EPDS screening self-administered **EPDS EPDS > 19 EPDS** ≥10 or <10 without SI*(Q #10) No SI* SI* "Usual PHQ-9 care' assessment MD or clinician PHQ-9 <10 administered go to appropriate category PHQ-9 ≥10 $PHQ-9 \ge 15$ PHQ-9 PHQ-9 PHQ-9 Reassess or 10-14 <u>≥</u>15 <10 PHQ-9 SI* on Q #9 of PHQ-9 4 weeks Without With activity Assess activity impairment Intent impairment Means Likelihood Drug Rx by **Impulsivity** Drug Rx Shared recommended Decision +/-Making & counseling or patient referral preference Immediate Return to Action PHQ-9 Protocol Follow-up Program Score and Patient completes Depression Self-care Action Plan. proceed Nurse-initiated phone calls weekly x 2 and then monthly contacts (either phone call or visit) for first year. Office Visit week 4-5 to reassess PHQ-9, treatment side effects, adherence, and patient satisfaction. *SI = Suicidal Ideation defined as: * If PHQ-9 is decreased by 5 points, **monthly EPDS** contact: >19 - Nurse-initiated phone call Q #10 "sometimes" or yes" - Office Visits at 3, 6, 9, and 12 months. PHQ-9 OR >15 Q #9 more than "not at all" * If PHQ-9 is not decreased by 5 points, modify Rx: - Continue with more frequent contacts - Repeat Office Visit in 4 weeks. Recheck PHQ-9. - Follow-up with nurse call in 1-2 weeks. - Continue cycle or refer until response obtained.

Figure 5. Diagnosis and Follow-up of PPD for intervention practices