*Depression Screening and Follow-Up for Adolescents and Adults (DSF)**

***Adapted with financial support from CMS from a provider-level measure developed by Quality Insights of Pennsylvania (QIP) (NQF #0418, CMS2).**

SUMMARY OF CHANGES TO HEDIS 2020

- Restructured the format of ECDS measures header layout (e.g., reformatted stratifications, added Participation Period to the *Definitions* section, removed underlining from value set names).
- Added Reporting to the *Guidance* section.
- Updated the positive finding score for the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) depression screening instrument from ≥10 to ≥17.
- Added Edinburgh Postnatal Depression Scale (EPDS) to list of depression screening instruments for adolescents.
- Added Duke Anxiety Depression Scale (DADS) to list of depression screening instruments for adults and added an associated direct reference code.
- Modified value sets to make them compatible with digital measure formatting.
- Revised the timing for the exclusion for bipolar disorder from "during the Measurement Period or the year prior to the Measurement Period" to "during the year prior to the Measurement Period."
- Added direct reference codes for Medicaid, Medicare, Private Health Insurance (Commercial) and Birth Date.
- Added Attributes to the *Data Criteria (element level)* section.
- Revised the former "Data Source" column to "Data Source Logic" in the Data Elements for Reporting tables.
- Removed the collection of the "Initial Population" and "Denominator" data elements by SSoR in the Data Elements for Reporting tables.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Description

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.
- *Follow-Up on Positive Screen*. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Measurement Period

January 1–December 31.

Clinical Recommendation Statement

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents 12–18 years and the general adult population, including pregnant and postpartum women. The USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.

References

U.S. Preventive Services Task Force. 2016. "Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine* 164:360–6.

U.S. Preventive Services Task Force. 2016. "Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement." *Journal of the American Medical Association* 315(4):380–7.

Characteristics

Scoring Proportion.

Type Process.

Item count Person.

Stratification

1. Commercial: 12–17.*
2. Commercial: 18–44.*
3. Commercial: 45–64.*
4. Commercial: 65+*.
5. Medicaid: 12–17.
6. Medicaid: 18–44.
7. Medicaid: 45–64.
8. Medicaid: 65+.
9. Medicare: 18–44.
10. Medicare: 45–64.
11. Medicare: 65+.

**Note that "Commercial" plans can be identified via the "Private Health Insurance" Direct Reference Code.*

Risk adjustment None.

Improvement notation A higher rate indicates better performance.

Guidance

Allocation:

The member was enrolled with a medical benefit throughout the Participation Period.

Requirements:

- This measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument.
- Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered the questions and a total score is calculated.

Reporting:

The total for each product line is the sum of the age stratifications.

Definitions

Depression screening instruments

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (12–17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥5
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total Score ≥5
PRIME MD-PHQ2®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥4
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
PROMIS Depression	Total Score (T Score) ≥52.5
Instruments for Adults (18+ years)	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	Total Score ≥5
PRIME MD-PHQ2®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥4
Beck Depression Inventory (BDI-II)	Total Score ≥14
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Duke Anxiety-Depression Scale (DADS)®*	Total Score ≥30
Geriatric Depression Scale Short Form (GDS)	Total Score ≥5
Geriatric Depression Scale Long Form (GDS)	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
My Mood Monitor (M-3)®	Total Score ≥5
PROMIS Depression	Total Score (T Score) ≥52.5
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥11

*Proprietary; may be cost or licensing requirement associated with use.

Participation

The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for HEDIS reporting is based on eligibility during the Participation Period.

Participation Period

The Measurement Period.

Initial Population

Members 12 years of age and older at the start of the Measurement Period who also meet criteria for Participation.

Exclusions

Exclusions Exclude members with any of the following:

- Bipolar disorder during the year prior to the Measurement Period.
- Depression during the year prior to the Measurement Period.
- In hospice or using hospice services during the Measurement Period.

