

Screening for Depression and Follow-Up Plan (NQF 0418/CMS 2v8)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2019.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/measures/cms2v8>

Note: eCQM specifications typically are updated at least annually. The eCQM version number changes with each annual update. Once certified, however, electronic health records (EHRs) are not required to be recertified with updated eCQM specifications, so the [Certified HIT Products List](#) may not accurately reflect the version of an eCQM that is actually supported by an EHR vendor. OHA will accept year seven data (2019) submissions from previous releases of the eCQM specifications, but CCOs will need to document the version number of the specifications they are using.

Measure Type:

HEDIS ☐

PQI ☐

Survey ☐

Other ☒ Specify: eCQM

Measure Utility:

CCO Incentive ☒

State Quality ☒

CMS Adult Core Set ☒

CMS Child Core Set ☐

Other ☐ Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2019 – December 31, 2019

OHA anticipates publishing the Year Seven (2019) guidance in summer 2019.

2013 Benchmark: n/a

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

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

2016 Benchmark: 25%; Metrics & Scoring Committee consensus.

2017 Benchmark: 52.9%, 75th percentile of 2015 CCO performance.

2018 Benchmark: 63.0%, 2016 CCO 90th percentile

2019 Benchmark: N/A. Because of specification changes from 2018 to 2019, there is no performance benchmark for 2019. CCOs must report data meeting minimum population threshold for this measure in order to receive 100% of their quality pool payment.

2019 Improvement Targets: N/A (see benchmark note above)

Changes in Specifications from 2018 to 2019: See Technical Release Notes for a complete list of changes: https://ecqi.healthit.gov/system/files/ecqm/measures/CMS2v8_TRN.xlsx. Changes include:

- **Please note the change to the value sets for Additional evaluation for depression – adolescent and Additional evaluation for depression – adult.**
The deleted SNOMEDCT codes are the codes for completion of a standardized screening tool; this has been removed from the definition of additional evaluation.
 - **This means that use of the PHQ9 as a follow-up to a positive PHQ2 no longer counts as additional evaluation and cannot be counted for numerator compliance.**
<https://oncprojecttracking.healthit.gov/support/browse/CQM-3200>
- Updated rationale and reference to include information from more current source.
- Added 'or assessment' to the definition of Follow-Up Plan to allow for use of additional assessment tools.
- Updated the definitions section to add two standardized and validated screening tools to the example screening tool list.
- Added the statement 'Depression screening is required once per measurement period, not all encounters; this is patient based and not an encounter based measure' to clarify the assessment frequency.
- Updated guidance related to standardized depression screening tools.
- Added examples of a follow-up plan to the guidance section based on expert recommendations.
- Updated logic expressed using CQL to address an encounter issue resulting in an unexpected exclusion of cases.
- Changed 'Procedure performed' to 'Intervention performed' to harmonize the representation of the data elements within other measures.
- Revised logic for timing of follow-up interventions to better align with the measure intent.
- Made multiple changes in the measure logic, conforming to Quality Data Model (QDM) 5.3 and Clinical Quality Language (CQL).
- Replaced LOINC single code value sets with direct referenced codes.

Value Set Name and OID	Status
Value set Additional evaluation for depression - adolescent (2.16.840.1.113883.3.600.1542)	Deleted 1 SNOMEDCT code (428161000124109) NOTE: Code for standardized adolescent depression screening tool completed (situation)
Value set Additional evaluation for depression - adult (2.16.840.1.113883.3.600.1545)	Deleted 1 SNOMEDCT code (428151000124107) NOTE: Code for standardized adult depression screening tool completed (situation)
Value set Depression Screening Encounter Codes (2.16.840.1.113883.3.600.1916)	Added 25 CPT codes and deleted 5 HCPC codes (G0502, G0503, G0504, G0505, G0507)
Value set Follow-up for depression - adolescent (2.16.840.1.113883.3.600.467)	Added 11 SNOMEDCT codes (108313002, 1555005, 15558000, 18512000, 229065009, 75516001, 76168009, 28868002, 304891004, 405780009, 81294000)
Value set Follow-up for depression - adult (2.16.840.1.113883.3.600.468)	Added 11 SNOMEDCT codes (108313002, 1555005, 15558000, 18512000, 229065009, 75516001, 76168009, 28868002, 304891004, 405780009, 81294000)
Value set Suicide Risk Assessment (2.16.840.1.113883.3.600.559)	Added 1 SNOMEDCT code (454331000124109)
Value set Depression medications - adult (2.16.840.1.113883.3.600.470)	Deleted 3 RXNORM codes (730440, 730441, 730442)

