

Proposed Changes to Existing Measure for HEDIS^{®1} 2020: Prenatal and Postpartum Care (PPC)

Proposed New Measures for HEDIS 2020: Prenatal Depression Screening and Follow-Up (PND) Postpartum Depression Screening and Follow-Up (PPD)

NCQA seeks comments on the following for the HEDIS 2020 health plan measure set:

- Proposed revisions to the *Prenatal and Postpartum Care* measure, following a recently released American College of Obstetricians and Gynecologists (ACOG) guideline recommending changes to the timing of postpartum care.
- Two proposed new measures, specified for the HEDIS Electronic Clinical Data Systems (ECDS) reporting method, assessing prenatal and postpartum depression screening and follow-up. ECDS includes data from administrative claims, electronic health records, case management systems and health information exchanges/clinical registries.

Summary of HEDIS Perinatal Measures for Public Comment

HEDIS perinatal measures assess whether pregnant and postpartum women receive recommended services that are associated with positive outcomes. Perinatal visits represent important opportunities to provide evidence-based care, and the *Prenatal and Postpartum Care* measure ensures that women are accessing health care in a timely way. NCQA seeks public comment on proposed revisions to the measure to bring it up-to-date for HEDIS 2020.

NCQA recently incorporated the ECDS reporting method into HEDIS, which was a foundational step toward developing measures that assess effectiveness of perinatal care. NCQA seeks public comment on two new perinatal depression measures for HEDIS 2020 that use the ECDS reporting method: *Prenatal Depression Screening and Follow-Up* and *Postpartum Depression Screening and Follow-Up*. These measures assess receipt of appropriate depression screening and care during critical periods, which is linked to the long-term health and well-being of both mothers and infants.

Prenatal and Postpartum Care Measure Recommendations

This measure uses the hybrid data collection method for commercial and Medicaid reporting. Receipt of a postpartum visit during 3 to 8 weeks after delivery is a rate within this measure (in addition to a prenatal visit rate). ACOG recently published an updated guideline for postpartum care and now recommends an initial postpartum visit within 3 weeks after birth to address acute issues, followed by ongoing care as needed and concluding with a visit from 4 to 12 weeks after birth. NCQA proposes replacing the current postpartum rate with three rates:

1. **Early postpartum visit:** percentage with a postpartum visit within 21 days after delivery.
2. **Later postpartum visit:** percentage with a postpartum visit during 22 and 84 days after delivery.
3. **Early and later postpartum visit:** percentage with both an early and a later postpartum visit (numerator compliant for both indicators).

The *Prenatal and Postpartum Care* measure also includes a rate assessing timeliness of prenatal care, with various decision rules for the timing of the prenatal visit depending on when women were enrolled in the plan during pregnancy. Currently, women who enroll in the plan after the first trimester must have a prenatal visit within 42 days of enrollment start. Based on stakeholder feedback, we propose allowing any first trimester visit to count in the measure, regardless of when women were enrolled in the plan, and aligning and simplifying the prenatal visit criteria across the different enrollment populations.

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Prenatal and Postpartum Depression Screening and Follow-Up Measure Recommendations

The U.S. Preventive Services Task Force and other major guideline developers recommend screening all pregnant and postpartum women for depression and establishing and maintaining regular follow-up for those diagnosed with depression. We propose two new ECDS measures for commercial and Medicaid plan reporting:

Prenatal Depression Screening and Follow-Up

1. **Depression screening:** The percentage of deliveries in which women were screened for clinical depression using a standardized tool during pregnancy.
2. **Follow-up on positive screen:** The percentage of deliveries in which pregnant women received follow-up care within 30 days of screening positive for depression.

Postpartum Depression Screening and Follow-Up

1. **Depression screening:** The percentage of deliveries in which women were screened for clinical depression using a standardized tool within 12 weeks (84 days) post-delivery.
2. **Follow-up on positive screen:** The percentage of deliveries in which postpartum women received follow-up care within 30 days of screening positive for depression.

Expert panel members supported two stand-alone measures because they correspond to how care is provided and would provide actionable information for health plans. We aligned these measures with other existing HEDIS measures where possible. The definition of depression screening and follow-up aligns with the existing depression measure; the prenatal depression measure denominator is the same as the existing prenatal immunization measure.

For the postpartum depression screening measure, we have specified the measure to allow depression screenings administered across different settings of care to count as numerator compliant in the measure. Thus, for example, depression screenings conducted by the health plan as part of case management programs, or screenings conducted by the woman's provider or the infant's pediatrician, would be acceptable screening methods. In addition to ACOG, the American Academy of Pediatrics recommends that pediatricians or family medicine providers screen mothers during well-baby visits.

Specific Requested Public Comment Feedback

Medicaid coverage and continuous enrollment: Women who qualify for Medicaid due to pregnancy alone lose coverage at 60 days post-delivery, yet ACOG recommends postpartum care through 12 weeks (84 days) after delivery. For the *Prenatal and Postpartum Care* and *Postpartum Depression Screening and Follow-Up* measures, we propose to specify continuous enrollment beyond the 60 days in order to align with the guidance that providers are receiving. The disadvantage to this approach is that women who lose Medicaid coverage at 60 days will not be captured in the measure's eligible population. However, we have received stakeholder feedback that fewer women may lose Medicaid coverage in states that have implemented Medicaid expansion programs (which currently includes 32 states and the District of Columbia, with an additional four states expected to implement Medicaid expansion in 2019). We seek public comment on the proposed specifications for continuous enrollment.

Telehealth: We seek public comment on our recommendation to allow prenatal and postpartum telehealth care to count for all of the perinatal measure rates.

Supporting documents include the draft measure specifications and evidence workup.

NCQA acknowledges the contributions of the Pregnancy Health Measurement Advisory Panel, the Behavioral Health Measurement Advisory Panel and the Technical Measurement Advisory Panel

Measure Title	Prenatal Depression Screening and Follow-Up	Measure ID	PND
Description	<p>The proportion of deliveries in which members were screened for clinical depression while pregnant and if screened positive, received follow-up care. Two rates are reported.</p> <ol style="list-style-type: none"> Depression Screening: The proportion of deliveries in which members were screened for clinical depression using a standardized instrument during pregnancy. Follow-Up on Positive Screen: The proportion of deliveries in which members received follow-up care within 30 days of screening positive for depression. 		
Measurement Period	January 1 – December 31.		
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Clinical Recommendation Statement	<p>The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women. The American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen patients at least once during pregnancy or the postpartum period for depression and anxiety symptoms using a standardized, validated tool. The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.</p>
Reference	<p>American College of Obstetricians and Gynecologists. 2018. “Screening for Perinatal Depression. ACOG Committee Opinion No. 757.” <i>Obstetrics & Gynecology</i>. 132(5):e208-12.</p> <p>U.S. Preventive Services Task Force. 2016. “Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement.” <i>Annals of Internal Medicine</i>. 164:360–6.</p> <p>U.S. Preventive Services Task Force. 2016. “Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement.” <i>Journal of the American Medical Association</i>. 315(4):380–7.</p>

Characteristics	
Scoring	Proportion.
Type	Process.
Item Count	Deliveries.
Stratification	<ol style="list-style-type: none"> 1. Commercial 2. Medicaid
Risk Adjustment	None.
Improvement Notation	A higher score indicates better performance.
Guidance	<p>Allocation:</p> <p>The member was continuously enrolled with a medical benefit and no gaps in enrollment during the participation period.</p> <p>Requirements:</p> <ol style="list-style-type: none"> 1. This measure requires the use of an age-appropriate screening instrument. The age of the member is used in the selection of the appropriate depression screening instrument. 2. 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. 3. Numerator 1: Depression Screening <ul style="list-style-type: none"> o Calculating Gestational Age: Use gestational age at time of delivery and the delivery date to calculate the start of the pregnancy. If weeks of gestation at time of delivery is not available, the delivery is not compliant for the numerator. o Deliveries Between January 1 – December 1: If the delivery occurs between January 1 – December 1 of the Measurement Period, the screening should be performed between the pregnancy start date and the delivery date (including on the delivery date). o Deliveries Between December 2 – December 31: If the delivery occurs December 2 – December 31 of the Measurement Period, the screening should be performed between the pregnancy start date and December 1 of the Measurement Period. 4. Numerator 2: Follow-Up on Positive Screen <p>Any of the following on or 30 days after the first positive screen:</p> <ul style="list-style-type: none"> o An outpatient or telephone follow-up visit, with a diagnosis of depression or other behavioral health condition. o A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition. o A behavioral health encounter, including assessment, therapy, collaborative care or medication management. o A dispensed antidepressant medication.

