

Quality ID #325: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions

– National Quality Strategy Domain: Communication and Care Coordination

– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

2019 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [Stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for all patients with a diagnosis of MDD seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure for the primary management of patients with major depressive disorder based on the services provided and the measure-specific denominator coding.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [Stages 4 or 5], ESRD or congestive heart failure) being treated by another clinician

Definition:

Comorbid condition – For the purposes of this measure, only the following comorbid conditions will be included:

- 1) Diabetes
- 2) Coronary artery disease
- 3) Stroke, including ischemic stroke and intracranial hemorrhage
- 4) Chronic Kidney Disease (Stages 4 and 5) and End Stage Renal Disease
- 5) Congestive Heart Failure

Denominator Criteria (Eligible Cases):

Patients aged \geq 18 years on date of encounter

AND

Diagnosis for MDD (ICD-10-CM): F32.0, F32.1, F32.2, F32.3, F32.9, F33.0, F33.1, F33.2, F33.3, F33.9

AND

Patient encounter during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99484, 99492, 99493, 99494

AND

Diagnosis for diabetes (ICD-10-CM): E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9

OR

Diagnosis for CAD (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I22.0, I22.1, I22.2, I22.8, I22.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, Z95.1, Z95.5, Z98.61

OR

Diagnosis for stroke, including ischemic stroke and intracranial hemorrhage (ICD-10-CM): I60.00, I60.01, I60.02, I60.10, I60.11, I60.12, I60.2, I60.30, I60.31, I60.32, I60.4, I60.50, I60.51, I60.52, I60.6, I60.7, I60.8, I60.9, I61.0, I61.1, I61.2, I61.3, I61.4, I61.5, I61.6, I61.8, I61.9, I62.00, I62.01, I62.02, I62.03, I62.1, I62.9, I63.00, I63.013, I63.019, I63.02, I63.033, I63.039, I63.09, I63.10, I63.113, I63.119, I63.12, I63.133, I63.139, I63.19, I63.20, I63.213, I63.219, I63.22, I63.233, I63.239, I63.29, I63.30, I63.311, I63.313, I63.319, I63.323, I63.329, I63.333, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.413, I63.419, I63.423, I63.429, I63.433, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.513, I63.519, I63.523, I63.529, I63.533, I63.539, I63.541, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9

OR

Diagnosis for chronic kidney disease (Stages 4 and 5) and end stage renal disease (ICD-10-CM): N18.4, N18.5, N18.6

OR

Diagnosis for heart failure (ICD-10-CM): I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9

NUMERATOR:

Medical records of patients with communication to the clinician treating the comorbid condition

Definition:

Communication – Transmission of relevant clinical information which specifies that the patient has MDD.

NUMERATOR NOTE: *Denominator Exception(s) are determined on the date of the denominator eligible encounter.*

Numerator Options:

Performance Met:

Clinician treating Major Depressive Disorder communicates to clinician treating comorbid condition **(G8959)**

OR

Denominator Exception:

Clinician treating Major Depressive Disorder did not communicate to clinician treating comorbid condition for specified patient reason (e.g. patient is unable to communicate the diagnosis of a comorbid condition; the patient is unwilling to communicate the diagnosis of a comorbid condition; or the patient is unaware of the comorbid condition, or any other specified patient reason) **(G9232)**

OR

Performance Not Met:

Clinician treating Major Depressive Disorder did not communicate to clinician treating comorbid condition, reason not given **(G8960)**

RATIONALE:

Depressive disorders are more common among persons with chronic conditions (e.g., obesity, cardiovascular disease, diabetes, asthma, arthritis, and cancer) and among those with unhealthy behaviors (e.g., smoking, physical inactivity, and binge drinking). Comorbidities are more common in the elderly. The highest rates of depression are found in those with strokes (30% to 60%), coronary artery disease (up to 44%), cancer (up to 40%), Parkinson's disease (40%), and Alzheimer's disease (20% to 40%). The coordination of care for patients with depression and certain comorbid conditions is important for managing both the patient's depression and the other present medical condition. Improvements in the coordination of care between clinicians treating a patient with depression and other clinicians treating comorbid conditions can reduce the symptom exacerbation that depression and other conditions may cause to the other. Any [depression] treatment should be integrated with psychiatric management and any other treatments being provided for other diagnoses.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines. Only selected portions of the clinical guidelines are quoted here; for more details, please refer to the full guideline.

