UDS Report: What's Missing?

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MCAS Measure Introduction

By Ben Fouts, Data Analyst, Redwood Community Health Coalition

Data Workgroup, November 8, 2022

Agenda

1. UDS Report: What's Missing?
- Insurance
- Demographics
- Assigned Female at Birth

2. MCAS Measure Introduction
- Look at the 18 new Quality Measures

Relevant UDS Webinars

This year, we're hosting a new and improved series of UDS webinars for Relevant project teams. We encourage anyone involved in preparing or submitting UDS data to attend, whether you're new to this work or a veteran. Details and registration links are below. Please join us!

Webinar #1: Jump-start Your 2022 UDS Season

In this webinar, we'll provide a tour of UDS resources, both within Relevant and from HRSA. We'll also demo new features of our UDS module and share suggestions about how to get a head start addressing data quality issues.

Jump-start Your 2022 UDS Season
Tuesday, 11/15/22 at 11 a.m. ET

Webinar #2: Troubleshooting Issues in the UDS Module

In this webinar, we'll discuss strategies for correcting mapping errors and share tips on addressing data quality issues.

Troubleshooting Issues in the UDS Module
Tuesday, 11/29/22 at 11 a.m. ET

Webinar #3: Focus on Tricky UDS Tables

In this webinar, we'll take a deep dive into Tables 4, 5, and 6A, and review how Relevant implements these complex tables.

Focus on Tricky UDS Tables
Tuesday, 12/13/22 at 11 a.m. ET

Webinar #4: UDS Q&A with Relevant

Bring your questions! We'll have an open forum to address any and all UDS-related issues.

UDS Q&A with Relevant
Tuesday, 1/10/23 at 11 a.m. ET

UDS Report: What's Missing?

More items to look at and confirm at this early stage

Approach

- Last month, we talked about the "beginner's mind" where you see everything fresh and without bias

- With this perspective, you should now look for things in Relevant that are new or possibly missed

- Consider yourself a sleuth who will uncover new things. So, bring a critical eye to all of the processes, even ones you might already be familiar with

Insurance

- Last month, we looked at how to find providers who are not mapped
- Now we will take the same approach with insurance
- Normally, new insurance names are added to the EHR throughout the year. Is your finance department properly configuring these new insurance names, like placing them in the appropriate insurance groups?
- Is Relevant recognizing the insurance names and placing them in the appropriate UDS category?

Relevant Insurance Tables

relevant_payer_groups

- The insurance groups in your EHR
- Insurance names are assigned to groups in the EHR
- These groups may or may not be synonymous with UDS insurance groups

relevant_payers

- The insurance names in your EHR (each has a Payer Key or ID)
- Each name should be associated with an EHR insurance group and a UDS insurance group

Insurance Validation Report

- RCHC List All Insurance
- When set-up, the user can choose a date range for visits (i.e., all of 2022) and see all the insurance names and their associated EHR insurance groups, UDS insurance groups and HCAI insurance groups
- You can also see the number of claims and the last claim date where the insurance was used

Report Example

- Look for missing categories (yellow in screenshot below)
- Look for wrong categories (red below)
- Look for "Other public" (orange below) which is the default AND is very rare
- SQL that categorizes these insurance names is most likely in relevant_payers

	A	B	C	D	E	F	G
1	Insid	Insurance name	Healthcenter ins group name	UDS insurance category	Oshpd insurance category	Undup pts primaryin	Primary on claim
2	679	AARP UNITED HEALTH CARE CLAIM	Private Ins. Grp.	Private	Private		1
3	1173	AETNA	Private Ins. Grp.	Private	Private	2	8
4	1191	CIGNA			Private	10	78
5	1039	UNITED HEALTHCARE	Private Capitation Ins. Grp.	Other public		1	1
6	1679	COVERED CA- BLUE CROSS	Private Ins. Grp.	Private	Covered California	1	4
7	1028	MEDICARE	Medicare Ins. Grp.	Private	Medicare	749	9072
8	1524	PARTNERSHIP HEALTH PLAN	Manage Care PHC Ins. Grp.	Medicaid	Medi-Cal - Managed Care	5	26

Welcome to the Relevant library

Explore, import, and use reports written just for Relevant - [Read the documentation ↗]

Search reports 🔍 [Search by name and description]

Tags▾
UDS

EHR▾
All

Imported status▾
All

Data source▾
All

Displaying 13 of 13 rows

☰ Tags	✕

🔍 [Search]

COVID

Data validation

Finance

Operations

Social determinants

✓ **UDS**

CQM Value Sets (Data validation) (UDS)
Relevant database • Published ⊘
This shows the codes associated with a particular value set

Depression Remission Detail (UDS) (Data validation)
Relevant database • Published ⊘
Index assessment date, follow-up window, and related depre...   ...ort measure validation.

