



EQUITABLE

Overcoming Challenges in Mental Health Underwriting

Kris Eskuchen, MD, DBIM

TCAHOU November 10, 2022



Disclosures



Kris Eskuchen, MD, DABFM, DBIM, ALMI
Medical Director

**I have no financial
relationships or affiliations
to disclose**

Contents



1 Understanding the challenges

2 Assessing mortality: short-term

3 Assessing mortality: long-term

4 Tools to overcome the challenges

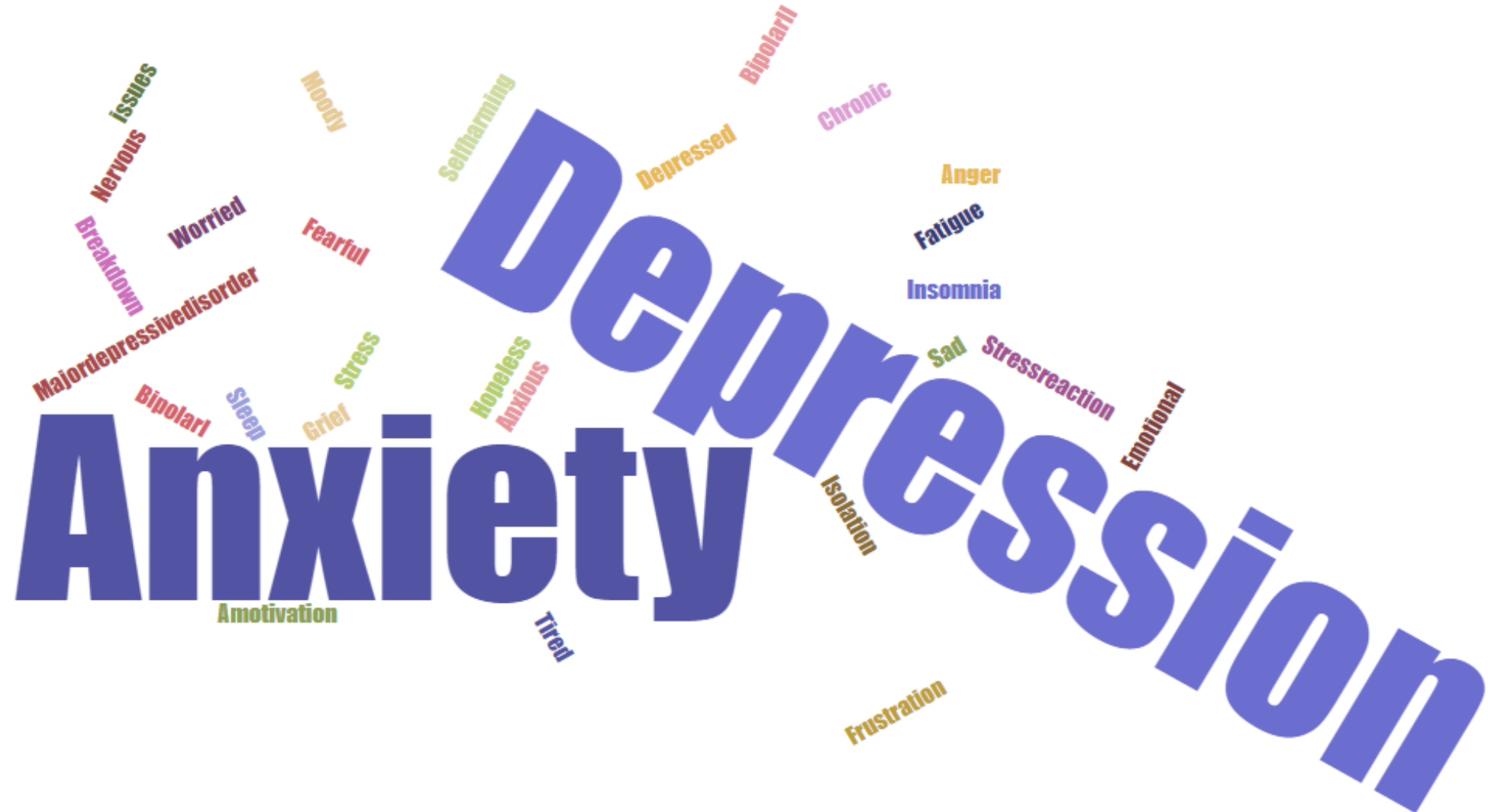
5 Take-aways



- Ambiguous diagnoses
- Subjective complaints
- Subjective testing
- Discrepant admissions
- Evolving diagnoses
- Barriers to acquiring APSs
- Poor documentation
- Agents push back

The Challenges

Challenge: Ambiguous diagnoses



Challenge: Subjectivity

46M with no significant PMH

CC: fatigue x 6 weeks

ROS positives:

- Doesn't sleep well
- Lacks motivation
- Boss not happy with work of late
- Sometimes wakes up gasping for air
- STOP BANG 5

What Do You Do if OSA Is Suspected: STOP-BANG

► STOP Questionnaire

- Snoring
- Tiredness
- Observed you stop breathing
- Blood Pressure

► BANG

- BMI >35
- Age >50
- Neck circumference >40 cm (>15.7")
- Gender male

High risk: Yes to ≥ 3 items → Refer for sleep testing

- PE: BMI 38, unremarkable exam otherwise
- At home O2 sleep monitor – multiple desaturations
- Polysomnography
 - Lowest SaO2 of 79%
 - API 38.9/hr
 - No central hypopneas
- Diagnosed with sleep apnea

Challenge: Subjectivity

46M with no significant PMH

CC: fatigue x 6 weeks

ROS positives:

- Doesn't sleep well
- Lacks motivation
- Boss not happy with work of late
- Some days it's hard to get out of bed
- STOP BANG 2 (negative)
- PHQ-9 questionnaire (0-27): 12 (moderate depression severity)
- GAD-7 questionnaire (0-21): 12 (moderate anxiety severity)

