eCQM Title	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment		
eCQM Identifier (Measure Authoring Tool)	161	eCQM Version number	7.2.000
NQF Number	0104	GUID	60176fbf-bfdc-4892-9c9e-604f206553c8
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	PCPI(R) Foundation (PCPI[R])		
Measure Developer	American Medical Association (AMA)		
Measure Developer	PCPI(R) Foundation (PCPI[R])		
Endorsed By	National Quality Forum		
Description	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	Research has shown that more than 90% of people who kill themselves have depression or another diagnosable mental or substance abuse disorder. Depression is the cause of over two-thirds of the reported suicides in the U.S. each year. The intent of this measure is for a clinician to assess suicide risk at initial intake or at the visit in which depression was diagnosed. As the guidelines state, it is important to assess for additional factors which may increase or decrease suicide risk, such as presence of additional symptoms (eg, psychosis, severe anxiety, hopelessness, severe chronic pain); presence of substance abuse, history and seriousness of previous attempts, particularly, recent suicidal behavior, current stressors and potential protective factors (eg, positive reasons for living, strong social support), family history of suicide or mental illness or recent exposure to suicide, impulsivity and potential for risk to others, including history of violence or violent or homicidal ideas, plans, or intentions, and putting one's affairs in order (eg, giving away possessions, writing a will). In addition, although the measure focuses on the initial visit, it is critical that suicide risk be monitored especially for the 90 days following the initial visit and throughout MDD treatment.		
Clinical Recommendation Statement	A careful and ongoing evaluation of suicide risk is necessary for all patients with major depressive disorder [I]. (APA, 2010, Reaffirmed 2015) Such an assessment includes specific inquiry about suicidal thoughts, intent, plans, means, and behaviors; identification of specific psychiatric symptoms (eg, psychosis, severe anxiety, substance use) or general medical conditions that may increase the likelihood of acting on suicidal ideas; assessment of past and, particularly, recent suicidal behavior; delineation of current stressors and potential protective factors (eg, positive reasons for living, strong social support); and identification of any family history of suicide or mental illness [I]. (APA, 2010, Reaffirmed 2015) As part of the assessment process, impulsivity and potential for risk to others should also be evaluated, including any history of violence or violent or homicidal ideas, plans, or intentions [I]. (APA, 2010, Reaffirmed 2015) The patient's risk of harm to him- or herself and to others should also be monitored as treatment proceeds [I]. (APA, 2010, Reaffirmed 2015) Guidelines for Selecting a Treatment Setting for Patients at Risk for Suicide or Suicidal Behaviors (from APA's Practice Guideline for Assessment and Treatment of Patients With Suicidal Behaviors, 2010): Admission generally indicated After a suicide attempt or aborted suicide attempt if: * Patient is psychotic * Attempt was violent, near-lethal, or premeditated * Precautions were taken to avoid rescue or discovery * Persistent plan and/or intent is present * Distress is increased or patient regrets surviving * Patient is male, older than age 45 years, especially with new onset of psychiatric illness or suicidal thinking * Patient has limited family and/or social support, including lack of stable living situation * Current impulsive behavior, severe agitation, poor judgment, or refusal of help is evident * Patient has change in mental status with a metabolic, toxic, infectious, or other etiology requiring further workup in a structured setting In the presence of suicidal ideation with: * Specific plan with high lethality * High suicidal intent Admission may be necessary After a suicide attempt or aborted suicide attempt, except in circumstances for which admission is generally indicated In the presence of suicidal ideation with: * Psychosis * Major psychiatric disorder * Past attempts, particularly if medically serious * Possibly contributing medical condition (eg, acute neurological disorder, cancer, infection) * Lack of response to or inability to cooperate with partial hospital or outpatient treatment * Need for supervised setting for medication trial or ECT * Need for skilled observation, clinical tests, or diagnostic assessments that require a structured setting * Limited family and/or social support, including lack of stable living situation * Lack of an ongoing clinician-patient relationship or lack of access to timely outpatient follow-up * [Evidence of putting one's affairs in order (eg, giving away possessions, writing a will)] In the absence of suicide attempts or reported suicidal ideation/plan/intent but evidence from the psychiatric evaluation and/or history from others suggests a high level of suicide risk and a recent acute increase in risk Release from emergency department with follow-up recommendations may be possible After a suicide attempt or in the presence of suicidal ideation/plan when: * Suicidality is a reaction to precipitating events (eg, exam failure, relationship difficulties), particularly if the patient's view of situation		

