

Quality ID #411 (NQF 0711): Depression Remission at Six Months – National Quality Strategy Domain: Effective Clinical Care

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Outcome

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

**INSTRUCTIONS:**  
This measure is to be submitted **once per performance period** for patients with an encounter during the denominator identification period with a diagnosis of depression **and** an initial PHQ-9 greater than nine (index event). This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

***NOTE:** To be considered denominator eligible for this measure, the patient must have both the diagnosis of depression or dysthymia **and** a PHQ-9 Score greater than 9 documented on the same date (index event) and this date occurs during the denominator identification measurement period (11/1/2016 to 10/31/2017). Encounters in a Psychiatric, Behavioral, or Mental Health Setting require the diagnosis of depression or dysthymia to be a primary diagnosis.*

**Measure Submission:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

Adults 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.

**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 11/1/2016 to 10/31/2017. For patients with an index event, there needs to be enough time following index for the patients to have the opportunity to reach remission six months +/- 30 days after the index date.

**Index Date** - The date in which the first instance of elevated PHQ-9 greater than 9 **AND** diagnosis of depression or dysthymia occurs during the denominator identification period (11/1/2016 to 10/31/2017).

**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). This 13 month measure assessment period allows for measurement of the patient's remission status at both six and 12 months (Quality ID #370: Depression Remission at Twelve Months). This assessment period is fixed and does not "start over" with a higher PHQ-9 that may occur after the index date.

**Note:** Data collection for this measure is structured to align with the Depression Remission at 12 Months measure (Quality ID #370). Data is captured on the same denominator patients and then measuring them at two distinct points in time, both at six months and at twelve months. The thirteen month assessment period is

held constant for these two measures. This means that patient is not re-indexing with a high PHQ-9 until that measure assessment period is elapsed.

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq$  18 years

**AND**

Diagnosis for MDD (ICD-10-CM): F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1

**AND**

Patient encounter during the denominator identification period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, G0402, G0438, G0439, 99441, 99442, 99443, 99444

**AND**

Index date PHQ-9 Score greater than 9 documented during the twelve month denominator identification period: G9511

**AND NOT**

**DENOMINATOR EXCLUSIONS:**

Patients with an active diagnosis of bipolar disorder any time prior to the end of the measure assessment period

**OR**

Patients with an active diagnosis of personality disorder any time prior to the end of the of the measure assessment period

**OR**

Patients who died any time prior to the end of the measure assessment period

**OR**

Patients who received hospice or palliative care service any time during the denominator identification period or the measure assessment period

**OR**

Patients who were permanent nursing home residents any time during the denominator identification period or the measure assessment period

**NUMERATOR:**

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

**Definitions:**

**Remission** - a PHQ-9 score less than five.

**Six Months** - the point in time from the index date extending out six months (+/- 30 days) 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 six months, values obtained prior to or after this period are not counted as numerator compliant (remission).

**Numerator Options:**

***Performance Met:***

Remission at six months as demonstrated by a six month (+/-30 days) PHQ-9 score of less than five (**G9573**)

**OR**

***Performance Not Met:***

Remission at six months not demonstrated by a six month (+/-30 days) PHQ-9 score of less than five. Either PHQ-9 score was not assessed or is greater than or equal to five (**G9574**)

**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. [CDC. 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, 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, P. et al. (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 (ICS) Major Depression in Adults in Primary Care 17th edition March 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 ICS'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.