- PE: BMI 38, unremarkable exam otherwise

Challenge: Discrepant admissions

- Mental health stigmas – feeling judged
 - NIH: 40-50% of people with bipolar or schizophrenia go untreated each year and more other diagnoses (anxiety & depression)
 - Most affected: young, men, underrepresented, military, and healthcare providers
- Lack of privacy with disclosure
 - Agent/Paramed completed applications
- Insurance coverage of medications – physician advocacy



Poll question #1

20 F \$250,000 VUL product

MIQ: Depression

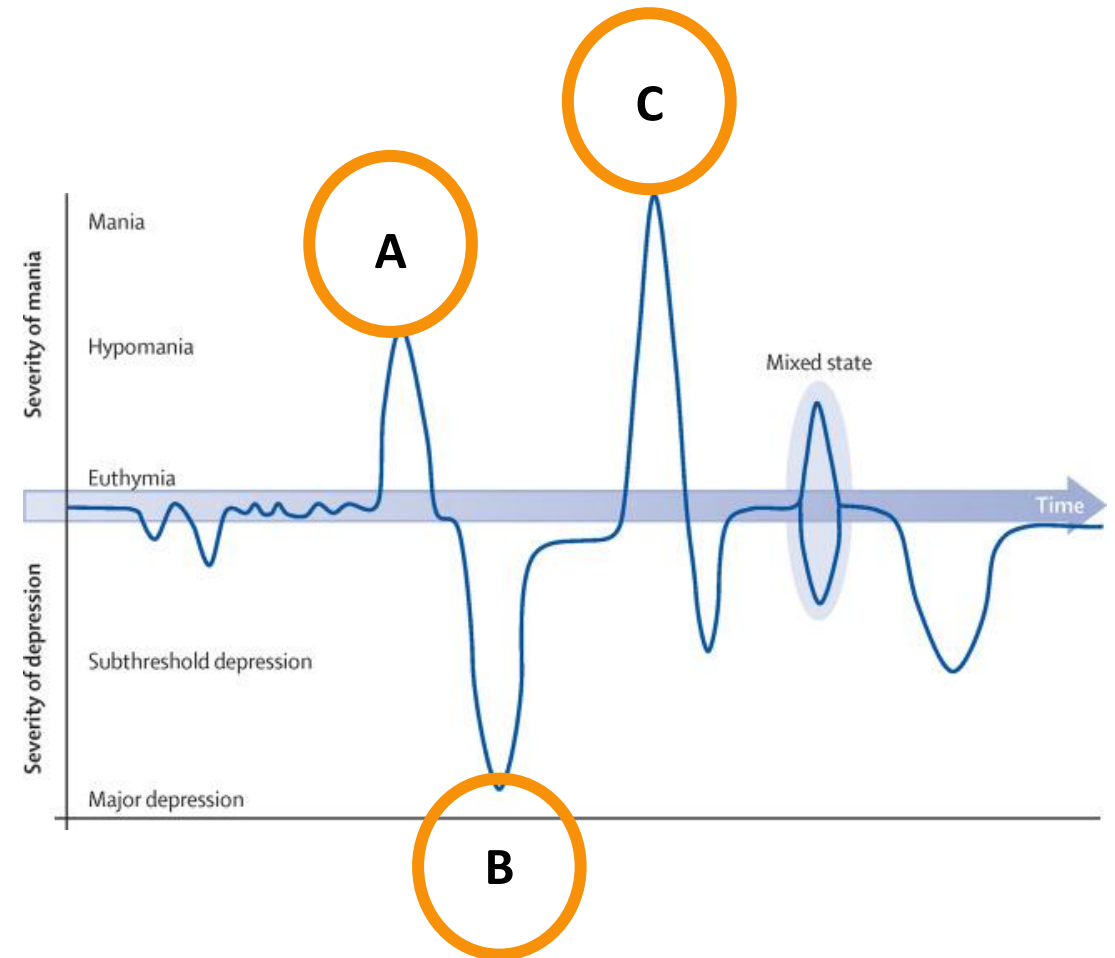
Rx: Sertraline, Citalopram, and Valproate over the last 3 years (in this order)

All of these diagnoses are listed in the assessment and plan in the APS. Which is the most likely to be accurate?

- A. Major depressive disorder
- B. Dysthymia
- C. Amotivational syndrome
- D. Bipolar I
- E. Bipolar II

Challenge: Evolving diagnoses

- Refinement with time based on symptoms
 - A: euthymia with a hypomanic episode
 - B: Bipolar 2 disorder
 - C: Bipolar 1 disorder
- Multiple diagnoses listed in APS PMH
 - Carry over?
 - Evolving?
 - Questionable diagnosis?
- DSM criteria updates – 2022 DSM-5TR
- Resolution of symptoms
- Comorbidities
 - Chronic pain
 - Substance abuse



The Lancet: Vol 387, issue 10027, p1561-1572, April 9, 2016

Challenge: Barriers to getting APSs

- PCP
- Psychiatry*
- Therapist*



HIPAA privacy rule exception 164.524

Covered entities are required to disclose PHI to the patient within 30 days upon request, **with certain caveats.**

- Psychotherapy notes excluded
- Confidential information from a source other than the patient
- It's their professional judgment that the access is likely to endanger the life or physical safety of the patient or another

Challenge: Poor documentation

- EHR systems
 - Patient Protection and Affordable Care Act (PPACA) 2012
 - Went into effect 2014
 - Expensive
 - Penalties may be cheaper: Medicare patients 1% in 2015, 2% in 2016 and 3% onward
 - Many in private or single specialty practices without lab, testing, hospital, or other clinic affiliations
- Limited information
 - May not have internal guidance or incentive

THE 7 TYPES OF PHYSICIAN HANDWRITING

5 YEAR OLD HANDWRITING:

Patient seen and examined

IMMACULATE, ILLEGIBLE SCRIPT:

Altho we soft rendered, we understood

SANSKRIT:

37 1/2 at 1 11 7 17 18 19

EVERY 4TH WORD LEGIBLE:

Urgent critical care in STAT!

