



## 2018 CMS Web Interface

### MH-1 (NQF 0710): Depression Remission at Twelve Months

Measure Steward: MNMCM

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**INTRODUCTION**

There are a total of 15 individual measures (including one composite consisting of two measures) included in the 2018 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The measure documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 15 individual measures included in the 2018 CMS Web Interface data submission method. Each measure document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

**CMS WEB INTERFACE SAMPLING INFORMATION****BENEFICIARY SAMPLING**

For more information on the sampling process and methodology please refer to the 2018 CMS Web Interface Sampling Document, which will be made available during the performance year at CMS.gov.

**NARRATIVE MEASURE SPECIFICATION****DESCRIPTION:**

The percentage of patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 30 days) after an index visit.

**IMPROVEMENT NOTATION:**

Higher score indicates better quality

**INITIAL POPULATION:**

Patients age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during the index visit.

**DENOMINATOR:**

Equals Initial Population

**DENOMINATOR EXCLUSIONS:**

Patients with a diagnosis of bipolar disorder  
Patients with a diagnosis of personality disorder  
Patients who were permanent nursing home residents

**DENOMINATOR EXCEPTIONS:**

None

**NUMERATOR:**

Patients who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five

**NUMERATOR EXCLUSIONS:**

Not Applicable

**DEFINITION:**

**Denominator Identification Period** - The period in which eligible patients can have an index event. The denominator identification period occurs prior to the measure assessment period and is defined as 13 months to one month prior to the start of the measurement assessment period. The denominator identification period is from 12/1/2016 to 11/30/2017. For patients with an index event, there needs to be enough time following index for the patients to have the opportunity to reach remission twelve months +/- 30 days after the index date.

**Index Date** - The date in which the first instance of elevated PHQ-9 greater than nine AND diagnosis of depression or dysthymia occurs during the denominator identification measurement period (12/1/2016 to 11/30/2017).

**Measure Assessment Period** - The index date marks the start of the measurement assessment period for each patient which is 13 months (12 months +/- 30 days) in length to allow for a follow-up PHQ-9 between 11 and 13 months following the index date. This assessment period is fixed and does not "start over" with a higher PHQ-9 that may occur after the index date.

**Remission** - Is defined as a PHQ-9 score of less than five.

**Twelve Months** - Is defined as the point in time from the index date extending out twelve months and then allowing a grace period of thirty days prior to and thirty days after this date. The most recent PHQ-9 score less than five obtained during this two month period is deemed as remission at twelve months, values obtained prior to or after this period are not counted as numerator compliant (remission).

**GUIDANCE:**

None

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## SUBMISSION GUIDANCE

### PATIENT CONFIRMATION

Establishing patient eligibility for submitting requires the following:

- Determine if the patient's medical record can be found
  - If you can locate the medical record select "Yes"
- OR
- If you cannot locate the medical record select "No - Medical Record Not Found"
- OR
- Determine if the patient is qualified for the sample
  - If the patient is deceased, in hospice, moved out of the country or was enrolled in HMO select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

### **Guidance** Patient Confirmation

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*If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, the patient is completed but not confirmed. The patient will be "skipped" and another patient must be submitted in their place, if available. The CMS Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have been sampled.*

*If "Not Qualified for Sample" is selected and the date is unknown, you may enter the last date of the measurement period (i.e., 12/31/2018).*

*The Measurement Period is defined as January 1 – December 31, 2018.*

#### **NOTE:**

- **In Hospice:** Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care)
  - **Moved out of Country:** Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period
  - **Deceased:** Select this option if the patient died during the measurement period
  - **HMO Enrollment:** Select this option if the patient was enrolled in an HMO at any time during the measurement period (i.e., Medicare Advantage, non-Medicare HMOs, etc.)
-



## SUBMISSION GUIDANCE

**DENOMINATOR CONFIRMATION**

- Determine if the patient has an active diagnosis of major depression or dysthymia during the denominator identification period (12/1/2016 to 11/30/2017)
  - If the patient has a documented diagnosis of major depression or dysthymia in the medical record select "Yes"
- OR
- If you are unable to confirm the diagnosis of major depression or dysthymia for the patient select "Not Confirmed - Diagnosis"
- OR
- If there is a denominator exclusion for patient disqualification from the measure select "[Denominator Exclusion](#)"
- OR
- If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Denominator and Denominator Exclusion codes can be found in the 2018 CMS Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