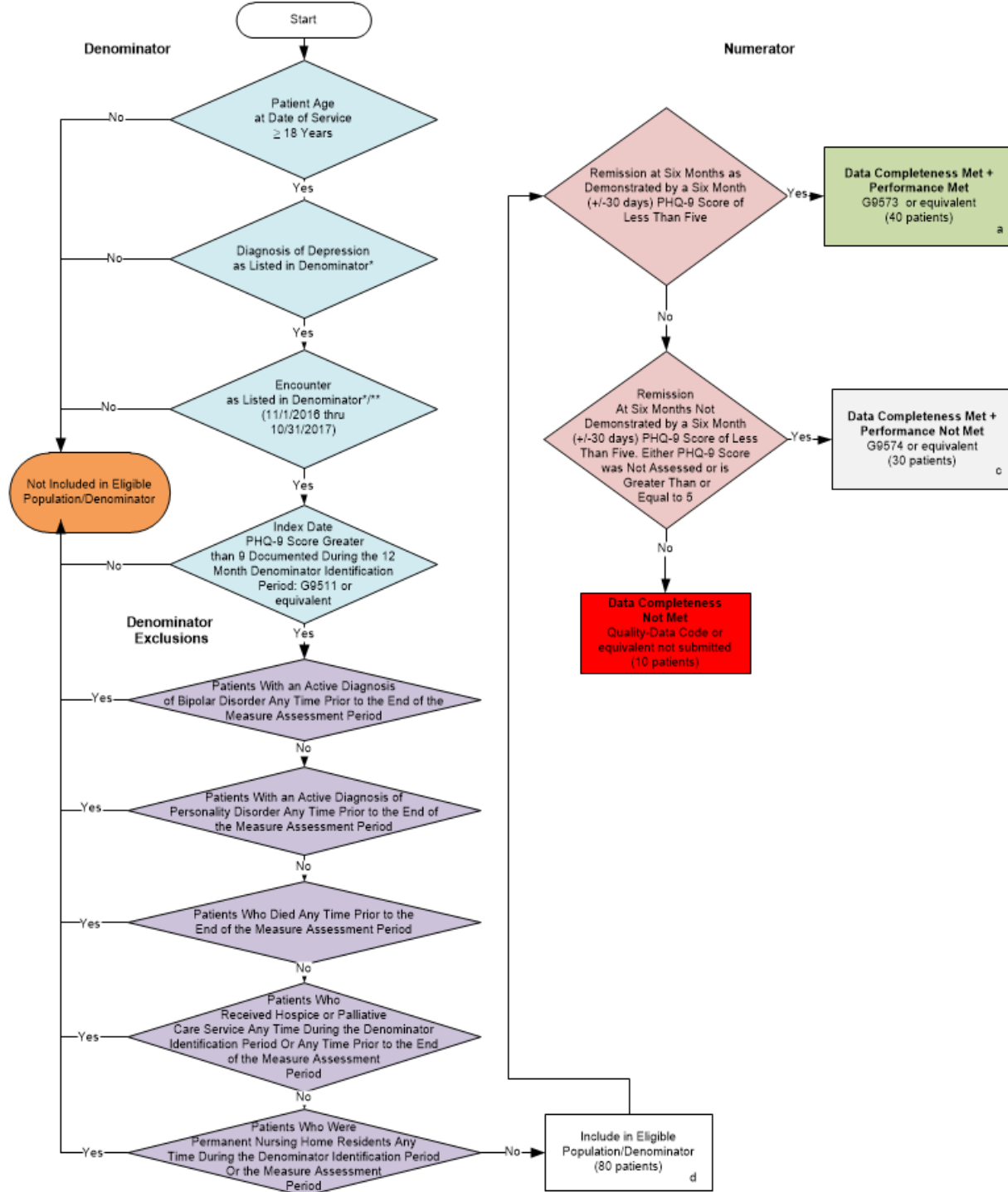
#### Adult Depression in Primary Care- Guideline Aims

- 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).

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## 2018 Registry Flow for Quality ID #411 NQF#0711: Depression Remission at Six Months



\*See the posted Measure Specification for specific coding and instructions to submit this measure.  
 \*\*Encounters in a Psychiatric, Behavioral, or Mental Health Setting require the diagnosis of depression or dysthymia to be a primary diagnosis  
 Note: Submission Frequency: Patient-Process  
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 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 alone or as a substitution for the measure specification. v2

**2018 Registry Flow for Quality ID  
#411 NQF#0711: Depression Remission at Six Months**

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Performance Not Met (c=30 patients) = 70 patients}}{\text{Eligible Population / Denominator (d=80 patients) = 80 patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

\*See the posted Measure Specification for specific coding and instructions to submit this measure.

