



# Aliados Health

Access | Equity | Advocacy | Innovation

*Data Workgroup*

*March 12, 2024*

*By Ben Fouts, Data Analyst*

**Deeper Discussion  
Into Depression  
Measures and Into  
Measures With  
Partnership-Patient  
Denominators**

# Agenda

1. Depression Remission Quality Measures
2. Depression Screening and Follow-up: CQM/UDS -vs- HEDIS/PHMI
3. Quality Measure Denominators Using Only Partnership Patients



# Topic #1: Depression Remission Quality Measures

Part 1: Change in the Relevant UDS Measure From 2022 to 2023

Part 2: Compare specifications of CQM (UDS) versus HEDIS (MCAS / PHMI) measures containing “Depression Remission” in the name

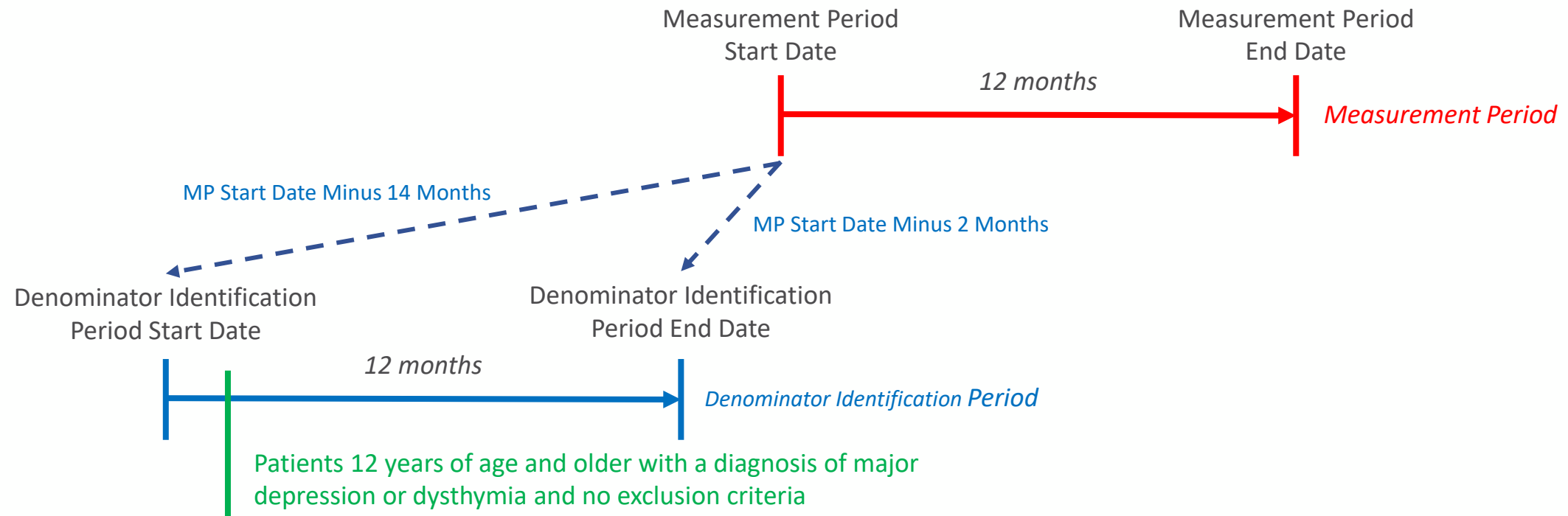


# Part 1: Change in Relevant UDS Measure From 2022 to 2023

- Measure name: Depression Remission at Twelve Months
- Measure Description (UDS Manual, both years): Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event
- The text of the measure in the manual does not change very much. The 2022 measure text in the manual references at least one “medical visit” in the measurement period and the 2023 text references at least one “eligible countable visit... as specified in the measure criteria.”