**Guidance Denominator**

*If "Not Confirmed – Diagnosis" or "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be submitted in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all CMS Web Interface measures.*

*CMS Approved Reason may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure, and reason for request in a Quality Payment Program Service Desk inquiry. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be submitted in their place, if available.*

**NOTE:**

- **Active Diagnosis** is defined as a diagnosis that is either on the patient's problem list, a diagnosis code listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the measurement period
- **Encounters in a Psychiatric, Behavioral, or Mental Health Setting** require the diagnosis of depression or dysthymia to be a primary diagnosis
- **Patient must be age 18 years or older** at the time of the index event (confirming diagnosis and PHQ-9 greater than 9)
- **Index Date** is defined as the date on which the first instance of elevated PHQ-9 greater than 9 **AND** diagnosis of depression or dysthymia occurs during the denominator identification period (12/1/2016 to 11/30/2017)
- **Denominator Exclusions** - active diagnosis of bipolar disorder or personality disorder anytime prior to the end of the performance period. Patients who were a permanent nursing home resident any time during the denominator identification period or the measure assessment period.
- **Permanent Nursing Home Resident** is defined as a patient who is residing in a long term residential facility any time during the denominator identification period or before the end of the measurement

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*assessment period. It does not include patients who are receiving short term rehabilitative services following a hospital stay, nor does it include patients residing in assisted living or group home settings*

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## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION

- Determine if the patient had one or more PHQ-9s administered during the denominator identification period between 12/1/2016 and 11/30/2017
  - If the patient did not have a PHQ-9 administered during the denominator identification period select "No"
- OR
- If the patient did have a PHQ-9 administered during the denominator identification period select "Yes"

Denominator codes can be found in the 2018 CMS Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

### **Guidance** Denominator

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*If "No" is selected, the patient is not considered denominator eligible. The patient will be "skipped" and another patient must be submitted in their place, if available.*

#### **NOTE:**

- **PHQ-9 administration** does not require a face-to-face visit; multiple modes of administration are acceptable (telephone, mail, e-visit, email, patient portal, iPad/tablet, or patient kiosk)
  - **Index date** marks the start of the measurement assessment period for each patient which is 13 months (12 months +/- 30 days) in length to allow for a follow-up PHQ-9 between 11 and 13 months following the index date. This assessment period is fixed and does not start over with a higher PHQ-9 that may occur after the index date
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## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION

- Determine if the patient had a PHQ-9 score greater than 9 between 12/1/2016 and 11/30/2017
  - If the patient did not have a PHQ-9 greater than 9 during the denominator identification period select "No"

OR

- If the patient did have a PHQ-9 greater than 9 during the denominator identification period select "Yes"

IF YES

- Record the date of the index PHQ-9 score greater than 9 in MM/DD/YYYY format. This is the patient's index date.

AND

- Enter the score of the PHQ-9 associated with the Index Date

Denominator codes can be found in the 2018 CMS Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

### **Guidance** *Denominator*

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*If "No" is selected, the patient is not considered denominator eligible. The patient will be "skipped" and another patient must be submitted in their place, if available.*

#### **NOTE:**

- *Enter the first instance of PHQ-9 greater than 9 that is also associated with a diagnosis of major depression or dysthymia during the time period of 12/1/2016 and 11/30/2017. This is the Index Event Date for this patient and marks the start of the 13 month assessment period (12 months +/- 30 days)*
  - *All nine questions must be answered to have a valid summary score. If a patient chooses more than one response for a single question, select the "worse" response (higher number) to calculate the summary score*
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## SUBMISSION GUIDANCE

### NUMERATOR SUBMISSION

- Determine if the patient had one or more PHQ-9s administered during the Measurement Assessment Period (12 months +/- 30 days from the Index Event/ Date)
  - If the patient did not have one or more PHQ-9s administered during the Measurement Assessment Period, select "No"
- OR
- If the patient did have one or more PHQ-9s administered during the Measurement Assessment Period, select "Yes"

Numerator codes can be found in the 2018 CMS Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

### **Guidance Numerator**

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#### **NOTE:**

- *The only tool appropriate for indicating remission is a completed PHQ-9*
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## SUBMISSION GUIDANCE

### NUMERATOR SUBMISSION

- Determine if the patient achieved remission with a follow-up PHQ-9 performed and a score less than 5 at 12 months (+/- 30 days) of the initial (index date) PHQ-9 score greater than 9

- If the patient did not have a PHQ-9 less than 5 select "No"

OR

- If the patient did have a PHQ-9 less than 5 select "Yes"

IF YES

- Record the date of the PHQ-9 score less than 5 in MM/DD/YYYY format. This is the patient's Remission Date.