	<p>or</p> <ul style="list-style-type: none"> Receipt of an assessment on the same day and subsequent to the positive screen <p>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.</p>																																
Definitions																																	
Pregnancy episode	<ol style="list-style-type: none"> Delivery date occurs during the measurement period. Excludes pregnancy < 37 gestational weeks on delivery date. 																																
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	28 days prior to delivery date through the delivery date.																																
Depression Screening Instruments	<p>A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:</p> <table> <thead> <tr> <th>Instruments for Adolescents (12–17 years)</th><th>Positive Finding</th></tr> </thead> <tbody> <tr> <td>Patient Health Questionnaire (PHQ-9)[®]</td><td>Total Score ≥5</td></tr> <tr> <td>Patient Health Questionnaire Modified for Teens (PHQ-9M)[®]</td><td>Total Score ≥5</td></tr> <tr> <td>PRIME MD-PHQ2[®]</td><td>Total Score ≥3</td></tr> <tr> <td>Beck Depression Inventory-Fast Screen (BDI-FS)^{®*}</td><td>Total Score ≥4</td></tr> <tr> <td>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</td><td>Total Score ≥10</td></tr> <tr> <td>Edinburgh Postnatal Depression Scale (EPDS)</td><td>Total Score ≥9</td></tr> <tr> <td>PROMIS Depression</td><td>Total Score (T Score) ≥52.5</td></tr> <tr> <th>Instruments for Adults (18+ years)</th><th>Positive Finding</th></tr> <tr> <td>Patient Health Questionnaire (PHQ-9)[®]</td><td>Total Score ≥5</td></tr> <tr> <td>PRIME MD-PHQ2[®]</td><td>Total Score ≥3</td></tr> <tr> <td>Beck Depression Inventory-Fast Screen (BDI-FS)^{®*}</td><td>Total Score ≥4</td></tr> <tr> <td>Beck Depression Inventory (BDI-II)</td><td>Total Score ≥14</td></tr> <tr> <td>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</td><td>Total Score ≥10</td></tr> <tr> <td>Edinburgh Postnatal Depression Scale (EPDS)</td><td>Total Score ≥9</td></tr> <tr> <td>My Mood Monitor (M-3)[®]</td><td>Total Score ≥5</td></tr> </tbody> </table>	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 ≥10	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 ≥10	Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9	My Mood Monitor (M-3) [®]	Total Score ≥5
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	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.	
Initial Population	Deliveries during the Measurement Period.	
Exclusions	Exclude deliveries in which members had any of the following: <ul style="list-style-type: none"> • Weeks of gestation less than 37. • In hospice or using hospice services during the measurement period. 	
Depression Screening	Denominator 1	The initial population, minus exclusions.
	Numerator 1	Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during pregnancy.
Follow-Up on Positive Screen	Denominator 2	All deliveries from Numerator 1 with a positive finding for depression during pregnancy.
	Numerator 2	Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.
Data Criteria (Element Level)		
Value Sets: <ul style="list-style-type: none"> • "Diagnosis: Weeks of Gestation Less than 37 " using "Weeks of Gestation Less than 37 (2.16.840.1.113883.3.464.1004.1479)" • "Diagnosis: 37 Weeks Gestation" using "37 Weeks Gestation (2.16.840.1.113883.3.464.1004.1509)" • "Diagnosis: 38 Weeks Gestation" using "38 Weeks Gestation (2.16.840.1.113883.3.464.1004.1510)" • "Diagnosis: 39 Weeks Gestation" using "39 Weeks Gestation (2.16.840.1.113883.3.464.1004.1511)" • "Diagnosis: 40 Weeks Gestation" using "40 Weeks Gestation (2.16.840.1.113883.3.464.1004.1512)" • "Diagnosis: 41 Weeks Gestation" using "41 Weeks Gestation (2.16.840.1.113883.3.464.1004.1513)" • "Diagnosis: 42 Weeks Gestation" using "42 Weeks Gestation (2.16.840.1.113883.3.464.1004.1514)" • "Diagnosis: 43 Weeks Gestation" using "43 Weeks Gestation (2.16.840.1.113883.3.464.1004.1515)" • "Diagnosis: Depression or Other Behavioral Health Condition" using "Depression or Other Behavioral Health Condition (2.16.840.1.113883.3.464.1004.1501)" • "Diagnosis: Depression " using "Depression (2.16.840.1.113883.3.464.1004.1390)" • "Encounter, Performed: Behavioral Health Encounter" using "Behavioral Health Encounter (2.16.840.1.113883.3.464.1004.1383)" • "Encounter, Performed: Depression Case Management Encounter" using "Depression Case Management Encounter (2.16.840.1.113883.3.464.1004.1389)" • "Encounter, Performed:" using "Follow Up Visit Follow Up Visit (2.16.840.1.113883.3.464.1004.1385)" • "Intervention, Order: Hospice" using "Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)" • "Intervention, Performed: Hospice" using "Hospice Intervention (2.16.840.1.113883.3.464.1004.1762)" • "Encounter, Performed: Hospice" using "Hospice Encounter (2.16.840.1.113883.3.464.1004.1761)" 		

- “Medication, Dispensed: Antidepressant Medication” using “Antidepressant Medication (2.16.840.1.113883.3.464.1004.1503)”
- “Participation: Commercial” using “Commercial (2.16.840.1.113883.3.464.1004.1518)”
- “Participation: Medicaid” using “Medicaid (2.16.840.1.113883.3.464.1004.1517 (2.16.840.1.113883.3.464.1004.1517)”
- “Procedure, Performed: Deliveries (2.16.840.1.113883.3.464.1004.1508)”

Direct Reference Codes:

- “Diagnosis: Length of gestation at birth (observable entity) (SNOMEDCT Code 412726003)”
- “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: Edinburgh Postnatal Depression Scale [EPDS] (LOINC Code 71354-5)”
- “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: My Mood Monitor Total score [M3] (LOINC Code 71777-7)”
- “Assessment, Performed: Total score [CUDOS] (LOINC Code 90221-3)”

Table of Contents

- Population Criteria
- Definitions
- Functions

Population Criteria

- **Population Criteria 1**
 - **Initial Population**
 - “Birth” B
 - where “Participation Period”
 - **Denominator 1**
 - “Initial Population”
 - **Denominator 1 Exclusions**
 - “Birth at Less than 37 weeks Gestation”
 - union “Birth with Hospice Order or Intervention”
 - **Numerator 1**
 - “Birth” B
 - where “Birth with Adolescent Depression Screen Between Conception and Delivery January 1 and December 1” is not null

- or "Birth with Adolescent Depression Screen Delivery Between December 2 and December 31" is not null
- or "Birth with Adult Depression Screen Between Conception and Delivery January 1 and December 1" is not null
- or "Birth with Adult Depression Screen Delivery Between December 2 and December 31" is not null
- **Numerator 1 Exclusions**
 - **None**
- **Denominator 1 Exceptions**
 - **None**
- **Stratification 1**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Commercial"]
- **Stratification 2**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Medicaid"]

Population Criteria 2

- **Initial Population 2**
 - "Birth" B
 - where "Participation Period"
- **Denominator 2**
 - "Birth" B
 - where "Birth with Adolescent Depression Screen with Positive Result Between Conception and Delivery January 1 and December 1" is not null
 - or "Birth with Adolescent Depression Screen with Positive Result Delivery Between December 2 and December 31" is not null
 - or "Birth with Adult Depression Screen with Positive Result Between Conception and Delivery January 1 and December 1" is not null
 - or "Birth with Adult Depression Screen with Positive Result Delivery Between December 2 and December 31" is not null
 -
- **Denominator 2 Exclusions**
 - "Birth at Less than 37 weeks Gestation"
 - union "Birth with Hospice Order or Intervention"
- **Numerator 2**
 - ((Birth B
 - where "Negative Screen Same Day As Positive Screen"
 -)
 - union "Birth with Follow up on Positive Screen Within 30 Days"
 -)
- **Numerator 2 Exclusions**
 - **None**
- **Denominator 2 Exceptions**
 - **None**
- **Stratification 1**

- "Birth" B
- where exists ["Patient Characteristic Payer": Common."Commercial"]
- **Stratification 2**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Medicaid"]

Definitions

- **Adolescent Depression Screen with Positive Result**
 - // Patient Health Questionnaire (PHQ-9)
 - ((["Assessment, Performed": "Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]"] PHQ9
 - where PHQ9.result >= 5
 -)
 - // Patient Health Questionnaire Modified for Teens(PHQ-9M)
 - union (["Assessment, Performed": "Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]"] PHQ9M
 - where PHQ9M.result >= 5
 -)
 - // PRIME MD-PHQ2
 - union (["Assessment, Performed": "Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]"] PHQ2
 - where PHQ2.result >= 3
 -)
 - // Beck Depression Inventory-Fast Screen (BDI-FS)
 - union (["Assessment, Performed": "Beck Depression Inventory Fast Screen total score [BDI]"] BDI
 - where BDI.result >= 4
 -)
 - // Center for Epidemiologic Studies Depression Scale (CES-DC)
 - union (["Assessment, Performed": "Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]"] CESD
 - where CESD.result >= 10
 -)
 - // PROMIS Depression
 - union (["Assessment, Performed": "PROMIS-29 Depression score T-score"] PROMIS
 - where PROMIS.result >= 52.5
 -)
 - //Edinburgh Postnatal Depression Scale
 - union (["Assessment, Performed": "Edinburgh Postnatal Depression Scale [EPDS]"] Edin
 - where Edin.result >= 9
 -)
 - //Clinically Useful Depression Outcome Scale (CUDOS)
 - union (["Assessment, Performed": "Total score [CUDOS]"] CUDOS
 - where CUDOS.result >= 11
 -)) AdolescentPositiveDepressionScreen
- **Adolescents Depression Screen with Result**
 - // Patient Health Questionnaire 9 item (PHQ-9) total score

- ((["Assessment, Performed": "Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]"])
- // Patient Health Questionnaire Modified for Teens (PHQ-9M)
- union (["Assessment, Performed": "Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]"])
- // PRIME MD-PHQ2
- union (["Assessment, Performed": "Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]"])
- // Beck Depression Inventory-Fast Screen (BDI-FS)
- union (["Assessment, Performed": "Beck Depression Inventory Fast Screen total score [BDI]"])
- // Center for Epidemiologic Studies Depression Scale (CES-DC)
- union (["Assessment, Performed": "Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]"])
- // PROMIS Depression
- union (["Assessment, Performed": "PROMIS-29 Depression score T-score"])
- union (["Assessment, Performed": "Edinburgh Postnatal Depression Scale [EPDS]"])
- // Clinically Useful Depression Outcome Scale (CUDOS)
- union (["Assessment, Performed": "Total score [CUDOS]"])
-)) AdolescentDepressionScreen
- where AdolescentDepressionScreen.result is not null
- **Adult Depression Screen with Positive Result**
 - // Patient Health Questionnaire (PHQ-9)
 - ((["Assessment, Performed": "Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]"] PHQ9
 - where PHQ9.result >= 5
 -)
 - // PRIME MD-PHQ2
 - union (["Assessment, Performed": "Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]"] PHQ2
 - where PHQ2.result >= 3
 -)
 - // Beck Depression Inventory-Fast Screen (BDI-FS)
 - union (["Assessment, Performed": "Beck Depression Inventory Fast Screen total score [BDI]"] BDIFS
 - where BDIFS.result >= 4
 -)
 - // Beck Depression Inventory (BDI-II)
 - union (["Assessment, Performed": "Beck Depression Inventory II total score [BDI]"] BDI
 - where BDI.result >= 14
 -)
 - // Center for Epidemiologic Studies Depression Scale Revised (CESD-R)
 - union (["Assessment, Performed": "Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]"] CESD
 - where CESD.result >= 10
 -)

- // Edinburgh Postnatal Depression Scale (EPDS)
- union (["Assessment, Performed": "Edinburgh Postnatal Depression Scale [EPDS]"] EPDS
- where EPDS.result >= 9
-)
- // My Mood Monitor (M-3)
- union (["Assessment, Performed": "Total score [M3]"] M3
- where M3.result >= 5
-)
- // PROMIS Depression
- union (["Assessment, Performed": "PROMIS-29 Depression score T-score"] PROMIS
- where PROMIS.result >= 52.5
-)
- //Clinically Useful Depression Outcome Scale (CUDOS)
- union (["Assessment, Performed": "Total score [CUDOS]"] CUDOS
- where CUDOS.result >= 11
-)) AdultPositiveDepressionScreen
- **Adult Depression Screen with Result**
 - // Patient Health Questionnaire (PHQ-9)
 - ((["Assessment, Performed": "Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]"])
 - // PRIME MD-PHQ2
 - union (["Assessment, Performed": "Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]"])
 - // Beck Depression Inventory-Fast Screen (BDI-FS)
 - union (["Assessment, Performed": "Beck Depression Inventory Fast Screen total score [BDI]"])
 - // Beck Depression Inventory (BDI-II)
 - union (["Assessment, Performed": "Beck Depression Inventory II total score [BDI]"])
 - // Center for Epidemiologic Studies Depression Scale Revised (CESD-R)
 - union (["Assessment, Performed": "Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]"])
 - // Edinburgh Postnatal Depression Scale (EPDS)
 - union (["Assessment, Performed": "Edinburgh Postnatal Depression Scale [EPDS]"])
 - // My Mood Monitor (M-3)
 - union (["Assessment, Performed": "Total score [M3]"])
 - // PROMIS Depression
 - union (["Assessment, Performed": "PROMIS-29 Depression score T-score"]
 - //Clinically Useful Depression Outcome Scale (CUDOS)
 - union (["Assessment, Performed": "Total score [CUDOS]"])
 -)) AdultDepressionScreen
 - where AdultDepressionScreen.result is not null
- **All Gestational Age Assessment**
 - "Gestational Age Assessment"
 - union "Gestational Age Diagnosis"