Depression Screening (Population Criteria 1)

Denominator 1 The Initial Population, minus Exclusions.

Numerator 1 Members with documentation of depression screening performed using an age-appropriate standardized instrument between January 1 and December 1 of the Measurement Period.

Follow-Up on Positive Screen (Population Criteria 2)

Denominator 2 All members from Numerator 1 with a positive depression screen finding between January 1 and December 1 of the Measurement Period.

Numerator 2 Members who received follow-up care on or up to 30 days after the date of the first positive screen.

Any of the following on or 30 days after the first positive screen:

- An outpatient or telephone follow-up visit with a diagnosis of depression or other behavioral health condition.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.

or

- Receipt of an assessment on the same day and subsequent to the positive screen.
  - Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up. For example, if the initial positive screen resulted from a PHQ-2 score, documentation of a negative finding from a subsequent PHQ-9 qualifies as evidence of follow-up.

Data Criteria (Element Level)

Value Sets:

- Diagnosis: Bipolar Disorder (2.16.840.1.113883.3.464.1004.1044)
- Diagnosis: Depression (2.16.840.1.113883.3.464.1004.1390)
- Diagnosis: Other Bipolar Disorder (2.16.840.1.113883.3.464.1004.1399)
- Encounter, Performed: Behavioral Health Encounter (2.16.840.1.113883.3.464.1004.1383)
- Encounter, Performed: Depression Case Management Encounter (2.16.840.1.113883.3.464.1004.1389)
- Encounter, Performed: Follow Up Visit (2.16.840.1.113883.3.464.1004.1385)
- Encounter, Performed: Hospice Encounter (2.16.840.1.113883.3.464.1004.1761)
- Intervention, Order: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)
- Intervention, Performed: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)
- Medication, Dispensed: Antidepressant Medication (2.16.840.1.113883.3.464.1004.1503)

Direct Reference Codes:

- Assessment, Performed: Beck Depression Inventory Fast Screen total score [BDI] (LOINC Code 89208-3)
- Assessment, Performed: Beck Depression Inventory II total score [BDI] (LOINC Code 89209-1)
- Assessment, Performed: Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R] (LOINC Code 89205-9)
- Assessment, Performed: Clinically Useful Depression Outcome Scale [CUDOS] (LOINC Code 90221-3)
- Assessment, Performed: Final score [DADS] (LOINC Code 90853-3)
- Assessment, Performed: Edinburgh Postnatal Depression Scale [EPDS] (LOINC Code 71354-5)
- Assessment, Performed: Geriatric depression scale (GDS) short version total (LOINC Code 48545-8)
- Assessment, Performed: Geriatric depression scale (GDS) total (LOINC Code 48544-1)
- Assessment, Performed: Patient Health Questionnaire 2 item (PHQ-2) total score [Reported] (LOINC Code 55758-7)
- Assessment, Performed: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] (LOINC Code 44261-6)
- Assessment, Performed: Patient Health Questionnaire 9: Modified for Teens total score [Reported.PHQ.Teen] (LOINC Code 89204-2)
- Assessment, Performed: PROMIS 29 Depression score T score (LOINC Code 71965-8)
- Assessment, Performed: Total score [M3] (LOINC Code 71777-7)
- Participation: MEDICAID (SOP Code 2)
- Participation: MEDICARE (SOP Code 1)
- Participation: PRIVATE HEALTH INSURANCE (SOP Code 5)
- Patient Characteristic Birthdate: Birth date (LOINC Code 21112-8)
- Symptom: Symptoms of depression (finding) (SNOMEDCT Code 394924000)

Attributes:

- Depression or Other Behavioral Health Condition (2.16.840.1.113883.3.464.1004.1501)

Data Elements for IDSS Reporting

Organizations that submit data to NCQA must provide the following data elements in a specified file.