AND

- Enter the score of the PHQ-9 associated with the Remission Date

Numerator codes can be found in the 2018 CMS Web Interface MH Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

### **Guidance Numerator**

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#### NOTE:

- *If more than one PHQ-9 score was obtained between the 11 and 13 month window, select the most recent PHQ-9 date and score within that window*
  - *Scores obtained prior to or after this period are not counted as numerator compliant (remission)*
  - *Patient remission, a follow-up PHQ-9 result less than 5, may be determined during a telehealth encounter*
  - *PHQ-9 administration does not require a face-to-face visit; multiple modes of administration are acceptable (telephone, mail, e-visit, email, patient portal, iPad/tablet, or patient kiosk)*
-

## DOCUMENTATION REQUIREMENTS

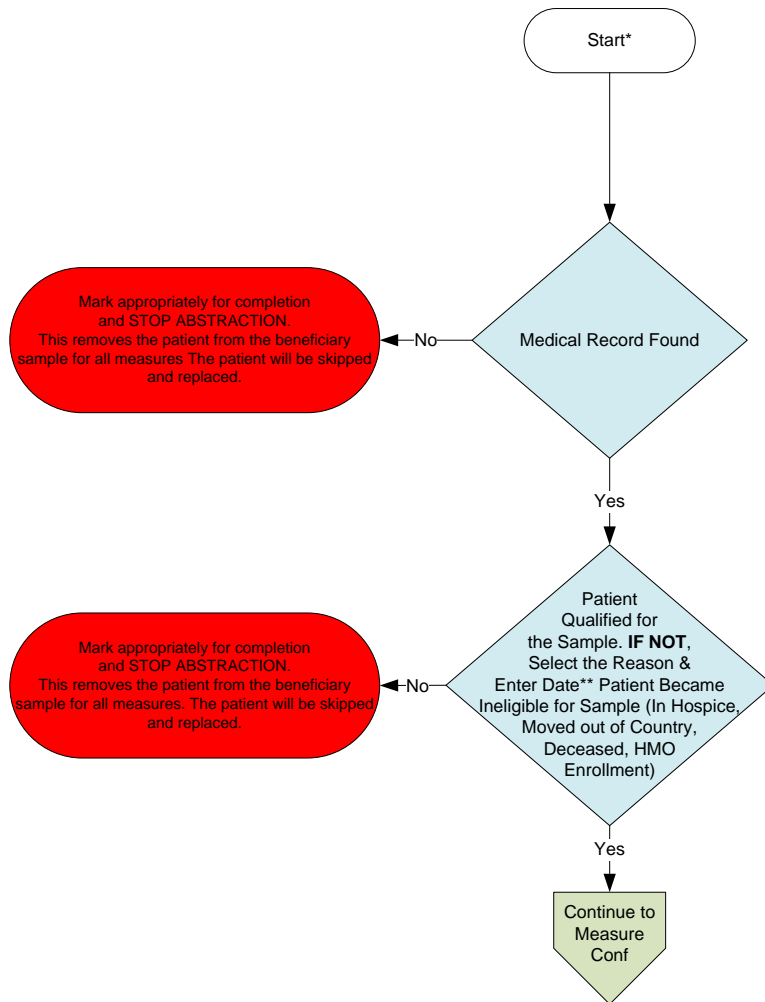
When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action submitted in the CMS Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Claims data cannot be used to confirm a diagnosis (DM, IVD, HTN etc.) used for sampling purposes as claims are the original source of the diagnosis sampling. Claims data can be used to prepare the CMS Web Interface Excel, but supporting medical record documentation will be required to substantiate what is submitted in the event of an audit.

Appendix I: Performance Calculation Flow

# Patient Confirmation Flow

For 2018, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient.



