

Screening for Clinical Depression and Follow-Up Plan (NQF 0418)

Measure Basic Information

Name and date of specifications used: Meaningful Use 2015 electronic Clinical Quality Measure (eCQM) Specifications for Eligible Professionals, July 2014 Release.

URL of Specifications:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
(click on “2014 eCQM Specifications for EP Update July 2014” for the specification files, including quality data model (QDM) data elements).

Note: eCQM specifications have the potential to update every six months. Once certified, electronic health records (EHRs) are not required to be recertified with the updated specifications. OHA will accept year three data submissions from previous releases of the eCQM specifications, but CCOs will need to document the date of the specifications they are using.

Measure Type:

HEDIS ☐ PQI ☐ Survey ☐ Other ☒ Specify: Meaningful Use

Measure Utility:

CCO Incentive ☒ Core Performance ☐ CMS Adult Set ☐ CHIPRA Set ☐ State Performance ☒
Other ☐ Specify:

Data Source: Electronic Health Records

Measurement Period: 2015

OHA’s preferred measurement period for Year Three data submission is calendar year 2015. OHA will provide clarification on which measurement periods will be accepted in January 2015. OHA will also publish the Year Three guidance document by June 2015

2013 Benchmark: n/a

2014 Benchmark: 25%, Metrics & Scoring Committee consensus. For challenge pool only.

2015 Benchmark: 25%, Metrics & Scoring Committee consensus.

Note 2015 is the first year of pay for performance on this measure, there is not an improvement target. CCOs must submit their data according to the year three guidance, as well as meet the benchmark to earn quality pool funds in 2015 for this measure.

Changes in Specifications for 2015:

Changes are documented in the 2014 eCQM Measure Logic Guidance & Release Notes v1.9 Update July 2014, available online at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_LogicGuidance_v19_July2014.pdf

Changes since the previous release of the eCQM specifications include:

Value Set changes:

Value Set Name	Value Set OID	Status
Depression screening denominator encounter codes CPT	2.16.840.1.113883.3.600.1538	Removed codes
Depression medications – adult	2.16.840.1.113883.3.600.470	Updated codes and removed codes

Downloadable access to all official versions of vocabulary value sets contained in the 2014 Clinical Quality Measures is provided through the Value Set Authority Center at <https://vsac.nlm.nih.gov/>.

Measure Details

Data elements required denominator: All patients aged 12 years and older¹ before the beginning of the measurement period, with at least one eligible encounter during the measurement period.

Eligible encounters are identified through the Depression Screening Denominator Encounter Codes New Grouping Value Set (2.16.840.1.113883.3.600.1916).²

Required exclusions for denominator:

Patients with:

Exclusions	Grouping Value Set
Active diagnosis for depression	Depression diagnosis Grouping Value Set (2.16.840.1.113883.3.600.145)
Diagnosis of bipolar disorder	Bipolar Diagnosis Grouping Value Set (2.16.840.1.113883.3.600.450)

¹ The Metrics & Scoring Committee initially agreed in 2013 to report on patients ages 18 years and older to align with the SBIRT measure specifications. However, NQF/Meaningful Use specifications are still for age 12. OHA will accept this measure as produced by EHRs, for ages 12 and older, instead of requiring ages 18+.

² Grouping Value Sets are lists of specific values (terms and their codes) derived from single or multiple standard vocabularies used to define clinical concepts (e.g. patients with diabetes, clinical visit, reportable diseases) used in clinical quality measures and to support effective health information exchange. Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>

Denominator Exceptions

Any of the following criteria also remove patients from the denominator:

Exception	Grouping Value Set
Patient Reason(s) Patient refuses to participate	Patient Reason refused SNOMED-CT Value Set (2.16.840.1.113883.3.600.791)
Medical Reason(s) Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.	Medical reason contraindicated SNOMED-CT Value Set (2.16.840.1.113883.3.600.792)

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients screened for clinical depression on the date of the encounter, using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen.

The following Grouping Value Sets are used to identify follow-up planning:

- Referral for Depression Adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.537)
- Referral for Depression Adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.538)
- Additional evaluation for depression – adolescent SNOMED-CT Value Set (2.16.840.1.113886.3.600.1542)
- Additional evaluation for depression – adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.1545)
- Follow-up for depression – adolescent SNOMED-CT Value Set (2.16.840.1.113883.3.600.467)
- Follow-up for depression – adult SNOMED-CT Value Set (2.16.840.1.113883.3.600.468)
- Depression medications – adolescent RxNorm Value Set (2.16.840.1.113883.3.600.469)
- Depression medications – adult RxNorm Value Set (2.16.840.1.113883.3.600.470)
- Suicide Risk Assessment SNOMED-CT Value Set (2.16.840.1.113883.3.600.559)

Note: The follow-up plan must be related to a positive depression screening, example: “Patient referred for psychiatric evaluation due to positive depression screening.”

Note that use of the PHQ9 is allowable as follow up to a positive PHQ2 for the 2015 data submission.

Note: Standardized depression screening tools should be normalized and validated for the age appropriate patient population in which they are used and the name of the age-appropriate standardized depression screening tool must be documented in the medical record.

Note: the depression screening must be reviewed and addressed in the office of the provider on the date of the encounter. The screening and the encounter must occur on the same date.

See also the Depression Screening Guidance document for the list of AMH-approved, evidence-based depression screening tools: <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria:

There are no continuous enrollment criteria required for this measure.

Where possible, CCOs should apply the eligibility rule of 'eligible as of the last date of the reporting period' to identify beneficiaries. OHA's preference is to receive data for Medicaid beneficiaries only, but data for the entire population may be submitted if the data is in aggregate.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine . <https://vsac.nlm.nih.gov/>
- How to read eQMs: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eQMs.pdf
- CMS's eQMs: <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>
- Depression Screening guidance document can be found at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>
- Year three guidance available online at: <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

The Meaningful Use specifications also provide the following definitions:

Screening – completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

Standardized depression screening tool – a normalized and validated depression screening tool developed for the patient population in which it is being utilized. Examples of depression screening tools include, but are not limited to:

- Adolescent Screening Tools (12-17 years)
Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory – Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D) and PRIME MD-PHQ2.

- Adult Screening Tools (18 years and older)
Patient Health Questionnaire (PHQ9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale (SDS), Cornell Scale Screening, and PRIME MD-PHQ2.

Follow-Up Plan – Documented follow-up for a positive depression screening must include one or more of the following: additional evaluation for depression, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological interventions, other interventions or follow-up for the diagnosis or treatment of depression.

Version control:

February 6, 2015: Grouping Value Set under **Data elements required denominator** section corrected from 2.16.840.1.11-3883.3.600.1916 to 2.16.840.1.113883.3.600.1916.