Table DSF-A-1/2/3: Metadata Elements for Depression Screening and Follow-Up for Adolescents and Adults

Metadata ID	Metadata Specification
MeasurementYear	Measurement year
CollectionMethod	Data collection methodology (electronic clinical data)

Table DSF-B-1/2: Data Elements for Depression Screening and Follow-Up for Adolescents and Adults (Medicaid and Commercial)

Indicator	Age	Data Element	Data Source Logic
Depression Screening	12-17	Initial population	Summed over data sources
Follow-Up on Positive Screen	18-44	Exclusions	Report by data source
	45-64	Denominator	Summed over data sources
	65+	Numerator	Report by data source

Table DSF-B-3: Data Elements for Depression Screening and Follow-Up for Adolescents and Adults (Medicare)

Indicator	Age	Data Element	Data Source Logic
Depression Screening	18-44	Initial population	Summed over data sources
Follow-Up on Positive Screen	45-64	Exclusions	Report by data source
	65+	Denominator	Summed over data sources
		Numerator	Report by data source

Rules for Allowable Adjustments of HEDIS

This section *may not* be used for reporting health plan HEDIS. HEDIS measures may not be adjusted for any NCQA program.

NCQA's Rules for Allowable Adjustments of HEDIS describe how NCQA's HEDIS measure specifications can be adjusted for non-health plan reporting. Refer to the *Guidelines for the Rules of Allowable Adjustments of HEDIS* for additional information.

Rules for Allowable Adjustments for Depression Screening and Follow-Up for Adolescents and Adults

NONCLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Product Lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age 12 during the measurement year). The denominator age may be changed if the range is within the specified age range (12 years and older). The denominator age may not be expanded.
Continuous enrollment, Allowable gap, Anchor Date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Event/Diagnosis	No	Value sets and logic may not be changed for Denominator 2.
Denominator Exclusions	**Adjustments Allowed (Yes/No)**	**Notes**
Exclusions	No	Apply exclusions according to specified value sets.
Numerator Criteria	**Adjustments Allowed (Yes/No)**	**Notes**
• Depression Screening • Follow-Up on Positive Screen	No	Value sets, Direct Reference Codes and logic may not be changed.

*Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)**

***Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and CMS under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18HS025296, from depression measures developed by Minnesota Community Measurement.**

SUMMARY OF CHANGES TO HEDIS 2020

- Restructured the format of ECDS measures header layout (e.g., reformatted stratifications, added Participation Period to the *Definitions* section, removed underlining from value set names).
- Revised Item Count from Encounters to Person.
- Added Reporting to the *Guidance* section.
- Added a definition for *Interactive Outpatient Encounter*.
- Modified value sets to make them compatible with digital measure formatting.
- Added individual Initial Populations for each of the three rates.
- Added individual Exclusions for each of the three rates.
- Moved each of the three Denominator criteria to the corresponding Initial Population.
- Added direct reference codes for Medicaid, Medicare, Private Health Insurance (Commercial) and Birth Date.
- Revised the former “Data Source” column to “Data Source Logic” in the Data Elements for Reporting tables.
- Removed the collection of the “Denominator” data element by SSoR in the Data Elements for Reporting tables.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Description

The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Measurement Period

January 1–December 31.

The Measurement Period is divided into three assessment periods with specific dates of service:

- *Assessment Period 1:* January 1–April 30.
- *Assessment Period 2:* May 1–August 31.
- *Assessment Period 3:* September 1–December 31.

Clinical Recommendation Statement

Standardized instruments are useful in identifying meaningful change in clinical outcomes over time. Guidelines for adults recommend that providers establish and maintain regular follow-up with patients diagnosed with depression and use a standardized tool to track symptoms. For adolescents, guidelines recommend systematic and regular tracking of treatment goals and outcomes, including assessing depressive symptoms.

The PHQ-9 tool assesses the nine DSM, Fourth Edition, Text Revision (DSM-IV-TR) criteria symptoms and effects on functioning, and it has been shown to be highly accurate in discriminating between patients with persistent major depression, partial remission and full remission.