- **Birth**
 - ["Procedure, Performed": "Deliveries"] DeliveryProcedure
 - where DeliveryProcedure.relevantPeriod during "Measurement Period"
- **Birth at Less than 37 weeks Gestation**
 - "Birth" Birth
 - with "Less than 37 Weeks Assessment" Assess
 - such that Assess.authorDatetime within 24 hours of Birth.relevantPeriod
- **Birth with Adolescent Depression Screen Between Conception and Delivery January 1 and December 1**
 - "Birth" Birth
 - with ("Adolescents Depression Screen with Result") DepressionScreen
 - such that DepressionScreen.authorDatetime between "Conception Date"(Birth)and end of Birth.relevantPeriod
 - and Birth.authorDatetime during Interval[start of "Measurement Period", end of "Measurement Period" - 30 days]
- **Birth with Adolescent Depression Screen Delivery Between December 2 and December 31**
 - "Birth" Birth
 - with ("Adolescents Depression Screen with Result") DepressionScreen
 - such that Birth.authorDatetime during Interval[start of "Measurement Period" - 335 days, end of "Measurement Period"]
 - and DepressionScreen.authorDatetime during Interval["Conception Date"(Birth), end of "Measurement Period"]
- **Birth with Adolescent Depression Screen with Positive Result Between Conception and Delivery January 1 and December 1**
 - "Birth" Birth
 - with ("Adolescent Depression Screen with Positive Result") DepressionScreen
 - such that DepressionScreen.authorDatetime between "Conception Date"(Birth)and end of Birth.relevantPeriod
 - and Birth.authorDatetime during Interval[start of "Measurement Period", end of "Measurement Period" - 30 days]
- **Birth with Adolescent Depression Screen with Positive Result Delivery Between December 2 and December 31**
 - "Birth" Birth
 - with ("Adolescent Depression Screen with Positive Result") DepressionScreen

- such that Birth.authorDatetime during Interval[start of "Measurement Period" - 335 days, end of "Measurement Period"]
 - and
 - DepressionScreen.authorDatetime during Interval["Conception Date"(Birth), end of "Measurement Period"]
- **Birth with Adult Depression Screen Between Conception and Delivery January 1 and December 1**
 - "Birth" Birth
 - with ("Adult Depression Screen with Result") DepressionScreen
 - such that DepressionScreen.authorDatetime between "Conception Date"(Birth)and end of Birth.relevantPeriod
 - and Birth.authorDatetime during Interval[start of "Measurement Period", end of "Measurement Period" - 30 days]
- **Birth with Adult Depression Screen Delivery Between December 2 and December 31**
 - "Birth" Birth
 - with ("Adult Depression Screen with Result") DepressionScreen
 - such that Birth.authorDatetime during Interval[start of "Measurement Period" - 335 days, end of "Measurement Period"]
 - and
 - DepressionScreen.authorDatetime during Interval["Conception Date"(Birth), end of "Measurement Period"]
- **Birth with Adult Depression Screen with Positive Result Between Conception and Delivery January 1 and December 1**
 - "Birth" Birth
 - with ("Adult Depression Screen with Positive Result") DepressionScreen
 - such that DepressionScreen.authorDatetime between "Conception Date"(Birth)and end of Birth.relevantPeriod
 - and Birth.authorDatetime during Interval[start of "Measurement Period", end of "Measurement Period" - 30 days]
- **Birth with Adult Depression Screen with Positive Result Delivery Between December 2 and December 31**
 - "Birth" Birth
 - with ("Adult Depression Screen with Positive Result") DepressionScreen
 - such that Birth.authorDatetime during Interval[start of "Measurement Period" - 335 days, end of "Measurement Period"]

- and
DepressionScreen.authorDatetime during
Interval["Conception Date"(Birth),
○ end of "Measurement Period"]
- **Birth with Follow up on Positive Screen Within 30 Days**
 - Birth B
 - with ("Follow Up on Positive Screen Within 30 Days")
Followup
 - such that Followup is not null
- **Birth with Hospice Order or Intervention**
 - "Birth" B
 - where exists ((["Intervention, Performed": "Hospice
Intervention"] Hospice
○ where
Hospice.relevantPeriod overlaps "Measurement Period"
○)
○ union (["Intervention, Order":
"Hospice Intervention"] HospiceOrder
○ where
HospiceOrder.authorDatetime during "Measurement Period"
○)
○ union (["Encounter, Performed":
"Hospice Encounter"] HospiceEncounter
○ where
HospiceEncounter.relevantPeriod overlaps "Measurement
Period"
○)
○)
- **Delivery Event**
 - singleton from ("Birth" Delivery
 - where Delivery.relevantPeriod during
"Measurement Period"
 - return Delivery.authorDatetime
 -)
- **Denominator 1**
 - "Initial Population"
- **Denominator 2**
 - "Birth" B
 - where "Birth with Adolescent Depression Screen with
Positive Result Between Conception and Delivery January 1
and December 1" is not null
 - or "Birth with Adolescent Depression Screen
with Positive Result Delivery Between December 2 and
December 31" is not null
 - or "Birth with Adult Depression Screen with
Positive Result Between Conception and Delivery January 1
and December 1" is not null
 - or "Birth with Adult Depression Screen with
Positive Result Delivery Between December 2 and December
31" is not null

- **Denominator Exclusions**
 - "Birth at Less than 37 weeks Gestation"
 - union "Birth with Hospice Order or Intervention"
- **First Positive Adolescent Screen**
 - { First(("Adolescent Depression Screen with Positive Result")PosScreen
 - sort by authorDatetime ascending
 - }}
- **First Positive Adult Screen**
 - { First(("Adult Depression Screen with Positive Result")PosScreen
 - sort by authorDatetime ascending
 - }}
- **Follow Up on Positive Screen Within 30 Days**
 - (((["Encounter, Performed": "Follow Up Visit"] Encounter
 - with ["Diagnosis": "Depression or
 - Other Behavioral Health Condition"] Diagnosis
 - such that
 - Encounter.relevantPeriod overlaps
 - Diagnosis.prevalencePeriod
 -)
 - union (["Encounter, Performed": "Behavioral
 - Health Encounter"])
 - union (["Encounter, Performed": "Depression
 - Case Management Encounter"] Case
 - with (["Diagnosis":
 - "Depression or Other Behavioral Health Condition"]
 - union
 - ["Diagnosis": "Depression"]
 - such that Case.relevantPeriod overlaps
 - Depression.prevalencePeriod
 -)
 - union (["Medication, Dispensed":
 - "Antidepressant Medication"])) FollowUpEncounter
 - with ("First Positive Adolescent Screen"
 - union ("First Positive Adult Screen"
 -)) Den
 - such that
 - FollowUpEncounter.authorDatetime during
 - Interval[Den.authorDatetime, Den.authorDatetime + 30 days]
 -)
- **Gestational Age Assessment**
 - ["Assessment, Performed": "Length of gestation at birth
 - (observable entity)"]
- **Gestational Age Diagnosis**
 - (["Diagnosis": "37 Weeks Gestation"] D
 - return {
 - id: D.id,
 - code: D.code,
 - authorDatetime:


```

○                                     end of D.prevalencePeriod,
○                                     result: 37 weeks
○                                     }
○    )
○    union ( ["Diagnosis": "38 Weeks Gestation"] D
○          return {
○                id: D.id,
○                code: D.code,
○                authorDatetime:
○                end of
○    D.prevalencePeriod,
○          result: 38 weeks
○          }
○    )
○    union ( ["Diagnosis": "39 Weeks Gestation"] D
○          return {
○                id: D.id,
○                code: D.code,
○                authorDatetime:
○                end of
○    D.prevalencePeriod,
○          result: 39 weeks
○          }
○    )
○    union ( ["Diagnosis": "40 Weeks Gestation"] D
○          return {
○                id: D.id,
○                code: D.code,
○                authorDatetime:
○                end of
○    D.prevalencePeriod,
○          result: 40 weeks
○          }
○    )
○    union ( ["Diagnosis": "41 Weeks Gestation"] D
○          return {
○                id: D.id,
○                code: D.code,
○                authorDatetime:
○                end of
○    D.prevalencePeriod,
○          result: 41 weeks
○          }
○    )
○    union ( ["Diagnosis": "42 Weeks Gestation"] D
○          return {
○                id: D.id,
○                code: D.code,
○                authorDatetime:
○                end of
○    D.prevalencePeriod,
○          result: 42 weeks
○          }
○    )
○    union ( ["Diagnosis": "43 Weeks Gestation"] D
○          return {

```

```

    ○                                     id: D.id,
    ○                                     code: D.code,
    ○                                     authorDatetime:
    ○                                     end of
    ○   D.prevalencePeriod,
    ○                                     result: 43 weeks
    ○                                     }
    ○   )

```

- **Initial Population**

- "Birth" B
- where "Participation Period"

- **Less than 37 Weeks Assessment**

- (["Assessment, Performed": "Length of gestation at birth (observable entity)"] Gestation
- where Gestation.result < 37 weeks
- and Gestation.authorDatetime in
- "Measurement Period"
-)
- union (["Diagnosis": "Weeks of Gestation Less than 37"] Weeks
- return "Assessment, Performed" {
- authorDatetime: start of Weeks.prevalencePeriod }
-)

- **Common.Commercial Product**

- 'commercial'
-
- //parameter "Measurement Period" Interval
-
-
- //parameter "Product Line" String

- **Common.Medicaid Product**

- 'medicaid'
-
- //parameter "Measurement Period" Interval
-
-
- //parameter "Product Line" String

- **Common.Medicare Product**

- 'medicare'
- //parameter "Measurement Period" Interval
- //parameter "Product Line" String

- **Common.Participation**

- ["Participation": "Commercial"]
- union ["Participation": "Medicaid"]
- union ["Participation": "Medicare"]