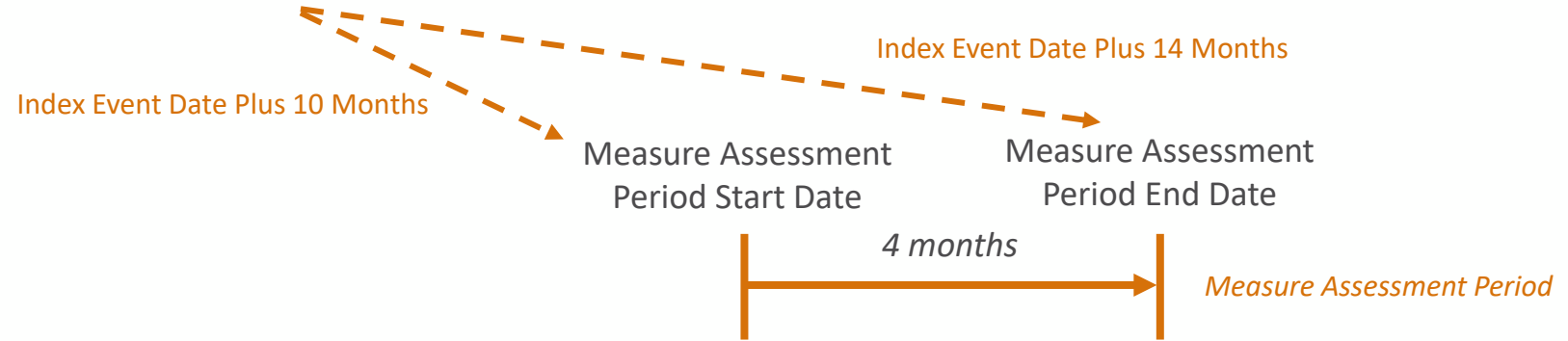
Denominator Determination



**Index Depression Assessment (on the Index Event Date)**

First PHQ-9 with a score greater than 9 within the Denominator Identification Period

Numerator Determination



“Remission” is defined as any PHQ-9 with a score less than 5 within the Measure Assessment Period



# Quality Measure: Depression Remission at Twelve Months (UDS 2022 Table 6B)

## 2022 Relevant Approach

- **Patients with a diagnosis of major depression or dysthymia.** These patients are identified from the Problem List (Data Elements major\_depression\_including\_remission\_cases and dysthymia\_cases) and must be active around the time of the Index Event Date



# Quality Measure: Depression Remission at Twelve Months (UDS 2023 Table 6B)

## 2023 Relevant Approach

- **New concept: Qualifying Visit.** Defined by a Value Set of procedure codes (CQM Value Set “Contact or Office Visit” with OID = '2.16.840.1.113762.1.4.1080.5')
- **The Index Depression Assessment must be performed during a Qualifying Visit.** The date the PHQ-9 is administered can be up to 7 days before the Qualifying Visit date.
- **Patients with a diagnosis of major depression or dysthymia.** These patients are identified from the Visit Assessment of the Qualifying Visit (CQM Value Set “Major Depression Including Remission” with OID = '2.16.840.113883.3.67.1.101.3.2444' or CQM Value Set “Dysthymia” with OID = '2.16.840.1.113762.1.4.1080.5')



# Other Notes on the Measure

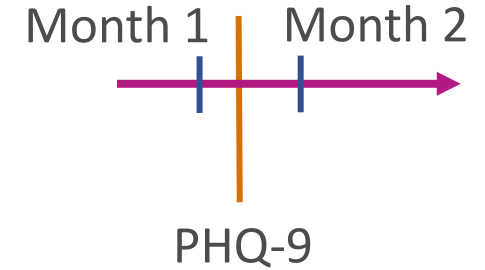
- See the Clinical Recommendation Statement from the CQM for more information.
- The diagnosis of major depression or dysthymia in the Denominator Identification Period does not have to be a new diagnosis.
- Within the context of ongoing patient care, the Measurement Period, the Denominator Identification Period and the Measure Assessment Period are arbitrary. They actually change month-to-month in the Quality Measure itself (see next slide).
- The basic idea is that health centers should establish and maintain follow-up with patients who have major depression or dysthymia. There should be proactive follow-up contacts with the patient based on the collaborative care model and the PHQ-9 should be used as monitoring and management tool.





