

eCQM Title	Anti-depressant Medication Management		
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Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	National Quality Forum		
Description	<p>Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported.</p> <p>a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>In 2013, over 15 million adults in the United States had at least one major depressive episode in the past 12 months (National Institute of Mental Health 2013), and depression is estimated to affect nearly a quarter of adults in their lifetime (Bircusa and Iacono 2007). Symptoms of depression include appetite and sleep disturbances, anxiety, irritability and decreased concentration (Charbonneau et al. 2005). The American Psychiatric Association recommends use of antidepressant medication and behavioral therapies, such as psychotherapy, to treat depression (American Psychiatric Association 2010).</p> <p>For the past 50 years, antidepressant medication has proven to be effective especially for patients with more severe symptoms (Fournier et al. 2010). Among patients who initiate antidepressant treatment, one in three discontinues treatment within one month, before the effect of medication can be assessed, and nearly one in two discontinues treatment within three months (Simon 2002).</p> <p>Due to increased risky behaviors for chronic disease (eg, physical inactivity, smoking, excessive drinking and insufficient sleep), evidence has shown that depressive disorders are strongly related to the occurrence of many chronic diseases including diabetes, cancer, cardiovascular disease and asthma (Centers for Disease Control and Prevention 2011).</p> <p>Aligning depression quality improvement with methods used in managing other chronic illnesses has been an important step in depression care. Depression management systems have demonstrated improved short- and long-term outcomes of depression severity and persistence, employment retention, functional status and patient satisfaction (Katon et al. 2002; Rost et al. 2001).</p>		
Clinical Recommendation Statement	<p>American Psychiatric Association (APA 2010):</p> <p>Successful treatment of patients with major depressive disorder is promoted by a thorough assessment of the patient and close adherence to treatment plans. Treatment consists of an acute phase, during which remission is induced; a continuation phase, during which remission is preserved; and a maintenance phase, during which the susceptible patient is protected against the recurrence of a subsequent major depressive episode.</p> <p>Acute Phase: An antidepressant medication is recommended as an initial treatment choice for patients with mild to moderate major depressive disorder [I: Recommended with substantial clinical confidence] and definitely should be provided for those with severe major depressive disorder unless electroconvulsive therapy (ECT) is planned [I: Recommended with substantial clinical confidence]. For most patients, a selective serotonin reuptake inhibitor (SSRI), serotonin norepinephrine reuptake inhibitor (SNRI), mirtazapine, or bupropion is optimal [I: Recommended with substantial clinical confidence]. In general, the use of nonselective monoamine oxidase inhibitors (MAOIs) (eg, phenelzine, tranylcypromine, isocarboxazid) should be restricted to patients who do not respond to other treatments [I: Recommended with substantial clinical confidence], given the necessity for dietary restrictions with these medications and the potential for deleterious drug-drug interactions.</p> <p>During the acute phase of treatment, patients should be carefully and systematically monitored on a regular basis to assess their response to pharmacotherapy, identify the emergence of side effects (eg, gastrointestinal symptoms, sedation, insomnia, activation, changes in weight, and cardiovascular, neurological, anticholinergic, or sexual side effects), and assess patient safety [I: Recommended with substantial clinical confidence]. If antidepressant side effects do occur, an initial strategy is to lower the dose of the antidepressant or to change to an antidepressant that is not associated with that side effect [I: Recommended with substantial clinical confidence].</p> <p>Continuation Phase: During the continuation phase of treatment, the patient should be carefully monitored for signs of possible relapse [I: Recommended with substantial clinical confidence]. Systematic assessment of symptoms, side effects, adherence, and functional status is essential [I: Recommended with substantial clinical confidence], and may be facilitated through the use of clinician- and/or patient-administered rating scales [I: Recommended with moderate clinical confidence]. To reduce the risk of relapse, patients who have been treated successfully with antidepressant medications in the acute phase should continue treatment with these agents for 4-9 months [I: Recommended with substantial clinical confidence]. In general, the dose used in the acute phase should be used in the continuation phase [I: Recommended with moderate clinical confidence]. To prevent a relapse of depression in the continuation phase, depression-focused psychotherapy is recommended [I: Recommended with substantial clinical confidence], with the best evidence available for cognitive-behavioral therapy.</p> <p>Maintenance Phase: During the maintenance phase, an antidepressant medication that produced symptom remission during the acute phase and maintained remission during the continuation phase should be continued at a full therapeutic dose [I: Recommended with moderate clinical confidence].</p>		
Improvement Notation	Higher score indicates better quality		
Reference	Charbonneau, A., W. Bruning, T. Titus-Howard, E. Ellerbeck, J. Whittle, S. Hall, J. Campbell, S. Crain, S. Munro. 2005. "The community initiative on depression: report from a multiphase work site depression intervention." J Occup Environ Med 47(1):60-7.		
Reference	Fournier, J.C., R.J. DeRubeis, S.D. Hollon, S. Dimidjian, J.D. Amsterdam, R.C. Shelton, J. Fawcett. "Antidepressant drug effects and depression severity: A patient-level meta-analysis." JAMA 303(1): 47-53.		
Reference	Katon, W., J. Russo, M. Von Korff, E. Lin, G. Simon, T. Bush, E. Ludman, E. Walker. 2002. "Long-term effects of a collaborative care intervention in persistently depressed primary care patients." J Gen Intern Med 17(10):741-748.		
Reference	Rost, K., P. Nutting, J. Smith, J. Werner, N. Duan. 2001. "Improving depression outcomes in the community primary care practice: a randomized trial of the QuEST intervention." J Gen Intern Med 16(3):143-149.		
Reference	Simon, G.E. 2002. "Evidence review: efficacy and effectiveness of antidepressant treatment in primary care." Gen Hosp Psychiatry 24(4):213-24.		
Reference	National Institute of Mental Health. 2013. Major Depression Among Adults. http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml (December 17, 2015)		