- **Negative Screen Same Day As Positive Screen**

- exists ("First Positive Adult Screen" PositiveScreen

- with ("Adult Depression Screen with Result"
- except "Adult Depression Screen with Positive Result") NegativeScreen
- such that NegativeScreen.authorDatetime same day as PositiveScreen.authorDatetime
-)
- or exists ("First Positive Adolescent Screen" PositiveScreen
- with ("Adolescents Depression Screen with Result"
- except "Adolescent Depression Screen with Positive Result") NegativeScreen
- such that NegativeScreen.authorDatetime same day as PositiveScreen.authorDatetime
-)
- **Numerator 1**
 - "Birth" B
 - where "Birth with Adolescent Depression Screen Between Conception and Delivery January 1 and December 1" is not null
 - or "Birth with Adolescent Depression Screen Delivery Between December 2 and December 31" is not null
 - or "Birth with Adult Depression Screen Between Conception and Delivery January 1 and December 1" is not null
 - or "Birth with Adult Depression Screen Delivery Between December 2 and December 31" is not null
- **Numerator 2**
 - ((Birth B
 - where "Negative Screen Same Day As Positive Screen"
 -)
 - union "Birth with Follow up on Positive Screen Within 30 Days"
 -)
- **Participation Period**
 - Common."Is Enrolled"(Common."Commercial Product", "Delivery Event", Interval["Delivery Event" - 28 days, "Delivery Event"], 0)
 - or Common."Is Enrolled"(Common."Medicaid Product", "Delivery Event", Interval["Delivery Event" - 28 days, "Delivery Event"], 0)
- **Stratification 1**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Commercial"]

- **Stratification 2**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Medicaid"]

Functions

- **Conception Date(Birth "Procedure, Performed")**
 - end of Birth.relevantPeriod - Last("All Gestational Age Assessment" Assessment
 - where Assessment.authorDatetime within 24 hours of
 - end of Birth.relevantPeriod
 - sort by authorDatetime
 -).result
- **Common.Enrollment Periods(ParticipationPeriod Interval<DateTime>)**
 - ({ 3 years, 2 years, 1 year }) Year
 - where
 - end of ParticipationPeriod - (Year - 1 year) after start of ParticipationPeriod
 - return Interval[Max({ successor of(
 - end of ParticipationPeriod - Year
 -), start of ParticipationPeriod }
 -),
 - end of ParticipationPeriod - (Year - 1 year)]
- **Common.Gap Days In Period(ParticipationPeriod Interval<DateTime>, Periods List<Interval<DateTime>>)**
 - case Count(Periods)
 - when 1 then if Periods[0]starts day of ParticipationPeriod then difference in days between
 - end of Periods[0]and
 - end of ParticipationPeriod
 - else if Periods[0]ends day of ParticipationPeriod then difference in days between start of ParticipationPeriod and start of Periods[0]
 - else maximum Integer
 - when 2 then if Periods[0]starts day of ParticipationPeriod and Periods[1]ends day of ParticipationPeriod then difference in days between
 - end of Periods[0]and start of Periods[1]
 - else maximum Integer
 - else maximum Integer
 - end
- **Common.Is Continuously Enrolled In Period(EnrollmentPeriod Interval<DateTime>, AllowedGapDays Integer) `**
 - "Gap Days In Period"(EnrollmentPeriod, "Participation In Period"(EnrollmentPeriod))<= AllowedGapDays
- **Common.Is Enrolled(ProductLine String, IndexDate DateTime, ParticipationPeriod Interval<DateTime>, AllowedGapDays Integer)**
 - case
 - when ProductLine is null then true
 - else "Is Enrolled On Date"(ProductLine, IndexDate)

- and AllTrue(("Enrollment
Periods"(ParticipationPeriod))EnrollmentPeriod
- return "Is Continuously Enrolled In
Period"(EnrollmentPeriod, if duration in months of
EnrollmentPeriod >= 6 then AllowedGapDays
- else 0
-)
-)
- end
- **Common.Is Enrolled On Date(ProductLine String, IndexDate DateTime)**
 - exists ((
 - case ProductLine
 - when "Commercial Product" then
 - ["Participation": "Commercial"]
 - when "Medicare Product" then ["Participation":
 - "Medicare"]
 - when "Medicaid Product" then ["Participation":
 - "Medicaid"]
 - else null
 - end) P
 - where IndexDate during P.participationPeriod
 -)
- **Common.Participation In Period(ParticipationPeriod Interval<DateTime>)**
 - collapse (Participation P
 - let I: P.participationPeriod
 - intersect ParticipationPeriod
 - where P.participationPeriod overlaps
 - ParticipationPeriod
 - return all Interval[ToDate(start of I),
 - predecessor of (ToDate(
 - end of I
 -)+ 1 day
 -)]
 -)
- **Common.ToDate(Value DateTime)**
 - DateTime(year from Value, month from Value, day from
 - Value, 0, 0, 0, 0, timezone from Value)

Measure Title	Postpartum Depression Screening and Follow-Up	Measure ID	PPD
Description	<p>The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. Two rates are reported.</p> <ol style="list-style-type: none"> 1. Depression Screening: The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. 2. Follow-Up on Positive Screen: The percentage of deliveries in which members received follow-up care within 30 days of screening positive for depression. 		
Measurement Period	January 1 – December 31.		
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Clinical Recommendation Statement	<p>The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents and adults, including pregnant and postpartum women. The American College of Obstetricians and Gynecologists (ACOG) recommends multiple postpartum visits no later than 12 weeks after birth that include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument. The American Academy of Pediatrics (AAP) recommends that pediatricians screen mothers for postpartum depression at the infant’s one-, two-, four- and six-month visits. The USPSTF and ACOG also recommend that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.</p>
Reference	<p>American Academy of Pediatrics. Earls, M.F. 2010. “Committee on Psychosocial Aspects of Child and Family Health. Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice.” <i>Pediatrics</i>. 126(5):1032–9.</p> <p>American College of Obstetricians and Gynecologists. 2018. “Screening for Perinatal Depression. ACOG Committee Opinion No. 757.” <i>Obstetrics & Gynecology</i>. 132(5):e208-12.</p> <p>U.S. Preventive Services Task Force. 2016. “Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement.” <i>Annals of Internal Medicine</i>. 164:360–6.</p> <p>U.S. Preventive Services Task Force. 2016. “Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement.” <i>Journal of the American Medical Association</i>. 315(4):380–7.</p>

Characteristics	
Scoring	Proportion.
Type	Process.
Item Count	Deliveries.
Stratification	<ol style="list-style-type: none"> 1. Commercial 2. Medicaid
Risk Adjustment	None.
Improvement Notation	A higher score indicates better performance.
Guidance	<p>Allocation</p> <p>The member was continuously enrolled with a medical benefit and no gaps in enrollment during the participation period.</p> <p>Requirements</p> <ol style="list-style-type: none"> 1. This measure requires the use of an age-appropriate screening instrument. The age of the member is used in the selection of the appropriate depression screening instrument. 2. 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. 3. Numerator 2: Follow-Up on Positive Screen: <ul style="list-style-type: none"> Any of the following on or 30 days after the first positive screen: <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ▪ 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.

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	114 days following the date of delivery.																																				
Depression Screening Instruments	<p>A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:</p> <table> <thead> <tr> <th>Instruments for Adolescents (12–17 years)</th><th>Positive Finding</th></tr> </thead> <tbody> <tr> <td>Patient Health Questionnaire (PHQ-9)[®]</td><td>Total Score ≥5</td></tr> <tr> <td>Patient Health Questionnaire Modified for Teens (PHQ-9M)[®]</td><td>Total Score ≥5</td></tr> <tr> <td>PRIME MD-PHQ2[®]</td><td>Total Score ≥3</td></tr> <tr> <td>Beck Depression Inventory-Fast Screen (BDI-FS)^{®*}</td><td>Total Score ≥4</td></tr> <tr> <td>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</td><td>Total Score ≥10</td></tr> <tr> <td>Edinburgh Postnatal Depression Scale (EPDS)</td><td>Total Score ≥9</td></tr> <tr> <td>PROMIS Depression</td><td>Total Score (T Score) ≥52.5</td></tr> </tbody> </table> <table> <thead> <tr> <th>Instruments for Adults (18+ years)</th><th>Positive Finding</th></tr> </thead> <tbody> <tr> <td>Patient Health Questionnaire (PHQ-9)[®]</td><td>Total Score ≥5</td></tr> <tr> <td>PRIME MD-PHQ2[®]</td><td>Total Score ≥3</td></tr> <tr> <td>Beck Depression Inventory-Fast Screen (BDI-FS)^{®*}</td><td>Total Score ≥4</td></tr> <tr> <td>Beck Depression Inventory (BDI-II)</td><td>Total Score ≥14</td></tr> <tr> <td>Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)</td><td>Total Score ≥10</td></tr> <tr> <td>Edinburgh Postnatal Depression Scale (EPDS)</td><td>Total Score ≥9</td></tr> <tr> <td>My Mood Monitor (M-3)[®]</td><td>Total Score ≥5</td></tr> <tr> <td>PROMIS Depression</td><td>Total Score (T Score) ≥52.5</td></tr> <tr> <td>Clinically Useful Depression Outcome Scale (CUDOS)^{**}</td><td>Total Score ≥11</td></tr> </tbody> </table> <p>*Proprietary; may be cost or licensing requirement associated with use.</p>	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 ≥10	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 ≥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
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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 ≥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																																				

Initial Population	Deliveries during September 8 of the year prior to the Measurement Period through September 7 of the Measurement Period.	
Exclusions	Exclude deliveries in which members were in hospice or using hospice services during the measurement period.	
	Numerator 1 Exclusion: Exclude depression screenings performed in an acute inpatient setting.	
Depression Screening	Denominator 1	The initial population, minus exclusions.
	Numerator 1	Deliveries in which members had documentation of depression screening performed using an age-appropriate standardized instrument during the 84-day period following the date of delivery.
Follow-Up on Positive Screen	Denominator 2	All deliveries from Numerator 1 with a positive finding for depression during the 84-day period following the date of delivery.
	Numerator 2	Deliveries in which members received follow-up care on or 30 days after the date of the first positive screen (31 days total), or documentation of additional depression screening on the same day and subsequent to the positive screen indicating either no depression or no symptoms that require follow-up.