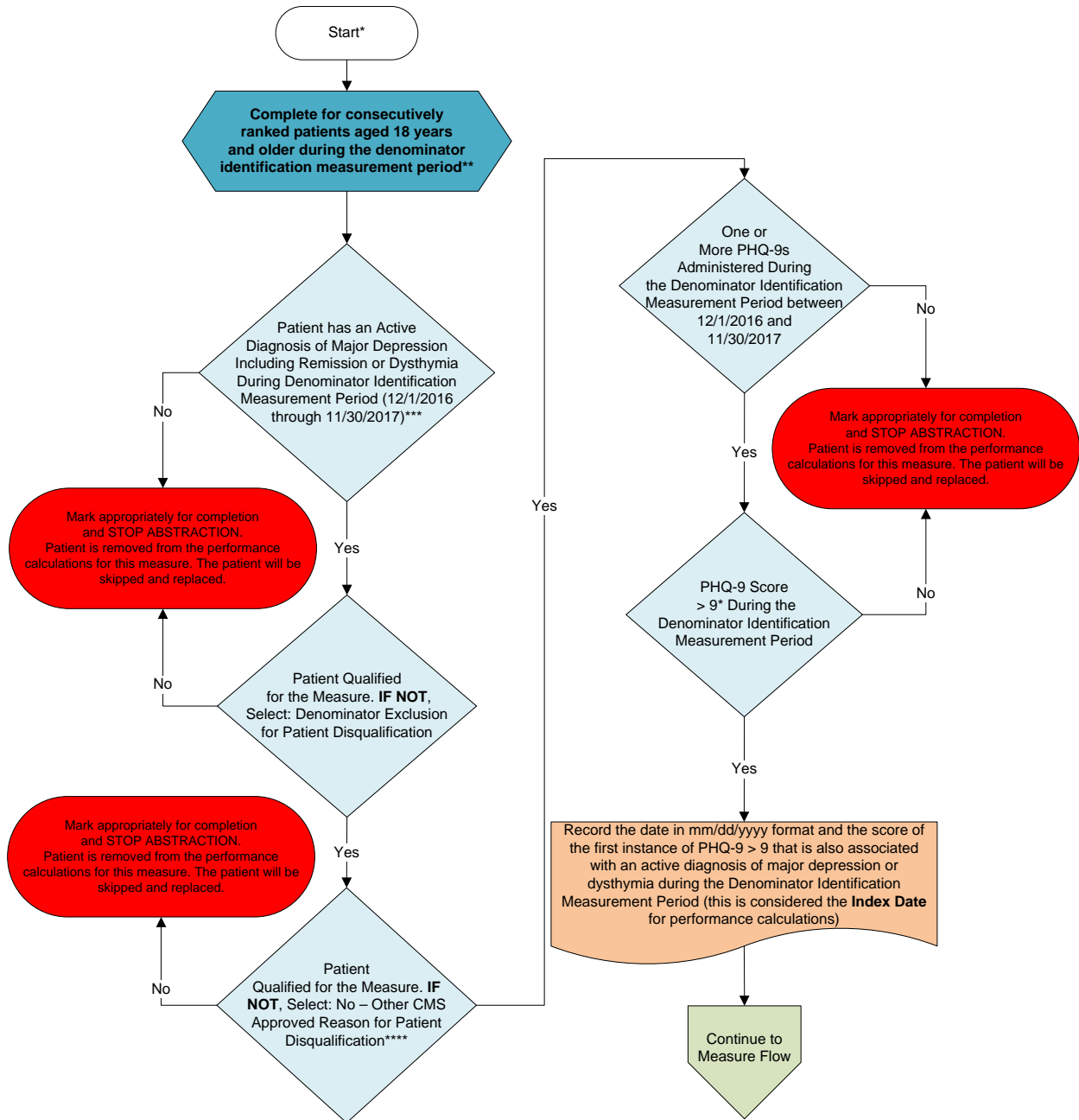
\*See the Measure Submission Document for further instructions on how to submit this measure