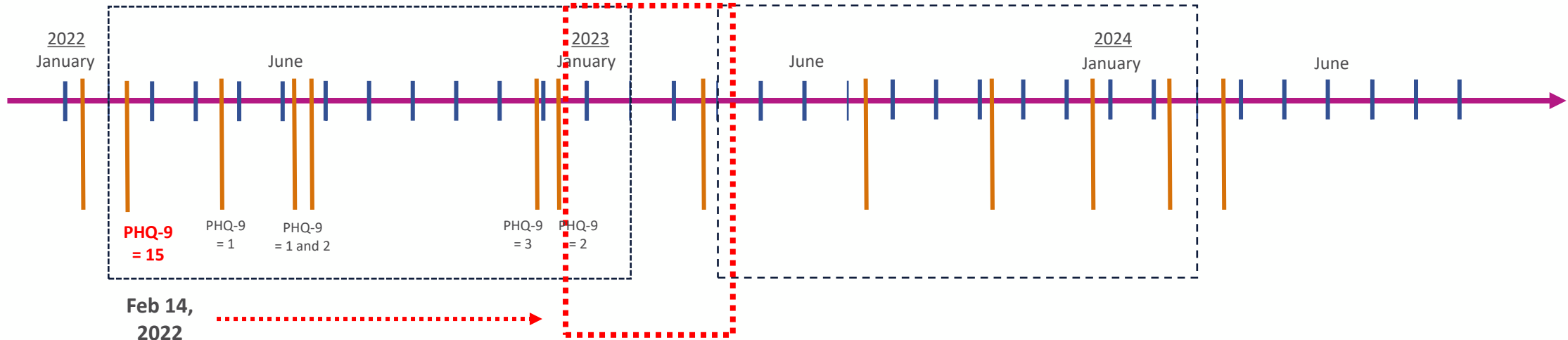
# Example of Moving Periods

Below is a PHQ-9 timeline for one patient from January 2022 to September 2024



Denominator Identification Period =  
February 1, 2022 to January 31, 2023

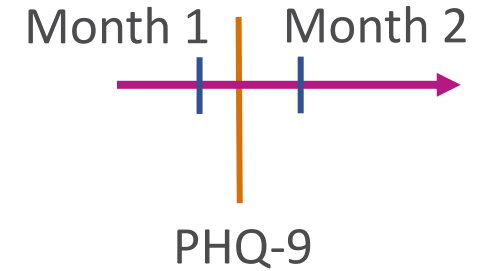
Measurement period =  
April 1, 2023 to March 31, 2024



Measure Assessment Period =  
December 14, 2022 to April 14, 2023



# Example of Moving Periods



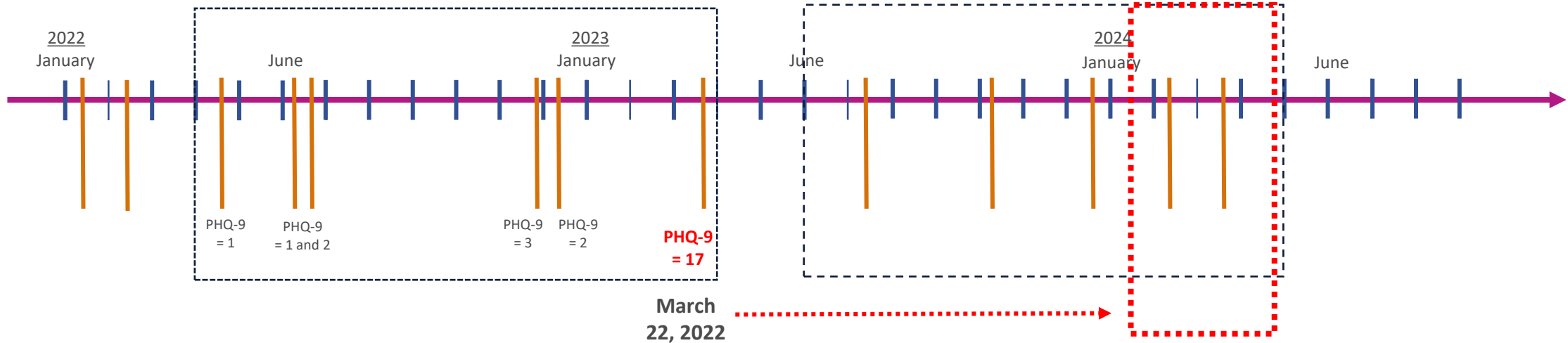
Shift of Measurement Period

2 months later



Denominator Identification Period =  
April 1, 2022 to March 31, 2023

Measurement period =  
June 1, 2023 to May 31, 2024



Measure Assessment Period =  
January 22, 2023 to May 22, 2023



# Other Notes on the UDS Measure (Denominator Identification Period)

- There can be many PHQ-9s administered within the Denominator Identification Period. We are only interested if any of them have a score over 9.
- The first PHQ-9 with a score greater than 9 within the Denominator Identification Period is the Index Depression Assessment. There may be other PHQ-9s with a score over 9 in the Denominator Identification Period (they are ignored).