Relevant Reports Library

Payer Assignments (UDS) (Data validation)
Relevant database · Published ⊘   **Import**
View current UDS payer assignments for each patient for the selected calendar year

Payer Categorization (UDS) (Data validation)
Relevant database · Published ⊘   **Import**
Returns all (if they exist) payers where a mapping issue (for example, the payer is listed as both Private and Medicaid, etc) makes it impossible to correctly categorize the payer for UDS reporting. This will cause errors in the UDS report if not fixed.

If the report returns no results, your payers are mapped correctly for the purposes of UDS categorization.

Covered California

- Make a list of these insurance for your own records. You may need to work with your finance department to identify them because they are not always obvious

- These need to be configured for the HCAI report and for the future PCMH measures

- Covered California is not a category on the UDS report (and not an option on relevanr_payers)

Demographic Data

- The general idea is to be able to report as much detailed and meaningful data as possible on the UDS

- That means minimizing the number of "unknowns" on the tables

- Some records may be defaulting to unknown because of non-standard data, or else data not properly classified by the Relevant Transformers

Missing Zip Codes and Missing Races

- Sometimes zip codes are not displayed properly because of typos. BUT these can be easily corrected
- Non-standard races usually default to unknown. They should be changed as well
- Use a validation report to display these records

RCHC Demographics Validation Report

Has categories for:

- Zip code not in standard format
- Non-standard race
- Race ID is not mapped
- Ethnicity ID is not mapped
- Missing date of birth
- Date of birth in the future

Relevant Demographics Validation Report (In Reports Library)

Zip Codes, Table 3 & 4 (UDS) (Data validation)

Relevant database · Published ⊘

Lists patients with a UDS visit in the selected date range who have an issue (either an issue with how data is mapped in Relevant, and/or data capture in the EHR) with one or more of the following components necessary for Zip Codes and Tables 3 & 4: date of birth, zip codes, sex assigned at birth, ethnicity, race, language, sexual orientation, gender identity, income, payer assignment, and/or payer categorization. Patients here have at least one issue, but may have more than one. Tabs show counts per issue. This should be run before the end of the calendar year to leave plenty of time to clean up data collection, if that is the issue. Mapping issues may be addressed any time prior to the submission due date.

Sexual Orientation and Gender Identity

- Again, the goal should be to make the data as precise and complete as possible. Therefore, maximize the number of patients with a descriptive option and minimize the number of patients with "Unknown" or "Chose not to disclose" while still being accurate

- *I am not advocating for one way to calculate this that fits all health centers in this presentation and providing SQL code for that purpose. I am saying that you should know how Relevant makes the classifications and ask yourself if it makes sense.*

Sexual Orientation and Gender Identity

- Can be entered in different locations in the EHR. For example, in eCW, potential locations are SOGI, Patient Demographics Structured Data, and Social History.

- Look at the Transformer(s) that make this determination, starting with . relevant_patients.

- There might be other "helper" transformers that first extract and transform the data so that it is useful for calculations on relevant_patients. So, you may need to trace the data through the joins to relevant_patients (if those exist for these items)

Are your patients given an opportunity to update their demographic info?

- Do answers to these questions change over time?
- Do patients not answer at one time ('Chose not to disclose') and then answer at another time?

Line	Patients by Sexual Orientation	Number (a)
13	Lesbian or Gay	
14	Heterosexual (or straight)	
15	Bisexual	
16	Other	
17	Don't know	
18	Chose not to disclose	
18a	Unknown	
19	Total Patients (Sum of Lines 13 to 18a)	

| Line	Patients by Gender Identity	Number (a)
20	Male	
21	Female	
22	Transgender Man/Transgender Male/Transmasculine	
23	Transgender Woman/Transgender Female/Transfeminine	
24	Other	
25	Chose not to disclose	
25a	Unknown	
26	Total Patients (Sum of Lines 20 to 25a)	

Which Approach Is Being Used By Your Transformer?

