M3 Clinician

White Paper Discussing Multidimensional Screening for Mood and Anxiety Disorders in Primary Care Practices – February, 2011

Overview Discussion of M-3's Options for Viewing Depression, Anxiety and Bipolar Disorder in Primary Care Practices

Improving efficiency in healthcare delivery is the golden fleece of current (and also longstanding) reform efforts. As one important component of this goal, over the years dreams of a valid and effective screening program for patients suffering from mood and anxiety disorders have led to numerous initiatives among managed care providers. The logic, plain and simple, is that anxious and depressed patients consume a disproportionate amount of healthcare dollars, especially when their identification is missed or delayed. Effective and targeted treatment, so it goes, should work to keep costs down.

The problem is: despite considerable effort and investment, existing screens have largely proven that a different approach in needed. Clinicians must be pushed to use them, but still find them too time consuming or otherwise impractical. Several studies have indicated that even when screens do identify cases, often this has no impact on intervention or outcome.

What gives? The sense we have at M-3 Information is that: 1) existing screens do not reflect the reality of mood and anxiety presentations in the field,; 2) nor do they promote the investment of the patients in the process, who, upon being confronted with waiting room forms, find paper-and-pencil diagnosis off-putting and confusing; and 3) clinicians find it daunting to synthesize what data they do collect, to assess compliance and progress, and to keep patients on course with the treatment. Let's address these drawbacks one by one.

1 - **Existing screens focus on only a single diagnosis**. In the real world, patients often present with comorbid mood and anxiety symptoms, subsyndromal illness, co-morbid substance abuse, and of course, comorbid physical symptoms, including chronic pain, GI complaints, etc. Looked at piecemeal, these overlapping symptoms may not reach criteria for, say, a depressive disorder; but, taken as a whole these cases typically represent patients absolutely in need of mental health treatment. More in keeping with the direction of the DSM-V development, the M-3 is less "diagnosis-centric" and more dimensional in its approach. While it does provide individual risk assessments for depression, anxiety, PTSD and bipolar disorder, it also offers a single measure, the **M-3 Checklist Score**, which reflects the patient's overall need for treatment, and includes a measure of functional impairment and substance use patterns. We find that, by being less obsessed with the proper identification of depression *versus* anxiety, we increase the overall case identification rate. Also, by taking care to screen for bipolar disorder – ***something no other anxiety or depression screen does*** – we help to avoid one very troubling and expensive source of iatrogenic morbidity; i.e., antidepressant-induced mania and mixed mood states.

2 – The **M3Clinician** is available online at M3clinician.com. This portal allows clinicians to have a free-standing HIPAA compliant portal to screen and save patient information and generate longitudinal reports. The engaging report allows clinicians and patients to share finding and address a planned goal.

3 - The **M-3Clinician Monitor** is a tracking module that allows Clinicians to track symptom progress and side effects over the course of their treatment. Visually appealing graphic feedback is offered as a way to reflect progress and encourages compliance through the full course of treatment. (Premature withdrawal from treatment is a major cause of illness recurrence and chronicity.). We believe this **clinical interface** to the EMR may readily facillitate and guide the physician's treatment decisions along the line of best practices from evidence based treatment algorithms. Furthermore, data from your patient cohorts could be made available for evaluation via the Report section. This would allow you to view the efficacy of various interventions, and to maintain real-time analyses of divergent treatment approaches within your practice.

All in all, we are very proud of what we believe is a simple, flexible, user- and physician-friendly web based application and portal to a dynamic EMR database. Highly useful to the patient, to the physician, and to those interested in evaluating treatment efficacy, efficiency, and quality control.