EVERY WORD MUST TOUCH LINE MARGINS:

Patient is alert and oriented

TEENY TINY:

Patient has history of hypertension and diabetes

HAD 30 SECONDS TO WRITE NOTE:

me

Challenge: Paucity of documentation

Dr. Hannibal Lecter
36 Chianti Court
Baltimore, MD 21202

To whom it may concern:

Clarice Starling is a pleasant 36-year-old female who has been under my care since 2012. She is a successful FBI agent who is compliant with all treatment and should live a long, productive life.

Yours truly,

Hannibal Lecter, M.D.

Pinterest

Challenge: Agent pushback – really understanding the source of mortality risk

- Short-term risk



- Long-term risk





Short-term Mortality

Short-term Mortality

- Death by suicide
- “Accidents”
 - MVAs
 - Accidental overdose with alcohol or other substances
 - Risky behaviors
- Violence
 - Road rage
 - Altercations
 - Homicide: 77% firearms



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

Death by suicide: 2020 Stats by CDC Data & Statistics Fatal Injury Report

- 12th leading cause of death in US: 13.48 per 100,000 individuals
 - 3rd ages 10-19
 - 2nd ages 20-34
 - 4th ages 35-44
- 1.20M suicide attempts/year: 130 per day (46K completed)
- 3.88M: 1F
- 1.5 x higher for Veterans
- Rate of death by suicide is highest in middle-aged white men
- 52.83% by guns
- 90% of those who died by suicide had a diagnosable mental health condition

Poll question #2

Since COVID, death by suicide

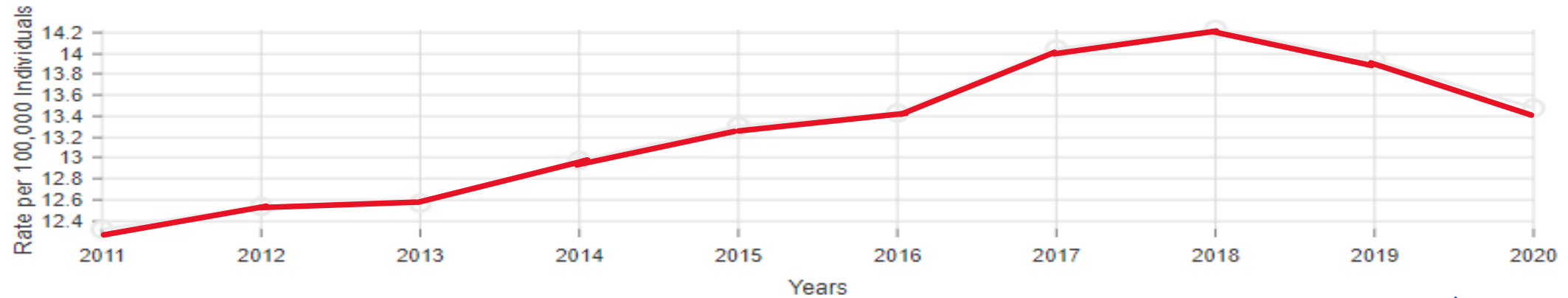
A. Went up

B. Went down

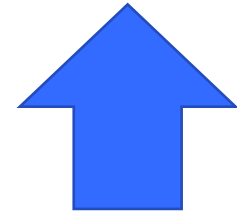
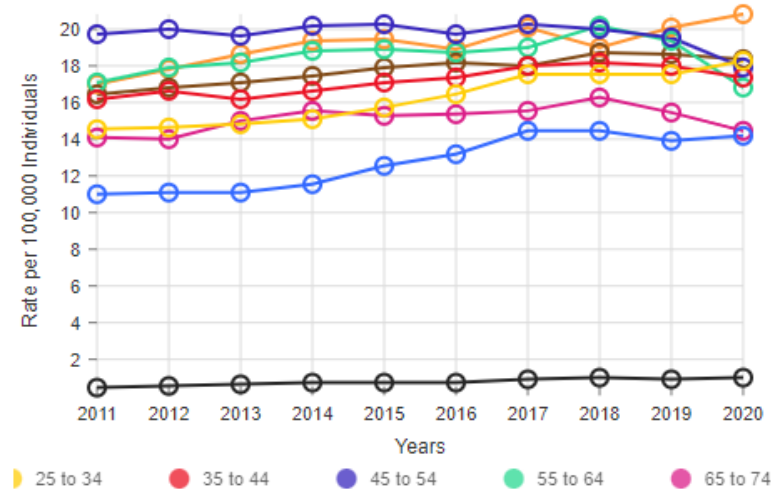
C. Stayed the same