Value set Payer (2.16.840.1.114222.4.11.3591)	Added 11 SOP codes (299, 32127, 32128, 391, 517, 524, 614, 621, 622, 623, 629) and deleted 3 SOP codes (63, 64, 69)
Value set Depression diagnosis (2.16.840.1.113883.3.600.145)	Added 2 ICD10CM codes (F53.0, F53.1) and deleted 1 ICD10CM code (F53) – 2019 Addendum
Value set Payer (2.16.840.1.114222.4.11.3591)	Deleted 1 SOP code (24) – 2019 Addendum
Value set Depression medications - adult (2.16.840.1.113883.3.600.470)	Deleted 1 RXNORM code (245373) – 2019 Addendum

Denied claims: n/a

Measure Details

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

Eligible encounters are identified through the Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916).¹

Required exclusions for denominator:

Patients with an active diagnosis for depression or a diagnosis of bipolar disorder

Exclusions	Grouping Value Set
Bipolar Diagnosis	2.16.840.1.113883.3.600.450
Depression diagnosis	2.16.840.1.113883.3.600.145

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 (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. OR Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium	Medical or Other reason not done (2.16.840.1.113883.3.600.1.1502)

¹ 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/>

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients screened for 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 (2.16.840.1.113883.3.600.537)
- Referral for Depression Adult (2.16.840.1.113883.3.600.538)
- Additional evaluation for depression – adolescent (2.16.840.1.113886.3.600.1542)
- Additional evaluation for depression – adult (2.16.840.1.113883.3.600.1545)
- Follow-up for depression – adolescent (2.16.840.1.113883.3.600.467)
- Follow-up for depression – adult (2.16.840.1.113883.3.600.468)
- Depression medications – adolescent (2.16.840.1.113883.3.600.469)
- Depression medications – adult (2.16.840.1.113883.3.600.470)
- Suicide Risk Assessment (2.16.840.1.113883.3.600.559)

Guidance notes: A depression screen is completed on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, either additional evaluation for depression, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological interventions, or other interventions or follow-up for the diagnosis or treatment of depression is documented on the date of the positive screen.

Depression screening is required once per measurement period, not at all encounters; this is patient based and not an encounter based measure.

Screening Tools:

- The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record
- The depression screening must be reviewed and addressed in the office of the provider, filing the code, on the date of the encounter
- The screening should occur during a qualified encounter
- Standardized depression screening tools should be normalized and validated for the age appropriate patient population in which they are used

Follow-Up Plan: The follow-up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening." Examples of a follow-up plan include but are not limited to:

- Additional evaluation or assessment for depression such as psychiatric interview, psychiatric evaluation, or assessment for bipolar disorder
- Completion of any Suicide Risk Assessment such as Beck Depression Inventory or Beck Hopelessness Scale
- Referral to a practitioner or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health

service such as family or group therapy, support group, depression management program, or other service for treatment of depression

- Other interventions designed to treat depression such as psychotherapy, pharmacological interventions, or additional treatment options
- Pharmacologic treatment for depression is often indicated during pregnancy and/or lactation. Review and discussion of the risks of untreated versus treated depression is advised. Consideration of each patient's prior disease and treatment history, along with the risk profiles for individual pharmacologic agents, is important when selecting pharmacologic therapy with the greatest likelihood of treatment effect.

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. OHA's intention is to maintain alignment with CMS specifications for this measure, including specifications for reporting the supplemental data element for "Patient Characteristic Payer: Payer." The "eligible as of the last date of the reporting period" rule may be used to identify beneficiaries.

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 eCQMs: <https://ecqi.healthit.gov/system/files/Guide-for-Reading-Electronic-Clinical-Quality-Measures-v4-0-2018-0504.pdf>
- CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/>
- Year Seven (2019) guidance will be available online at: <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>

Definitions: In addition, the eCQM specifications provide definitions of these terms:

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)
- Patient Health Questionnaire (PHQ-9)
- Pediatric Symptom Checklist (PSC-17)
- 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 (GDS)
- Cornell Scale for Depression in Dementia (CSDD)
- PRIME MD-PHQ2
- Hamilton Rating Scale for Depression (HAM-D)
- Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- Computerized Adaptive Testing Depression Inventory (CAT-DI)
- Computerized Adaptive Diagnostic Screener (CAD-MDD)

Perinatal Screening Tools

- Edinburgh Postnatal Depression Scale
- Postpartum Depression Screening Scale
- Patient Health Questionnaire 9 (PHQ-9)
- Beck Depression Inventory
- Beck Depression Inventory-II
- Center for Epidemiologic Studies Depression Scale
- Zung Self-rating Depression Scale

Follow-Up Plan: Documented follow-up for a positive depression screening must include one or more of the following:

- Additional evaluation or assessment 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