

Medication Adherence & Depression Tracking Texting Program

Program Details & Eligibility Requirements

Challenge & Strategy

Psychotropic medications have produced life-changing benefits for millions with mental and substance use disorders, the evidence for the effectiveness of these medications extensive and undeniable. However, low levels of adherence to prescribed medication is a national problem and limits effective health care services. For people with chronic medical illnesses, medication non-adherence substantially adds to disease burden and the cost of health care, limits the effectiveness of treatment and leads to poorer long-term health outcomes.¹

Cellphones have emerged as a powerful tool to improve health care providers' ability to reach and engage vulnerable patient populations. Given the widespread use of cellphones and high text message literacy, texting represents a desirable, low-cost means to amplify and reinforce patient-empowerment strategies among the populations served by behavioral health organizations.

Program Overview

Americares and the National Council for Behavioral Health are pleased to bring an innovative medication adherence and depression tracking texting program to community behavioral health organizations (CBHOs) in Texas in partnership with **Epharmix**, a technology platform that uses clinically-validated interventions to send text messages to patients to engage them in their care and streamline provider workflows.



Ten participating community behavioral health organizations will be selected to enroll **50 patients each** with a diagnosis of depression into the texting program, which will combine daily medication reminders and adherence messaging with mood tracking, depressive symptom tracking using the PHQ-9, and provider alerts over the course of 12 months.

Texting Modules

Epharmix's **medication adherence module** will send daily messages to patients reminding them to take their medication at a specific time, capture self-reported adherence metrics such as "Did you take your medication today?" and record reasons for missed doses such as "Did you forget, feel sick, run out of meds, other?"

In conjunction with medication reminders, Epharmix's **depression module** will evaluate mood three times a week based on self-reported answers to mood-related questions. Depressive symptoms will also be evaluated via text message using the PHQ-9 up to twice a month. Patient responses indicating suicidal intention, severely low mood scores, or severely high PHQ-9 scores will automatically alert the patient's care manager and redirect the patient to a crisis call center.

Dashboards & Reports

Care managers at the participating CBHOs will have access to a real-time dashboard to view their patients' self-reported responses to the medication adherence and depressive symptom messages. The system uses a familiar red/yellow/green triaging system so that managers can see the status of their patients at one glance to know who may require immediate follow up, who may not, and who is unresponsive.

Selected organizations will create and implement a set of standard operating procedures to ensure patient alerts and responses are responded to appropriately, if such policies are not already in place. These will vary by organization based on current practices and procedures. Americares, the National Council, and Epharmix will work with organizations to suggest best clinical practices if needed.

Participating organizations will receive monthly utilization reports that contain metrics showing patient engagement, triggered alert details, number of active patients, number of calls and text sent from the system, and patient satisfaction surveys.

Organizations will also receive quarterly reports that will contain medication compliance analysis, reasons for non-compliance breakdown, and PHQ-9 analysis.

Additional Support for CBHOs

This program will also deliver a series of six educational, didactic-style webinars for staff of participating organizations to further enhance engagement and education around medication adherence. The training topics will be based off the National Council's Medical Director Institute Report "[Medication Matters: Causes and Solutions to Medication Non-Adherence](#)" and will be presented and moderated by **Dr. Joe Parks**, the Medical Director for the National Council.

Participating organizations will receive free access to the texting platform, dashboards and reports; platform training and implementation; and technical assistance from Americares, the National Council and Epharmix for 12 months. The selected organizations will receive an **\$8,000** stipend as an acknowledgement of the staff time and organizational effort required to implement this program.

Application & Review Process

Please review the CBHO eligibility criteria on the next page before applying. Applications must be completed and submitted via [this link](#) by **February 22, 2019** to be considered for the program. Decisions will be made by March 8, 2019 and all applicants will be notified shortly after.