Reference	American Psychiatric Association. 2010. Practice guideline for the treatment of patients with major depressive disorder, third edition. Arlington: American Psychiatric Association.
Reference	Burcusa, S.L., and W.G. Iacono. 2007. "Risk for recurrence in depression." Clin Psychol Rev 27(8): 959-85.
Reference	Centers for Disease Control and Prevention (CDC). 2012. "Mental Health and Chronic Diseases." https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/issue-brief-no-2-mental-health-and-chronic-disease.pdf
Reference	Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. 2005 Jan. http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm .
Definition	Index Prescription Start Date (IPSD): The earliest prescription dispensing event for an antidepressant medication during the period of 270 days prior to the start of the measurement period through 90 days after the start of the measurement period. The "continuous treatment" described in this measure allows for gaps in medication treatment up to a total 30 days during the 114-day period (numerator 1) or 51 days during the 231-day period (numerator 2). Gaps can include either gaps used to change medication, or treatment gaps to refill the same medication.
Guidance	To identify new treatment episodes for major depression, there must be a 90-day negative medication history (a period during which the patient was not taking antidepressant medication) prior to the first dispensing event associated with the Index Episode Start Date (Index Prescription Start Date). CUMULATIVE MEDICATION DURATION is an individual's total number of medication days over a specific period; the period counts multiple prescriptions with gaps in between, but does not count the gaps during which a medication was not dispensed. To determine the cumulative medication duration, determine first the number of the Medication Days for each prescription in the period: the number of doses divided by the dose frequency per day. Then add the Medication Days for each prescription without counting any days between the prescriptions. For example, there is an original prescription for 30 days with 2 refills for thirty days each. After a gap of 3 months, the medication was prescribed again for 60 days with 1 refill for 60 days. The cumulative medication duration is (30 x 3) + (60 x 2) = 210 days over the 10 month period.
Transmission Format	TBD
Initial Population	Patients 18 years of age and older with a visit during the measurement period who were dispensed antidepressant medications in the time within 270 days (9 months) prior to the measurement period through the first 90 days (3 months) of the measurement period, and were diagnosed with major depression 60 days prior to, or 60 days after the dispensing event
Denominator	Equals Initial Population
Denominator Exclusions	Patients who were actively on an antidepressant medication in the 105 days prior to the Index Prescription Start Date. Exclude patients whose hospice care overlaps the measurement period.
Numerator	Numerator 1: Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the Index Prescription Start Date. Numerator 2: Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment during the 231-day period following the Index Prescription Start Date.
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

Table of Contents

- [Population Criteria](#)
- [Definitions](#)
- [Functions](#)
- [Terminology](#)
- [Data Criteria \(QDM Data Elements\)](#)
- [Supplemental Data Elements](#)
- [Risk Adjustment Variables](#)

Population Criteria

Population Criteria 1

Initial Population

```
exists ( ["Patient Characteristic Birthdate"] BirthDate
  where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")>= 18
)
and "Has Initial Major Depression Diagnosis"
and exists "Qualifying Encounters"
```

Denominator

"Initial Population"

Denominator Exclusions

```
Hospice."Has Hospice"
or exists ["Medication, Active": "Antidepressant Medication"] OnAntiDepressant
with "Antidepressant Dispensed 270 days before or 90 days after Start of Measurement Period" AntidepressantDispensed
such that OnAntiDepressant.relevantPeriod starts 105 days or less before AntidepressantDispensed.authorDatetime
```

Numerator

"Cumulative Medication Duration Greater Than or Equal to 84 Days"

Numerator Exclusions

None

Denominator Exceptions

None

Stratification

None

Population Criteria 2

Initial Population

```
exists ( ["Patient Characteristic Birthdate"] BirthDate
  where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")>= 18
)
and "Has Initial Major Depression Diagnosis"
and exists "Qualifying Encounters"
```

