

## **Proposed Changes to Existing Measure for HEDIS<sup>®1</sup> 2009: Antidepressant Medication Management (AMM)**

NCQA seeks comments on proposed modifications to the *Antidepressant Medication Management* measure. We propose to retire the Optimal Practitioner Contacts Rate. The *Antidepressant Medication Management* measure would continue to assess persistence of pharmacologic management of major depression with two rates reported.

1. *Effective Acute Phase Treatment.* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase.
2. *Effective Continuation Phase Treatment.* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.

In the summer of 2007, NCQA conducted a field-test for reevaluation of the *Antidepressant Medication Management* measure. Concerns had been raised during reevaluation regarding the current specification construction, as well as the lack of evidence to support the Optimal Practitioner Contact rate. The most common requests were to assess lengthening the negative diagnosis and medication histories in order to more accurately identify new episodes of major depression. However, field-test data indicated that lengthening the negative diagnosis period or the negative medication period did not improve the measure, but instead had a negative impact on the eligible population size.

An additional component of the field-test was to assess health plans' ability to capture care management services to count toward the Optimal Practitioner Contacts rate numerator, since many organizations supplement face-to-face visits with care management services as part of depression care. We collected data on care management visits from two of three field-test sites. The third site did not use care management for depression. Including two care management visits as satisfying the numerator of the optimal contacts rate increased the rate by 2–5 percentage points.

Although permitting care management visits to count toward the optimal practitioner contacts rate offers some potential for improvement, NCQA feels the lack of evidence supporting the rate weighs more heavily. Retiring this part of the measure will enable health plans to pursue strategies to improve medication management of people treated with antidepressants without being limited to in-person, billable visits.

We invite comments on the retirement of the Optimal Practitioner Contacts rate. If you do not support retirement, we would like any specific feedback you can share with NCQA about how we might evolve measures to improve the quality of depression care.

Supporting documents for the proposed measure include the draft measure specifications and associated measure rationale work-up, which contains data obtained through field-testing measure specifications.

**NCQA thanks and acknowledges the contributions of the Behavioral Health Measurement Advisory Panel.**

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## Antidepressant Medication Management (AMM)

### SUMMARY OF CHANGES TO HEDIS 2009

- [Retired \*Optimal Practitioner Contacts for Medication Management Rate\*.](#)

#### Description

[This measure assesses persistence of pharmacologic management of major depression.](#)

~~Definitions The following components of this measure assess different facets of the successful pharmacological management of major depression.~~

- ~~*Optimal Practitioner Contacts for Medication Management.* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner coded with a mental health diagnosis during the 84-day (12-week) Acute Treatment Phase. At least one of the three follow-up contacts must be with a prescribing practitioner.~~
- *Effective Acute Phase Treatment.* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase.
- *Effective Continuation Phase Treatment.* The percentage of members 18 years of age and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression and treated with anti-depressant medication and who remained on an antidepressant drug for at least 180 days.

#### Eligible Population

<b>Intake Period</b>	The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.
<b>IESD</b>	Index Episode Start Date. The earliest encounter during the Intake Period with a qualifying diagnosis of major depression.
<b>Index Prescription Date</b>	The earliest prescription for antidepressants filled within a 44-day period, defined as 30 days prior to through 14 days on or after the IESD.
<b>Negative Diagnosis History</b>	A period of 120 days (4 months) prior to the IESD, during which time the member had no claims/encounters containing either a principal or secondary diagnosis of major depression (Table AMM-A).
<b>Negative Medication History</b>	A period of 90 days (3 months) prior to the Index Prescription Date, during which time the member had no pharmacy claims for either new or refill prescriptions for a listed antidepressant drug (refer to the medication listing at the end of this measure specification).
<b>New Episode</b>	To qualify as a New Episode, the following criteria must be met. <ul style="list-style-type: none"> <li>• A 120-day (4 months) Negative Diagnosis History prior to the IESD, and</li> <li>• A 90-day (3 months) Negative Medication History prior to the Index Prescription Date</li> </ul>

**Treatment days** The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval. For Effective Continuation Phase Treatment, a prescription of 90 days supply dispensed on the 100th day will have 80 days counted in the 180-day interval.