References

Trangle, M., J. Gursky, R. Haight, J. Hardwig, T. Hinnenkamp, D. Kessler, N. Mack, M. Myszkowski. Institute for Clinical Systems Improvement. *Adult Depression in Primary Care.* Updated March 2016.

Cheung, A.H., R.A. Zuckerbrot, P.S. Jensen, D. Laraque, R.E.K. Stein, GLAD-PC STEERING GROUP. 2018. "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing management." *Pediatrics* 141(3):e20174082.

Characteristics

Scoring Proportion.

Type Process.

Item count Person.

Stratification

1. Commercial: 12–17*.
2. Commercial: 18–44*.
3. Commercial: 45–64*.
4. Commercial: 65+*.
5. Medicaid: 12–17.
6. Medicaid: 18–44.
7. Medicaid: 45–64.
8. Medicaid: 65+.
9. Medicare: 18–44.
10. Medicare: 45–64.
11. Medicare: 65+.

**Note that "Commercial" plans can be identified via the "Private Health Insurance" Direct Reference Code.*

Risk adjustment None.

Improvement notation A higher rate indicates better performance.

Guidance

Allocation:

The member was enrolled with a medical benefit throughout the Participation Period.

Requirements:

- Members may have an eligible encounter in any or all three assessment periods and may be included in the measure up to three times during the Measurement Period.
- The measure allows the use of two PHQ-9 assessments. Selection of the appropriate assessment should be based on the member's age.

  - *PHQ-9:* 12 years of age and older.
  - *PHQ-9 Modified for Teens:* 12–17 years of age.
- When identifying encounters where a diagnosis of major depression or dysthymia was addressed, look for visits for depression/dysthymia. When using only claims data, the diagnosis code and the visit must be from the same visit.
- The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.

Reporting:

The total for each product line is the sum of the age stratifications.

Definitions

Participation	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for reporting is based on eligibility during the Participation Period.
Participation period	The Measurement Period.
Interactive Outpatient Encounter	A bidirectional communication that is face-to-face, phone based or via secure electronic messaging. This does not include communications for scheduling appointments.

Exclusions

Exclusions	Members with any of the following at any time during the Measurement Period: • Bipolar disorder. • Personality disorder. • Psychotic disorder. • Pervasive developmental disorder. • In hospice or using hospice services.

Utilization of PHQ-9 Period 1 (Population Criteria 1)

Initial Population 1	Members 12 years and older at the start of the Measurement Period who also meet the criteria for Participation, with at least one interactive outpatient encounter during Assessment Period 1, with a diagnosis of major depression or dysthymia.
Exclusions 1	Members in Initial Population 1 who meet the Exclusions criteria.
Denominator 1	The Initial Population 1, minus Exclusions.
Numerator 1	A PHQ-9 score in the member's record during Assessment Period 1.

Utilization of PHQ-9 Period 2 (Population Criteria 2)

Initial Population 2	Members 12 years and older at the start of the Measurement Period who also meet the criteria for Participation, with at least one interactive outpatient encounter during Assessment Period 2, with a diagnosis of major depression or dysthymia.
Exclusions 2	Members in Initial Population 2 who meet the Exclusions criteria.
Denominator 2	The Initial Population 2, minus Exclusions.
Numerator 2	A PHQ-9 score in the member's record during Assessment Period 2.

Utilization of PHQ-9 Period 3 (Population Criteria 3)

Initial Population 3	Members 12 years and older at the start of the Measurement Period who also meet the criteria for Participation, with at least one Interactive Outpatient Encounter during Assessment Period 3, with a diagnosis of major depression or dysthymia.
Exclusions 3	Members in Initial Population 3 who meet the Exclusions criteria.
Denominator 3	The Initial Population 3, minus Exclusions.
Numerator 3	A PHQ-9 score in the member's record during Assessment Period 3.