In patients with major depressive disorder, it is important to recognize and address the potential interplay between major depressive disorder and any co-occurring general medical conditions. (APA, 2010)

The clinical assessment should include identifying any potential interactions between medications used to treat depression and those used to treat general medical conditions. In addition, the psychiatrist (clinician) should consider the effects of prescribed psychotropic medications on the patient's general medical conditions, as well as the effects of interventions for such disorders on the patient's psychiatric condition. (APA, 2010)

Many patients with major depressive disorder will be evaluated by or receive treatment from other health care professionals in addition to the psychiatrist (clinician). If more than one clinician is involved in providing the care, all treating clinicians should have sufficient ongoing contact with the patient and with each other to ensure that care is coordinated, relevant information is available to guide treatment decisions, and treatments are synchronized. (APA, 2010)

In ruling out general medical causes of depressive symptoms, it is important to ensure that a general medical evaluation has been done. (APA, 2010)

In patients with preexisting hypertension or cardiac conditions, treatment with specific antidepressant agents may suggest a need for monitoring of vital signs or cardiac rhythm (eg, electrocardiogram [ECG] with TCA treatment; heart rate and blood pressure assessment with SNRIs and TCAs). (APA, 2010)

In treating the depressive syndrome that commonly occurs following a stroke, consideration should be given to the potential for interactions between antidepressants and anticoagulating (including antiplatelet) medications. (APA, 2010)

The diagnostic work-up for MDD should include evaluation for existing or emerging medical conditions that may exacerbate the depression. These may include: Cardiovascular diseases, Chronic pain syndrome, Degenerative diseases, Immune disorders, Metabolic endocrine conditions (including kidney and lung diseases), Neoplasms, Trauma. Simultaneous treatment is often required for both the medical problem and psychiatric symptoms and can lead to overall improvement in function. (VA/DoD, 2009)

Indications for referral to a mental health specialist familiar with diabetes management may include gross noncompliance with medical regimen (by self or others), depression with the possibility of self-harm, debilitating anxiety (alone or with depression), indications of an eating disorder, or cognitive functioning that significantly impairs judgment. It is preferable to incorporate psychological assessment and treatment into routine care rather than waiting for identification of a specific problem or deterioration in psychological status. Although the clinician may not feel qualified to treat psychological problems, using the patient-provider relationship as a foundation for further treatment can increase the likelihood that the patient will accept referral for other services. It is important to establish that emotional well-being is part of diabetes management. (ADA, 2010)

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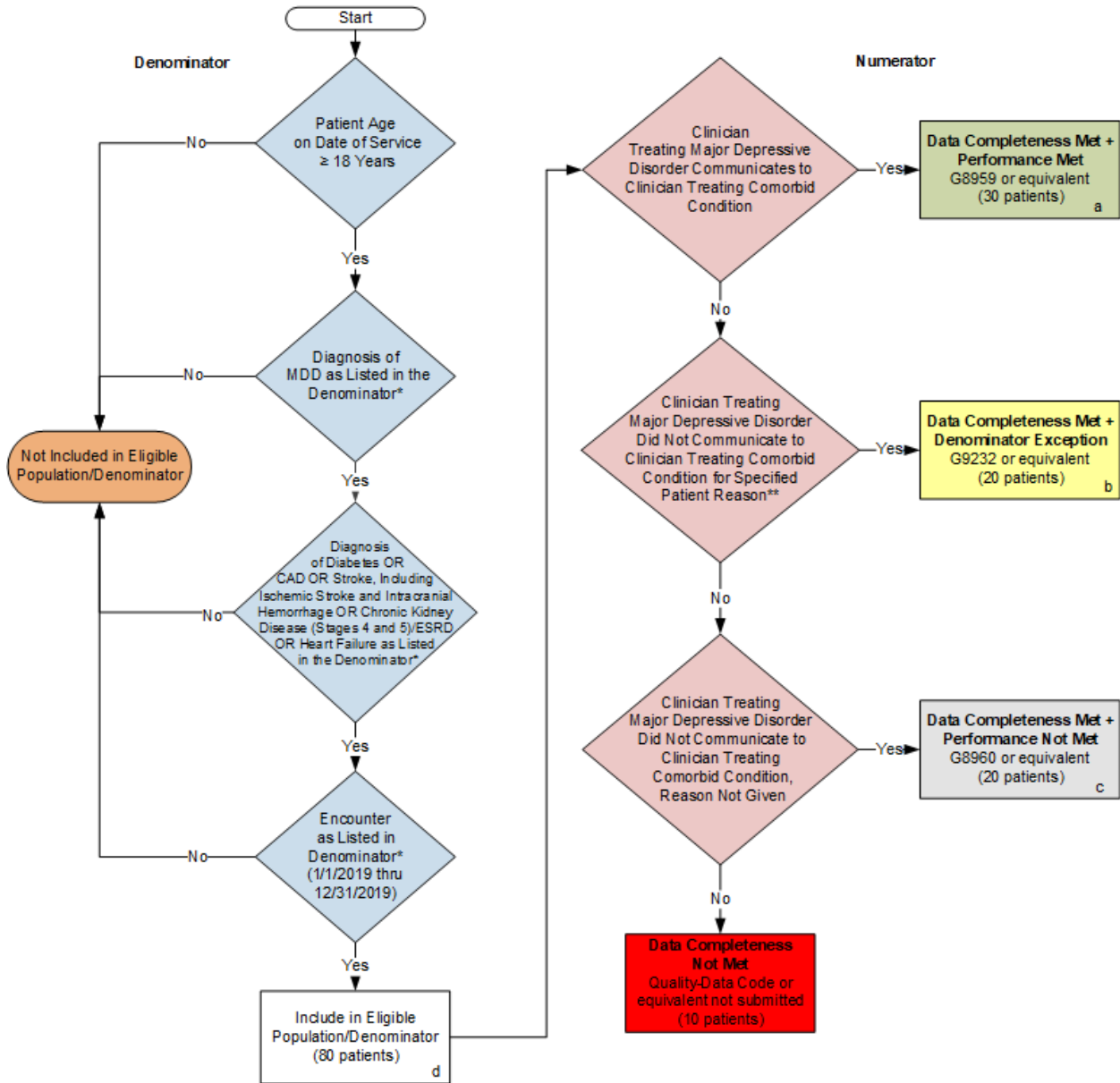
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**2019 Clinical Quality Measure Flow for Quality ID #325: Adult Major Depressive Disorder (MDD):
Coordination of Care of Patients with Specific Comorbid Conditions**