Many sources of data: locations A, B, C

Priority: use source A; if no source A then use source B; if no source B then use source C

Most recent entry: take the most recent date of entry from A, B or C

Are the answers evaluated?

Raw Data		Data Extracted

Source A: Chose not to disclose	*Highest priority* →	Chose not to disclose
Source B: Chose not to disclose	*Most recent* →	Chose not to disclose
Source C: Transgender Woman/Transgender Female/Transfeminine	*Most descriptive* →	Transgender Woman/Transgender Female/Transfeminine
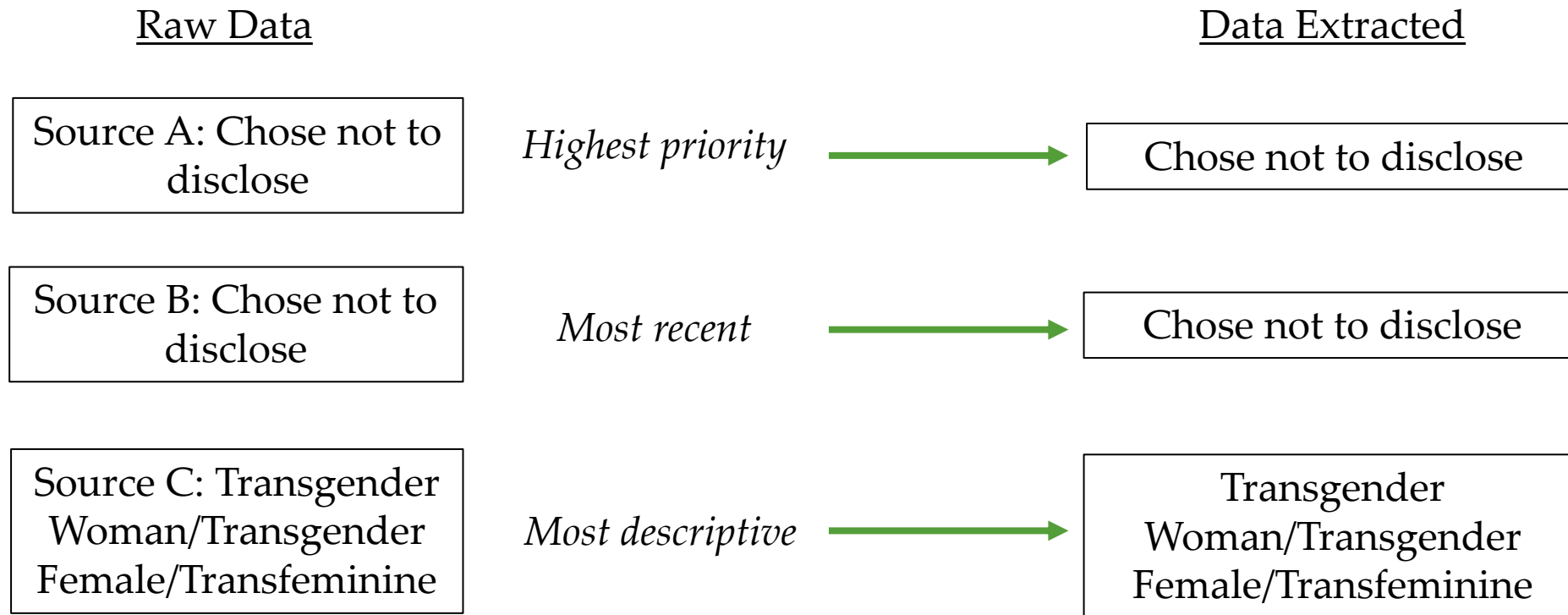
Does it make sense to use the most recent source if it is informative; but if not, move to the next most recent source, etc?
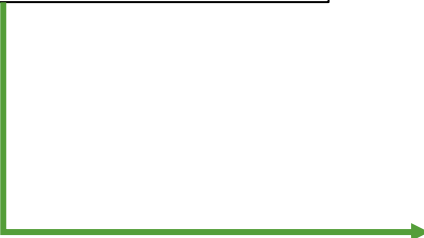
Gender Assigned At Birth

