# Electronic Clinical Quality Measures (eCQM) for Depression

<table>
<thead>
<tr>
<th>Measure</th>
<th>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</th>
<th>CMS 2v8</th>
<th>Anti-depressant Medication Management</th>
<th>CMS 128v7</th>
<th>Depression Utilization of the Patient Health Questionnaire (PHQ-9)</th>
<th>CMS 160v7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screen</strong></td>
<td>Screen for depression in patients 12 and older using a standardized depression screening tool. If positive, document a follow-up plan.</td>
<td>Provide medications for the treatment of depression in patients 18 and older and manage their care closely through three and six months to facilitate adherence and symptom reduction.</td>
<td>Use the PHQ-9 to monitor depression symptoms and treatment success at each subsequent encounter for patients 12 and older who were diagnosed with a depressive disorder.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treat</strong></td>
<td>Utilize an appropriate standardized screening instrument to screen for symptoms of depression. If positive, assess further for a potential diagnosis, suicidal ideation, or need for referral to specialty care. Document your follow-up plan for this encounter.</td>
<td>Acute phase of treatment: Carefully and systematically monitor patients on a regular basis to assess their response to pharmacotherapy, identify the emergence of side effects, and assess patient safety. Continuation phase of treatment: Carefully monitor the patient for signs of possible relapse. To reduce the risk of relapse, patients should continue treatment for four to nine months. Maintenance phase of treatment: An antidepressant medication that produced symptom remission during the acute phase and maintained remission during the continuation phase should be continued at a full therapeutic dose.</td>
<td>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 the improved safety and efficacy of medications and helps prevent relapse. The PHQ-9 is an effective management tool, and should be used routinely for subsequent visits to monitor treatment outcomes and severity. It can also help the clinician decide if/how to modify the treatment plan. A five-point drop in PHQ-9 score is considered the minimal clinically significant difference.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guidance**

- **Screen**
  - Screen for depression in patients 12 and older using a standardized depression screening tool. If positive, document a follow-up plan.
- **Treat**
  - Provide medications for the treatment of depression in patients 18 and older and manage their care closely through three and six months to facilitate adherence and symptom reduction.
  - Use the PHQ-9 to monitor depression symptoms and treatment success at each subsequent encounter for patients 12 and older who were diagnosed with a depressive disorder.
- **Monitor**
  - 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 the improved safety and efficacy of medications and helps prevent relapse. The PHQ-9 is an effective management tool, and should be used routinely for subsequent visits to monitor treatment outcomes and severity. It can also help the clinician decide if/how to modify the treatment plan. A five-point drop in PHQ-9 score is considered the minimal clinically significant difference.
<table>
<thead>
<tr>
<th><strong>Screen</strong></th>
<th><strong>Treat</strong></th>
<th><strong>Monitor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rationale</strong></td>
<td>The American Psychiatric Association recommends use of antidepressant medication and behavioral therapies, such as psychotherapy, to treat depression. Antidepressant medication has proven to be effective especially for patients with more severe symptoms. Among patients who initiate antidepressant treatment, one in three discontinues treatment within one month, before the effect of medication can be assessed, and nearly one in two discontinues treatment within three months.</td>
<td>Almost 43 percent of persons with severe depressive symptoms reported serious difficulties in work, home, and social activities. People who are depressed are 30 times more likely to take their own lives than people who are not depressed and five times more likely to abuse drugs. Depression is the leading cause of medical disability for people aged 14 to 44.</td>
</tr>
<tr>
<td><strong>Exclusions</strong></td>
<td>- Patients who were actively on an antidepressant medication in the 105 days prior to the Index Prescription Start Date - Patients whose hospice care overlaps the measurement period</td>
<td>- Patients who died - Patients who received hospice or palliative care services - Patients who were permanent nursing home residents - Patients with a diagnosis of bipolar disorder - Patients with a diagnosis of personality disorder - Patients with a diagnosis of schizophrenia or psychotic disorder - Patients with a diagnosis of pervasive developmental disorder</td>
</tr>
</tbody>
</table>

**Screen Treat Monitor**

**Screen**

Depression is a serious medical illness associated with higher rates of chronic disease, increased healthcare utilization, and impaired functioning. The severity of depressive symptoms factor into having difficulty with work, home, or social activities. Additionally, depression imposes a significant economic burden through both direct and indirect costs. Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages.

**Treat**

- The American Psychiatric Association recommends use of antidepressant medication and behavioral therapies, such as psychotherapy, to treat depression.
- Antidepressant medication has proven to be effective especially for patients with more severe symptoms.
- Among patients who initiate antidepressant treatment, one in three discontinues treatment within one month, before the effect of medication can be assessed, and nearly one in two discontinues treatment within three months.

**Monitor**

Almost 43 percent of persons with severe depressive symptoms reported serious difficulties in work, home, and social activities. People who are depressed are 30 times more likely to take their own lives than people who are not depressed and five times more likely to abuse drugs. Depression is the leading cause of medical disability for people aged 14 to 44.

**Exclusions**

- Patients with an active diagnosis for depression or a diagnosis of bipolar disorder
- Patients who were actively on an antidepressant medication in the 105 days prior to the Index Prescription Start Date
- Patients whose hospice care overlaps the measurement period
- Patients who died
- Patients who received hospice or palliative care services
- Patients who were permanent nursing home residents
- Patients with a diagnosis of bipolar disorder
- Patients with a diagnosis of personality disorder
- Patients with a diagnosis of schizophrenia or psychotic disorder
- Patients with a diagnosis of pervasive developmental disorder

**Source**