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## Eligible Population

<b>Product lines</b>	Commercial, Medicaid, Medicare (report each product line separately).
<b>Ages</b>	18 years and older as of April 30 of the measurement year.
<b>Continuous enrollment</b>	120 days prior to the IESD through 245 days after the IESD.
<b>Allowable gap</b>	One gap in enrollment of up to 45 days. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months (60 days) is not considered continuously enrolled).
<b>Anchor date</b>	IESD.
<b>Benefits</b>	Medical, pharmacy and mental health (inpatient and outpatient).
<b>Event/diagnosis</b>	Diagnosed with a New Episode of major depressive disorder during the Intake Period and treated with antidepressant medication.

Follow the steps below to identify the eligible population, which is the denominator for ~~all three~~ both rates for this measure.

**Step 1** Identify all members with a diagnosis of major depression who had at least one of the following during the 12-month Intake Period.

- At least one principal diagnosis of major depression (Table AMM-A) in any setting (e.g., outpatient or ED visits, inpatient discharges or partial hospitalizations), **or**
- At least two secondary diagnoses of major depression (Table AMM-A) on different dates of service in any outpatient setting (e.g., outpatient or ED visits), **or**
- At least one secondary diagnosis of major depression (Table AMM-A) associated with any inpatient discharge.

**Note:** Do not include lab claims when identifying members with major depression.

**Table AMM-A: Codes to Identify Major Depression**

Description	ICD-9-CM Diagnosis	DRG
Major depression*	296.20-296.25, 296.30-296.35, 298.0, 300.4, 309.1, 311	426**
Prior depressive episodes	296.2-296.9, 298.0, 300.4, 309.0, 309.1, 309.28, 311	426**

\* Brief depressive reaction (309.0) is not used for diagnosis, since it includes grief reaction (believed to be the most common use of that code). Additionally, other possible codes that could indicate a depression diagnosis (296.4–296.9, 309.0, 309.28) are not included in this list because these codes are less specific in identifying eligible members.

\*\* The organization must *exclude* members with this code if the principal diagnosis is ICD-9-CM code 301.12.

**Step 2** Determine the IESD and test for Negative Diagnosis History. For each member identified in step 1, determine the IESD by finding the date of the member's earliest encounter during the Intake Period (i.e., outpatient or ED visit date, inpatient discharge date, partial hospitalization visit date) with a qualifying major depression diagnosis (Table AMM-A).

Identify members who were diagnosed with a New Episode of major depression. The range of ICD-9-CM Diagnosis codes for prior depressive episodes in Table AMM-A is more comprehensive to exclude members diagnosed with any type of depression.

Members with any diagnosis of major depression within the previous 120 days (4 months) of the IESD should be dropped from this denominator.

**Step 3** Identify members receiving antidepressant medication therapy. Among members identified in step 2, find those who filled a prescription for an antidepressant medication within 30 days before the IESD to 14 days on or after the IESD.

**Step 4** Calculate continuous enrollment. Members must be continuously enrolled in the organization for 120 days prior to the IESD to 245 days (180 medication days + 51 potential gap days + 14 days for filling the prescription) after the IESD.

**Step 5** Identify the Index Prescription Date. Identify the earliest prescription up to 30 days before the IESD to 14 days on or after the IESD. Prescriptions may be up to 30 days before the IESD to account for members having a recurrent episode who may be started on medication based on a phone encounter while awaiting a scheduled office visit.

Similarly, prescriptions may be 14 days on or after the IESD to account for either clinical discretion in recommending a 2-week trial of self-help techniques prior to starting on medication or for member delay in filling the initial prescription.

**Step 6** From the resulting members from step 5, confirm the New Episode by testing for a Negative Medication History. Members who have antidepressant prescriptions filled during the Negative Medication History period do not represent new treatment episodes and must be excluded.

**Step 7** Exclude members who had an acute inpatient stay with a principal diagnosis of mental health (Table MPT-A) or substance abuse (Table AMM-B) during the 245 days after the IESD treatment period.