# Other Notes on the UDS Measure (Measure Assessment Period)

- There can be many PHQ-9s administered within the Measure Assessment Period. We are only interested if any of them have a score under 5.
- There may be other PHQ-9s with any score **within** the Measure Assessment Period (they are ignored).
- There may be other PHQ-9s with any score **outside** of the Measure Assessment Period (they are ignored).



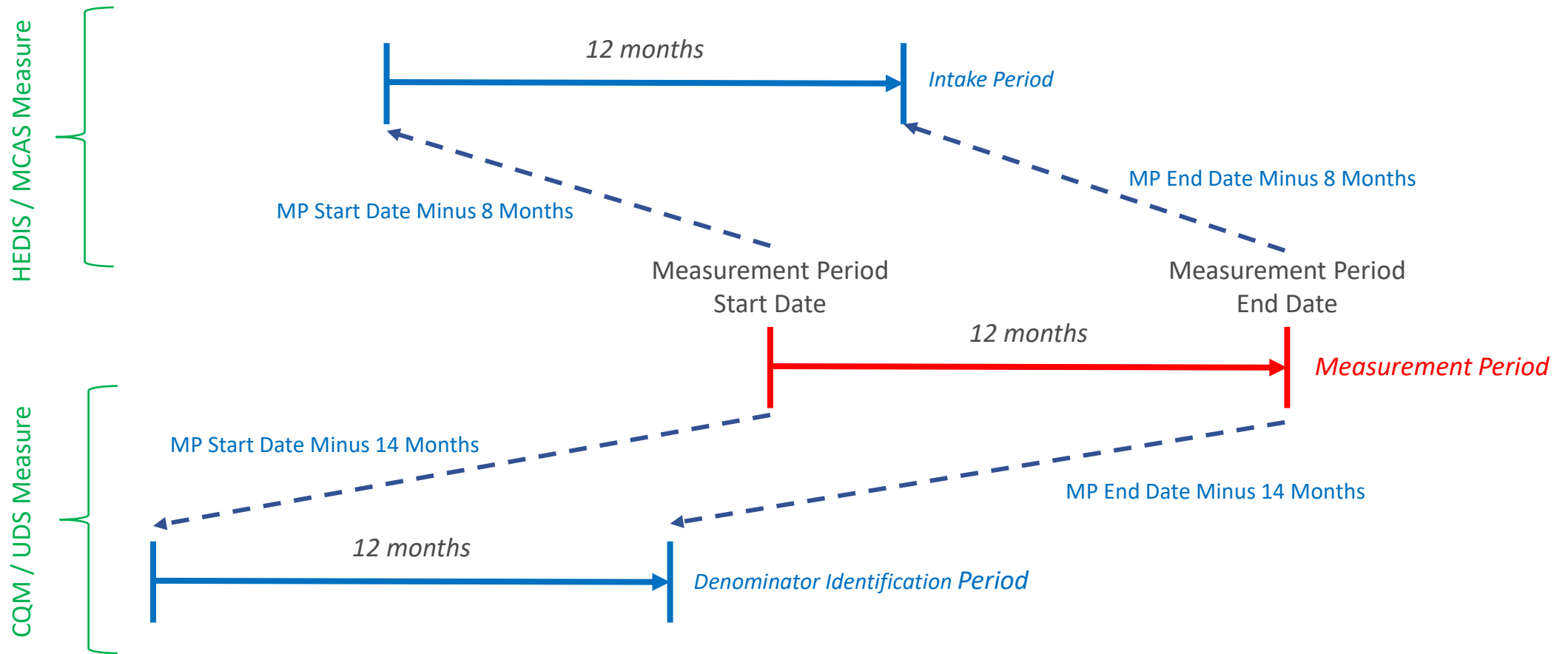
## Part 2: Compare to HEDIS Measure

- Measure name: Depression Remission or Response for Adolescents and Adults (DRR)
- The HEDIS “Intake Period” is the same length as the CQM “Denominator Identification Period” (12 months long) but is not as far back from the Measurement Period. It begins 8 months before the Measurement Period instead of 14 months.
- The HEDIS “Depression Follow-up Period” is the same length as the CQM “Measure Assessment Period” (4 months long) but is not as far in the future after the Index PHQ-9. It begins 4 months after the Index PHQ-9 instead of 10 months.