- Is different than Gender Identity, but may be calculated using Gender Identity
- Trace the code in relevant_patients (field: assigned_female_at_birth).
- It is important to get this piece right because it effects the Quality Measures, Care Gaps and other aspects of Relevant

Importance of Assignment Accuracy

False Positive: patient **without** the organ is assumed to have the organ

False Negative: patient with the organ is assumed to **not** have the organ

Breast Cancer Screening Denominator
Cervical Cancer Screening Denominator

Patient in the denominator who should not be in the denominator. Will never be in the numerator

Patient not in the denominator who should be in the denominator. Will not have an opportunity to contribute to the numerator and will not appear in related Care Gaps

Enhancing Accuracy

- Designate a "source of truth" for sex assigned at birth
- Example in eCW: there is a birth sex field in SOGI
- This should be completed only with objective and verified data
- There will initially be a small proportion of patients with data in this field. Thus, a calculation will still be needed based on other fields in the EHR

MCAS Measure Introduction

Medi-Cal Managed Care Accountability Set

California Department of Health Care Services

Medi-Cal Managed Care Accountability Set (MCAS) for Managed Care Health Plans (MCPs)

Updated December 31, 2021

Measurement Year 2022 | Reporting Year 2023

Total Number of Measures = 39 (8 Hybrid/Administrative and 31 Administrative)

MPL means Minimum Performance Level

MCAS Measure Set

- Most are based on HEDIS specifications
- The specifications document is available online (unlike HEDIS itself)
- Most have an exclusion for patients using hospice services any time during the measurement period. This will not be displayed on every slide below.

MCAS Quality Measures That Are Already in Relevant (UDS and QIP Measures)

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (> 9%)
- Controlling High Blood Pressure
- Depression Screening and Follow-Up for Adolescents and Adults
- Depression Remission or Response for Adolescents and Adults
- Childhood Immunization Status: Combination 10
- Immunizations for Adolescents: Combination 2
- Child and Adolescent Well-Care Visits
- Asthma Medication Ratio

18 New Measures

Three Screening Measures

1. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)
2. Lead Screening in Children (LSC)
3. Chlamydia Screening in Women Ages 21 to 24 (CHL)

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Percentage of patients ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year

SSD

Denominator:

- Patients ages 18 to 64
- Diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder and NOT diagnosed with diabetes
- Had at least one medical encounter during the measurement period
- Using antipsychotic medications

Numerator:

- Had an HbA1c test in the measurement period
- Had a glucose test in the measurement period

Lead Screening in Children (LSC)

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Denominator:

- Patients who turn 2 years old during the measurement period
- Had at least one medical encounter during the measurement period

Numerator: Patients with at least one lead capillary or venous blood test on or before the child's second birthday

Chlamydia Screening in Women (CHL)

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

The definition of "sexually active" can come from structured data (EPIC has a field for this, but a health center can also use a current field if one exists) or proxies, such as STI testing or pregnancy-related diagnosis and billing codes (Value Sets exist)

Chlamydia Screening in Women (CHL)

Two versions of the QM:

1. With "sexually active" as one of the denominator criteria. Build the Data Element "Sexual activity observations" with the proxy Value Sets and any structured data in your system
2. Without "sexually active" as one of the denominator criteria. This will be a general screening measure for all patients in the age range

Unless you have good data to identify patients who are sexually active, the QM may undercount (version 1) or overcount (version 2) the denominator. Be aware that the numerators will probably be very different in the two versions

CHL

Denominator:

- Patients between 16 and 24 years of age at the end of the measurement period
- Female patients *(option: identified as sexually active)*
- Had at least one medical encounter during the measurement period

Numerator: Had at least one chlamydia lab test during the measurement period

Three Childhood Measures

1. Topical Fluoride for Children (TFL)
2. Well-Child Visits in the First 30 Months of Life (W30)
3. Developmental Screening in the First Three Years of Life (DEV)

Topical Fluoride for Children (TFL)

Percentage of patients ages 1 through 20 who received at least two topical fluoride applications within the measurement period

TFL

Denominator:

- Patients between 1 and 20 years of age at the end of the measurement period
- Had at least one medical or dental encounter in the measurement period

Numerator:

- Patients who received at least two fluoride applications on different dates of service during the measurement period. The fluoride applications can be given as dental or oral health services

Well-Child Visits in the First 30 Months of Life (W30)

Percentage of children turning 30 months of age during the measurement period who had two or more well-child visits with a primary care practitioner during the past 15 months

W30 actually is composed of two measures. The first we have already seen: patients with 6 or more well-child visits before 15 months of age. The measure above is the second measure focusing on well-child visits between 15 months and 30 months of age.