\*\*Encounters in a Psychiatric, Behavioral, or Mental Health Setting require the diagnosis of depression or dysthymia to be a primary diagnosis

Note: Submission Frequency: Patient-Process

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**2018 Registry Flow For Quality ID  
#411 NQF #0711: Depression Remission at Six Months**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age on Date of Index and equals No during the denominator identification period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age on Date of Index and equals Yes during the denominator identification period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis of Depression as Listed in the Denominator Identification Period equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Depression as Listed in the Denominator Identification Period equals Yes, proceed to check Current Encounter Performed.
4. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator Identification Period equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator Identification Period equals Yes, proceed to check Index Date PHQ-9 Score Greater Than 9 Documented During the 12 Month Denominator Identification Period.
5. Check Index Date PHQ-9 Score Greater Than 9 Documented During the 12 Month Denominator Identification Period:
  - a. If Index Date PHQ-9 Score Greater Than 9 Documented During the 12 Month Denominator Identification Period equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Index Date PHQ-9 Score Greater Than 9 Documented During the 12 Month Denominator Identification Period equals Yes, proceed to check Patients With Active Diagnosis of Bipolar Disorder.
6. Check Patients With Active Diagnosis of Bipolar Disorder Prior to the End of the Measure Assessment (Performance) Period:
  - a. If Patients With Active Diagnosis of Bipolar Disorder Prior to the End of the Measure Assessment (Performance) Period equals No, proceed to check Patients With Diagnosis of Personality Disorder.
  - b. If Patients With Active Diagnosis of Bipolar Disorder Prior to the End of the Measure Assessment (Performance) Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
7. Check Patients With Active Diagnosis of Personality Disorder Prior to the End of the Measure Assessment (Performance) Period:
  - a. If Patients With Active Diagnosis of Personality Disorder Prior to the End of the Measure Assessment (Performance) Period equals No, proceed to check Patients Who Died.



- b. If Patients With Active Diagnosis of Personality Disorder Prior to the End of the Measure Assessment (Performance) Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
- 8. Check Patients Who Died Prior to the End of the Measure Assessment (Performance) Period:
  - a. If Patients Who Died Prior to the End of the Measure Assessment (Performance) Period equals No, proceed to check Patients Who Received Hospice or Palliative Care Services.
  - b. If Patients Who Died Prior to the End of the Measure Assessment (Performance) Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
- 9. Check Patients Who Received Hospice or Palliative Care Services Any Time During the Denominator Identification Period or the Measure Assessment (Performance) Period:
  - a. If Patients Who Received Hospice or Palliative Care Services Any Time During the Denominator Identification Period or the Measure Assessment (Performance) Period equals No, proceed to check Patients Who were Permanent Nursing Home Residents.
  - b. If Patients Who Received Hospice or Palliative Care Services Any Time During the Denominator Identification Period or the Measure Assessment (Performance) Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
- 10. Check Patients Who were Permanent Nursing Home Residents Any Time During the Denominator Identification Period or the Measure Assessment (Performance) Period:
  - a. If Patients Who were Permanent Nursing Home Residents Any Time During the Denominator Identification Period or the Measure Assessment (Performance) Period equals No, include in Eligible Population.
  - b. If Patients Who were Permanent Nursing Home Residents Any Time During the Denominator Identification Period or the Measure Assessment (Performance) Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
- 11. Denominator Population:
  - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
- 12. Start Numerator
- 13. Check Remission at Six Months as Demonstrated by a Six Month (+/-30 days) PHQ-9 Score of Less Than Five:
  - a. If Remission at Six Months as Demonstrated by a Six Month (+/-30 days) PHQ-9 Score of Less Than Five equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
  - c. If Remission at Six Months as Demonstrated by a Six Month (+/-30 days) PHQ-9 Score of Less Than Five equals No, proceed to Remission at Six Months Not Demonstrated by a Six Month (+/-30 days) PHQ-9 Score of Less Than Five. Either PHQ-9 Score was Not Assessed or is Greater than or Equal to 5.
- 14. Check Remission at Six Months Not Demonstrated by a Six Month (+/-30 days) PHQ-9 Score of Less Than Five. Either PHQ-9 Score was Not Assessed or is Greater than or Equal to 5:

- a. If Remission at Six Months Not Demonstrated by a Six Month (+/-30 days) PHQ-9 Score of Less Than Five. Either PHQ-9 Score was Not Assessed or is Greater than or Equal to 5 equals Yes, include in Data Completeness Met and Performance Not Met.
- b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
- c. If Remission at Six Months Not Demonstrated by a Six Month (+/-30 days) PHQ-9 Score of Less Than Five. Either PHQ-9 Score was Not Assessed or is Greater than or Equal to 5 equals No, proceed to Data Completeness Not Met.

15. Check Data Completeness Not Met:

- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$