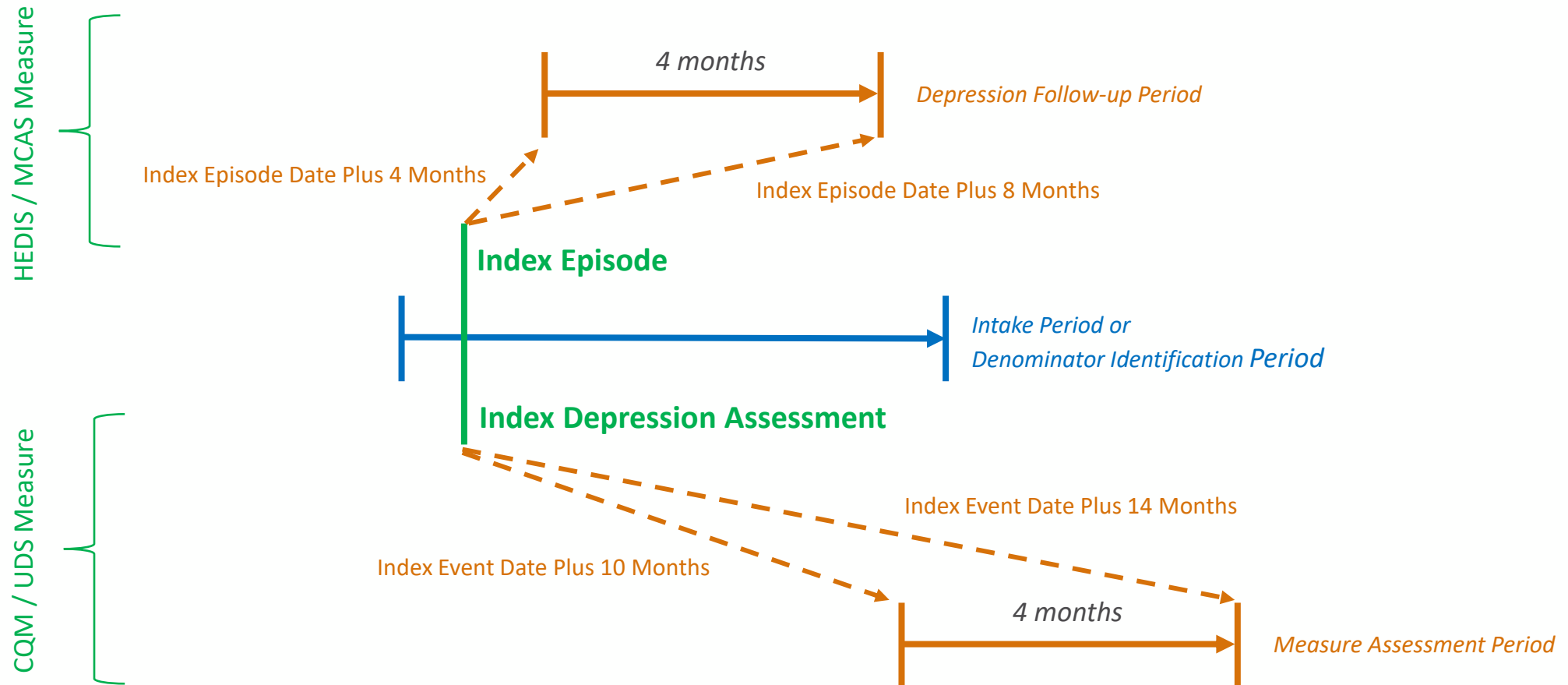
# Denominator Determination Difference

\* Not to scale

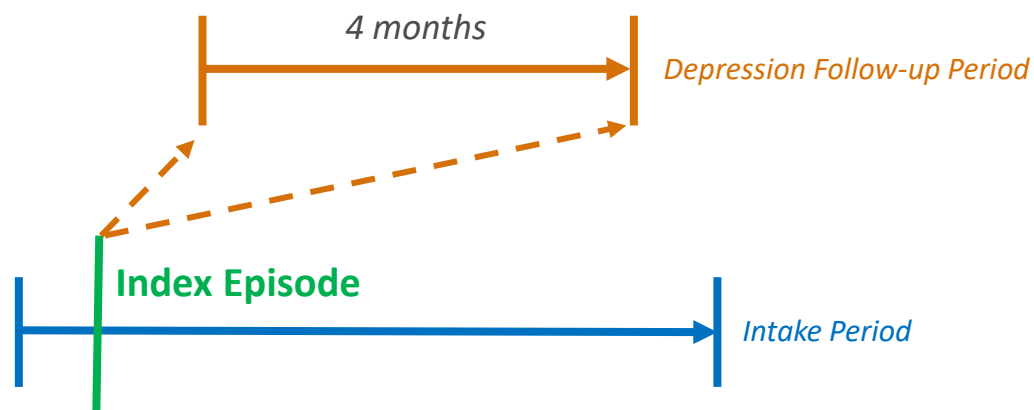


# Numerator Determination Difference

\* Not to scale



# The HEDIS Measure Has Three Numerators



- **Follow-Up PHQ-9:** Patients with at least one PHQ-9 documented in the Follow-Up Period
- **Depression Remission:** Patients having a score of under 5 on the most recent PHQ-9 documented in the Follow-Up Period
- **Depression Response:** Patients with a score at least a 50% lower on the most recent PHQ-9 documented in the Follow-Up Period compared to the Index PHQ-9 score





# **Depression Screening and Follow-up Quality Measures: CQM/UDS -vs- HEDIS/PHMI**



# Similar Name, Different Measures

- CQM/UDS: Screening for Depression and Follow-Up Plan
- HEDIS/PHMI: Depression Screening and Follow-Up for Adolescents and Adults (DSF)



# Similarities

- Denominator: Patients 12 years and older with a visit in the measurement period
- Screening portion of numerator: Depression screening in measurement period using an age-appropriate standardized tool



# Difference in the Timing of the Follow-up Portion of Numerator

Following the first positive screen in the measurement period:

- CQM/UDS: A follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter
- HEDIS/PHMI: Follow-up care on or up to 30 days after the date of the first positive screen



# Difference in the Definition of Follow-up to a Positive Depression Screen

## CQM/UDS

- Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression



# Difference in the Definition of Follow-up to a Positive Depression Screen

Definition uses:

- Procedure code
- Diagnosis code