D. We may never know

Suicide: Trends



Suicide rates by age range

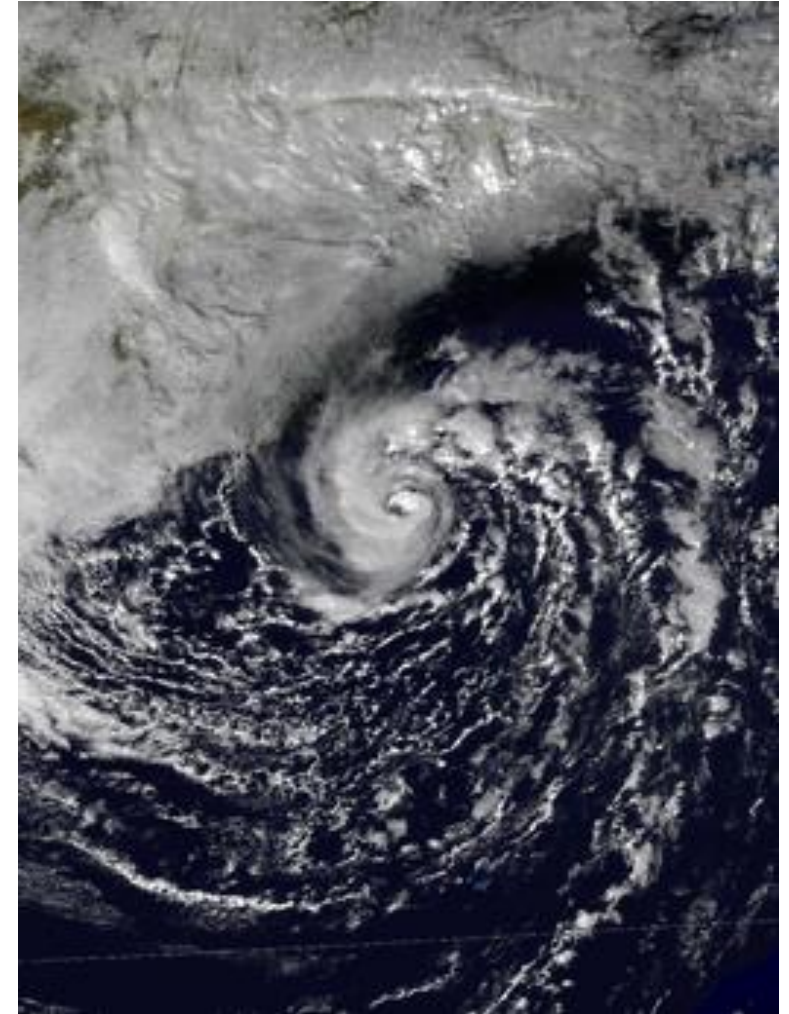


Suicide: Trends in COVID

- Early Pandemic
 - Reduced death by suicide rate
 - Stressors may have been offset by a sense of belonging and shared stress
 - Social media and employers increased efforts to connect remotely
 - Perceived government support for financial aid
- Later Pandemic
 - WHO: March 2022
 - Anxiety and depression increased by 25%
 - 90% of countries surveyed recognized the need AND the huge shortage of mental health services
 - Teens disproportionately at risk of suicidal and self-harming behaviors (girls>boys)
 - Women>men disproportionately affected
 - Pre-existing mental health conditions does not increase risk of COVID infection, but more likely to suffer hospitalization, severe illness and death compared to those without a mental health diagnosis
 - **Increased rates of accidental deaths**

Increased rates of accidental deaths in COVID

- Historical increases in suicide associated factors:
 - Isolation
 - Relationship difficulties
 - Unemployment
 - Access to firearms
 - Substance use
 - Interpersonal violence
- Accidental deaths
 - Not so clear



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

<https://www.ncbi.nlm.nih.gov/books/NBK223752/>

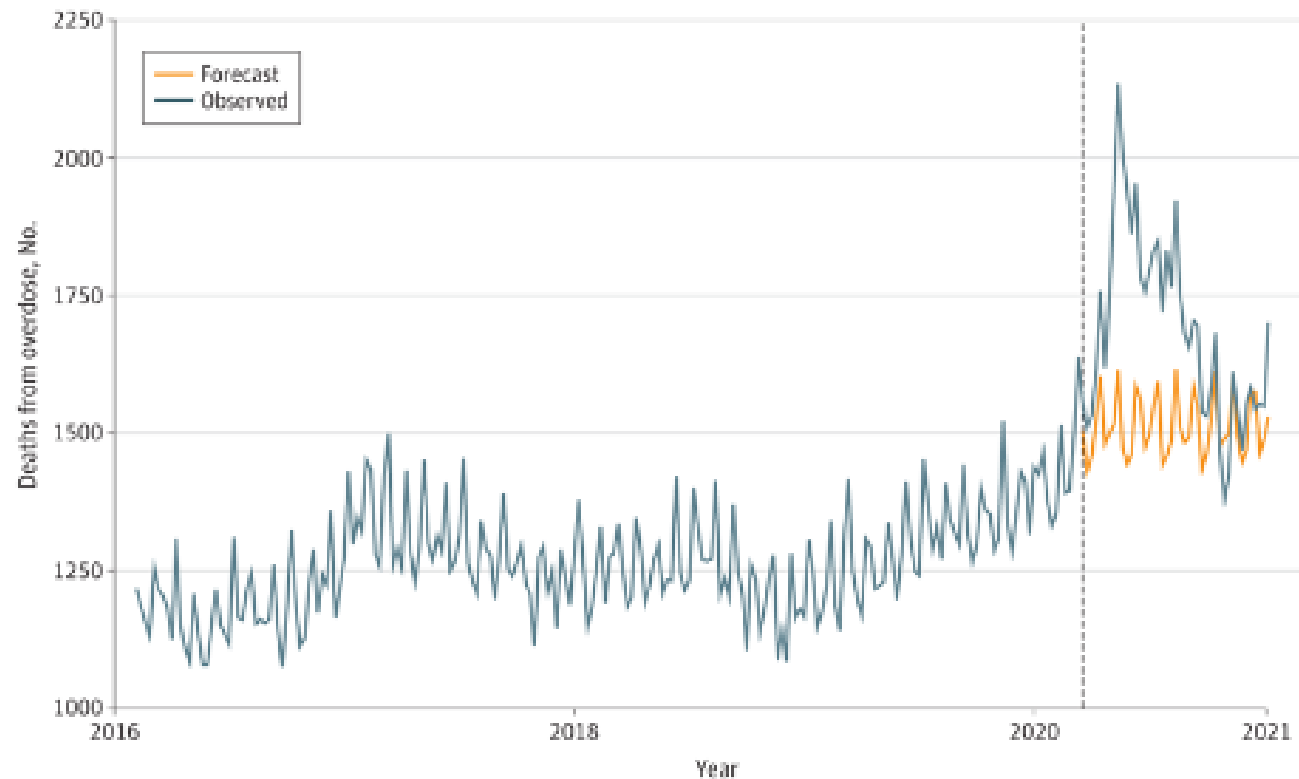
Increased rates of accidental deaths in COVID

Excess non-COVID deaths: top 6 causes

- National Bureau of Economic Research June 2022
 - April 2020 – December 2021, ages 18+
 - Death certificates provided to CDC
- | | |
|--------------------------|-----|
| • Circulatory diseases | 4% |
| • DM or obesity | 10% |
| • Drug-induced causes | 13% |
| • Alcohol-induced causes | 28% |
| • Homicide | 27% |
| • Traffic accidents | 11% |
- Drug addiction, non-fatal shootings, weight gain, and cancer screening ???

