

Screening for Clinical Depression and Follow-Up Plan (NQF 0418/CMS 2v6)

Measure Basic Information

Name and date of specifications used: Meaningful Use 2017 electronic Clinical Quality Measure (eCQM) Specifications for Eligible Professionals, April 2016 Update **and Addendum from January 2017**.

URL of Specifications:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
(click on files under the heading “eCQMs for Eligible Professionals and MIPS Eligible Clinicians,” subheading “**Addendum to eCQMs for eReporting for the 2017 Performance Period (as of January 2017)**” 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 five 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: Calendar Year 2017

OHA anticipates publishing the Year Five guidance in summer 2017.

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.

Changes in Specifications from 2016 to 2017: Changes are documented in the 2016 Annual Update of 2014 Eligible Hospitals and Eligible Professionals eCQMs Technical Release Notes available online at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_2016TechnicalReleaseNotes.pdf and the **January 2017 addendum** https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_2017Addendum.pdf

Changes since the previous release of the eCQM specifications include:

- Added Patient Health Questionnaire (PHQ-9) and Pediatric Symptom Checklist (PSC-17) to Definition: Examples of depression screening tools for adolescents to clarify other options of standardized depression screening tools available for provider use.
- Changed term Clinical Depression to Depression because the term 'clinical' could reduce the sensitivity of screening.
- Updated measure logic to prevent a scenario where the case may be erroneously identified as a denominator exception rather than a denominator hit/numerator miss. This misidentification would occur when all of the following criteria were met: 1) patient has a qualified encounter and are excepted from the measure (refusal, medical reason) 2) patient has a qualified encounter later in the measurement period and are screened for depression 3) depression screen at second encounter is positive 4) follow-up is not documented. The revised logic for denominator exceptions requires that no depression screenings were performed during the measurement period and patient refusal or medical reason for not screening is documented during a qualifying encounter.
- Changes to datatypes in measure logic to conform to QDM 4.2 changes (re-specified “Diagnosis” datatype).
- Updated numerator logic to correct a situation where depression screenings outside of qualified encounters could impact numerator criteria. It is the intent of the measure to look for most recent screening during an encounter defined by the denominator criteria and to disregard screenings which do not take place during a qualified encounter.

Value Set Name	Value Set OID	Status
Value set Bipolar Diagnosis	2.16.840.1.113883.3.600.450	Added 1 ICD9CM code (296.52).
Depression medications - adult	2.16.840.1.113883.3.600.470	Added 1 RXNORM code (259197) and deleted 10 RXNORM codes (107078, 242345, 242637, 242715, 252718, 259993, 309671, 309672, 410062, 991200).
Depression Screening Encounter Codes	2.16.840.1.113883.3.600.1916	Deleted 1 CPT code (90839).
Depression diagnosis	2.16.840.1.113883.3.600.145	Added 3 ICD10CM codes (F32.89, F34.81, F34.89) and deleted 1 ICD10CM code (F32.8)

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 Encounter Codes 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)

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. 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 Value Set (2.16.840.1.113883.3.600.1.1502)

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/>

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: OHA has allowed the use of the PHQ9 as a qualifying follow-up service to a positive PHQ-2 for several years as a modification. As of **February 10, 2017**, the ONC Issue Tracking System JIRA for eCQMs states that the use of the PHQ9 as a follow-up to a positive PHQ2 is acceptable, **and the issue is listed as closed**. <https://oncprojecttracking.healthit.gov/support/browse/CQM-2194?jql=text%20~%20%22depression%20screening%22> (Issue CQM-2194).

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/analytics/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. For any submission of patient-level data, the data must be limited to Medicaid only.

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: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf
- CMS’s eCQM Library: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- Depression Screening guidance document can be found at <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>
- Year Five guidance will be available online at: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

The Meaningful Use eCQM 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), Patient Health Questionnaire (PHQ-9), Pediatric Symptom Checklist (PSC-17) 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

2/10/17 – Updates added to reflect CMS’s January 2017 addendum to eCQM specifications and to note that the status of ONC JIRA guidance on use of PHQ9 changed from under review to closed.