## HEDIS/PHMI

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication
- Documentation of a negative finding from a PHQ-9 performed on the same day as the positive screen



# Use of HEDIS/PHMI Encounter Value Sets

1. An encounter with a Follow Up Visit Value Set (OID = 2.16.840.1.113883.3.464.1004.1385) procedure code AND a Depression or Other Behavioral Health Condition Value Set (OID = 2.16.840.1.113883.3.464.1004.1501) diagnosis code
2. An encounter with a Depression Case Management Value Set (OID = 2.16.840.1.113883.3.464.1004.1389) procedure code AND either a Depression or Other Behavioral Health Condition Value Set (OID = 2.16.840.1.113883.3.464.1004.1501) diagnosis code or a PHQ-2 or PHQ-9
3. An encounter with a Behavioral Health Encounter Value Set (OID = 2.16.840.1.113883.3.464.1004.1383) procedure code



# Other HEDIS Measures That Use the Same Concept of “Follow-up”

- Prenatal Depression Screening and Follow Up (PND)
- Postpartum Depression Screening and Follow Up (PDS)





# Quality Measure Denominators Using Only Partnership Patients

Being explored first for Health Centers participating in the PHMI program



# Two Types of Partnership Denominators

## 1. Quality Improvement Program (QIP)

- List of denominator patients provided by Partnership. The list is the measure denominator
- Patient list available for download from eReports monthly
- There have been improvements in the availability of the patient list, but looking to see if it exists for all months of the year (2024)
- Partnership makes the denominator calculation based on information available to them. Importantly, they are able to calculate ongoing enrollment criteria (which is hard for us to do)