Data Criteria (Element Level)**Value Sets:**

- “Diagnosis: Depression or Other Behavioral Health Condition” using “Depression or Other Behavioral Health Condition (2.16.840.1.113883.3.464.1004.1501)”
- “Diagnosis: Depression” using “Depression or Other Behavioral Health Condition (2.16.840.1.113883.3.464.1004.1390)”
- “Encounter, Performed: Behavioral Health Encounter” using “Behavioral Health Encounter (2.16.840.1.113883.3.464.1004.1383)”
- “Encounter, Performed: Depression Case Management Encounter” using “Depression Case Management Encounter (2.16.840.1.113883.3.464.1004.1389)”
- “Encounter, Performed: Follow Up Visit” using “Follow Up Visit (2.16.840.1.113883.3.464.1004.1385)”
- “Intervention, Order: Hospice” using “Hospice Intervention” (2.16.840.1.113883.3.464.1004.1762)”
- “Intervention, Performed: Hospice” using “Hospice Intervention” (2.16.840.1.113883.3.464.1004.1762)”
- “Encounter, Performed: Hospice” using “Hospice Encounter” (2.16.840.1.113883.3.464.1004.1761)”
- “Encounter, Performed: Acute Inpatient POS” using “Acute Inpatient POS” (2.16.840.1.113883.3.464.1004.1027)”
- “Encounter, Performed: Acute Inpatient” using “Acute Inpatient” (2.16.840.1.113883.3.464.1002.1017)”
- “Medication, Dispensed: Antidepressant Medication” using “Antidepressant Medication (2.16.840.1.113883.3.464.1004.1503)”
- “Participation: Commercial” using “Commercial (2.16.840.1.113883.3.464.1004.1518)”
- “Participation: Medicaid” using “Medicaid (2.16.840.1.113883.3.464.1004.1517)”
- “Procedure, Performed: Deliveries” using “Deliveries (2.16.840.1.113883.3.464.1004.1508)”

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: Edinburgh Postnatal Depression Scale [EPDS] (LOINC Code 71354-5)”

- “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: My Mood Monitor Total score [M3] (LOINC Code 71777-7)”
- “Assessment, Performed: Total score [CUDOS] (LOINC Code 90221-3)”
- “Diagnosis: Symptoms of depression (finding) (SNOMEDCT Code 394924000)”

Table of Contents

- Population Criteria
- Definitions
- Functions

Population Criteria

- **Population Criteria 1**
- **Initial Population 1**
 - "Birth" B
 - where "Participation Period"
- **Denominator 1**
 - "Initial Population"
- **Denominator 1 Exclusions**
 - "Birth with Hospice Order or Intervention"
- **Numerator 1**
 - "Birth" B
 - where "Birth with Adolescent Depression Screen Within 84 Days of Delivery" is not null
 - or "Birth with Adult Depression Screen Within 84 days of Delivery" is not null
- **Numerator 1 Exclusions**
 - exists "Birth with Services Provided in an Acute Inpatient Setting"
 - and "Birth with Adolescent Depression Screen Within 84 Days of Delivery" is not null or "Birth with Adult Depression Screen Within 84 days of Delivery" is not null
- **Denominator 1 Exceptions**
 - **None**
- **Stratification 1**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Commercial"]
- **Stratification 2**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Medicaid"]

Population Criteria 2

- **Initial Population 2**
 - "Birth" B
 - where "Participation Period"
- **Denominator 2**
 - "Birth" B
 - where "Birth with Adolescent Depression Screen with Positive Result Within 84 Days of Delivery" is not null
 - or "Birth with Adult Depression Screen with Positive Result Within 84 Days of Delivery" is not null
- **Denominator 2 Exclusions**
 - "Birth with Hospice Order or Intervention"
- **Numerator 2**
 - ((Birth B
 - where "Negative Screen Same Day As Positive Screen"
 -)
 - union "Birth with Follow up on Positive Screen Within 30 Days"
 -)
- **Numerator 2 Exclusions**
 - None
- **Denominator 2 Exceptions**
 - None
- **Stratification 1**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Commercial"]
- **Stratification 2**
 - "Birth" B
 - where exists ["Patient Characteristic Payer": Common."Medicaid"]

Definitions

- **Adolescent Depression Screen with Positive Result**
 - // Patient Health Questionnaire (PHQ-9)
 - ((["Assessment, Performed": "Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]"] PHQ9
 - where PHQ9.result >= 5
 -)
 - // Patient Health Questionnaire Modified for Teens(PHQ-9M)
 - union (["Assessment, Performed": "Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]"] PHQ9M
 - where PHQ9M.result >= 5
 -)
 - // PRIME MD-PHQ2

```

    ○ union ( ["Assessment, Performed": "Patient
    Health Questionnaire 2 item (PHQ-2) total score [Reported]" ]
    PHQ2
    ○ where PHQ2.result >= 3
    ○ )
    ○ // Beck Depression Inventory-Fast Screen (BDI-FS)
    ○ union ( ["Assessment, Performed": "Beck
    Depression Inventory Fast Screen total score [BDI]" ] BDI
    ○ where BDI.result >= 4
    ○ )
    ○ // Center for Epidemiologic Studies Depression Scale
    (CES-DC)
    ○ union ( ["Assessment, Performed": "Center for
    Epidemiologic Studies Depression Scale-Revised total score
    [CESD-R]" ] CESD
    ○ where CESD.result >= 10
    ○ )
    ○ // PROMIS Depression
    ○ union ( ["Assessment, Performed": "PROMIS-
    29 Depression score T-score" ] PROMIS
    ○ where PROMIS.result >=
    52.5
    ○ )
    ○ //Edinburgh Postnatal Depression Scale
    ○ union ( ["Assessment, Performed": "Edinburgh
    Postnatal Depression Scale [EPDS]" ] Edin
    ○ where Edin.result >= 9
    ○ //Clinically Useful Depression Outcome Scale
    (CUDOS)
    ○ union ( ["Assessment, Performed": "Total score
    [CUDOS]" ] CUDOS
    ○ where CUDOS.result >= 11
    ○ ) ) AdolescentPositiveDepressionScreen

```

- **Adolescents Depression Screen with Result**

```

    ○ // Patient Health Questionnaire 9 item (PHQ-9) total
    score
    ○ ( ( ["Assessment, Performed": "Patient Health
    Questionnaire 9 item (PHQ-9) total score [Reported]" ] )
    ○ // Patient Health Questionnaire Modified for Teens(PHQ-
    9M)
    ○ union ( ["Assessment, Performed": "Patient
    Health Questionnaire-9: Modified for Teens total score
    [Reported.PHQ.Teen]" ] )
    ○ // PRIME MD-PHQ2
    ○ union ( ["Assessment, Performed": "Patient
    Health Questionnaire 2 item (PHQ-2) total score [Reported]" ]
    )
    ○ // Beck Depression Inventory-Fast Screen (BDI-FS)
    ○ union ( ["Assessment, Performed": "Beck
    Depression Inventory Fast Screen total score [BDI]" ] )
    ○ // Center for Epidemiologic Studies Depression Scale
    (CES-DC)
    ○ union ( ["Assessment, Performed": "Center for
    Epidemiologic Studies Depression Scale-Revised total score
    [CESD-R]" ] )

```

- // PROMIS Depression
- union (["Assessment, Performed": "PROMIS-29 Depression score T-score"])
- union (["Assessment, Performed": "Edinburgh Postnatal Depression Scale [EPDS]"])
- //Clinically Useful Depression Outcome Scale (CUDOS)
- union (["Assessment, Performed": "Total score [CUDOS]"])
-)) AdolescentDepressionScreen
- where AdolescentDepressionScreen.result is not null

- **Adult Depression Screen with Positive Result**

- // Patient Health Questionnaire (PHQ-9)
- ((["Assessment, Performed": "Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]"] PHQ9
- where PHQ9.result >= 5
-)
-)
- // PRIME MD-PHQ2
- union (["Assessment, Performed": "Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]"] PHQ2
- where PHQ2.result >= 3
-)
-)
- // Beck Depression Inventory-Fast Screen (BDI-FS)
- union (["Assessment, Performed": "Beck Depression Inventory Fast Screen total score [BDI]"] BDIFS
- where BDIFS.result >= 4
-)
-)
- // Beck Depression Inventory (BDI-II)
- union (["Assessment, Performed": "Beck Depression Inventory II total score [BDI]"] BDI
- where BDI.result >= 14
-)
-)
- // Center for Epidemiologic Studies Depression Scale Revised (CESD-R)
- union (["Assessment, Performed": "Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]"] CESD
- where CESD.result >= 10
-)
-)
- // Edinburgh Postnatal Depression Scale (EPDS)
- union (["Assessment, Performed": "Edinburgh Postnatal Depression Scale [EPDS]"] EPDS
- where EPDS.result >= 9
-)
-)
- // My Mood Monitor (M-3)
- union (["Assessment, Performed": "Total score [M3]"] M3
- where M3.result >= 5

```

    ○
    ○
    ○
    ○ // PROMIS Depression
    ○ union ( ["Assessment, Performed": "PROMIS-
29 Depression score T-score"] PROMIS
    ○ where PROMIS.result >=
52.5
    ○ )
    ○ //Clinically Useful Depression Outcome Scale (CUDOS)
    ○ union ( ["Assessment, Performed": "Total score
[CUDOS]" ] CUDOS
    ○ where CUDOS.result >= 11
    ○ ) ) AdultPositiveDepressionScreen

```

- **Adult Depression Screen with Result**

```

    ○ // Patient Health Questionnaire (PHQ-9)
    ○ ( ( ["Assessment, Performed": "Patient Health
Questionnaire 9 item (PHQ-9) total score [Reported]" ] )
    ○ // PRIME MD-PHQ2
    ○ union ( ["Assessment, Performed": "Patient
Health Questionnaire 2 item (PHQ-2) total score [Reported]" ]
    )
    ○ // Beck Depression Inventory-Fast Screen (BDI-FS)
    ○ union ( ["Assessment, Performed": "Beck
Depression Inventory Fast Screen total score [BDI]" ] )
    ○ // Beck Depression Inventory (BDI-II)
    ○ union ( ["Assessment, Performed": "Beck
Depression Inventory II total score [BDI]" ] )
    ○ // Center for Epidemiologic Studies Depression Scale
Revised (CESD-R)
    ○ union ( ["Assessment, Performed": "Center for
Epidemiologic Studies Depression Scale-Revised total score
[CESD-R]" ] )
    ○ // Edinburgh Postnatal Depression Scale (EPDS)
    ○ union ( ["Assessment, Performed": "Edinburgh
Postnatal Depression Scale [EPDS]" ] )
    ○ // My Mood Monitor (M-3)
    ○ union ( ["Assessment, Performed": "Total
score [M3]" ] )
    ○ // PROMIS Depression
    ○ union ( ["Assessment, Performed": "PROMIS-
29 Depression score T-score"]
    ○ //Clinically Useful Depression Outcome Scale (CUDOS)
    ○ union ( ["Assessment,
Performed": "Total score [CUDOS]" ] )
    ○ ) ) AdultDepressionScreen
    ○ where AdultDepressionScreen.result is not null

```

- **Birth**

```

    ○ ["Procedure, Performed": "Deliveries"] DeliveryProcedure
    ○ where DeliveryProcedure.relevantPeriod
during Interval[start of "Measurement Period" + 114 days,
    ○ end of "Measurement Period" - 113 days]

```

- **Birth with Adolescent Depression Screen with Positive Result Within 84 Days of Delivery**