\*\*If date is unknown, enter 12/31/2018



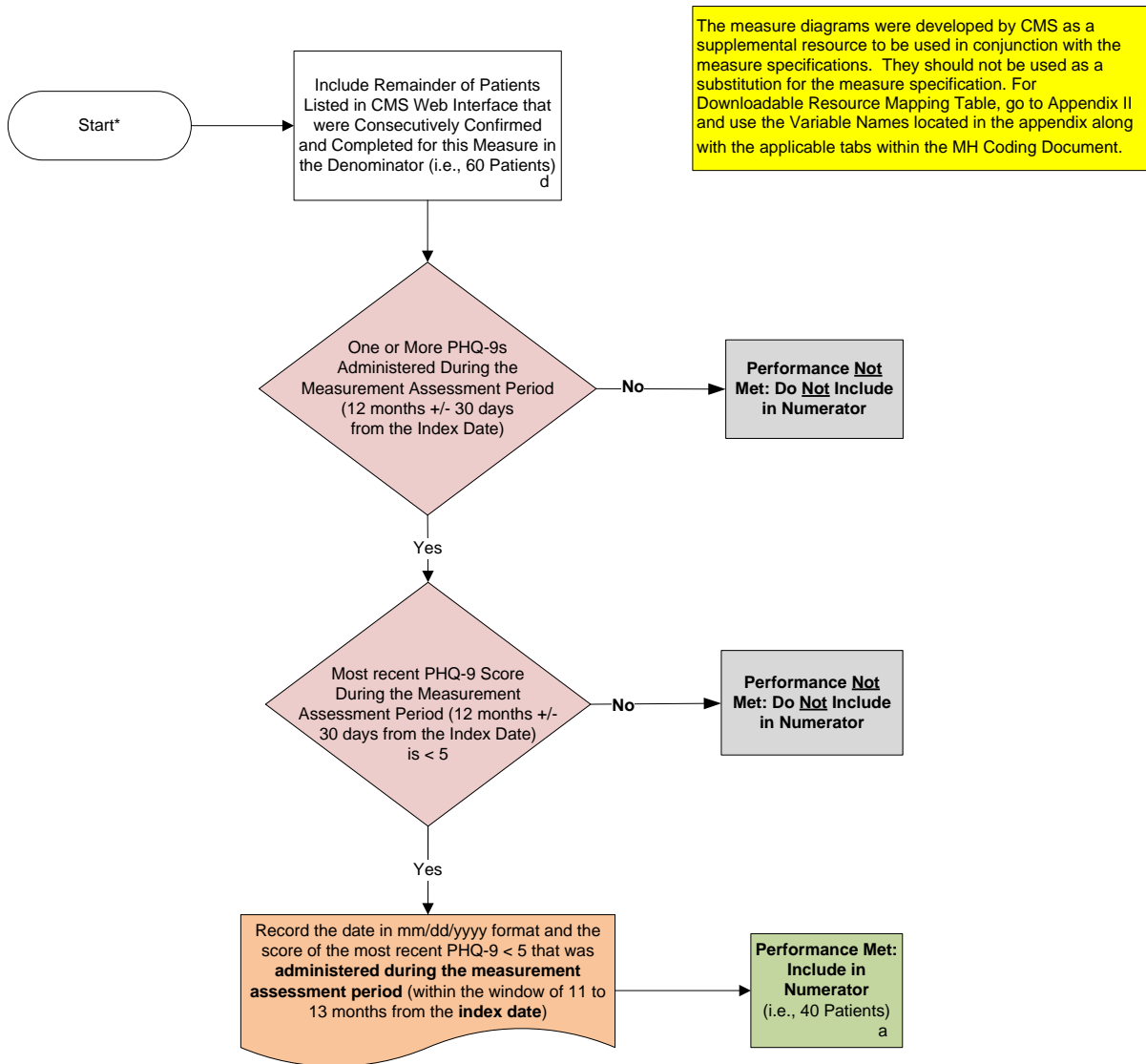
# Measure Confirmation Flow for MH-1

For 2018, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.



\*See the Measure Submission Document for further instructions on how to submit this measure  
 \*\*Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the MH-1 measure. If this is the case, the system will automatically remove the patient from the measure requirements.  
 \*\*\*The active diagnosis of Major Depression or Dysthymia must correspond with a primary diagnosis at a psychiatric visit or any diagnosis (primary, secondary, etc.) at an office visit  
 \*\*\*\*"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov

# Measure Flow for MH-1



**SAMPLE CALCULATION:**

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 Patients)}}{\text{Denominator (d=60 Patients)}} = \frac{40 \text{ Patients}}{60 \text{ Patients}} = 66.67\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

\*See the Measure Submission Document for further instructions on how to submit this measure

### Patient Confirmation Flow

For 2018, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. Refer to the Measure Submission Document for further instructions.

