



Complete Summary

TITLE

Major depression in adults in primary care: percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 78 p. [219 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment.

RATIONALE

The priority aim addressed by this measure is to improve the frequency of assessment of response to treatment in patients with major depression.

PRIMARY CLINICAL COMPONENT

Major depression; symptom reassessment; quantitative symptom assessment tools (such as Patient Health Questionnaire [PHQ-9])

DENOMINATOR DESCRIPTION

Number of primary care patients reviewed greater than 18 years with new diagnosis* of major depression with initial quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) documented

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

NUMERATOR DESCRIPTION

Number of patients whose symptoms are reassessed by the use of a quantitative symptom severity scale instrument (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment

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

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Major depression in adults in primary care.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

- Depression is common, with a lifetime risk for major depressive disorder of 7% to 12% for men and 20% to 25% for women.
- Clinically significant depressive syndromes may be detectable in 12% to 36% of patients with general medical disorders.
- The point prevalence of major depression in the general population is 4.5% to 9.3% for women and 2.3% to 4.5% for men.
- The depressive syndrome is common in primary care. The estimated prevalence of major depression in primary care outpatients is 4.8% to 8.6%, and the estimated prevalence of dysthymic disorder is 2.1% to 3.7%.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 78 p. [219 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

- Approximately 15% of patients hospitalized for major depression eventually commit suicide.
- Persons with major depression have a 4.8 times greater risk for work disability than asymptomatic individuals and report significantly poorer intimate relationships and less satisfying social interactions.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 78 p. [219 references]

UTILIZATION

- Depressed individuals are high utilizers of medical services, and are as functionally impaired as patients with severe chronic medical disorders.
- Patients with undiagnosed depression average more than 6 visits per year with their primary care providers.

EVIDENCE FOR UTILIZATION

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 78 p. [219 references]

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults greater than 18 years with a new primary care diagnosis* of major depression

Claims, encounter data, scheduling information, or list of diagnosis codes from other automated sources may be used to identify those patients who meet the inclusion criteria for this measure. A random sample of 20 patients is suggested. The medical record will be reviewed to determine if Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR) criteria are documented as used. The presence of narrative comments reflecting application of DSM-IV TR criteria as making the diagnosis is acceptable evidence for this measure.

The suggested time period for data collection is a calendar month.

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Diagnostic Evaluation

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of primary care patients reviewed greater than 18 years with new diagnosis* of major depression with initial quantitative symptom assessment tool (such as Patient Health Questionnaire [PHQ-9]) documented

Suggested International Classification of Diseases, Ninth Revision (ICD-9) codes include: 296.2x, 296.3x

*New diagnosis = no diagnosis in the six-month period prior to the target quarter.

Exclusions
Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients whose symptoms are reassessed by the use of a quantitative symptom severity scale instrument (such as Patient Health Questionnaire [PHQ-9]) within three months of initiating treatment

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Patient Health Questionnaire (PHQ-9)

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV TR)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as PHQ-9) within three months of initiating treatment.

MEASURE COLLECTION

[Major Depression in Adults in Primary Care Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 May

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 78 p. [219 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients whose symptoms are reassessed by the use of a quantitative symptom assessment tool (such as PHQ-9) within three months of initiating treatment," is published in "Health Care Guideline: Major Depression in Adults in Primary Care." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 18, 2004.

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