# QIP Measures With Available Denominators

- ~~Asthma Medication Ratio~~ Lead Screening in Children (2024)
- Blood Sugar Control Among Patients With Diabetes
- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care Visits
- Childhood Immunization Status
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Eye Exam for Patients With Diabetes
- Immunizations for Adolescents
- Well-Child Visits in the First 15 Months of Life



# Two Types of Partnership Denominators

## 2. Other measures displaying only currently enrolled Partnership patients

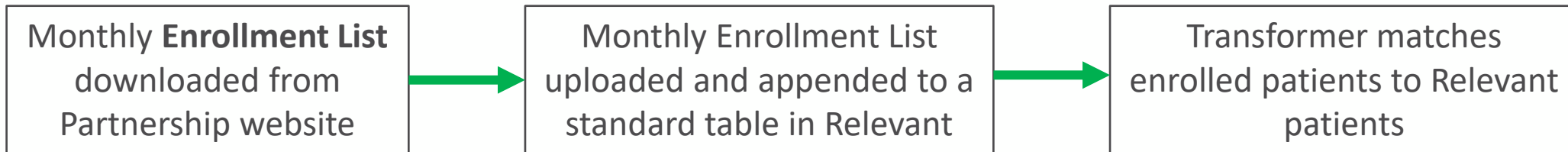
- List of enrolled patients provided by Partnership
- Patient list available for download from eReports monthly
- Seems to be available all year
- Patients on the list can be joined to Relevant patients. Then, after an evaluation of the normal denominator criteria, the measure would display only Partnership patients
- Not strictly the HEDIS denominator because no application of ongoing enrollment criteria



# PHMI Measures That Use Enrolled Denominators

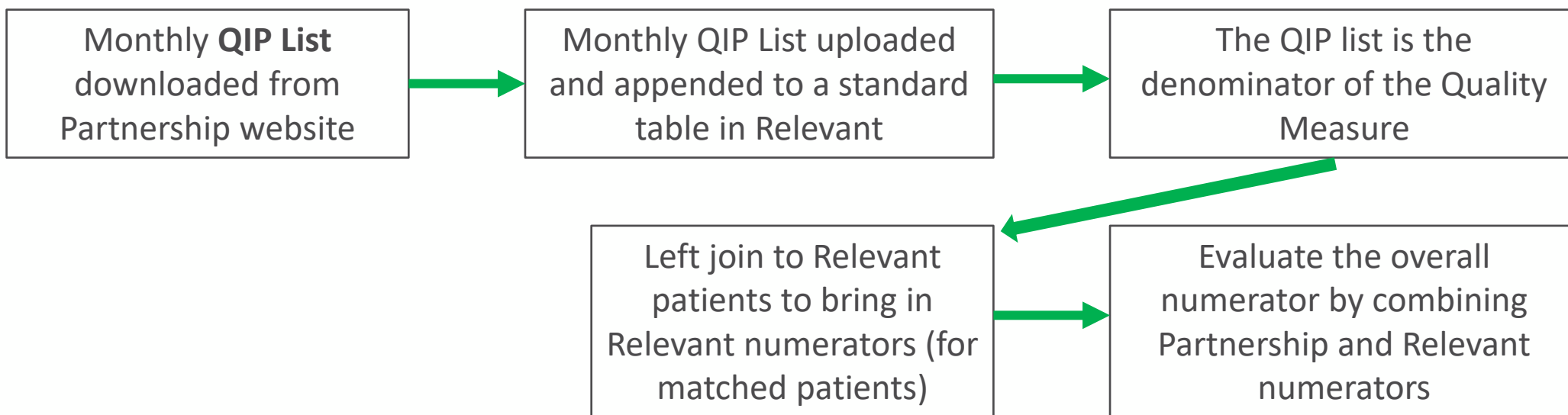
- Adults' Access to Preventive / Ambulatory Health Services
- Depression Screening for Adolescents and Adults
- Depression Follow-Up for Adolescents and Adults
- Depression Remission or Response for Adolescents and Adults: Follow-up
- Depression Remission or Response for Adolescents and Adults: Remission
- Depression Remission or Response for Adolescents and Adults: Response
- Prenatal Depression Screening and Follow Up
- Postpartum Depression Screening and Follow Up
- Prenatal and Postpartum Care (Timeliness of Prenatal Care)
- Prenatal and Postpartum Care (Postpartum Care)
- Well Child Visits in first 30 months of life- 15-30 months



