

# QUALITY INDICATOR HEDIS MEASURE GUIDE – Depression Remission

## Measure Definition

The percentage of patients 18 years of age or older with major depression who reached remission 12 months (+/- 30 days) after an index visit

Demonstration of remission: Follow up PHQ-9 by twelve month (+/- 30 days) with a PHQ-9 score of less than 5

*\*Higher score indicates better quality*

## Service Required

Patients age 18 and older with a diagnosis of major depression or dysthymia AND an initial PHQ-9 score greater than nine during the index visit

### Exclusions:

- Patients with a diagnosis of bipolar disorder
- Patients with a diagnosis of personality disorder
- Patients who are permanent nursing home residents
- On Hospice Services

## Documentation Requirements to Meet Quality Measure Specifications

Index visit is the first instance of elevated PHQ-9 greater than nine AND diagnosis of depression or dysthymia.

A follow up appointment to review PHQ-9 completed within 11 – 13 months and is defined as remission if score is less than five.

Documentation of Major Depression or Dysthymia in the Medical Record

Record of PHQ-9 administered and score (The PHQ-9 does not require a face to face visit and can be done by telephone, patient portal, medical assistant, or iPad/tablet).

A record of both PHQ-9 assessments must be included in the medical record both at the index visit and the follow up visit 11-13 months following the PHQ-9 with score of greater than 9.

Claims data cannot be used to confirm a diagnosis and must be from the medical record documentation.

### Clinical Recommendations:

- Clinicians should establish and maintain follow up with patients. Appropriate, reliable follow-up is highly correlated with improved response and remission scores. It is also correlated with improved safety and efficacy of medication and helps prevent relapse.
- Goals of treatment should be to achieve remission, reduce relapse and recurrence, and return to previous level of occupational and psychosocial function.
- Advise screening every patient at every visit with PHQ-2 and have a workflow for positive screens. Universal screening of depression across all specialties helps identify at risk patients.

## SUICIDE PREVENTION Resources:

### Evidenced Based Interventions for Suicide

- ♥ **Caring Contacts:** Telephone | Postcards
- ♥ **Collaborative assessment & treatment planning** Focus on outpatient care and planning between patient and clinician
- ♥ **Problem-solving therapies and interventions** Eliminate co-suicide contracts | Use safety contracts

- ▶ Suicide Prevention Lifeline: **1.800.273.TALK** | [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)
- ▶ Crisis Text Line: **741741** | Teen Link: **1.866.833.6546**
- ▶ [zerosuicide.sprc.org](http://zerosuicide.sprc.org)
- ▶ [nowmattersnow.org/help-line](http://nowmattersnow.org/help-line)