Increased rates of drug overdose deaths in COVID

Figure. Observed and Forecasted Weekly Model-Based Provisional Estimates of Drug Overdose Deaths in the US From 2016 to 2020



<https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2790177>

Short-term Mortality: Suicide protective factors (favorables)



- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
 - Parenthood (motherhood > fatherhood), marriage (men > women)
- Life skills (problem solving and coping skills, adaptability to change)
- Self-esteem
- Sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Fu...

Dehara M, Wells MB, Sjöqvist H, Kosidou K, Dalman C, Sörberg Wallin A. Parenthood is associated with lower suicide risk: a register-based cohort study of 1.5 million Swedes. *Acta Psychiatr Scand*. 2021 Mar;143(3):206-215. doi: 10.1111/acps.13240. Epub 2020 Oct 19. PMID: 33011972; PMCID: PMC7983926. <https://www.researchgate.net/publication/292283320> (men vs women)

Short-term Mortality: Suicide risk factors (unfavorables)



- Mental health diagnosis
- Prior suicide attempts
- Misuse and abuse of alcohol or other drugs
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care
- Certain groups for different reasons (Veterans, LGBTQ, Indigenous peoples, middle-aged men with traditional male roles)

Short-term Mortality: Suicide risk factors – potential triggers

Precipitating factors that can trigger a suicidal crisis in a vulnerable person

- End to a relationship or marriage
- Death of a loved one
- An arrest
- Serious financial problems

<https://www.sprc.org/about-suicide/warning-signs>



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Short-term Mortality: Suicide risk factors – warning signs



Serious Risk

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitate; behaving recklessly
- Sleeping too much or too little
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

988

Immediate Risk

- Talking about wanting to die or kill oneself
- Look for a way to kill oneself (searching online or obtaining a gun)
- Talking about feeling hopeless or having no reason to live