SAMPLE CALCULATIONS:

Data Completeness=
 Performance Met (a=30 patients) + Denominator Exception (b=30 patients) + Performance Not Met (c=20 patients) = 70 patients = 87.50%
 Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=
 Performance Met (a=30 patients) = 30 patients = 60.00%
 Data Completeness Numerator (80 patients) – Denominator Exception (b=30 patients) = 50 patients

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

** See the posted Measure Specification for exclusion criteria for this measure.

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.

**2019 Clinical Quality Measure Flow Narrative for Quality ID #325:
Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with
Specific Comorbid Conditions**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age is greater than or equal to 18 Years at Date of Service equals No during the performance period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is greater than or equal to 18 Years at Date of Service equals Yes during the performance period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of MDD as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of MDD as Listed in the Denominator equals Yes, proceed to check Diagnosis of Diabetes OR CAD OR Stroke, Including Ischemic Stroke and Intracranial Hemorrhage OR Chronic Kidney Disease (Stages 4 and 5)/ESRD OR Heart Failure.
4. Check Diagnosis of Diabetes OR CAD OR Stroke, Including Ischemic Stroke and Intracranial Hemorrhage OR Chronic Kidney Disease (Stages 4 and 5)/ESRD OR Heart Failure:
 - a. If Diagnosis of Diabetes OR CAD OR Stroke OR Chronic Kidney Disease (Stages 4 and 5)/ESRD OR Heart Failure as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of Diabetes OR CAD OR Stroke OR Chronic Kidney Disease (Stages 4 and 5)/ESRD OR Heart Failure as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
5. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible Population
6. 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.
7. Start Numerator

8. Check Clinician Treating Major Depressive Disorder Communicates to Clinician Treating Comorbid Condition:
 - a. If Clinician Treating Major Depressive Disorder Communicates to Clinician Treating Comorbid Condition equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 30 patients in the Sample Calculation.
 - c. If Clinician Treating Major Depressive Disorder Communicates to Clinician Treating Comorbid Condition equals No, proceed to check Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason.
9. Check Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason:
 - a. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason equals Yes, include in the Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 20 patients in the Sample Calculation.
 - c. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason equals No, proceed to check Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given.
10. Check Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given:
 - a. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.
 - c. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given equals No, proceed to check Data Completeness Not Met.
11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=30 patients) + Denominator Exception (b=30 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=30 patients)}}{\text{Data Completeness Numerator (80 patients) - Denominator Exception (b=30 patients)}} = \frac{30 \text{ patients}}{50 \text{ patients}} = 60.00\%$$