



Complete Summary

TITLE

Depression: percent of patients with a diagnosis of major depression or dysthymia who, as of their last visit, are taking an antidepressant.

SOURCE(S)

HDC topics: depression. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[accessed 2005 Mar 31]. [9 p].

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This population-based measure is used in primary care settings to assess the percent of patients with a diagnosis of major depression or dysthymia who, as of their last visit, are taking an antidepressant*.

It is recommended that this measure be used in conjunction with the related measure [Patients with diagnoses of minor depression, depression NOS, or adjustment disorder \(PHQ less than 10\) NOT on an antidepressant](#).

This measure assesses use of evidence-based medication treatments for major depression and dysthymia.

A wide range of antidepressants have been found to be efficacious for dysthymia (Lima MS and Moncrieff J.; The Cochrane Library, 2003).

*For a list of specified antidepressants, see the "Numerator Inclusions/Exclusions" field in the Complete Summary.

RATIONALE

Depression is one of the most common chronic illnesses in the United States, with a one-year prevalence rate of 5-6 percent. Depression is twice as common in women as in men; it is estimated that 20 percent of women and 10 percent of men will have an episode of major depression at some point in their lives. Depression often takes a severe toll on the physical and social functioning of those who suffer from it. According to one study using the SF-36 quality-of-life measure, depression impaired social functioning more than any other chronic illness, including arthritis, diabetes, congestive heart failure (CHF), angina, and hypertension; and impaired physical functioning more than any other chronic condition except the cardiac illnesses.

Depression care in the United States is even more fragmented than care of other chronic illnesses, creating a major gap between the recommended guidelines for care and actual care. It is estimated that only 19 percent--fewer than 1 in 5--of people with depression who see their primary care provider receive appropriate, guideline-based care.

Improving depression care is not only a matter of meeting the typical challenges of providing good chronic illness care--following people over time rather than responding to acute episodes, providing systematic follow-up to ensure that patients adhere to treatment plans, and so on. In addition, depression care brings its own complex set of challenges, ranging from underdiagnosis to financial disincentives for providers to special treatment requirements because the underlying nature of the illness frequently undercuts patients' ability to be effective managers of their own care.

This measure is one of 8 additional recommended measures in the HRSA Health Disparities Collaborative for Depression; participants choose to track at least one of these measures. Participants also track 5 measures for the Depression Collaborative.

PRIMARY CLINICAL COMPONENT

Major depression; dysthymia; antidepressant medication

DENOMINATOR DESCRIPTION

All patients with a diagnosis of major depression or dysthymia

NUMERATOR DESCRIPTION

All patients with a diagnosis of major depression or dysthymia taking an antidepressant at the time of the last visit (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature

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

Collaborative inter-organizational quality improvement
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Community Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians
Psychologists/Non-physician Behavioral Health Clinicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

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

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Rationale" field.

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Equity
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients with a diagnosis of major depression or dysthymia

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients with a diagnosis of major depression or dysthymia

Exclusions

Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients with a diagnosis of major depression or dysthymia taking an antidepressant* at the time of the last visit

*Antidepressants include the following:

Tricyclics

- Amitriptyline (Elavil)
- Desipramine (Norpramin)
- Doxepine (Sinequan)
- Imipramine (Tofranil)
- Nortriptyline (Pamelor)

Selective serotonin receptor inhibitors (SSRIs)

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Fluoxetine (Prozac)
- Paroxetine CR (Paxil)
- Sertraline (Zoloft)

Other antidepressants

- Bupropion SR (Wellbutrin)
- Mirtazapine (Remeron)
- Nefazodone (Serzone)
- Venlafaxine XR (Effexor)

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Special or unique 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

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Greater than 70%

EVIDENCE FOR PRESCRIPTIVE STANDARD

HDC topics: depression. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[accessed 2005 Mar 31]. [9 p].

Evaluation of Measure Properties**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information**ORIGINAL TITLE**

Patients with a diagnosis of major depression or dysthymia on an antidepressant at last visit.

MEASURE COLLECTION

[HRSA Health Disparities Collaboratives Measures](#)

MEASURE SET NAME

[HRSA HDC Depression Collaborative Measures](#)

SUBMITTER

Health Resources and Services Administration

DEVELOPER

HRSA Health Disparities Collaboratives: Depression Collaborative

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Unspecified

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

HDC topics: depression. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[accessed 2005 Mar 31]. [9 p].

MEASURE AVAILABILITY

The individual measure "Patients with a diagnosis of major depression or dysthymia on an antidepressant at last visit," is available from the [Health Disparities Collaboratives Web site](#).

COMPANION DOCUMENTS

The following is available:

- Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: depression training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 89 p. This document is available in Portable Document Format (PDF) from the [Health Disparities Collaboratives Web site](#). See the related [QualityTools](#) summary.

NQMC STATUS

This NQMC summary was completed by ECRI July 27, 2005. The information was verified by the measure developer on May 22, 2006.

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