**Table AMM-B: Codes to Identify Substance Abuse**

ICD-9-CM Diagnosis	DRG
291-292, 303-305, 960-979 with a secondary diagnosis of chemical dependency	433, 521-523

**Administrative Specification**

**Denominator** The eligible population.

**Numerators**

**Effective Acute Phase treatment** An 84-day (12-week) acute treatment with antidepressant medication.

Identify all members in the denominator population who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment (Table AMM-CD) to provide continuous treatment for at least 84 days in the 114-day period. Continuous treatment allows gaps in medication treatment up to a total of 30 days during the 114-day period. Allowable medication changes or gaps include the following.

- “Washout” period gaps to change medication
- “Treatment” gaps to refill the same medication

Regardless of the number of gaps, there may be no more than 30 gap days. The organization may count any combination of gaps (e.g., two washout gaps, each 15 days, or two washout gaps of 10 days each and one treatment gap of 10 days).

To determine continuity of treatment during the 114-day period, sum the number of gap days to the number of treatment days for a maximum of 114 days (i.e., 84 treatment days + 30 gap days = 114 days).

For all prescriptions filled within 114 days of the Index Prescription Date, the organization should count treatment days on the Index Prescription Date and continue to count until a total of 84 treatment days has been established. Members whose gap days exceed 30 or who do not have 84 treatment days within 114 days after the Index Prescription Date are not counted in the numerator.

**Table AMM-CD: Antidepressant Medications**

Description	Prescription
Miscellaneous antidepressants	• bupropion
Monoamine oxidase inhibitors	• isocarboxazid • selegiline • phenelzine • tranylcypromine
Phenylpiperazine antidepressants	• nefazodone • trazodone
Psychotherapeutic combinations	• amitriptyline-chlordiazepoxide • fluoxetine-olanzapine • amitriptyline-perphenazine
SSNRI antidepressants	• duloxetine • venlafaxine
SSRI antidepressants	• citalopram • fluoxetine • paroxetine • escitalopram • fluvoxamine • sertraline
Tetracyclic antidepressants	• maprotiline • mirtazapine
Tricyclic antidepressants	• amitriptyline • desipramine • nortriptyline • amoxapine • doxepin • protriptyline • clomipramine • imipramine • trimipramine

**Note:** NCQA will provide a comprehensive list of medications and NDC codes on its Web site ([www.ncqa.org](http://www.ncqa.org)) by November 15, 2007.

**Effective  
Continuation  
Phase treatment**

A 180-day treatment with antidepressant medication.

Identify all members in the denominator population who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment (Table AMM-CD) to provide continuous treatment for at least 180 days in the 231-day period. The continuous treatment definition allows gaps in medication treatment up to a total of 51 days during the 231-day period. Allowable medication changes or gaps include the following.

- Washout period gap to change medication
- Treatment gaps to refill the same medication

Regardless of the number of gaps, there may be no more than 51 gap days. The organization may count any combination of gaps (e.g., two washout gaps, each 25 days or two washout gaps of 10 days each and one treatment gap of 10 days).

To determine continuity of treatment during the 231-day period, sum the number of allowed gap days to the number of treatment days for a maximum of 231 days (i.e., 180 treatment days + 51 gap days = 231 days); identify all prescriptions filled within the 231 days of the Index Prescription Date.

The organization should count treatment days on the Index Prescription Date and continue to count until a total of 180 treatment days has been established. Members whose gap days exceed 51 or who do not have 180 treatment days within 231 days after the Index Prescription Date are not counted in the numerator.

**Note**

- If the member has a mental health or pharmacy benefit with the organization (or if the organization contracts with the mental health or pharmacy benefit with a separate vendor) and the claim for major depression treatment or antidepressant medication is denied (e.g., the member failed to get proper authorization), the member should be included in the denominator of this measure.
- ~~A member with a mental health benefit whose claim for follow-up visits is denied is included in the denominator of this measure but must also meet all other eligibility requirements for inclusion.~~
- Refer to Appendix 3 for the definition of mental health practitioner and prescribing practitioner.

**Data Elements for Reporting**

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

**Table AMM-1/2/3: Data Elements for Antidepressant Medication Management**

	Administrative
Measurement year	✓
Data collection methodology (Administrative)	✓
Eligible population	✓
Numerator events by administrative data	Each of the <del>22</del> rates
Reported rate	Each of the <del>32</del> rates
Lower 95% confidence interval	Each of the <del>32</del> rates
Upper 95% confidence interval	Each of the <del>32</del> rates