Short-term Mortality: Death by suicide predictability



Short-term Mortality: Factors + Age



Accuracy of diagnosis

Previous attempt

Substances

Stability

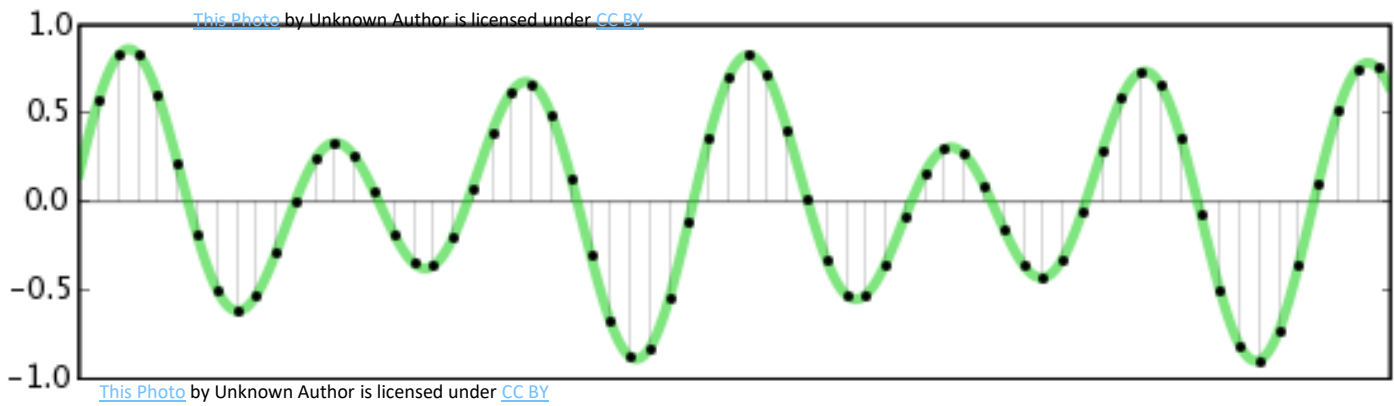
Favorables



- Comorbidities

Long-term Mortality

Mental Health Lifespan



Other psychiatric illness- brief summary

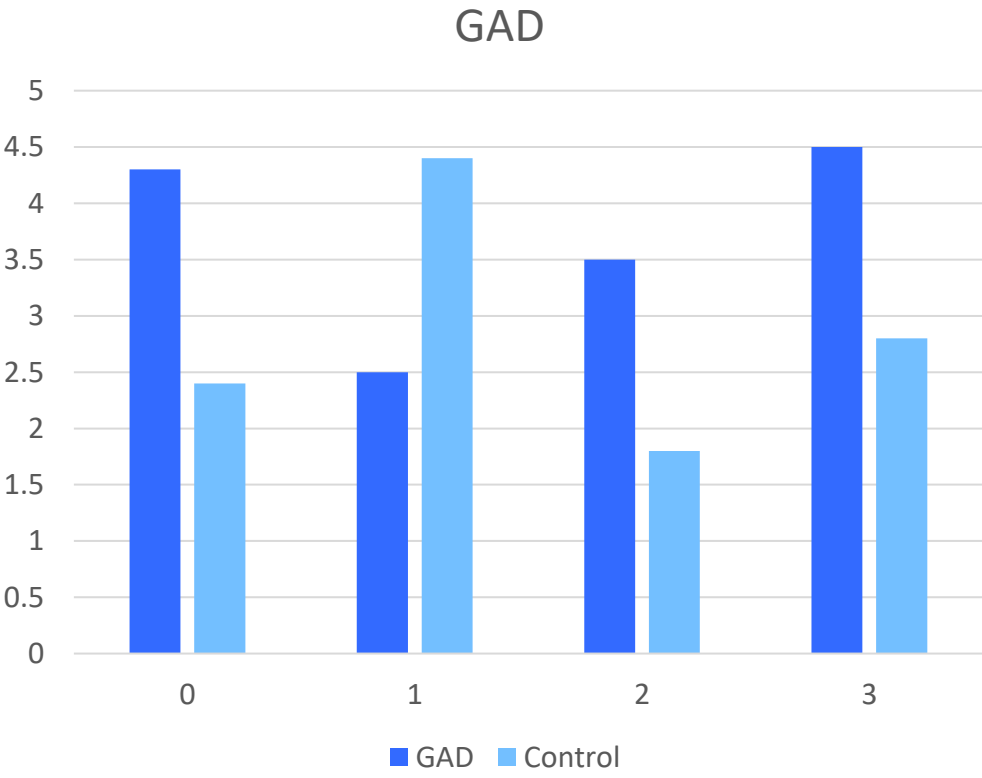
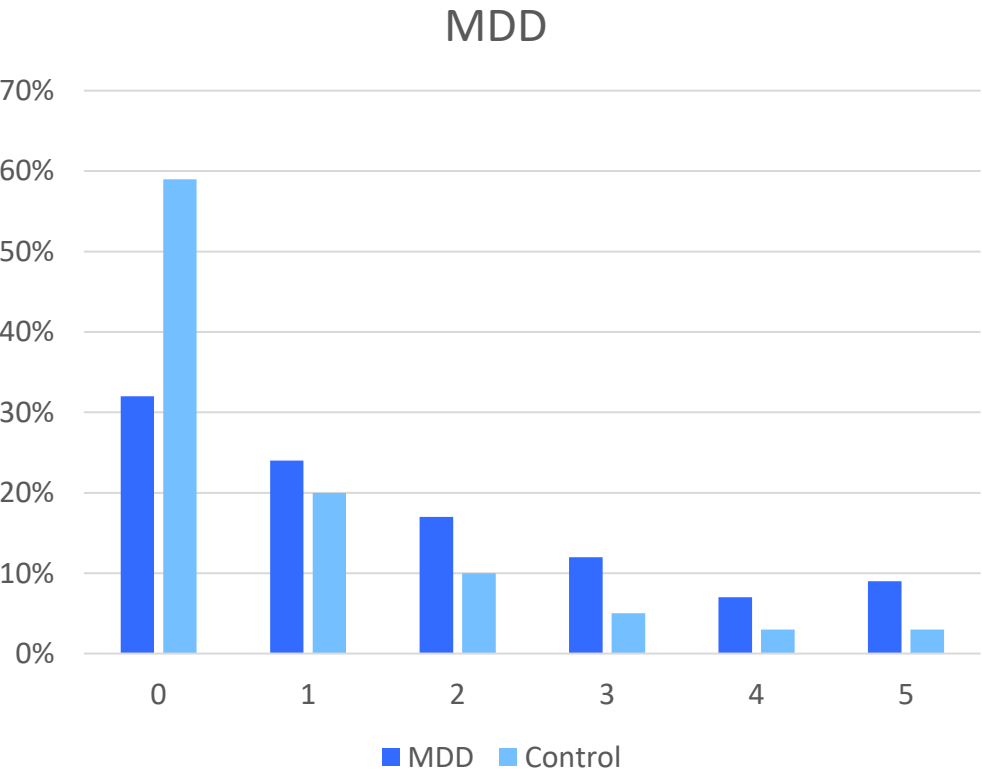
Table 2 Single studies providing data on mortality risks in disorders where systematic reviews were not identified

Diagnosis	Statistic	All-cause mortality risk estimate (95% CI)	Men	Women
Early-onset dementia (32)	HR	43.3 (3.1-600.4)		
Post-partum psychiatric admission (at 1 year) (33)	SMR			19.5 (11.7-30.4)
Disruptive behaviour disorder* (34)	SMR		5.8 (4.1-8.0)	4.1 (1.3-9.4)
Methamphetamine use (35)	SMR	4.7 (4.5-4.8)	4.9 (4.7-5.0)	4.4 (4.1-4.6)
Acute and transient psychotic disorder (36)	SMR	4.7 (4.1-5.3)	4.9 (4.2-5.8)	4.4 (3.6-5.4)
Personality disorder (37)	SMR	4.2 (3.0-5.6)	3.5 (2.2-5.5)	5.0 (3.2-7.5)
Late-onset dementia (32)	aHR	3.3 (1.8-6.2)		
Schizophrenia in the elderly (38)	SMR	2.7 (2.6-2.8)	3.0 (2.9-3.1)	2.6 (2.5-2.6)
Intellectual disability (moderate to profound) (39)	SMR	2.8 (2.5-3.0)	2.3 (2.0-2.6)	3.2 (2.8-3.7)
Bipolar disorder (40)	aHR		2.0 (1.9-2.2)	2.3 (2.2-2.5)
Adults with childhood ADHD (41)	SMR	1.9 (0.8-4.3)		
Comorbid anxiety/depression (42)	OR	1.4 (1.2-1.7)	1.4 (1.1-1.8)	1.5 (1.2-1.8)

SMR – standardized mortality ratio, HR – hazard ratio, aHR – adjusted hazard ratio, OR – odds ratio, ADHD – attention-deficit/hyperactivity disorder

*Mainly consists of conduct disorder and oppositional defiant disorder

Medical comorbidities: The stats



J Clin Psychiatry 2014;75(11):1202-1208

Comorbidities: Correlations

Condition	Relationships
DMII	<ul style="list-style-type: none"> • poorer glycemic control • more micro-vascular complications • more diabetics have depression than general population • treatment of depression improves glycemic control • OR 1.24 all-cause mortality • OR 1.15 all-cause hospitalization • OR 1.26 ED visits
CVD	<ul style="list-style-type: none"> • depression and anxiety predict the development of CVD • overall worse prognosis • screening for mental illness does not reduce CVD risk
COPD	<ul style="list-style-type: none"> • disease and tobacco use more common in those with mental illness
Cancer	<ul style="list-style-type: none"> • significant mental health condition may reduce access to seeking care and delay the diagnosis which increases mortality
Common Surgical Procedures	<ul style="list-style-type: none"> • OR 1.41 risk of hospitalization and 1.2 for complications

Sci Rep 10, 19583 (2020). <https://doi.org/10.1038/s41598-020-76546-9> & <https://doi.org/10.1016/j.surg.2017.09.029>