Denominator

"Initial Population"

Denominator Exclusions

Hospice."Has Hospice"
 or exists ["Medication, Active": "Antidepressant Medication"] OnAntiDepressant
 with "Antidepressant Dispensed 270 days before or 90 days after Start of Measurement Period" AntidepressantDispensed
 such that OnAntiDepressant.relevantPeriod starts 105 days or less before AntidepressantDispensed.authorDatetime

▲ Numerator

"Cumulative Medication Duration Greater Than or Equal to 180 Days"

▲ Numerator Exclusions

None

▲ Denominator Exceptions

None

▲ Stratification

None

Definitions

▲ Antidepressant Dispensed 270 days before or 90 days after Start of Measurement Period

First(["Medication, Dispensed": "Antidepressant Medication"] FirstAntidepressant
 where FirstAntidepressant.authorDatetime 270 days or less before start of "Measurement Period"
 or FirstAntidepressant.authorDatetime 90 days or less on or after start of "Measurement Period"
 sort by authorDatetime
)

▲ Antidepressant Taken within 114 Days After Initial Dispense

["Medication, Active": "Antidepressant Medication"] OnAntiDepressant
 with "Antidepressant Dispensed 270 days before or 90 days after Start of Measurement Period" InitialDispense
 such that OnAntiDepressant.relevantPeriod starts 114 days or less on or after day of InitialDispense.authorDatetime

▲ Antidepressant Taken within 231 Days After Initial Dispense

["Medication, Active": "Antidepressant Medication"] ActiveAntidepressant
 with "Antidepressant Dispensed 270 days before or 90 days after Start of Measurement Period" InitialDispense
 such that ActiveAntidepressant.relevantPeriod starts 231 days or less on or after day of InitialDispense.authorDatetime

▲ Cumulative Medication Duration Greater Than or Equal to 180 Days

"Cumulative Medication Duration"("Antidepressant Taken within 231 Days After Initial Dispense")>= 180

▲ Cumulative Medication Duration Greater Than or Equal to 84 Days

"Cumulative Medication Duration"("Antidepressant Taken within 114 Days After Initial Dispense")>= 84

▲ Denominator

"Initial Population"

▲ Denominator Exclusions

Hospice."Has Hospice"
 or exists ["Medication, Active": "Antidepressant Medication"] OnAntiDepressant
 with "Antidepressant Dispensed 270 days before or 90 days after Start of Measurement Period" AntidepressantDispensed
 such that OnAntiDepressant.relevantPeriod starts 105 days or less before AntidepressantDispensed.authorDatetime

▲ Has Initial Major Depression Diagnosis

First(["Diagnosis": "Major Depression"] MajorDepression
 with "Antidepressant Dispensed 270 days before or 90 days after Start of Measurement Period" AntidepressantDispensed
 such that MajorDepression.prevalencePeriod starts 60 days or less before or on day of AntidepressantDispensed.authorDatetime
 or MajorDepression.prevalencePeriod starts 60 days or less after day of AntidepressantDispensed.authorDatetime
 sort by start of prevalencePeriod
)is not null

▲ Hospice.Has Hospice

exists (["Encounter, Performed": "Encounter Inpatient"] DischargeHospice
 where (DischargeHospice.dischargeDisposition as Code ~ "Discharge to home for hospice care (procedure)"
 or DischargeHospice.dischargeDisposition as Code ~ "Discharge to healthcare facility for hospice care (procedure)"
)
 and DischargeHospice.relevantPeriod ends during "Measurement Period"
)
 or exists (["Intervention, Order": "Hospice care ambulatory"] HospiceOrder
 where HospiceOrder.authorDatetime during "Measurement Period"
)
 or exists (["Intervention, Performed": "Hospice care ambulatory"] HospicePerformed
 where HospicePerformed.relevantPeriod overlaps "Measurement Period"
)

▲ Initial Population

exists (["Patient Characteristic Birthdate"] BirthDate
 where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")>= 18
)
 and "Has Initial Major Depression Diagnosis"
 and exists "Qualifying Encounters"

▲ Numerator One

"Cumulative Medication Duration Greater Than or Equal to 84 Days"

▲ Numerator Two

"Cumulative Medication Duration Greater Than or Equal to 180 Days"

▲ Qualifying Encounters

(["Encounter, Performed": "Office Visit"]
 union ["Encounter, Performed": "Preventive Care Services - Established Office Visit, 18 and Up"]
 union ["Encounter, Performed": "Preventive Care Services-Initial Office Visit, 18 and Up"]
 union ["Encounter, Performed": "Home Healthcare Services"]
 union ["Encounter, Performed": "Telephone Management"]
 union ["Encounter, Performed": "Telephone Evaluation"]
 union ["Encounter, Performed": "Annual Wellness Visit"]
 union ["Encounter, Performed": "Psych Visit - Diagnostic Evaluation"]
 union ["Encounter, Performed": "Psych Visit - Psychotherapy"]) ValidEncounter
 where ValidEncounter.relevantPeriod during "Measurement Period"