- "Birth" Birth
 - with ("Adolescent Depression Screen with Positive Result") DepressionScreen
 - such that DepressionScreen.authorDatetime 84 days or less on or after
 - end of Birth.relevantPeriod and DepressionScreen.result is not null
- **Birth with Adolescent Depression Screen Within 84 Days of Delivery**
 - "Birth" Birth
 - with ("Adolescents Depression Screen with Result") DepressionScreen
 - such that DepressionScreen.authorDatetime 84 days or less on or after
 - end of Birth.relevantPeriod
- **Birth with Adult Depression Screen with Positive Result Within 84 Days of Delivery**
 - "Birth" Birth
 - with ("Adult Depression Screen with Positive Result") DepressionScreen
 - such that DepressionScreen.authorDatetime 84 days or less on or after
 - end of Birth.relevantPeriod and DepressionScreen.result is not null
- **Birth with Adult Depression Screen Within 84 days of Delivery**
 - "Birth" Birth
 - with ("Adult Depression Screen with Result") DepressionScreen
 - such that DepressionScreen.authorDatetime 84 days or less on or after
 - end of Birth.relevantPeriod
- **Birth with Follow up on Positive Screen Within 30 Days**
 - Birth B
 - with ("Follow Up on Positive Screen Within 30 Days") Followup
 - such that Followup is not null
- **Birth with Hospice Order or Intervention**
 - "Birth" B
 - where exists ((["Intervention, Performed": "Hospice Intervention"] Hospice
 - where Hospice.relevantPeriod overlaps "Measurement Period"
 -)
 - union (["Intervention, Order": "Hospice Intervention"] HospiceOrder
 - where HospiceOrder.authorDatetime during "Measurement Period"
 -)
 - union (["Encounter, Performed": "Hospice Encounter"] HospiceEncounter
 - where HospiceEncounter.relevantPeriod overlaps "Measurement Period"

-)
-)
- **Birth with Services Provided in an Acute Inpatient Setting**
 - "Birth" Birth
 - with ("Services Provided in an Acute Inpatient Setting") AcuteInpatient
 - such that Birth.authorDatetime during AcuteInpatient.relevantPeriod
- **Delivery Event**
 - singleton from ("Birth" Delivery
 - where Delivery.relevantPeriod during Interval[start of "Measurement Period" + 114 days,
 - end of "Measurement Period" - 113 days]
 - return Delivery.authorDatetime
 - return Delivery.authorDatetime
 -)
- **Denominator 1**
 - "Initial Population"
- **Denominator 2**
 - "Birth" B
 - where "Birth with Adolescent Depression Screen with Positive Result Within 84 Days of Delivery" is not null
 - or "Birth with Adult Depression Screen with Positive Result Within 84 Days of Delivery" is not null
- **Denominator Exclusions**
 - "Birth with Hospice Order or Intervention"
- **First Positive Adolescent Screen**
 - { First(("Adolescent Depression Screen with Positive Result")PosScreen
 - sort by authorDatetime ascending
 -)}
- **First Positive Adult Screen**
 - { First(("Adult Depression Screen with Positive Result")PosScreen
 - sort by authorDatetime ascending
 -)}
- **Follow Up on Positive Screen Within 30 Days**
 - (((["Encounter, Performed": "Follow Up Visit"] Encounter
 - with ["Diagnosis": "Depression or Other Behavioral Health Condition"] Diagnosis
 - such that Encounter.relevantPeriod overlaps Diagnosis.prevalencePeriod
 -)

```

    ○ union ( ["Encounter, Performed":
"Behavioral Health Encounter"] )
    ○ union ( ["Encounter, Performed":
"Depression Case Management Encounter"] Case
    ○ with (
["Diagnosis": "Depression or Other Behavioral Health
Condition"]
    ○ union
["Diagnosis": "Symptoms of depression (finding)"] ) Symp
    ○ such
that Case.relevantPeriod overlaps Symp.prevalencePeriod
    ○ )
    ○ union ( ["Medication, Dispensed":
"Antidepressant Medication"] ) ) FollowUpEncounter
    ○ with ( "First Positive Adolescent
Screen"
    ○ union ( "First Positive
Adult Screen" ) ) Den
    ○ such that
FollowUpEncounter.authorDatetime during
Interval[Den.authorDatetime, Den.authorDatetime + 30 days]
    ○ )

```

- **Initial Population**

- "Birth" B
- where "Participation Period"

- **Common.Commercial Product**

- 'commercial'
- //parameter "Measurement Period" Interval
- //parameter "Product Line" String

- **Common.Medicaid Product**

- 'medicaid'
- //parameter "Measurement Period" Interval
- //parameter "Product Line" String

- **Common.Medicare Product**

- 'medicare'
- //parameter "Measurement Period" Interval
- //parameter "Product Line" String

- **Common.Participation**

- ["Participation": "Commercial"]
- union ["Participation": "Medicaid"]
- union ["Participation": "Medicare"]

- **Negative Screen Same Day As Positive Screen**

- exists ("First Positive Adult Screen" PositiveScreen
- with ("Adult Depression Screen with Result"
- except "Adult Depression Screen with Positive Result") NegativeScreen
- such that
- NegativeScreen.authorDatetime same day as PositiveScreen.authorDatetime
-)
- or exists ("First Positive Adolescent Screen" PositiveScreen
- with ("Adolescents Depression Screen with Result"
- except
- "Adolescent Depression Screen with Positive Result") NegativeScreen
- such that
- NegativeScreen.authorDatetime same day as PositiveScreen.authorDatetime
-)

- **Numerator 1**

- "Birth" B
- where "Birth with Adolescent Depression Screen Within 84 Days of Delivery" is not null
- or "Birth with Adult Depression Screen Within 84 days of Delivery" is not null

- **Numerator 1 Exclusions**

- exists "Birth with Services Provided in an Acute Inpatient Setting"
- and "Birth with Adolescent Depression Screen Within 84 Days of Delivery" is not null
- or "Birth with Adult Depression Screen Within 84 days of Delivery" is not null

- **Numerator 2**

- ((Birth B
- where "Negative Screen Same Day As Positive Screen"
-)
- union "Birth with Follow up on Positive Screen Within 30 Days"
-)
-

- **Participation Period**

- Common."Is Enrolled"(Common."Commercial Product", "Delivery Event", Interval["Delivery Event", "Delivery Event" + 114 days], 0)
- or Common."Is Enrolled"(Common."Medicaid Product", "Delivery Event", Interval["Delivery Event", "Delivery Event" + 114 days], 0)
-

- **Services Provided in an Acute Inpatient Setting**

- ["Encounter, Performed": "Acute Inpatient"]

- union ["Encounter, Performed": "Acute Inpatient POS"]
AcuteInpatient
 - where AcuteInpatient.relevantPeriod during
"Measurement Period"
- **Stratification 1**
 - "Birth" B
 - where exists ["Patient Characteristic Payer":
Common."Commercial"]
- **Stratification 2**
 - "Birth" B
 - where exists ["Patient Characteristic Payer":
Common."Medicaid"]

Functions

- **Common.Enrollment Periods(ParticipationPeriod Interval<DateTime>)**
 - ({ 3 years, 2 years, 1 year }) Year
 - where
 - end of ParticipationPeriod - (Year - 1 year)
after start of ParticipationPeriod
 - return Interval[Max({ successor of(
end of ParticipationPeriod
- Year
) , start of ParticipationPeriod }
) ,
end of ParticipationPeriod - (Year - 1 year)
- **Common.Gap Days In Period(ParticipationPeriod Interval<DateTime>, Periods
List<Interval<DateTime>>)**
 - case Count(Periods)
 - when 1 then if Periods[0]starts day of
ParticipationPeriod then difference in days between
end of Periods[0]and
end of ParticipationPeriod
 - else if Periods[0]ends day of
ParticipationPeriod then difference in days between start of
ParticipationPeriod and start of Periods[0]
 - else maximum Integer
 - when 2 then if Periods[0]starts day of
ParticipationPeriod
and Periods[1]ends day of
ParticipationPeriod then difference in days between
end of Periods[0]and start of Periods[1]
 - else maximum Integer
 - else maximum Integer
 - end
- **Common.Is Continuously Enrolled In Period(EnrollmentPeriod Interval<DateTime>,
AllowedGapDays Integer)**
 - "Gap Days In Period"(EnrollmentPeriod, "Participation In
Period"(EnrollmentPeriod))<= AllowedGapDays

- **Common.Is Enrolled(ProductLine String, IndexDate DateTime, ParticipationPeriod Interval<DateTime>, AllowedGapDays Integer)**
 - case
 - when ProductLine is null then true
 - else "Is Enrolled On Date"(ProductLine, IndexDate)
 - and AllTrue(("Enrollment Periods"(ParticipationPeriod))EnrollmentPeriod
 - return "Is Continuously Enrolled In Period"(EnrollmentPeriod, if duration in months of EnrollmentPeriod >= 6 then AllowedGapDays
 - else
 - 0
 -)
 -)
 - end
- **Common.Is Enrolled On Date(ProductLine String, IndexDate DateTime)**
 - exists ((
 - case ProductLine
 - when "Commercial Product" then ["Participation": "Commercial"]
 - when "Medicare Product" then ["Participation": "Medicare"]
 - when "Medicaid Product" then ["Participation": "Medicaid"]
 - else null
 - end) P
 - where IndexDate during P.participationPeriod
 -)
- **Common.Participation In Period(ParticipationPeriod Interval<DateTime>)**
 - collapse (Participation P
 - let I: P.participationPeriod
 - intersect
 - ParticipationPeriod
 - where P.participationPeriod overlaps ParticipationPeriod
 - return all Interval[ToDate(start of I), predecessor of (ToDate(
 - end of I
 -)+ 1 day
 -)]
 -)
- **Common.ToDate(Value DateTime)**
 - DateTime(year from Value, month from Value, day from Value, 0, 0, 0, 0, timezone from Value)

Prenatal (PND) and Postpartum (PPD) Depression Screening and Follow-Up Measure Workup

Topic Overview

Depression is an overwhelming feeling of sadness and hopelessness that can last for months or years. Maternal depression is all-encompassing term for the spectrum of depressive conditions that can affect women when they are pregnant and after giving birth. “Perinatal depression” refers to minor and major depression episodes during pregnancy and/or the first 12 months after childbirth (Gaynes et al., 2005).

Importance and Prevalence

Rates of depression for pregnant and/or postpartum women range from 12%–15%, with postpartum depression rates in some areas in the United States estimated to be as high as 20% (Ko, 2017; Gaynes et al., 2005; Bennett, 2004).

Certain factors put some women at higher risk for maternal depression. Race/ethnicity, age and socioeconomic status are predictors of maternal depression (NIHCM, 2010). According to self-reported prevalence data from 27 states, younger women, women with lower educational attainment, unmarried women and women whose infants were low birthweight or required neonatal intensive care unit care were more likely to report postpartum depressive symptoms (Ko et al., 2017).