W30-2+

Denominator:

- Patients turning 30 months of age during the measurement period
- Had at least one medical encounter in the measurement period

- Numerator: Patients who had two or more well-child visits with a Primary Care Practitioner on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday.

Developmental Screening in the First Three Years of Life (DEV)

Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday

DEV

Denominator:

- Patients who have a first, second or third birthday in the Measurement Period
- Had at least one medical encounter during the Measurement Period

Numerator:

- Patients screened with a standardized developmental tool in the 12 months prior to the birthday in the Measurement Period

Three Opioid Measures

1. Concurrent Use of Opioids and Benzodiazepines (COB)
2. Use of Opioids at High Dosage in Persons Without Cancer (OHD)
3. Use of Pharmacotherapy for Opioid Use Disorder (OUD)

Concurrent Use of Opioids and Benzodiazepines (COB)

Percentage of patients 18 years and older using opioid medications who are concurrently using benzodiazepine medications

COB

Denominator

- Patients 18 years and older at the beginning of the measurement period
- Had at least one medical encounter during the measurement period
- Had at least two prescriptions for opioid medications that add up to at least 15 days of medication treatment

- Exclusions: patients with a diagnosis of cancer or sickle cell disease; patients in hospice or palliative care

COB

Numerator. Patients with both of the following:

- Had at least two prescriptions for benzodiazepine on different dates of service during the measurement period
- Concurrent use of opioids and benzodiazepines for 30 or more cumulative medication treatment days

Use of Opioids at High Dosage in Persons Without Cancer (OHD)

The percentage of patients 18 years and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.

OHD

Denominator

- Patients 18 years and older at the beginning of the measurement period
- Had at least one medical encounter during the measurement period
- Had at least two prescriptions for opioid medications that add up to at least 15 days of medication treatment

- Exclusions: patients with a diagnosis of cancer or sickle cell disease; patients in hospice or palliative care

OHD

- Numerator: Patients whose average Morphine milligram equivalent (MME) was ≥90 during the treatment period

- This is a complex calculation based on the type of opioid medication, the strength, and the time the patient was taking it.

Use of Pharmacotherapy for Opioid Use Disorder (POD)

The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD.

This measure is looking at the number of events, not unduplicated patients

POD

Intake period: 6 months prior to the start of the Measurement Period to 6 months prior the end of the Measurement Period

Denominator (count new pharmacotherapy events)

- Patients 16 years or older at the end of the measurement period
- Diagnosed with Opioid Abuse and Dependence
- Had a new prescription for an Opioid Abuse and Dependence (OUD) medication in the Intake Period. A "new" medication means the patient was not using OUD medication in the 31 days prior to the prescription start date

POD

- Numerator: Pharmacotherapy events with OUD pharmacotherapy for 180 or more treatment days without a gap in treatment of 8 or more consecutive days

Four Maternity Measures

1. Prenatal Depression Screening and Follow-Up (PND)
2. Postpartum Depression Screening and Follow-Up (PDS)
3. Prenatal and Postpartum Care (PPC)
4. Prenatal Immunization Status (PRS)

Pregnancy Care: Depression Screening and Follow-Up (Two Measures)

Prenatal (PND): The percentage of deliveries in which patients were screened for clinical depression while pregnant, and if screened positive, received follow-up care.

Postpartum (PDS): The percentage of deliveries in which patients were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

These measures count deliveries. Therefore, patients with multiple deliveries in the period count twice; patients with multiple births at a single delivery count once

Also ECDS Measures

Prenatal (PND)

Denominator:
- Deliveries during the measurement period

Exclusion:
- Deliveries that occurred at less than 37 weeks gestation
- Hospice care in the intake period

Numerator:
- Deliveries where the patient was screened for clinical depression during pregnancy using a standardized instrument and, if screened positive, received follow-up care within 30 days of the positive depression screen finding.