Medical comorbidities: Tobacco usage and mental health

1. Are more likely to smoke.

Individuals with a behavioral health condition are more likely to smoke than people without such a condition, and smoking rates are even higher among individuals with serious mental health disorders and addictions.¹⁻²

2. Smoke more.

Individuals with behavioral health conditions smoke more cigarettes than people who smoke and do not have these conditions.³⁻⁵

3. Want to quit smoking.

Many individuals with behavioral health conditions want to quit smoking but may face extra challenges in successfully quitting and may benefit from extra help.¹³⁻¹⁴

4. Die prematurely.

Individuals with serious mental health disorders who smoke die almost fifteen years earlier than individuals without these disorders who do not smoke.¹⁵

5. Die from smoking-related illness.

People with behavioral health conditions account for over 200,000, or nearly half, of tobacco-related deaths each year.^{1,16}

The most common causes of death among people with behavioral health conditions are heart disease, cancer, and lung disease, all of which can be caused by smoking.^{7,12}



Long-term Mortality: Factors + Age



Accuracy of diagnosis

Substances

Comorbidities

- 
- UW Requirements
 - MIQ
 - Managing provider
 - Pharmaceutical profile
 - Claims data
 - Labs
 - APS
 - Questionnaires
 - DSM 5
 - Medical Department

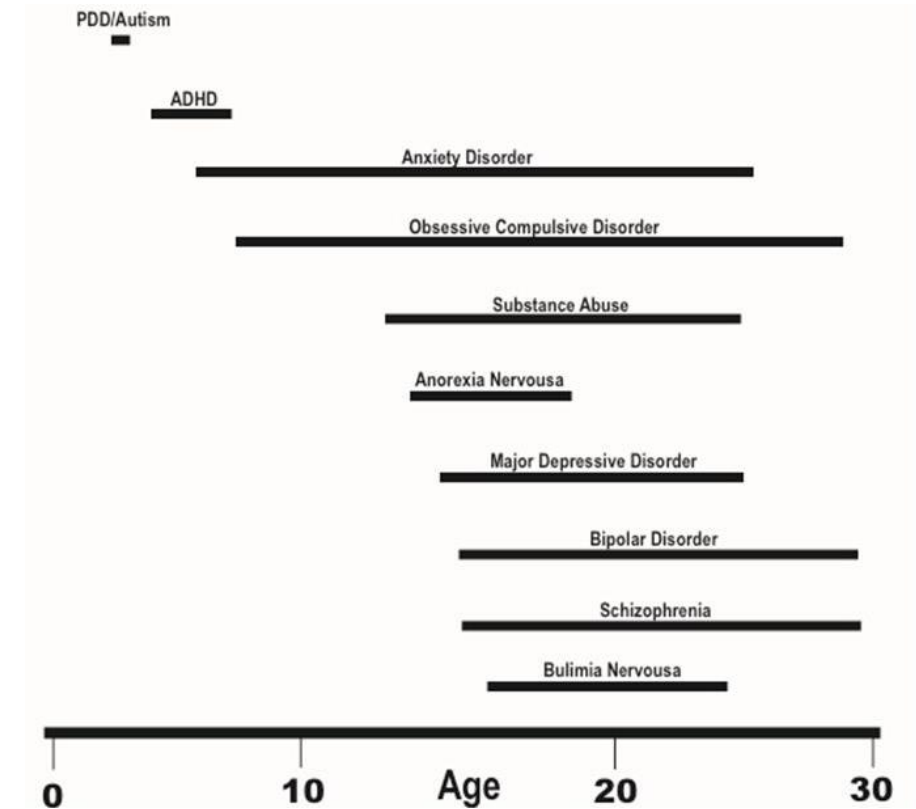
Tools

Tools: UW Requirements - MIQ

- Age
- Admitted diagnosis – agent, paramed or digital self-reporting
- Managing provider
 - PCP: NOT bipolar, schizophrenia, autism spectrum, OCD, PTSD
- Substance use



Age of onset of mental health condition symptoms



Tools: UW Requirements – Pharmaceutical profile

- Low threshold for searching indication of drug (Dr. Google)



Tools: UW Requirements - Labs

- Drug screen
- LFTs, HDL, albumin



Tools: UW requirements – Claims data

- Hospitalizations
- Out-patient treatment
- Out-patient interventions:
 - Electroconvulsive therapy (ECT)
 - Transcranial magnetic stimulation (TMS)
 - Transcranial electrical stimulation (CES)
 - Vagus nerve stimulation
 - Deep brain stimulation
 - Director cortical stimulation
 - Ablative neurosurgery



Tools: APS letter on second request

Dear Doctor,
Your patient has applied for life insurance....



Tools: APS

- Provider(s)
- Active diagnosis or a carry over
- Treatment time
- Frequency of visits: increased frequency = increased acuity or severity of diagnosis
 - Stability = follow up \geq 6 months
- Therapist: favorable or unfavorable?
- Red flags: triggers, serious or immediate risk list
- Comorbidities – psychiatric and other body systems
- Questionnaires

Tools: Questionnaires

Major depressive disorder (MDD)	Generalized anxiety disorder (GAD)	Others	
PHQ-2	GAD-2	Disability	World Health Organization Disability Scale (WHODAS)
PHQ-9	GAD-7	Bipolar depressive disorder	Mood Disorder Questionnaire (MDQ)
Beck Depression Inventory for Primary Care (BDI-PC & BDI-II)		Obsessive-compulsive disorder (OCD)	Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)
World Health Organization (WHO-5)		Attention deficit hyperactivity disorder (ADHD or ADD)	ADHD Self-Report Scale (ASRS)
Edinburgh Postnatal Depression Scale		Alcohol misuse	Alcohol Use Disorders Identification Test (AUDIT), CAGE (Cut down, Annoyed, Guilty, and Eye-opener)
Hospital Anxiety and Depression Scale			

Tools: Questionnaires

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

	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

(For office coding: Total Score T ____ = ____ + ____ + ____)

PHQ-2 Questions

Over the last 2 weeks how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

Feeling down, depressed, or hopeless

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3
0	1	2	3

• A cut-off score ≥ 3 is positive

GAD-2

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

	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

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 ____ + ____ + ____ + ____
=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
☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Questionnaire	Screen	Diagnostic	Severity
PHQ-2	X		
PHQ-9	X	X	X
GAD-2	X		
GAD-7	X	X	X

Tool: Questionnaires - WHODAS 2.0

WHODAS 2.0
World Health Organization Disability Assessment Schedule 2.0
36-item version, self-administered

Patient Name: _____ Age: _____ Sex: ☐ Male ☐ Female Date: _____

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the **past 30 days** and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only **one** response.