Perinatal depression is a common condition that affects functional outcomes both for the affected women and their families. Depression can make people feel that life is no longer worth living. People affected by depression lose interest in activities they once enjoyed; they can also suffer from physical symptoms that interfere with their ability to participate in normal daily activities.

Depression has significant consequences for women, their infants and their families. Women with untreated depression during pregnancy are at risk of developing severe postpartum depression and suicidality, and of delivering premature or low-birthweight babies (Chan, 2014). Postpartum depression hinders infant attachment and bonding and can lead to developmental disorders that last into adolescence (Field, 2010; Kingston, 2012; Dawson, 1999). During infancy, important caregiving activities such as breastfeeding, sleep, adherence to well-child visits and vaccine schedules can be compromised in depressed mothers (Field, 2010; Gregory, 2015; Minkovitz, 2005).

Financial importance and cost effectiveness

Depression has a sizeable effect on health care costs and on productivity. Estimates of the economic cost of depression range from \$36–\$83 billion, which includes direct medical costs, suicide-related mortality costs and workplace costs (National Business Group of Health, 2011). Perinatal depression represents a significant portion of that cost.

Screening for and treating postpartum depression has been shown to be cost-saving. One study found that screening for and treating postpartum depression and psychosis cost an estimated \$1,000 per woman and resulted in an estimated \$10,200 in savings per remission (Wilkinson, 2017).

Perinatal depression also has an impact on the health care utilization for the child. Maternal depression is associated with increased use of acute health care services, including emergency department visits, among children under 3 years of age (Minkovitz, 2005).

Given clinical recommendations, perinatal depression screening is considered an essential health benefit under the Patient Prevention and Affordable Care Act (U.S. Congress, 2010). This designation removes cost-sharing of screening services for pregnant and postpartum women. In 2016, the U.S. Preventive Services Task Force (USPSTF) specifically recommended depression screening for perinatal women, and this recommendation was followed by a Centers for Medicare & Medicaid Services Informational Bulletin, highlighting the critical role of Medicaid reimbursement for screening and treatment of mothers, thus providing incentives for health care providers to address this important condition in mothers, who may not be direct patients. Currently, 36 states recommend, require or allow maternal depression screening to be provided as part of a well-child visit.

Supporting Evidence for Perinatal Depression Care Measures

The USPSTF, American College of Obstetricians and Gynecologists and American Psychiatric Association have guidelines for screening and treatment of depression in adolescents and adults, including perinatal women. Because perinatal depression is a risk factor for child development, the American Academy of Pediatrics also calls for the incorporation of detection and management of maternal depression in pediatric practices.

Screening and follow-up

The USPSTF gave a Grade B recommendation to screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up (Siu and USPSTF, 2016). In its review, the USPSTF identified the Patient Health Questionnaire (PHQ) in various forms and the Edinburgh Postnatal Depression Scale (EPDS) as commonly used depression screening tools for pregnant and postpartum women, and noted that a positive screening result should lead to follow-up to assess the severity of depression, additional psychological issues or medical conditions (USPSTF, 2016).

The American College of Obstetricians and Gynecologists (ACOG) recommends that clinicians screen women at least once during the perinatal period (during pregnancy through 12 months postpartum) for depression and anxiety symptoms using a standardized, validated tool (ACOG, 2015). In 2018, ACOG published a Committee Opinion with updated recommendations for postpartum care and depression screening. ACOG now recommends an initial assessment with a maternal care provider, either in person or by phone, within 3 weeks after birth to address acute postpartum issues, followed by ongoing care as needed and concluding with a comprehensive well-woman visit by 12 weeks after delivery. Postpartum care provided during this time period should include a full assessment of psychological well-being, including screening for postpartum depression and anxiety with a validated instrument (ACOG, 2018).

A joint report from ACOG and the American Psychiatric Association recommends that routine self-report screening instruments be used to determine if the patient requires further assessment by a clinician (Yonkers, 2009).

The American Academy of Pediatrics states that primary care pediatricians caring for infants and their families have a unique opportunity to identify maternal depression and help prevent untoward developmental and mental health outcomes for the infant and family (Earls, 2010). Screening can be integrated into the well-child care schedule and included in the prenatal visit. It is recommended that screening for postpartum depression occur at the infant's 1-, 2-, 4- and 6-month visits. Further, intervention and referral are optimized by collaborative relationships with community resources and/or by co-located/ integrated primary care and mental health practices (Earls, 2010).

Follow-up for positive screening of perinatal depression	<p>The USPSTF recommends that if screenings for depression in postpartum and pregnant women are to occur, adequate systems must be in place for screening results that indicate depression or likely depression. “Adequate systems in place” means having the appropriate systems and clinical staff to ensure that patients are screened and, if they screen positive, that they are appropriately diagnosed and treated with evidence-based care or referred to a setting that can provide the necessary care (USPSTF, 2016).</p> <p>ACOG recommends screening be coupled with appropriate follow-up and treatment when indicated (practices should be prepared to initiate medical therapy or refer patients to appropriate care, or both), and systems should be in place to ensure follow-up for diagnosis and treatment (ACOG, 2015).</p>
Monitoring perinatal depressive symptoms	<p>The use of standardized tools is essential for tracking depressive symptoms and monitoring patient response to treatment. Standardized instruments are useful for identifying meaningful change in clinical outcomes over time. Guidelines recommend that providers establish and maintain regular follow-up with patients diagnosed with depression and use a standardized tool to track symptoms (Mitchel et al., 2013). Meta-analyses of studies in adults indicate that formally monitoring patient progress improves patient outcomes (Lambert et al., 2003; Shimokawa et al., 2010; Knaup., 2009).</p>
Interventions and treatment models	<p>There are effective interventions for addressing maternal depression. Maternal depression can be treated with pharmacologic therapy and/or behavioral health interventions (Field, 2010; Pilowsky, 2014).</p> <p>ACOG and the American Psychiatric Association recommend several treatment modalities (pharmacotherapy and psychotherapy) for treating depression during pregnancy (Yonkers, 2009). For pregnant women with suicidal or psychotic symptoms, psychiatric consultation should be sought.</p> <p>Evidence shows that pharmacologic therapy such as antidepressants improves outcomes for mothers with perinatal depression. Antidepressants such as paroxetine, sertraline and nortriptyline have been found to be appropriate and safe for women who are breastfeeding (Hantsoo, 2015; Misri, 2004; Wisner, 2006).</p> <p>Psychotherapy offers an alternative to pharmacotherapy, particularly for women who are breastfeeding (O'Hara, 2000; Pearlstein, 2006). Psychological interventions, such as cognitive behavioral therapy and group counseling, have been shown to be effective over routine primary care (Milgrom, 2005; Dennis, 2007). Interpersonal psychotherapy has been shown to reduce depressive symptoms and improve social adjustment (O'Hara, 2000).</p> <p>One study looking at women with postpartum depression and anxiety found that pharmacotherapy (antidepressants) and combination therapy (antidepressants and cognitive behavioral therapy) were both effective in reducing depression and anxiety symptoms (Misri, 2004).</p>
Health care disparities	<p>The risk of untreated perinatal depression is higher among low-income ethnic minority mothers (Abrams, 2009). Even when care is provided, variation in depression care management has been documented, particularly among minority women (Yamamoto, 2015). In one study, African-American and Latina women were less likely to receive follow-up treatment or continued care (Kozhimannil, 2011).</p>

Shifts in women's care settings across the perinatal continuum and disruptions in insurance coverage may be factors in low perinatal depression screening and management rates. Though most women obtain prenatal and postpartum care from OB/GYNs, ongoing care after the initial postpartum visit may occur at different settings, or not at all. For example, 4 of 5 women, but only 63% of women on Medicaid, receive some postpartum visit 4–6 weeks after delivery (Scholle et al, 2003; NCQA, 2016).

Women with infants most often see pediatric primary care clinicians during well-child visits: within the first 15 months of life, 70% of children (57% of children in Medicaid) received at least 6 well-child visits (NCQA, 2016). Thus, well-child visits represent the most consistent contact mothers of infants tend to have with the health care system (Olin et al., 2016). In terms of insurance, approximately half of all births in the U.S. are funded by Medicaid, but over half of women with Medicaid move in and out of health care coverage in the months before and after childbirth, which could lead to depression being overlooked or untreated (Daw et al, 2017).

Gaps in care

Maternal depression is often underdiagnosed and untreated. Nearly 60% of women with depressive symptoms do not receive a clinical diagnosis, and 50% of women with a diagnosis do not receive any treatment (Ko, 2012). Surveys of OB/GYNs found that most perceive depression screening and treatment to be effective, but they are not typically provided with appropriate resources and training (Leddy, 2011). Fewer than half of pediatricians' report screening or inquiring about maternal depression (Kerker et al., 2016).

References

- American College of Obstetricians and Gynecologists. 2018. "Screening for Perinatal Depression." ACOG Committee Opinion No. 757. *Obstet Gynecol* 132(5):E208–12.
- American College of Obstetricians and Gynecologists. 2018. "Optimizing Postpartum Care." ACOG Committee Opinion No. 736. *Obstet Gynecol* 131:140–50.
- American College of Obstetricians and Gynecologists. 2015. "Screening for Perinatal Depression." ACOG Committee Opinion No. 630. *Obstet Gynecol* 125(5):1268–71.
- Abrams, L.S., K. Dornig, and L. Curran. 2009. "Barriers to Service Use for Postpartum Depression Symptoms Among Low-Income Ethnic Minority Mothers in the United States." *Qualitative Health Research* 19(4), 535–51.
- Bennett, H.A., A. Einarson, A. Taddio, G. Koren and T.R. Einarson. April 2004. "Prevalence of Depression During Pregnancy Systematic Review." *Obstet Gynecol* 103(4):698–709.
- Brett, K., M. Barfield, C. Williams. 2008. "Prevalence of Self-Reported Depressive Symptoms—17 States, 2004–2005." *Journal of the American Medical Association* 299(19), 2268–70.
- Chan, J., A. Natekar, A. Einarson and G. Koren. March 2014. "Risks of Untreated Depression in Pregnancy." *Can Fam Physician* 60(3): 242–43.
- Daw, J.R., L.A. Hatfield, K. Swartz, B.D. Sommers. April 2017. "Women in the United States Experience High Rates of Coverage 'Churn' in Months Before and After Childbirth." *Health Affairs* 1;36(4):598–606. doi: 101377/Hlthaff.2016.1241
- Dawson, G., K. Frey, H. Panagiotides, E. Yamada, D. Hessel, J. Osterling. 1999. "Infants of Depressed Mothers Exhibit Atypical Frontal Electrical Brain Activity During Interactions With Mother and With a Familiar, Nondepressed Adult." *Child Dev* 70(5):1058–66.
- Dennis, C.L., and E.D. Hodnett. 2007. *Psychosocial and Psychological Interventions for Treating Postpartum Depression*. The Cochrane Library.
- Earls, M.F. 2010. "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice." *Pediatrics* 126(5):1032–9.
- Field, T. 2010. "Postpartum Depression Effects On Early Interactions, Parenting, and Safety Practices: a Review." *Infant Behav Dev* 33(1):1–6.
- Gaynes, B.N., N. Gavin, S. Meltzer-Brody, et al. 2005. *Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes: Summary*. Bethesda, MD: National Center for Biotechnology Information:1–8.

