

eCQM Title	Maternal Depression Screening		
eCQM Identifier (Measure Authoring Tool)	82	eCQM Version number	6.3.000
NQF Number	Not Applicable	GUID	8e6c8479-99fd-4949-b0ad-24fa60fe4201
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	None		
Description	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>Maternal depression is a common condition with potentially serious and far-reaching consequences. Rates of depression for pregnant and/or postpartum women range from 12-15%, with postpartum depression rates in some U.S. areas estimated to be as high as 20% (Ko et al. 2017; Gaynes et al. 2005; Bennett et al. 2004). Depression has significant consequences for women, their infants and families. Women with untreated depression during pregnancy are at risk of developing severe postpartum depression and suicidality, and of delivering premature or low birthweight babies (Chan et al. 2014). Postpartum depression hinders infant attachment and bonding and can lead to developmental disorders that last into adolescence (Field 2010; Kingston et al. 2012; Dawson et al. 1999). During infancy, important caregiving activities such as breastfeeding, sleep, adherence to well-child visits and vaccine schedules can be compromised in depressed mothers (Kingston et al. 2012; Gregory et al. 2015; Minkovitz et al. 2005).</p> <p>Clinical guidelines recommend that maternal screenings for depression should occur where there are adequate systems in place (Sui et al. 2016; ACOG 2015; Yonkers et al. 2009). Adequate systems in place means having the appropriate systems and clinical staff to ensure that patients are screened and, if screened positive, are appropriately diagnosed and treated with evidence-based care or referred to a setting that can provide the necessary care (Sui et al. 2016). Guidelines also recommend that providers maintain regular follow-up with patients diagnosed with depression and use a standardized tool to track symptoms (Mitchell et al. 2013). Standardized instruments are useful in identifying meaningful change in clinical outcomes over time. Despite these clinical recommendations, maternal depression is often underdiagnosed and untreated. Nearly 60% of women with depressive symptoms do not receive a clinical diagnosis, and 50% of women with a diagnosis do not receive any treatment (Ko et al. 2012). This measure encourages clinicians to screen new mothers for depression.</p>		
Clinical Recommendation Statement	<p>U.S. Preventive Services Task Force (USPSTF) (2016) The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Grade: B Recommendation</p> <p>Bright Futures (2017) Mothers of one month old infants: Maternal depression screen</p> <p>Mothers of two month old infants: Maternal depression screen Grade: Expert Consensus</p> <p>American College of Obstetricians and Gynecologists (ACOG) (2015) ACOG recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Although screening is important for detecting perinatal depression, screening by itself is insufficient to improve clinical outcomes and must be coupled with appropriate follow-up and treatment when indicated. Systems should be in place to ensure follow-up for diagnosis and treatment. Grade: Expert Consensus</p>		
Improvement Notation	Higher score indicates better quality		
Reference	Ko JY, Rockhill KM, Tong VT, Morrow B, Farr SL. Trends in Postpartum Depressive Symptoms - 27 States, 2004, 2008, and 2012. MMWR Morb Mortal Wkly Rep 2017;66:153-158. DOI: http://dx.doi.org/10.15585/mmwr.mm6606a1 .		
Reference	Gaynes BN, G. et al. Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes. Summary, Evidence Report/Technology Assessment No. 119. (Prepared by the RTI-University of North Carolina Evidence based Practice Center under Contract No. 290-02-0016.) AHRQ Publication No. 05-E006-1. Rockville, MD: Agency for Healthcare Research and Quality. February 2005.		
Reference	Bennett HA, Einarson A, Taddio A, Koren G and Einarson TR. Prevalence of depression during pregnancy: systematic review. Obstet Gynecol. 2004 Apr;103(4):698-709.		
Reference	Chan J, Natekar A, Einarson A and Koren G. Risks of untreated depression in pregnancy. Can Fam Physician. 2014 Mar; 60(3): 242-243.		
Reference	Field T. Postpartum depression effects on early interactions, parenting, and safety practices: A review. Infant Behav Dev. 2010;33(1):1-6.		
Reference	Kingston D, Tough S, Whitfield H. Prenatal and postpartum maternal psychological distress and infant development: A systematic review. Child Psychiatry Hum Dev. 2012;43(5):683-714.		
Reference	Dawson G, Frey K, Panagiotides H, Yamada E, Hessl D, Osterling J. Infants of depressed mothers exhibit atypical frontal electrical brain activity during interactions with mother and with a familiar, nondepressed adult. Child Dev. 1999;70(5):1058-1066.		
Reference	Gregory EF, Butz AM, Ghazarian SR, Gross SM, Johnson SB. Are unmet breastfeeding expectations associated with maternal depressive symptoms? Acad Ped. 2015;15(3):319-325.		
Reference	Minkovitz CS, Strobino D, Scharfstein D, et al. Maternal depressive symptoms and children's receipt of health care in the first 3 years of life. Pediatrics. 2005;115(2):306-314.		