Numeric scores assigned to each of the items:						Clinician Use Only			
	1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score	Raw Item Score
In the last 30 days , how much difficulty did you have in:									
Understanding and communicating									
D1.1	Concentrating on doing something for ten minutes ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.2	Remembering to do important things ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.3	Analyzing and finding solutions to problems in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.4	Learning a new task , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.6	Starting and maintaining a conversation?	None	Mild	Moderate	Severe	Extreme or cannot do			
Getting around									
D2.1	Standing for long periods , such as 30 minutes ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D2.2	Standing up from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do			
D2.3	Moving around inside your home ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D2.4	Getting out of your home ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D2.5	Walking a long distance , such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do			
Self-care									
D3.1	Washing your whole body ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D3.2	Getting dressed ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do			
D3.4	Staying by yourself for a few days?	None	Mild	Moderate	Severe	Extreme or cannot do			
Getting along with people									
D4.1	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.3	Getting along with people who are close to you?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do			

Numeric scores assigned to each of the items:						Clinician Use Only			
	1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score	Raw Item Score
In the last 30 days , how much difficulty did you have in:									
Life activities—Household									
D5.1	Taking care of your household responsibilities ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.2	Doing most important household tasks well ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.3	Getting all of the household work done that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do		20	5
D5.4	Getting your household work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do			
Life activities—School/Work									
If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.									
Because of your health condition, in the past 30 days, how much difficulty did you have in:									
D5.5	Your day-to-day work/school ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.6	Doing your most important work/school tasks well ?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.7	Getting all of the work done that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do		20	5
D5.8	Getting your work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do			
Participation in society									
In the past 30 days:									
D6.1	How much of a problem did you have in joining in community activities (for example, festivities, religious, or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.2	How much of a problem did you have because of barriers or hindrances around you?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.3	How much of a problem did you have living with dignity because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.4	How much time did you spend on your health condition or its consequences?	None	Some	Moderate	A Lot	Extreme or cannot do		40	5
D6.5	How much have you been emotionally affected by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.6	How much has your health been a drain on the financial resources of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.7	How much of a problem did your family have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.8	How much of a problem did you have in doing things by yourself for relaxation or pleasure ?	None	Mild	Moderate	Severe	Extreme or cannot do			
General Disability Score (Total):							180	5	

© World Health Organization, 2012. All rights reserved. Measuring health and disability: manual for WHO Disability Assessment Schedule (WHODAS 2.0), World Health Organization, 2010, Geneva.

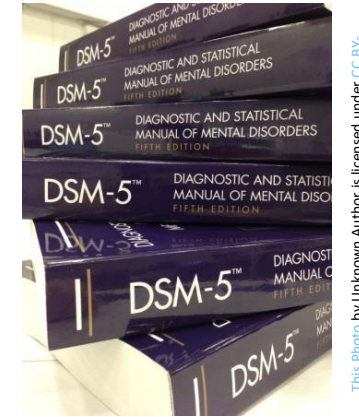
The World Health Organization has granted the Publisher permission for the reproduction of this instrument. This material can be reproduced without permission by clinicians for use with their own patients. Any other use, including electronic use, requires written permission from WHO.

Tools: DSM 5



Emotions

Anxious
Stressed
Depressed
Sad
Angry
Emotional lability



This Photo by Unknown Author is licensed under CC BY-SA

DSM 5-TR

Generalized anxiety disorder (GAD)
Major depressive disorder (MDD)
Grief reaction
Personality disorder
Bipolar depression I or II

Tools: DSM 5 Criteria Generalized Anxiety Disorder (GAD)



- A. Excessive anxiety and worry occurring more days than not for at least **6 months** and involving **multiple triggers**.
- B. The individual finds it difficult to control the worry.
- C. The anxiety is associated with at least 3 of the below
 - 1. Restlessness or feeling on edge
 - 2. Easily fatigued
 - 3. Difficulty concentrating or mind going blank
 - 4. Irritability
 - 5. Muscle tension
 - 6. Sleep disturbance
- D. Impairment in social, occupational, or other important areas of functioning.
- E. Symptoms not because of substance use, **another medical condition**, or another mental disorder.

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? (Use "✓" to indicate your answer)	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

(For office coding: Total Score T___ = ___ + ___ + ___)

Tool: Medical Director





Summary & Take-aways

Take-aways

- Focus on accuracy of diagnosis as nonspecific terms are common
- 90% of death by suicide is associated with a mental health diagnosis
- Accidents may be suicide attempts in disguise
- Know comorbidities
- Focus less on severity
- Questionnaires are screening, diagnostic, and trend tools
- Use Dr. Google for medications and diagnostic criteria
- Look to your medical department to improve offers if you question the accuracy of the diagnosis
- Educate our partners

Take-aways: Challenges & Tools

Challenge	Tool
Subjective complaints	Questionnaires, ROS in APS, DSM-5 criteria
Discrepant PI admissions	Look at setting of gathered information Private MIQ – build out digital platform RX check
Evolving diagnoses	Most recent, most reliable if same provider APS, Rx check, managing physician
Barriers to acquiring quality psychiatric APS	Specific letter or request via agent
Paucity of details	MIQ for provider, Rx check, questionnaires, APS, letter

Take-aways

Diagnosis
Attempts
Alcohol/substance use
Age
Red flags
Comorbidities



Questions

Thank you