- Gregory, E.F., A.M. Butz, S.R. Ghazarian, S.M. Gross, S.B. Johnson. 20105. "Are Unmet Breastfeeding Expectations Associated With Maternal Depressive Symptoms?" *Acad Ped* 15(3):319–25.
- Hantsoo, L., D. Ward-O'Brien, K.A. Czarkowski, R. Gueorguieva, L.H. Price, and C.N. Epperson. 2014. "A Randomized, Placebo-Controlled, Double-Blind Trial of Sertraline for Postpartum Depression." *Psychopharmacology* 231(5), 939–48.
- Kerker, B.D., A. Storfer-Isser, R.E. Stein, et al. 2016. "Identifying Maternal Depression in Pediatric Primary Care: Changes Over a Decade." *Journal of Development and Behavioral Pediatrics* 37:113–20.
- Kingston, D., S. Tough, H. Whitfield. 2012. "Prenatal and Postpartum Maternal Psychological Distress and Infant Development: A Systematic Review." *Child Psychiatry and Human Development* 43(5):683–714.
- Knaup, C., M. Koesters, D. Schoefer, T. Becker, B. Puschner. 2009. "Effect of Feedback of Treatment Outcome in Specialist Mental Healthcare: Meta-Analysis." *British Journal of Psychiatry* 195(1):15–22.
- Ko, J.Y., K.M. Rockhill, V.T. Tong, B. Morrow, S.L. Farr. 2017. "Trends in Postpartum Depressive Symptoms — 27 States, 2004, 2008, and 2012." *MMWR Morb Mortal Wkly Rep* 66:153–158. doi: <http://dx.doi.org/10.15585/mmwr.mm6606a1>
- Ko, J.Y., S.L. Farr, P.M. Dietz, C.L. Robbins. 2012. "Depression and Treatment Among U.S. Pregnant and Nonpregnant Women of Reproductive Age, 2005–2009." *J Womens Health* (Larchmt) 21:830–6.
- Kozhimannil, K.B., C.M. Trinacty, A.B. Busch, H.A. Huskamp, and A.S. Adams. 2011. "Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women." *Psychiatric Services* 62(6), 619–25.
- Lambert, M.J., J.L. Whipple, E.J. Hawkins, D.A. Vermeersch, S.L. Nielsen, D.W. Smart. 2003. "Is It Time for Clinicians to Routinely Track Patient Outcome? A Meta-Analysis." *Clinical Psychology: Science and Practice* 10(3):288–301.
- Leddy, M., D. Haaga, J. Gray, J. Schulkin. 2011. "Postpartum Mental Health Screening and Diagnosis by Obstetrician-Gynecologists." *J Psychosomatic Obstetrics Gynecology* 32(1), 27–34.
- Milgrom, J., L.M. Negri, A.W. Gemmill, M. McNeil, and P.R. Martin. 2005. "A Randomized Controlled Trial of Psychological Interventions for Postnatal Depression." *British Journal of Clinical Psychology* 44(4), 529–42.
- Minkovitz, C.S., D. Strobino, D. Scharfstein, et al. 2005. "Maternal Depressive Symptoms and Children's Receipt of Health Care in the First 3 Years of Life." *Pediatrics* 115(2):306–14.
- Misri, S., P. Reebye, M. Corral, and L. Mills. 2004. "The Use of Paroxetine and Cognitive-Behavioral Therapy in Postpartum Depression and Anxiety: A Randomized Controlled Trial." *The Journal of Clinical Psychiatry*.
- Mitchell, J., M. Trangle, B. Degnan, T. Gabert, B. Haight, D. Kessler, N. Mack, E. Mallen, H. Novak, D. Rossmiller, L. Setterlund, K. Somers, N. Valentino, S. Vincent. 2013. *Adult Depression in Primary Care*. Institute for Clinical Systems Improvement. Updated September 2013.
- National Business Group On Health. 2011. *Maternal Depression: What Employers Need to Know and What They Can Do*. Retrieved on January 29, 2018, From http://www.tcyh.org/early_deliveries/downloads/maternal_%20depression.pdf
- National Committee for Quality Assurance. 2016. *Quality Compass Report 2016*. Washington, DC: NCQA.
- NIHCM. 2010. *Identifying and Treating Maternal Depression: Strategies & Considerations for Health Plans*. Retrieved on January 29, 2018, From https://www.nihcm.org/pdf/final_maternaldepression6-7.pdf
- O'Hara, M.W., S. Stuart, L.L. Gorman, and A. Wenzel. 2000. "Efficacy of Interpersonal Psychotherapy for Postpartum Depression." *Archives of General Psychiatry* 57(11), 1039–45.
- Olin, S.S., B. Kerker, R.E. Stein, D. Weiss, E. Whitmyre, K. Hoagwood, S. Horwitz. 2016. "Can Postpartum Depression Be Managed in Pediatric Primary Care?" *J Womens Health* 25(4): 381–90.
- Pearlstein, T.B., C. Zlotnick, C.L. Battle, S. Stuart, M.W. O'Hara, A.B. Price, ... and M. Howard. 2006. "Patient Choice of Treatment for Postpartum Depression: A Pilot Study." *Archives of Women's Mental Health* 9(6), 303–8.
- Pilowsky, D.J., P. Wickramaratne, E. Poh, et al. 2014. "Psychopathology and Functioning Among Children of Treated Depressed Fathers and Mothers." *J Affect Disord* 164:107–111.
- Shimokawa, K., M.J. Lambert, D.W. Smart. 2010. "Enhancing Treatment Outcome of Patients at Risk of Treatment Failure: Meta-Analytic and Mega-Analytic Review of a Psychotherapy Quality Assurance System." *Journal of Consulting Clinical Psychology* 78(3):298–311.
- Scholle, S.H., R.F. Haskett, B.H. Hanusa, H.A. Pincus, D.J. Kupfer. 2003. "Addressing Depression in Obstetrics/Gynecology Practice." *Gen Hosp Psychiatry* 25:83–90.
- USPSTF. 2016. "Screening for Depression in Adults." *JAMA* 315(4):380–7.
- U.S. Congress. 2010. *An Act Entitled the Patient Protection and Affordable Care Act*. Retrieved on January 26, 2018, From <https://www.gpo.gov/fdsys/pkg/bills-111hr3590enr/pdf/bills-111hr3590enr.pdf>
- Wilkinson, A., S. Anderson, and S.B. Wheeler. 2017. "Screening for and Treating Postpartum Depression and Psychosis: A Cost-Effectiveness Analysis." *Maternal Child Health J*, 21(4), 903–14.

- Wisner, K.L., B.H. Hanusa, J.M. Perel, K.S. Peindl, C.M. Piontek, D.K. Sit, ... and E.L. Moses-Kolko. 2006. "Postpartum Depression: A Randomized Trial of Sertraline Versus Nortriptyline." *J Clin Psychopharmacology* 26(4), 353–60.
- Yamamoto, A., M.Cm. McCormick, H.H. Burris. 2015. "Disparities in Antidepressant Use in Pregnancy." *Journal of Perinatology: Official Journal of the California Perinatal Association* 35(4):246–51. doi:10.1038/Jp.2014.197.
- Yonkers, K.A., K.L. Wisner, D.E. Stewart, et al. 2009. "The Management of Depression During Pregnancy: A Report From the American Psychiatric Association and the American College of Obstetricians and Gynecologists." *Gen Hosp Psychiatry* 31(5):403–13.

Specific Guideline Recommendations

Clinical Practice Guidelines

Organization	Population	Screening Tools Mentioned	Recommendation	Time Frame	Grade
US Preventive Services Task Force, 2016	Adults 18 years and older, including pregnant and postpartum women	Edinburgh Postnatal Depression Scale; Patient Health Questionnaire 9-Item (PHQ-9)	Screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	No optimal time frame for screening	B Grade
American Academy of Family Physicians, 2016	The AAFP recommendations are based on current best evidence as summarized by the United States Preventive Services Task Force.				
American Academy of Pediatrics, 2010	Postpartum women	Edinburgh Postnatal Depression Scale; general 2-question screen for depression	Recommends that pediatricians screen mothers for postpartum depression at the infant's 1-, 2-, 4-, and 6-month visits.	Screening at the infant's 1-, 2-, 4-, and 6-month visits	Expert Consensus
American College of Obstetricians and Gynecologists, 2018	Pregnant and postpartum women	Edinburgh Postnatal Depression Scale; Postpartum Depression Scale; PHQ-9; BDI; BDI-II; Center for Epidemiologic Studies Depression Scale; Zung Self-Rating Depression Scale	Recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Screening must be coupled with appropriate follow-up and treatment when indicated (practices should be prepared to initiate medical therapy, refer patients to appropriate care, or both), and systems should be in place to ensure follow-up for diagnosis and treatment.	Screening at least once during the perinatal period (pregnancy through 12 months postpartum). If patient is screened during pregnancy, an additional screening should occur during the comprehensive postpartum visit. Comprehensive postpartum visit should occur within 12 weeks (84 days) after delivery	Expert Consensus
American Psychiatric Association/American College of Obstetricians and Gynecologists 2009	Perinatal women	Edinburgh Postnatal Depression Scale; PHQ-9	Routine self-report screening instruments should be used to determine if the patient requires further assessment by a clinician.	No reference to optimal time frame for screening	Expert Consensus

Grading System Key

U.S. Preventive Services Task Force: Grade Definitions

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

References for Recommendations

- American Academy of Family Physicians. *Clinical Preventive Service Recommendation: Depression*. <http://www.aafp.org/patient-care/clinical-recommendations/all/depression.html>.
- American Academy of Pediatrics. Earls, M.F. 2010. "Committee on Psychosocial Aspects of Child and Family Health. Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice." *Pediatrics* 126(5):1032–9. doi: 10.1542/peds.2010–48.
- American College of Obstetricians and Gynecologists. 2018. *Screening for Perinatal Depression*. ACOG Committee Opinion No. 757. *Obstet Gynecol* 132(5):e208–12.
- American College of Obstetricians and Gynecologists. 2018. *Optimizing Postpartum Care*. ACOG Committee Opinion No. 736. *Obstet Gynecol*, 131:140–50.
- American Psychiatric Association and the American College of Obstetricians and Gynecologists. Yonkers, K.A., K.L. Wisner, D.E. Stewart, et al. 2009. "The Management of Depression During Pregnancy." *Gen Hosp Psychiatry* 31(5):403–13.
- USPSTF. 2016. "Screening for Depression in Adults." *Journal of the American Medical Association* 315(4):380–7.