Reference	US Preventive Services Task Force (USPSTF), Siu AL; Bibbins-Domingo K, Grossman DC, Baumann LC, Davidson KW, Ebell M, Garcia FA, Gillman M, Herzstein J, Kemper AR, Krist AH, Kurth AE, Owens DK, Phillips WR, Phipps MG, Pignone MP. Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2016 Jan 26;315(4):380-7. doi: 10.1001/jama.2015.18392.
Reference	American College of Obstetrics and Gynecologists. Screening for Perinatal Depression. Committee Opinion No. 630. Obstet Gynecol 2015; 125: 1268-71.
Reference	Yonkers KA, Wisner KL, Stewart DE, et al. The management of depression during pregnancy: A report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. Gen Hosp Psychiatry. 2009;31(5):403-413
Reference	Ko JY, Farr SL, Dietz PM, Robbins CL. Depression and treatment among U.S. pregnant and nonpregnant women of reproductive age, 2005-2009. J Womens Health (Larchmt) 2012;21:830-6.
Reference	Mitchell, J., M. Trangle, B. Degnan, T. Gabert, B. Haight, D. Kessler, N. Mack, E. Mallen, H. Novak, D. Rossmiller, L. Setterlund, K. Somers, N. Valentino, S. Vincent. 2013. "Institute for Clinical Systems Improvement." Adult Depression in Primary Care. Updated September 2013.
Reference	Hagan, JF, Shaw JS, Duncan PM, eds. 2017. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Fourth Edition. Elk Grove, IL: American Academy of Pediatrics
Reference	Siu, AL and the US Preventive Services Task Force. Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 2016; 315(4): 380-387.
Definition	None
Guidance	The eMeasure specifies only patient's (baby) chart, looking for the newly allocated SNOMED codes that allow providers to record the screening and treatment of the mother, but the endorsed measure relies on notes from the patient's and mother's charts. Information for the measure can be obtained from either the mother's or the baby's chart.
Transmission Format	TBD
Initial Population	Children with a visit who turned 6 months of age in the measurement period
Denominator	Equals Initial Population
Denominator Exclusions	None
Numerator	Children with documentation of maternal screening or treatment for postpartum depression for the mother
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

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Population Criteria

Initial Population

exists "Qualifying Encounters Before 6 Months of Age"
and exists "Turns 6 Months of Age During Measurement Period"

Denominator

"Initial Population"

Denominator Exclusions

None

Numerator

exists ((["Intervention, Performed": "Maternal postpartum depression care (regime/therapy)"]
union ["Assessment, Performed": "Maternal postpartum depression screening (procedure)"]) DepressionScreening
with ["Patient Characteristic Birthdate"] BirthDate
such that Global."CalendarAgeInMonthsAt"(BirthDate.birthDatetime, DepressionScreening.authorDatetime)<= 6
)

Numerator Exclusions

None

Denominator Exceptions

None

Stratification

None

Definitions

Denominator

"Initial Population"

Initial Population

exists "Qualifying Encounters Before 6 Months of Age"
and exists "Turns 6 Months of Age During Measurement Period"

Numerator

exists ((["Intervention, Performed": "Maternal postpartum depression care (regime/therapy)"]
union ["Assessment, Performed": "Maternal postpartum depression screening (procedure)"]) DepressionScreening
with ["Patient Characteristic Birthdate"] BirthDate
such that Global."CalendarAgeInMonthsAt"(BirthDate.birthDatetime, DepressionScreening.authorDatetime)<= 6
)

Qualifying Encounters

(["Encounter, Performed": "Office Visit"]
union ["Encounter, Performed": "Preventive Care - Established Office Visit, 0 to 17"]
union ["Encounter, Performed": "Preventive Care - Initial Office Visit, 0 to 17"]
)

Qualifying Encounters Before 6 Months of Age

"Qualifying Encounters" ValidEncounters
with ["Patient Characteristic Birthdate"] BirthDate
such that Global."CalendarAgeInMonthsAt"(BirthDate.birthDatetime, start of ValidEncounters.relevantPeriod)<= 6

▲ 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"]

▲ Turns 6 Months of Age During Measurement Period

["Patient Characteristic Birthdate"] BirthDate
 where "CalendarAgeInMonthsAt"(BirthDate.birthDatetime, start of "Measurement Period")< 6
 and "CalendarAgeInMonthsAt"(BirthDate.birthDatetime, end of "Measurement Period")>= 6

Functions

▲ CalendarAgeInMonthsAt(BirthDateTime DateTime, AsOf DateTime)

months between ToDate(BirthDateTime)and ToDate(AsOf)

▲ Global.CalendarAgeInMonthsAt(BirthDateTime DateTime, AsOf DateTime)

months between ToDate(BirthDateTime)and ToDate(AsOf)

▲ Global.ToDateTime(Value DateTime)

DateTime(year from Value, month from Value, day from Value, 0, 0, 0, 0, timezone from Value)

▲ 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 "Maternal postpartum depression care (regime/therapy)" using "SNOMEDCT version 2017-09 Code (428231000124106)"
- code "Maternal postpartum depression screening (procedure)" using "SNOMEDCT version 2017-09 Code (428221000124108)"
- valueset "Ethnicity" using "2.16.840.1.114222.4.11.837"
- 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 - Established Office Visit, 0 to 17" using "2.16.840.1.113883.3.464.1003.101.11.1120"
- valueset "Preventive Care - Initial Office Visit, 0 to 17" using "2.16.840.1.113883.3.464.1003.101.11.1110"
- valueset "Race" using "2.16.840.1.114222.4.11.836"

Data Criteria (QDM Data Elements)

- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Preventive Care - Established Office Visit, 0 to 17" using "Preventive Care - Established Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.11.1120)"
- "Encounter, Performed: Preventive Care - Initial Office Visit, 0 to 17" using "Preventive Care - Initial Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.11.1110)"
- "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)"
- "Assessment, Performed: Maternal postpartum depression screening (procedure)" using "Maternal postpartum depression screening (procedure) (SNOMEDCT version 2017-09 Code 428221000124108)"
- "Intervention, Performed: Maternal postpartum depression care (regime/therapy)" using "Maternal postpartum depression care (regime/therapy) (SNOMEDCT version 2017-09 Code 428231000124106)"

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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