Data Criteria (Element Level)

Value Sets:

- Diagnosis: Bipolar Disorder (2.16.840.1.113883.3.464.1004.1044)
- Diagnosis: Major Depression or Dysthymia (2.16.840.1.113883.3.464.1004.1351)
- Diagnosis: Other Bipolar Disorder (2.16.840.1.113883.3.464.1004.1399)
- Diagnosis: Personality Disorder (2.16.840.1.113883.3.464.1004.1355)
- Diagnosis: Pervasive Developmental Disorder (2.16.840.1.113883.3.464.1004.1356)
- Diagnosis: Psychotic Disorders (2.16.840.1.113883.3.464.1004.1352)
- Encounter, Performed: Interactive Outpatient Encounter (2.16.840.1.113883.3.464.1004.1347)
- Encounter, Performed: Hospice Encounter (2.16.840.1.113883.3.464.1004.1761)
- Intervention, Order: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)
- Intervention, Performed: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)

Direct Reference Codes:

- Assessment, Performed: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] (LOINC Code 44261-6)
- Assessment, Performed: Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen] (LOINC Code 89204-2)
- Participation: MEDICAID (SOP Code 2)
- Participation: MEDICARE (SOP Code 1)

- Participation: PRIVATE HEALTH INSURANCE (SOP Code 5)
- Patient Characteristic Birthdate: Birth date (LOINC Code 21112-8)

Data Elements for IDSS Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table DMS-A-1/2/3: Metadata Elements for Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

Metadata ID	Metadata Specification
MeasurementYear	Measurement year
CollectionMethod	Data collection methodology (electronic clinical data)

Table DMS-B-1/2: Data Elements for Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Medicaid and commercial)

Indicator	Age	Data Element	Data Source Logic
Utilization of PHQ-9-Period 1	12-17	Initial population	Report by data source
Utilization of PHQ-9-Period 2	18-44	Exclusions	Report by data source
Utilization of PHQ-9-Period 3	45-64	Denominator	Summed over data sources
	65+	Numerator	Report by data source

Table DMS-B-3: Data Elements for Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Medicare)

Indicator	Age	Data Element	Data Source Logic
Utilization of PHQ-9-Period 1	18-44	Initial population	Report by data source
Utilization of PHQ-9-Period 2	45-64	Exclusions	Report by data source
Utilization of PHQ-9-Period 3	65+	Denominator	Summed over data sources
		Numerator	Report by data source

Rules for Allowable Adjustments of HEDIS

This section *may not* be used for reporting health plan HEDIS. HEDIS measures may not be adjusted for any NCQA program.

NCQA's Rules for Allowable Adjustments of HEDIS describe how NCQA's HEDIS measure specifications can be adjusted for non-health plan reporting. Refer to the *Guidelines for the Rules of Allowable Adjustments of HEDIS* for additional information.

Rules for Allowable Adjustments for Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

NONCLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Product Lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed if the limits are within the specified age range (12 and older). Expanding the denominator age range to 11 and older is allowed.
Continuous enrollment, Allowable gap, Anchor Date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Event/Diagnosis	No	Only events or diagnoses that contain (or map to) codes in the value sets may be used to identify visits with a diagnosis. The value sets and logic may not be changed.
Denominator Exclusions	**Adjustments Allowed (Yes/No)**	**Notes**
Exclusions	No	Apply exclusions according to specified value sets.
Numerator Criteria	**Adjustments Allowed (Yes/No)**	**Notes**
PHQ-9 Score	No	Value sets, Direct Reference Codes and logic may not be changed.

*Depression Remission or Response for Adolescents and Adults (DRR)**

***Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and CMS under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18HS025296, from depression measures developed by Minnesota Community Measurement.**

SUMMARY OF CHANGES TO HEDIS 2020

- Restructured the format of ECDS measures header layout (e.g., reformatted stratifications, added Participation Period to the *Definitions* section, removed underlining from value set names).
- Clarified that the age stratifications are reported as of the start of the Intake Period.
- Added Reporting to the *Guidance* section.
- Modified value sets to make them compatible with digital measure formatting.
- Added direct reference codes for Medicaid, Medicare, Private Health Insurance (Commercial) and Birth Date.
- Revised the former "Data Source" column to "Data Source Logic" in the Data Elements for Reporting tables.
- Removed the collection of the "Initial Population" and "Denominator" data elements by SSoR in the Data Elements for Reporting tables.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Description

The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.