PND Numerator Detail

- Deliveries in the last month of the Measurement Period: these patients must be screened before the last month of the measurement period in order to allow enough time for the follow-up (on date of delivery or 30 days after)

- Example: Measurement Period ending December 31. Patients who delivered in December must have been screened between the pregnancy start date and December 1 of the Measurement Period.

- Because screening on December 1 is the last day of the year that a positive screen can happen with the follow-up on the date of delivery or 30 days after

Postpartum (PDS)

Denominator:

- Deliveries of live births in the intake period
- Intake period = 115 days prior to the start of the measurement period to 115 days prior to the end of the measurement period

Numerator:

- Deliveries where the patient was screened for clinical depression between 7 and 84 days following the date of delivery and, if screened positive, received follow-up care within 30 days of the positive depression screen finding.

Differences Between PND/PDS and UDS Numerators

- PND/PDS: follow-up must occur with the first positive screen
- UDS: follow-up must occur with the last positive screen

- PND/PDS: "If there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up."
- UDS: "DO NOT count a PHQ-9 screening that follows a positive PHQ-2 screening during the measurement period as meeting the numerator criteria for a follow-up plan to a positive depression screening."

Prenatal and Postpartum Care (PPC)

Percentage of deliveries of live births that had a prenatal care visit in the first trimester and had a postpartum visit on or between 7 and 84 days after delivery

- Numerators reported separately. There will be two QMs
- This measure counts deliveries. Therefore, patients with multiple deliveries in the period count twice; patients with multiple births at a single delivery count once

PPC

Denominator:

- Deliveries of live births in the intake period
- Intake period = 85 days prior to the start of the measurement period to 85 days prior to the end of the measurement period

Numerator #1 ("Timeliness of Prenatal Care"): Deliveries where the patient had a prenatal care visit in the first trimester

Numerator #2 ("Postpartum Care"): Deliveries where the patient had a postpartum visit on or between 7 and 84 days after delivery

Prenatal Immunization Status (PRS)

The percentage of deliveries in which patients received an influenza vaccination and a tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccination

This measure counts deliveries. Therefore, patients with multiple deliveries in the period count twice; patients with multiple births at a single delivery count once.

PRS

Denominator:

- Deliveries in the measurement period

Exclusions:

- Deliveries that occurred at less than 37 weeks gestation
- Hospice care in the measurement period

Numerator: Had an influenza vaccination between six months prior to the start of the measurement period and the delivery date and a Tdap vaccination on or before the delivery date

Two Contraception Measures

1. Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)
2. Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)

Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)

The percentage of women ages 21 to 44 at risk of unintended pregnancy who were provided a most effective or moderately effective method of contraception, or a long-acting reversible method of contraception (LARC)

- Moderately effective = injectables, oral pills, patch, or ring
- Most effective = female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS)
- LARC = contraceptive implants, intrauterine devices or systems (IUD/IUS)

CCW-AD

Denominator:
- Females (according to sex at birth) between 21 and 44 years of age
- Had at least one medical encounter during the measurement period

Exclusions:
- Patients pregnant at the end of the measurement period or with a live birth in the two months prior to the end of the measurement period
- Patients infecund due to non-contraceptive reasons such as natural menopause or oophorectomy

Two numerators:
- Patients provided a most or moderately effective contraception
- Patients provided a long-acting reversible contraception (LARC)

Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)

The percentage of deliveries to women ages 21 to 44 who were provided a most effective or moderately effective method of contraception, or a long-acting reversible method of contraception (LARC)

Contraception definitions the same as CCW-AD

Numerator groups: has contraception within 3 days or within 60 days after delivery

CCP-AD

Denominator:

- Deliveries of live births between the start of the measurement period and two months prior to the end of the measurement period
- Patients between 21 and 44 years of age at the end of the measurement period

Four numerators:

- Patients provided a most or moderately effective contraception within 3 days of delivery
- Patients provided a most or moderately effective contraception within 60 days of delivery
- Patients provided a long-acting reversible contraception (LARC) within 3 days of delivery
- Patients provided a long-acting reversible contraception (LARC) within 60 days of delivery

Three Medication Measures

1. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)
2. Antidepressant Medication Management (AMM)
3. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

- The first two require a count of the days the patient is on the medication

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)

Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

- Same as the ECDS measure

Follow-Up Care for Children Prescribed ADHD Medication
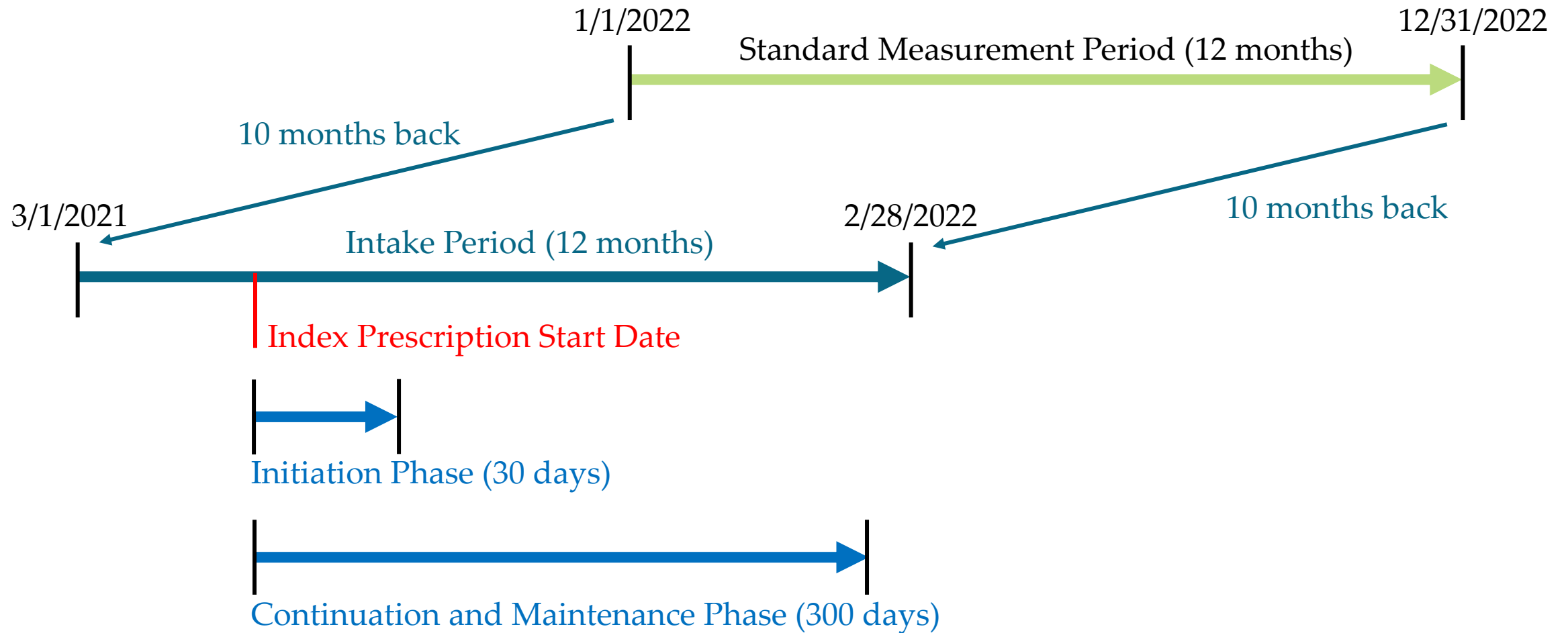
ADD

Intake period: 10 months prior to the start of the measurement period to 10 months prior the end of the measurement period

Denominator:

- Patients age 6 to 12 years at the beginning of the Intake Period
- Had a new prescription for an ADHD medication in the Intake Period. A "new" medication means the patient was not using antidepressant medication in the 120 days prior to the prescription start date
- Had at least one medical encounter during the measurement period

ADD

Two Numerators:

• Initiation Phase: Patients who had at least one visit with a practitioner with prescribing authority within 30 days after the new prescription start date

• Continuation and Maintenance Phase: Patients compliant with the Initiation Phase numerator AND had at least two visits with any practitioner between 31 and 300 days after the new prescription start date

Antidepressant Medication Management (AMM)

Percentage of patients 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for 84 days (Acute Phase) and 180 days (Continuation Phase).