▲ SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ SDE Payer

["Patient Characteristic Payer": "Payer"]

▲ SDE Race

["Patient Characteristic Race": "Race"]

▲ SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Functions

▲ Cumulative Medication Duration(Medication List<"Medication, Active">)

Sum((collapse(Medication.relevantPeriod))CumulativeAntidepressant
return all duration in days of CumulativeAntidepressant
)

▲ Global.CalendarAgeInYearsAt(BirthDate/Time Date/Time, AsOf Date/Time)

years between ToDate(BirthDate/Time)and ToDate(AsOf)

▲ Global.ToDate(Value Date/Time)

Date/Time(year from Value, month from Value, day from Value, 0, 0, 0, 0, timezone from Value)

Terminology

- codesystem "SNOMEDCT" using "2.16.840.1.113883.6.96 version 2017-09"
- code "Discharge to healthcare facility for hospice care (procedure)" using "SNOMEDCT version 2017-09 Code (428371000124100)"
- code "Discharge to home for hospice care (procedure)" using "SNOMEDCT version 2017-09 Code (428361000124107)"
- valueset "Annual Wellness Visit" using "2.16.840.1.113883.3.526.3.1240"
- valueset "Antidepressant Medication" using "2.16.840.1.113883.3.464.1003.196.12.1213"
- valueset "Encounter Inpatient" using "2.16.840.1.113883.3.666.5.307"
- valueset "Ethnicity" using "2.16.840.1.114222.4.11.837"
- valueset "Home Healthcare Services" using "2.16.840.1.113883.3.464.1003.101.12.1016"
- valueset "Hospice care ambulatory" using "2.16.840.1.113762.1.4.1108.15"
- valueset "Major Depression" using "2.16.840.1.113883.3.464.1003.105.12.1007"
- valueset "Office Visit" using "2.16.840.1.113883.3.464.1003.101.12.1001"
- valueset "ONC Administrative Sex" using "2.16.840.1.113762.1.4.1"
- valueset "Payer" using "2.16.840.1.114222.4.11.3591"
- valueset "Preventive Care Services - Established Office Visit, 18 and Up" using "2.16.840.1.113883.3.464.1003.101.12.1025"
- valueset "Preventive Care Services-Initial Office Visit, 18 and Up" using "2.16.840.1.113883.3.464.1003.101.12.1023"
- valueset "Psych Visit - Diagnostic Evaluation" using "2.16.840.1.113883.3.526.3.1492"
- valueset "Psych Visit - Psychotherapy" using "2.16.840.1.113883.3.526.3.1496"
- valueset "Race" using "2.16.840.1.114222.4.11.836"
- valueset "Telephone Evaluation" using "2.16.840.1.113883.3.464.1003.101.12.1082"
- valueset "Telephone Management" using "2.16.840.1.113883.3.464.1003.101.12.1053"

Data Criteria (QDM Data Elements)

- "Diagnosis: Major Depression" using "Major Depression (2.16.840.1.113883.3.464.1003.105.12.1007)"
- "Encounter, Performed: Annual Wellness Visit" using "Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up" using "Preventive Care Services - Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)"
- "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up" using "Preventive Care Services-Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)"
- "Encounter, Performed: Psych Visit - Diagnostic Evaluation" using "Psych Visit - Diagnostic Evaluation (2.16.840.1.113883.3.526.3.1492)"
- "Encounter, Performed: Psych Visit - Psychotherapy" using "Psych Visit - Psychotherapy (2.16.840.1.113883.3.526.3.1496)"
- "Encounter, Performed: Telephone Evaluation" using "Telephone Evaluation (2.16.840.1.113883.3.464.1003.101.12.1082)"
- "Encounter, Performed: Telephone Management" using "Telephone Management (2.16.840.1.113883.3.464.1003.101.12.1053)"
- "Intervention, Order: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Intervention, Performed: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Medication, Active: Antidepressant Medication" using "Antidepressant Medication (2.16.840.1.113883.3.464.1003.196.12.1213)"
- "Medication, Dispensed: Antidepressant Medication" using "Antidepressant Medication (2.16.840.1.113883.3.464.1003.196.12.1213)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

Supplemental Data Elements

▲ SDE Ethnicity

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ SDE Payer

["Patient Characteristic Payer": "Payer"]

▲ SDE Race

["Patient Characteristic Race": "Race"]

▲ SDE Sex

["Patient Characteristic Sex": "ONC Administrative Sex"]

Risk Adjustment Variables

None

Measure Set	None
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