

CBE ID

0710e

Title

Depression Remission at Twelve Months

Project

Behavioral Health and Substance Use

Endorsement Status

Endorsed

Is Under Review

No

Next Maintenance Cycle

Fall 2027

Previous Endorsement Cycle

Spring 2022

Initial Endorsement

Sun, 01/16/2011 - 19:00

Steward

MN Community Measurement

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

Yes

1.6 Measure Description

Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.

1.7 Measure Type

Patient-reported Outcome Performance Measure (PRO-PM)

1.8 Level of Analysis

Clinician: Group/Practice, Facility

1.9 Care Setting

Outpatient Services

1.14 Numerator

The number of patients in the denominator who reached remission, with a PHQ-9 or PHQ-9M result less than five, twelve months (+/- 60 days) after an index visit.

1.15 Denominator

Adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia and an initial (index) PHQ-9 or PHQ-9M score greater than nine.

1.20 Types of Data Sources

Electronic Health Records, Other, Paper Patient Medical Records

6.1.2 Current or Planned Use(s)

Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

6.1.3 Current Use(s)

Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

Exclusions

Patients who die, are a permanent resident of a nursing home or are enrolled in hospice are excluded from this measure. Additionally, patients who have a diagnosis (in any position) of bipolar or personality disorder are excluded.

Measure Disclaimer

N/A

Planned Use

Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

Statistical risk model

Target Population

Adults (Age >= 18), Children (Age < 18), Elderly (Age >= 65), Populations at Risk:
Populations at Risk

Use In Federal Program

Medicare Physician Quality Reporting System (PQRS), Medicare Shared Savings Program (MSSP),
Physician Feedback/Quality and Resource Use Reports (QRUR), Physician Value-Based Payment
Modifier (VBM)

Steward Organization

MN Community Measurement

Steward POC email

cole@mncm.org