1. Start Patient Confirmation Flow.
2. Check to determine if Medical Record can be found.
  - a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
  - b. If yes, Medical Record found, continue processing.
3. Check to determine if Patient Qualified for the sample.
  - a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2018) the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for MH-1.

### Measure Confirmation Flow for MH-1

For 2018, measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” will need to be done for each measure where the patient appears. Refer to the Measure Submission Document for further instructions.

1. Start Measure Confirmation Flow for MH-1. Complete for consecutively ranked patients aged 18 years and older during the denominator identification period. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the MH-1 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient has an active diagnosis of major depression or dysthymia during the denominator identification period (12/1/2016 through 11/30/2017). The active diagnosis of major depression or dysthymia must correspond to a primary diagnosis at a psychiatric visit or any diagnosis (primary, secondary, etc.) at an office visit.
  - a. If no, the patient does not have an active diagnosis of major depression or dysthymia during the denominator identification period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing
  - b. If yes, the patient does have an active diagnosis of major depression or dysthymia during the denominator identification period, continue processing.
3. Check to determine if the patient qualifies for the measure (Denominator Exclusion).
  - a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient does qualify for the measure, continue processing.
4. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
  - a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. “Other CMS Approved Reason” may only be selected if you have received an approval from CMS in the resolution of a requested CMS Quality Payment Program Service Desk Inquiry at [gpp@cms.hhs.gov](mailto:gpp@cms.hhs.gov). Stop processing.
  - b. If yes, the patient does qualify for the measure, continue processing.
5. Check to determine if the patient had one or more PHQ-9s administered during the denominator identification period between 12/1/2016 and 11/30/2017.
  - a. If no, the patient did not have one or more PHQ-9s administered during the denominator identification period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient did have one or more PHQ-9s administered during the denominator identification period, continue processing.
6. Check to determine if the patient had any PHQ-9 score greater than 9 during the denominator identification period.

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- a. If no, the patient does not have a PHQ-9 score greater than 9 during the denominator identification period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient does have a PHQ-9 score greater than 9 during the denominator identification period, record the date in mm/dd/yyyy format and the score of the first instance of PHQ-9 greater than 9 that is also associated with an active diagnosis of major depression or dysthymia during the denominator identification period (this is considered the **index date** for performance calculations). Continue to the MH-1 measure flow.

### Measure Flow for MH-1

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the MH Coding Document.

1. Start processing 2018 MH-1 (NQF 0710) Flow for the patients that qualified for the sample in the Patient Confirmation Flow and the Measure Confirmation Flow for MH-1. Note: Include remainder of patients listed in the CMS Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 60 patients).
2. Check to determine if the patient had one or more PHQ-9s administered during the measurement assessment period (12 months +/- 30 days from the index date).
  - a. If no, patient did not have one or more PHQ-9s administered during the measurement assessment period, performance is not met and the patient will not be included in the numerator. Stop processing.
  - b. If yes, the patient did have one or more PHQ-9s administered during the measurement assessment period, continue processing.
3. Check to determine if the patient's most recent PHQ-9 score during the measurement assessment period (12 months +/- 30 days from the index date) is less than 5.
  - a. If no, patient's most recent PHQ-9 score during the measurement assessment period (12 months +/- 30 days from the index date) is not less than 5, performance is not met and the patient should not be included in the numerator. Stop processing.
  - b. If yes, patient's most recent PHQ-9 score during the measurement assessment period (12 months +/- 30 days from the index date) is less than 5, enter the date in mm/dd/yyyy format and the score of the most recent PHQ-9 less than 5 that was administered during the measurement assessment period (within the window of 11 to 13 months from the **index date**). Performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 40 patients). Stop processing.

#### Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (40 patients)

Denominator is category 'd' in measure flow (60 patients)

40 (Performance Met) divided by 60 (Denominator) equals a performance rate of 66.67 percent

Calculation May Change Pending Performance Met

## Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2018 CMS Web Interface MH Coding Document.

| *MH-1: Depression Remission at Twelve Months      |                                   |                      |  |
|---|-----------------------------------|----------------------|--|
| Measure Component/Excel Tab                       | Data Element                      | Variable Name        | Coding System(s)                         |
| Denominator/Denominator Codes                     | Depression or Dysthymia Diagnosis | DEPRESSION_CODE      | I10<br>SNM                               |
|   |                                   | DYSTHYMIA_CODE       | I10<br>SNM                               |
|   | Index PHQ-9                       | PHQ9_TOOL_CODE       | LN                                       |
|   | PHQ-9 Greater Than 9              | PHQ9_TOOL_CODE       | LN<br><u>WITH</u> a score greater than 9 |
| Denominator Exclusion/Denominator Exclusion Codes | Exclusions                        | BIPOLAR_DX_CODE      | I9<br>I10<br>SNM                         |
|   |                                   | NH_RES_CODE          | C4                                       |
|   |                                   | PERSONALITY_DIS_CODE | I9<br>I10<br>SNM                         |
| Numerator/Numerator Codes                         | Assessment PHQ-9                  | PHQ9_TOOL_CODE       | LN                                       |
|   | PHQ-9 Less Than 5                 | PHQ9_TOOL_CODE       | LN<br><u>WITH</u> a score less than 5    |

*\*For EHR mapping, the coding within MH-1 is considered to be all-inclusive*

## Appendix III: Measure Rationale and Clinical Recommendation Statements

### RATIONALE:

Depression is a common and treatable mental disorder. The Centers for Disease Control and Prevention states that an estimated 6.6% of the U.S. adult population (14.8 million people) experiences a major depressive disorder during any given 12-month period. Additionally, dysthymia accounts for an additional 3.3 million Americans. In 2006 and 2008, an estimated 9.1% of U.S. adults reported symptoms for current depression. [(Centers for Disease Control and Prevention, 2010). Current Depression Among Adults United States, 2006 and 2008. MMWR 2010;59(38);1229-1235.]

Persons with a current diagnosis of depression and a lifetime diagnosis of depression or anxiety were significantly more likely than persons without these conditions to have cardiovascular disease, diabetes, asthma and obesity and to be a current smoker, to be physically inactive and to drink heavily. [Strine TW et al. Depression and anxiety in the United States: findings from the 2006 Behavioral Risk Factor Surveillance System. Psychiatr Serv 2008;59:1383—90]

People who suffer from depression have lower incomes, lower educational attainment and fewer days working days each year, leading to seven fewer weeks of work per year, a loss of 20% in potential income and a lifetime loss for each family who has a depressed family member of \$300,000. [Smith, 2010) J. P., & Smith, G. C. (2010). Long-term economic costs of psychological problems during childhood. Social Science & Medicine, 71, 110-115]

The cost of depression (lost productivity and increased medical expense) in the United States is \$83 billion each year. [Greenberg, 2003). The economic burden of depression in the United States: How did it change between 1990 and 2000? Journal of Clinical Psychiatry, 64, 1465-1475.]

### CLINICAL RECOMMENDATION STATEMENTS:

Source: Institute for Clinical Systems Improvement (ICSI) Major Depression in Adults in Primary Care (Trangle, 2016) [Recommendations Major Depression in Adults in Primary Care](#)

Major depression is a treatable cause of pain, suffering, disability and death, yet primary care clinicians detect major depression in only one-third to one-half of their patients with major depression (*Williams Jr, 2002; Schonfeld, 1997*).

Usual care for depression in the primary care setting has resulted in only about half of depressed adults getting treated (*Kessler, 2005*) and only 20-40% showing substantial improvement over 12 months (*Unützer, 2002; Katon, 1999*).

Recommendations and algorithm notations supporting depression outcomes and duration of treatment according to ICSI's Health Care Guideline:

**Recommendation:** Clinicians should establish and maintain follow-up with patients. Appropriate, reliable follow-up is highly correlated with improved response and remission scores. It is also correlated with the improved safety and efficacy of medications and helps prevent relapse. [Recommendation 7a page 50]

**Proactive follow-up contacts** (in person, telephone) based on the collaborative care model have been shown to significantly lower depression severity (*Unützer, 2002*). In the available clinical effectiveness trials conducted in real clinical practice settings, even the addition of a care manager leads to modest remission rates (*Trivedi, 2006b; Unützer, 2002*). Interventions are critical to educating the patient regarding the importance of preventing relapse, safety and efficacy of medications, and management of potential side effects. Establish and maintain initial follow-up contact intervals (office, phone, other) (*Hunkeler, 2000; Simon, 2000*).