	has changed since coming to emergency department * Plan/method and intent have low lethality * Patient has stable and supportive living situation * Patient is able to cooperate with recommendations for follow-up, with treater contacted, if possible, if patient is currently in treatment Outpatient treatment may be more beneficial than hospitalization Patient has chronic suicidal ideation and/or self-injury without prior medically serious attempts, if a safe and supportive living situation is available and outpatient psychiatric care is ongoing.
Improvement Notation	Higher score indicates better quality
Reference	American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition--2010. This guideline was reaffirmed in 2015. Accessed on October 17, 2017 from http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf.
Reference	American Psychiatric Association (APA). Guidelines for Selecting a Treatment Setting for Patients at Risk for Suicide or Suicidal Behaviors. 2010. Accessed on November 1, 2017 from http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/suicide.pdf
Reference	Conwell Y, Brent D. Suicide and aging I: patterns of psychiatric diagnosis. International Psychogeriatrics, 1995; 7(2): 149-64.
Reference	Statistics on Depression. Depression and Bipolar Support Alliance. <http://www.dbsalliance.org/site/PageServer?pagename=press_facts_depression>. Accessed February 17, 2015.
Definition	Suicide risk assessment - Must include questions about the following: 1) Suicidal ideation 2) Patient's intent of initiating a suicide attempt AND, if either is present, 3) Patient plans for a suicide attempt 4) Whether the patient has means for completing suicide
Guidance	This measure is an episode-of-care measure and should be reported for each instance of a new or recurrent episode of major depressive disorder (MDD); every new or recurrent episode will count separately in the Initial Population. It is expected that a suicide risk assessment will be completed at the visit during which a new diagnosis is made or at the visit during which a recurrent episode is first identified (ie, at the initial evaluation). For the purposes of this measure, an episode of major depressive disorder (MDD) would be considered to be recurrent if a patient has not had an MDD-related encounter in the past 105 days. If there is a gap of 105 or more days between visits for major depressive disorder (MDD), that would imply a recurrent episode. The 105-day look-back period is an operational provision and not a clinical recommendation, or definition of relapse, remission, or recurrence. Use of a standardized tool or instrument to assess suicide risk will meet numerator performance. Standardized tools can be mapped to the concept "Intervention, Performed": "Suicide risk assessment (procedure)" included in the numerator logic below. The logic statement for the age requirement, as written, captures patients who turn 18 years old during the measurement period so that these patients are included in the measure. To ensure all patients with major depressive disorder (MDD) are assessed for suicide risk, there are two clinical quality measures addressing suicide risk assessment; CMS 177 covers children and adolescents aged 6 through 17, and CMS 161 covers the adult population aged 18 years and older.
Transmission Format	TBD
Initial Population	All patients aged 18 years and older with a diagnosis of major depressive disorder (MDD)
Denominator	Equals Initial Population
Denominator Exclusions	None
Numerator	Patients with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified
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

◢ Initial Population

"New or Recurrent Major Depressive Disorder Encounter" NewOrRecurrentMDDEncounter
    with ["Patient Characteristic Birthdate"] BirthDate
        such that Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")>= 17

◢ Denominator

"Initial Population"

◢ Denominator Exclusions
None

◢ Numerator

"New or Recurrent Major Depressive Disorder Encounter" NewOrRecurrentMDDEncounter
    with ["Intervention, Performed": "Suicide risk assessment (procedure)"] SuicideRiskAssessment
        such that SuicideRiskAssessment.relevantPeriod during NewOrRecurrentMDDEncounter.relevantPeriod

◢ Numerator Exclusions
None

◢ Denominator Exceptions
None

◢ Stratification
None

Definitions

◢ Denominator

"Initial Population"

◢ Initial Population

"New or Recurrent Major Depressive Disorder Encounter" NewOrRecurrentMDDEncounter
    with ["Patient Characteristic Birthdate"] BirthDate
        such that Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")>= 17

◢ Major Depressive Disorder Encounter

```
( ["Encounter, Performed": "Psych Visit - Diagnostic Evaluation"]
      union ["Encounter, Performed": "Emergency Department Visit"]
      union ["Encounter, Performed": "Office Visit"]
      union ["Encounter, Performed": "Outpatient Consultation"]
      union ["Encounter, Performed": "Psych Visit - Psychotherapy"]
      union ["Encounter, Performed": "Psychoanalysis"] ) ValidEncounter
      where exists ( ValidEncounter.diagnoses EncounterDiagnosis
              where EncounterDiagnosis in "Major Depressive Disorder-Active"
      )
```

◢ New or Recurrent Major Depressive Disorder Encounter

```
"Major Depressive Disorder Encounter" NewOrRecurrentMDDEncounter
      without "Major Depressive Disorder Encounter" PriorMDDEpisodeEncounter
          such that PriorMDDEpisodeEncounter !~ NewOrRecurrentMDDEncounter
              and PriorMDDEpisodeEncounter.relevantPeriod ends 104 days or less before day of start of NewOrRecurrentMDDEncounter.relevantPeriod
      where NewOrRecurrentMDDEncounter.relevantPeriod during "Measurement Period"
```

◢ Numerator

```
"New or Recurrent Major Depressive Disorder Encounter" NewOrRecurrentMDDEncounter
      with ["Intervention, Performed": "Suicide risk assessment (procedure)"] SuicideRiskAssessment
          such that SuicideRiskAssessment.relevantPeriod during NewOrRecurrentMDDEncounter.relevantPeriod
```

◢ 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

◢ Global.CalendarAgeInYearsAt(BirthDateTime DateTime, AsOf DateTime)

```
years between ToDate(BirthDateTime)and ToDate(AsOf)
```

◢ Global.ToDate(Value DateTime)

```
DateTime(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 "Suicide risk assessment (procedure)" using "SNOMEDCT version 2017-09 Code (225337009)"
- valueset "Emergency Department Visit" using "2.16.840.1.113883.3.464.1003.101.12.1010"
- valueset "Ethnicity" using "2.16.840.1.114222.4.11.837"
- valueset "Major Depressive Disorder-Active" using "2.16.840.1.113883.3.526.3.1491"
- 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 "Outpatient Consultation" using "2.16.840.1.113883.3.464.1003.101.12.1008"
- valueset "Payer" using "2.16.840.1.114222.4.11.3591"
- 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 "Psychoanalysis" using "2.16.840.1.113883.3.526.3.1141"
- valueset "Race" using "2.16.840.1.114222.4.11.836"

Data Criteria (QDM Data Elements)

- "Encounter, Performed: Emergency Department Visit" using "Emergency Department Visit (2.16.840.1.113883.3.464.1003.101.12.1010)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Outpatient Consultation" using "Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008)"
- "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: Psychoanalysis" using "Psychoanalysis (2.16.840.1.113883.3.526.3.1141)"
- "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)"
- "Intervention, Performed: Suicide risk assessment (procedure)" using "Suicide risk assessment (procedure) (SNOMEDCT version 2017-09 Code 225337009)"

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