been in trouble at work because of drug abuse?	___	___
17. Have you ever lost a job because of drug abuse?	___	___
18. Have you gotten into fights when under the influence of drugs?	___	___
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	___	___
20. Have you ever been arrested for driving while under the influence of drugs?	___	___
21. Have you engaged in illegal activities in order to obtain drug?	___	___
22. Have you ever been arrested for possession of illegal drugs?	___	___
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	___	___
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	___	___
25. Have you ever gone to anyone for help for a drug problem?	___	___
26. Have you ever been in a hospital for medical problems related to your drug use?	___	___
27. Have you ever been involved in a treatment program specifically related to drug use?	___	___
28. Have you been treated as an outpatient for problems related to drug abuse?	___	___

Scoring and interpretation: A score of "1" is given for each YES response, except for items 4,5, and 7, for which a NO response is given a score of "1." Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4,7,16,20, and 22.

Códigos de Procedimientos para facturar las Pruebas de Cernimiento:

Pruebas de Cernimiento	Códigos de Procedimiento
PHQ9: Depresión	96127 - Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
GAD7: Ansiedad	96127 – Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument G0444 - Annual depression screening, 5 to 15 minutes
DAST: Trastorno de Uso de Sustancias	99408 – Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes 99409 – Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes G0396 – Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes G0397 – Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes G2011 - Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes G0442 – Annual alcohol misuse screening, 5 to 15 minutes G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes H0049 - Alcohol and/or drug screening H0050 - Alcohol and/or drug services, brief intervention, per 15 minutes