

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

Impact of the Condition

In recognition of the volume of individuals living with behavioral health conditions and SUD, routine screening for these conditions must 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. Regular screenings in primary care and other healthcare settings enables earlier identification of mental health and substance use disorders, which translates into earlier care. Screenings should be provided to people of all ages, even the young and the elderly.

Summary of the Guidelines

MVP Health Care expects that PCPs will incorporate anxiety, depression and SUD screening into routine physical health evaluations and exams.

1. MVP Health 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)

[Anxiety, Depression and SUD Screening Tools](#)

b. Adult Depression in Primary Care Guideline:

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

[Major Depression in Adults in Primary Care Guideline](#)

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:

[Helping Patients Who Drink Too Much; A Clinician's Guide](#)

Screening Tools:

[The CRAFFT Screening Interview](#)

- e. Major depressive disorder

American Psychiatric Association (APA)

[Treatment of Patients With Major Depressive Disorder, Third Edition](#)

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 DSM, or those whose diagnosis 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 a licensed health care provider or staff working under the supervision of a licensed health care provider. The following licensed health care providers are eligible to provide services or supervise staff that are providing services.
 - a. Licensed Physician
 - b. Physician Assistant
 - c. Nurse Practitioner
 - d. Psychologist
 - e. Licensed 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. Licensed Marriage and Family Therapist
- b. Registered Nurse
- c. Certified Nurse Midwife
- d. Licensed Professional Clinical Counselor

All health care providers listed above must be trained and proficient in order to provide or supervise individuals providing screening services.

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 primary care physicians (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 a 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.

Additional tools to assist providers with educating their patients are included in the Provider Quality Improvement Manual under Behavioral Health.

<https://www.mvphealthcare.com/providers/quality-programs/provider-quality-improvement-manual-pqim/>

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care 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 hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 1-2247**.