- *Follow-Up PHQ-9*. The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
- *Depression Remission*. The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
- *Depression Response*. The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

Measurement Period

January 1–December 31.

Clinical Recommendation Statement

The Institute for Clinical Systems Improvement recommends that clinicians establish and maintain follow-up with adult patients who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission scores.

The American Academy of Pediatrics recommends that adolescents with depression should be assessed for treatment response and remission of symptoms using a depression assessment tool such as the PHQ-9 Modified for Teens.

References

Trangle, M., J. Gursky, R. Haight, J. Hardwig, T. Hinnenkamp, D. Kessler, N. Mack, M. Myszkowski. Institute for Clinical Systems Improvement. *Adult Depression in Primary Care.* Updated March 2016.

Cheung, A.H., R.A. Zuckerbrot, P.S. Jensen, D. Laraque, R.E.K. Stein, GLAD-PC STEERING GROUP. 2018. "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing management." *Pediatrics* 141(3):e20174082.

Characteristics

Scoring Proportion.

Type Outcome.

Item count Person.

Stratification Report the following age stratifications as of the start of the Intake Period.

1. Commercial: 12–17*.
2. Commercial: 18–44*.
3. Commercial: 45–64*.
4. Commercial: 65+*.
5. Medicaid: 12–17.
6. Medicaid: 18–44.
7. Medicaid: 45–64.
8. Medicaid: 65+.
9. Medicare: 18–44.
10. Medicare: 45–64.
11. Medicare: 65+.

**Note that "Commercial" plans can be identified via the "Private Health Insurance" Direct Reference Code.*

Risk adjustment None.

Improvement notation A higher rate indicates better performance.

Guidance

Allocation:

The member was enrolled with a medical benefit throughout the Participation Period. A gap in enrollment is allowed only in the Measurement Period. No gaps in enrollment are allowed from April 1 of the year prior to the Measurement Period through December 31 of the year prior to the Measurement Period.

Requirements:

- The measure allows two PHQ-9 assessments. Selection of the appropriate assessment should be based on the member's age.
  - *PHQ-9:* 12 years of age and older.
  - *PHQ-9 Modified for Teens:* 12–17 years of age.
- The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.

Reporting:

The total for each product line is the sum of the age stratifications.

Definitions

Intake Period	April 1 of the year prior to the Measurement Period through March 31 of the Measurement Period.
Depression Follow-Up Period	The 120–240 day period after the IESD.
IESD	Index Episode Start Date. The earliest date during the intake period where a PHQ-9 total score >9 is documented.
Participation	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for HEDIS reporting is based on eligibility during the Participation Period.
Participation Period	April 1 of the year prior to the Measurement Period through December 31 of the Measurement Period.

Initial Population

Members 12 years and older as of the start of the Intake Period who meet ***all*** the following criteria:

- A PHQ-9 total score >9 documented during the Intake Period.
- A diagnosis of major depression or dysthymia that starts before and overlaps or starts during the IESD.
- Participation.

Exclusions

Exclusions Exclude members with any of the following at any time during the Intake Period or during the Measurement Period.

- Bipolar disorder.
- Personality disorder.
- Psychotic disorder.
- Pervasive developmental disorder.

or

- In hospice or using hospice services during the Measurement Period.

Depression Follow-Up (Population Criteria 1)

Denominator 1	The Initial Population, minus Exclusions.
Numerator 1	A PHQ-9 total score in the member's record during the Depression Follow-Up Period.

Depression Remission (Population Criteria 2)

Denominator 2 Same as Denominator 1.

Numerator 2 Members who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score of <5 documented during the Depression Follow-Up Period.

