



Complete Summary

TITLE

Antidepressant medication management (optimal practitioner contacts for medication management): percentage of members who had three or more outpatient follow-up visits or day/night treatment with a non-mental health practitioner or mental health practitioner within 84 days (12 weeks) after new diagnosis of depression.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of members 18 years and older as of the 120th day of the measurement year, who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a non-mental health practitioner or mental health practitioner coded with a mental health diagnosis during the 84-day (12-week) acute treatment phase.

At least one of the three follow-up contacts must be with a prescribing practitioner (e.g., licensed physician, physician assistant, or other practitioner with prescribing privileges). This process measure assesses the adequacy of clinical management of new treatment episodes for adult members with a major depressive disorder.

RATIONALE

The measure provides an evaluation of length of treatment and serves as an important indicator of a plan's success in promoting patient compliance with the establishment and maintenance of an effective medication regimen.

PRIMARY CLINICAL COMPONENT

Major depressive disorder; antidepressant medication management; acute treatment phase; follow-up care

DENOMINATOR DESCRIPTION

Members age 18 years and older as of the 120th day of the measurement year who were diagnosed with a new episode of depression and treated with antidepressant medication (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of members from the denominator with three or more outpatient follow-up visits or day/night treatment with a non-mental health practitioner or mental health practitioner (at least one of which is a prescribing practitioner) within 84 days (i.e., within the 12-week acute treatment phase) after a new diagnosis of major depression. All three follow-up visits are expected to be for mental health. Two of the three follow-up visits must be "face-to-face" (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary).

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Simon GE, VonKorff M, Wagner EH, Barlow W. Patterns of antidepressant use in community practice. *Gen Hosp Psychiatry* 1993 Nov; 15(6):399-408. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In a single year, more than 40 million adult Americans are affected by one or more mental disorders and 5.5 million are disabled by severe mental illness. Furthermore, at any given time one in five children and adolescents may have a behavioral, emotional, or mental health problem and as many as 3 million young people may have a serious emotional disturbance that disrupts their ability to function at home, school, or in their community.

EVIDENCE FOR INCIDENCE/PREVALENCE

Center for Mental Health Services, National Institute of Mental Health. Manderscheid RW, Sonnenschein MA, editor(s). Mental health, United States, 1992 [DHHS pub no. (SMA)92-1942]. Washington (DC): Department of Health and Human Services Substance Abuse and Mental Health Services Administration; 1992. 298 p.

National Institute of Mental Health, National Advisory Mental Health Council. Caring for people with severe mental disorders: a national plan of research to improve services [DHHS Publication No. ADM91-1762]. Washington (DC): Department of Health and Human Services; 1991.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Depressive illnesses are prevalent and highly disabling. In 1996, unipolar major depression was the second largest source of disease burden (disability and years of life lost) of any condition in the United States. Individuals with major depression were found to be four times more likely to take disability days than non-depressed employees and 3 times more likely to miss time from work. In 1990, major depression alone cost an estimated \$23 billion in lost workdays. Depressed patients have a twofold increase in absenteeism and a sevenfold reduction in productivity while at work, and accrued approximately four times as much in work and sick time costs as employees without the conditions.

EVIDENCE FOR BURDEN OF ILLNESS

Druss BG, Rosenheck RA, Sledge WH. Health and disability costs of depressive illness in a major U.S. corporation. *Am J Psychiatry* 2000 Aug;157(8):1274-8. [PubMed](#)

Druss BG, Schlesinger M, Allen HM Jr. Depressive symptoms, satisfaction with health care, and 2-year work outcomes in an employed population. *Am J Psychiatry* 2001 May;158(5):731-4. [PubMed](#)

Greenberg PE, Stiglin LE, Finkelstein SN, Berndt ER. The economic burden of depression in 1990. *J Clin Psychiatry* 1993 Nov;54(11):405-18. [PubMed](#)

Michaud CM, Murray CJ, Bloom BR. Burden of disease--implications for future research. *JAMA* 2001 Feb 7;285(5):535-9. [PubMed](#)

The costs of failing to provide appropriate mental health care. Washington (DC): American Psychological Association; 2001.

UTILIZATION

Unspecified

COSTS

See "Burden of Illness" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members 18 years and older as of the 120th day of the measurement year diagnosed with a new episode of major depressive disorder during the Intake Period (i.e., during the 12 months ending the 120th day of the measurement year) and treated with antidepressant medication

DENOMINATOR (INDEX) EVENT

Clinical Condition
Therapeutic Intervention

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Members 18 years and older as of the 120th day of the measurement year who were:

- Continuously enrolled during the 12-month period encompassing the new episode of medication therapy with only one allowable gap in enrollment
- Diagnosed with a new episode of major depressive disorder during the 12-month Intake Period
- Treated with antidepressant medication
- Continuously enrolled during the 12-month period encompassing the new episode of medication therapy with only one allowable gap in enrollment
- With pharmacy and mental health (inpatient and ambulatory) benefits during the continuous enrollment period

Refer to the original measure documentation for additional details, including criteria for a qualifying diagnosis of major depression and a listing of Diagnosis Related Group (DRG) and International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Codes to identify major depression.

Exclusions

- Members identified as having any diagnosis of depression within the previous 120 days (4 months) of the Index Episode Start Date*
- Members who have evidence of antidepressant prescriptions filled within the previous 90 days (3 months) of the Index Prescription Date**
- Members who had an acute mental health or substance abuse inpatient stay during the 245-day treatment period

*Index Episode Start Date: The earliest encounter during the Intake Period with a qualifying diagnosis of major depression

**Index Prescription Date: The earliest prescription for antidepressants filled within a 44-day period defined as 30 days prior to and 14 days on or after the Index Episode Start Date

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of members from the denominator who had:

- Three face-to-face follow-up visits or day/night treatment with either a non-mental health practitioner or mental health practitioner within 84 days (12 weeks) after a new diagnosis of major depression. Follow-up visits must be for mental health.

Or

- Two face-to-face visits and one telephone visit with either a non-mental health or mental health practitioner within 84 days (12 weeks) after a new diagnosis of major depression. Follow-up visits must be for mental health.

Refer to the original measure documentation for a listing of the Current Procedural Terminology (CPT) Codes and Universal Billing 1992 (UB-92) Revenue Codes to identify qualifying follow-up office visits with mental health or primary care practitioners.

Exclusions

Emergency room visits do not count toward the numerator.

Members who have not received a follow-up visit within the 12-week Acute-Phase Follow-up Period with a prescribing practitioner (defined as any practitioner with prescribing privileges) should not be counted in the numerator

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Antidepressant medication management (AMM).

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

INCLUDED IN

National Healthcare Quality Report (NHQR)

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1999 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Antidepressant medication management (AMM)," is published in "HEDIS 2004. Health Plan Employer Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 30, 2003. The information was verified by the measure developer on July 25, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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