**PHQ-9 as monitor and management tool.** The PHQ-9 is an effective management tool, as well, and should be used routinely for subsequent visits to monitor treatment outcomes and severity. It can also help the clinician decide if/how to modify the treatment plan (*Duffy, 2008; Löwe, 2004*). Using a measurement-based approach to depression care, PHQ-9 results and side effect evaluation should be combined with treatment algorithms to drive patients toward



remission. A five-point drop in PHQ-9 score is considered the minimal clinically significant difference (Trivedi, 2009). Every time that the PHQ-9 is assessed, suicidality is assessed, as well. If the suicidality was indeed of high risk, urgent referral to crisis specialty health care is advised. In case of low suicide risk, the patient can proceed with treatment in the primary care practice (Huijbregts, 2013).

**Care Algorithm:** Has the patient reached remission? [Algorithm annotation 7b page 51]

The goals of treatment should be to achieve remission, reduce relapse and recurrence, and return to previous level of occupational and psychosocial function.

**Full remission** is defined as a two-month period devoid of major depressive signs and symptoms (American Psychiatric Association, 2013; Diagnostic and Statistical Manual of Mental Disorders, 5th Edition). If using a PHQ-9 tool, remission translates to PHQ-9 score of less than 5 (Kroenke, 2001). Results from the STAR\*D study showed that remission rates lowered with more treatment steps, but the overall cumulative rate was 67% (Rush, 2006).

**Response** is defined as a 50% or greater reduction in symptoms (as measured on a standardized rating scale). Partial response is defined as a 25-50% reduction in symptoms. This definition is based on how the depression literature defines response.

**Response and remission take time.** In the STAR\*D study, longer times than expected were needed to reach response or remission. In fact, one-third of those who ultimately responded did so after six weeks.

Of those who achieved remission by Quick Inventory of Depressive Symptomatology (QIDS), 50% did so only at or after six weeks of treatment (Trivedi, 2006b). If the primary care clinician is seeing some improvement, continue working with that patient to augment or increase dosage to reach remission. This can take up to three months.

A reasonable criterion for extending the initial treatment: assess whether the patient is experiencing a 25% or greater reduction in baseline symptom severity at six weeks of therapeutic dose. If the patient's symptoms are reduced by 25% or more, but the patient is not yet at remission, and if medication has been well tolerated, continue to prescribe. Raising the dose is recommended (Trivedi, 2006b).

Improvement with psychotherapy is often a bit slower than with pharmacotherapy. A decision regarding progress with psychotherapy and the need to change or augment this type of treatment may require 8 to 10 weeks before evaluation (Schulberg, 1998).

**Care Algorithm:** Continuation and Maintenance Treatment Duration Based on Episode [Algorithm annotation 7c page 51]

Acute therapy is the treatment phase focused on treating the patient to remission. Acute therapy typically lasts 6-12 weeks but technically lasts until remission is reached (American Psychiatric Association, 2010). Full remission is defined as a two-month period devoid of major depressive signs and symptoms (American Psychiatric Association, 2013; Diagnostic and Statistical Manual of Mental Disorders, 5th Edition).

Continuation therapy is the four-to-nine month period beyond the acute treatment phase during which the patient is treated with antidepressants, psychotherapy, ECT or other somatic therapies to prevent relapse (American Psychiatric Association, 2010). Relapse is common within the first six months following remission from an acute depressive episode; as many as 20-85% of patients may relapse (American Psychiatric Association, 2010).

This measure assesses achievement of remission, which is a desired outcome of effective depression treatment and monitoring.

Adult Depression in Primary Care- Guideline Aims

- Increase the percentage of patients with major depression or persistent depressive disorder who have improvement in outcomes from treatment for major depression or persistent depressive disorder
- Increase the percentage of patients with major depression or persistent depressive disorder who have a follow-up to assess of response to treatment.

Improve communication between the primary care physician and the mental health care clinician (if patient is co-managed).

**Appendix IV: Use Notices, Copyrights, and Disclaimers**

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