Applications will be evaluated based on the following:

- **Organization type:** Certified community behavioral health clinic demonstration sites; local mental health authorities (15%)
- **Services provided:** Care management and medication management (15%)
- **Statement of need:** General statement of need & organizational processes around medication adherence (15%)
- **Patient population:** Serve & identify appropriate number of eligible patients for program (20%)
- **Implementation plan:** Plan to enroll eligible patients & integrate program into organizational workflows (15%)
- **Staff Roles:** Identification of care managers and program champion (20%)

Anticipated Timeline

February 22, 2019 - Application deadline

Mid-March 2019 - 10 organizations selected & announced

April 2019 - Platform implementation & training with Epharmix

May 2019 - Patients begin to be enrolled in 12-month texting program

Contact Information

If you have any questions or would like additional information about the Medication Adherence & Depression Tracking Texting Program, please contact **Kristina Otten** at kotten@americares.org or **Ayla Colella** at aylac@thenationalcouncil.org.

Eligibility Criteria & Requirements

General

- Nonprofit 501(c)3 or public, tax-exempt behavioral healthcare organization in Texas
- Member of the National Council for Behavioral Health
If your organization is a member of the Texas Council for Community Centers, you are by default a member of the National Council for Behavioral Health.

Organization Type may include, but is not limited to:

- Community mental health centers (CMHCs)
- Certified Community Behavioral Health Clinic (CCBHC) demonstration sites
- Local mental health authorities (LMHAs)
- Federally-qualified health centers (FQHCs) that started as behavioral health organizations
- Hospitals that provide mental health and/or addiction disorder treatment
- Addiction disorder treatment facilities/rehabilitation programs

Services Provided

Organization must provide comprehensive behavioral health services that may include but are not limited to: behavioral health care treatment, counseling/therapy, medication management, pharmacy services, coordinated care management.

Staff Roles

Care Managers – Organization must have at least 2 staff members whose roles are to actively participate in and oversee individual patient care. These may be, but are not limited to: care managers, case managers, care coordinators, social workers. These will be the staff who will most utilize and interface with the platform, which will include:

- Identifying eligible patients and offering program to them, either in person or over the phone
- Enrolling patients into the back-end of the online platform
- Reviewing dashboards and patient trends daily or weekly; conducting appropriate care management and follow-up as needed
- Receiving alerts should high-risk measures be reported (ex: patient reports mood of 0-1, indicates suicidal intention, scores “severely depressed” on PHQ-9); responding appropriately and conducting outreach as needed

Program Administrator – The organization must also identify one medication adherence program “champion” who will be responsible for managing the implementation and sustainability of the program. This person will:

- Participate in all system implementation and training
- Attend monthly check-in calls
- Serve as the organization’s main point of contact for the program
- Can be one of the care managers that will have patients enrolled in the program (as described above) but is not required to be

Participation

The program administrator and participating care managers will be expected to:

- Complete brief platform implementation and training with Epharmix.
- Attend and participate in 6 didactic webinars on medication adherence topics, presented by the National Council. These are open to all staff members. Representation from each organization is expected on at least 4 of the 6 webinars.
- Attend and participate in monthly check-in calls with Americares, the National Council, and Epharmix to discuss program implementation successes & weaknesses, as necessary.

Patient Population & Patient Eligibility

Organization must serve patients diagnosed with recurrent depression who are prescribed medication by organization provider(s) to directly treat and manage their depression, with enough cases to enroll 50 patients into the program. The organization will need a process for identifying these eligible patients.

The 50 patients enrolled in the program must:

- Be patients of the organization
- Have recurrent, diagnosed depression
 - ICD-10 Codes: F32, F33, and lesser degree F34; DSM 5
- Be consistently prescribed medication specifically for the treatment of depression
- Have a mobile phone that has texting capability
 - Patients do not need data access. Free to End User messages can be turned if patients have a limited number of messages they can receive.
- Be willing to receive text messages on their personal mobile device that will:
 - 1x/day remind them to take prescribed medication(s)
 - 3x/week ask them to rate their mood
 - 2x/month ask PHQ-9 screening questions
 - Other various patient surveys

ⁱ The National Council for Behavioral Health. [Medication Matters: Causes and Solutions to Medication Non-Adherence](#). September 2018.