Antidepressant Medication Management (AMM)
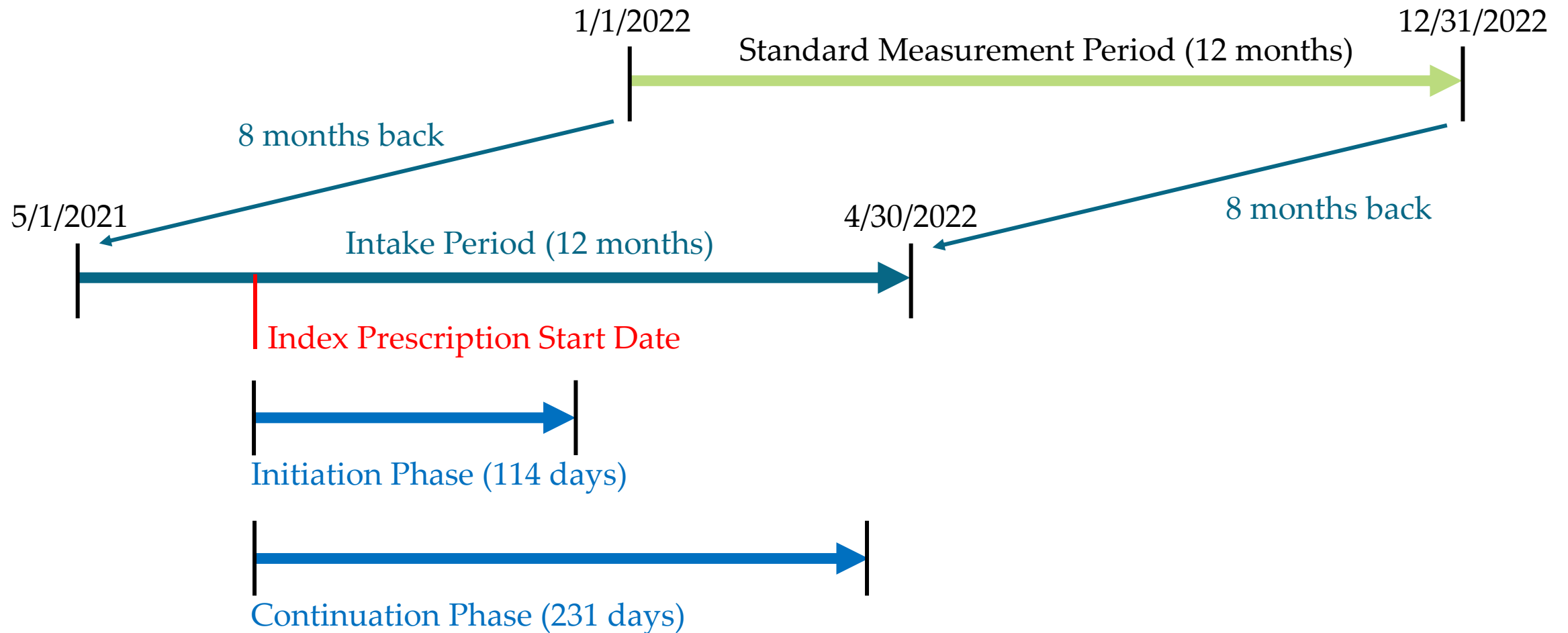
AMM

Intake period: 8 months prior to the start of the measurement period to 8 months prior the end of the measurement period

Denominator:

- Patients 18 years of age and older at the end of the Intake Period
- Diagnosis of major depression
- Had a new prescription for an antidepressant medication in the Intake Period. A "new" medication means the patient was not using antidepressant medication in the 105 days prior to the prescription start date
- Had at least one medical encounter during the measurement period

AMM

Two Numerators:

- Acute Phase: Patients who had at least 84 days of antidepressant medication treatment between the new prescription start date and 114 days after the new prescription start date

- Continuation Phase: Patients who had at least 180 days of antidepressant medication treatment between the new prescription start date and 231 days after the new prescription start date

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Percentage of children and adolescents ages 1 to 17 years with two or more antipsychotic prescriptions who had metabolic testing (blood glucose testing and cholesterol testing)

APM

Denominator:

- Patients between 1 and 17 years of age at the end of the measurement period
- Had at least one medical encounter during the measurement period
- Had at least two antipsychotic medication prescriptions of the same or different medications, on different dates of service, during the Measurement Period.

Numerator: Had a blood glucose test and a cholesterol test in the Measurement Period