Depression Response (Population Criteria 3)

Denominator 3 Same as Denominator 1.

Numerator 3 Members who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the IESD, documented during the Depression Follow-Up Period.

Data Criteria (Element Level)

Value Sets:

- Diagnosis: Bipolar Disorder (2.16.840.1.113883.3.464.1004.1044)
- Diagnosis: Major Depression or Dysthymia (2.16.840.1.113883.3.464.1004.1351)
- Diagnosis: Other Bipolar Disorder (2.16.840.1.113883.3.464.1004.1399)
- Diagnosis: Personality Disorder (2.16.840.1.113883.3.464.1004.1355)
- Diagnosis: Pervasive Developmental Disorder (2.16.840.1.113883.3.464.1004.1356)
- Diagnosis: Psychotic Disorders (2.16.840.1.113883.3.464.1004.1352)
- Encounter, Performed: Hospice Encounter (2.16.840.1.113883.3.464.1004.1761)
- Intervention, Order: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)
- Intervention, Performed: Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)

Direct Reference Codes:

- Assessment, Performed: Patient Health Questionnaire 9 item (PHQ-9) total score [Reported] (LOINC Code 44261-6)
- Assessment, Performed: Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen] (LOINC Code 89204-2)
- Participation: MEDICAID (SOP Code 2)
- Participation: MEDICARE (SOP Code 1)
- Participation: PRIVATE HEALTH INSURANCE (SOP Code 5)
- Patient Characteristic Birthdate: Birth date (LOINC Code 21112-8)

Data Elements for Reporting

Organizations that submit data to NCQA must provide the following data elements in a specified file.

Table DRR-A-1/2/3: Metadata Elements for Depression Remission or Response for Adolescents and Adults

Metadata ID	Metadata Specification
MeasurementYear	Measurement year
CollectionMethod	Data collection methodology (electronic clinical data)

Table DRR-B-1/2: Data Elements for Depression Remission or Response for Adolescents and Adults (Medicaid and Commercial)

Indicator	Age	Data Element	Data Source Logic
Depression Follow-Up	12-17	Initial population	Report by data source
Depression Remission	18-44	Exclusions	Report by data source
Depression Response	45-64	Denominator	Summed over data sources
	65+	Numerator	Report by data source

Table DRR-B-3: Data Elements for Depression Remission or Response for Adolescents and Adults (Medicare)

Indicator	Age	Data Element	Data Source Logic
Depression Follow-Up	18-44	Initial population	Report by data source
Depression Remission	45-64	Exclusions	Report by data source
Depression Response	65+	Denominator	Summed over data sources
		Numerator	Report by data source

Rules for Allowable Adjustments of HEDIS

This section *may not* be used for reporting health plan HEDIS. HEDIS measures may not be adjusted for any NCQA program.

NCQA's Rules for Allowable Adjustments of HEDIS describe how NCQA's HEDIS measure specifications can be adjusted for non-health plan reporting. Refer to the *Guidelines for the Rules of Allowable Adjustments of HEDIS* for additional information.

Rules for Allowable Adjustments for Depression Remission or Response for Adolescents and Adults

NONCLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Product Lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age as of June 30"). Changing the denominator age range is allowed if the limits are within the specified age range (12 and older). The denominator age may not be expanded.
Continuous enrollment, Allowable gap, Anchor Date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Using a benefit is not required; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	**Adjustments Allowed (Yes/No)**	**Notes**
Event/Diagnosis	No	Only events or diagnoses that contain (or map to) codes in the value sets may be used to identify visits with a diagnosis. The value sets and logic may not be changed.
Denominator Exclusions	**Adjustments Allowed (Yes/No)**	**Notes**
Exclusions	No	Apply exclusions according to specified value sets.
Numerator Criteria	**Adjustments Allowed (Yes/No)**	**Notes**
• PHQ-9 Score • Depression Remission • Depression Response	No	Value sets, Direct Reference Codes and logic may not be changed.