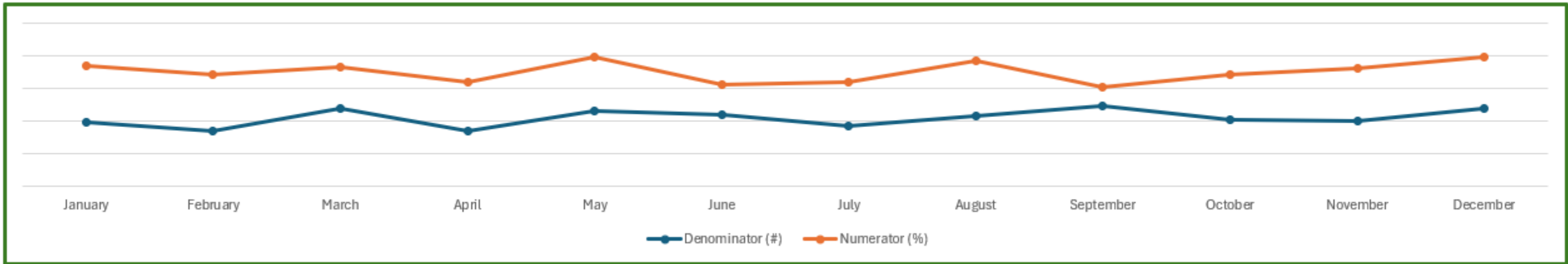
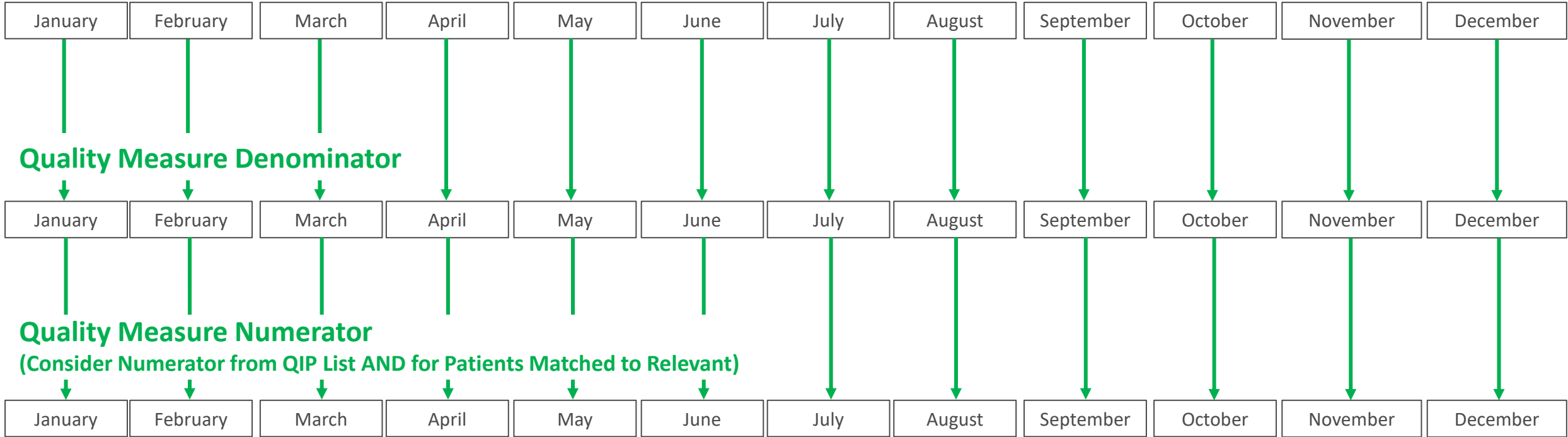


Results in:

- Knowing which Relevant patients are enrolled in Partnership during which months
- Knowing which enrolled patients from which month are not already in Relevant
- Ability to join Relevant Partnership patients to any query through the patient\_id
- Ability to join enrolled patients to patients from other Partnership lists through the CIN



# QIP Denominator List



# Next Steps

- Aliados is in the initial stages of speaking to Relevant about a standard approach to integrating Partnership patients into Relevant
- This information is a “heads-up” of ongoing discussions and plans. The coding still needs to be developed and tested. No guarantees of outcomes are being made right now!





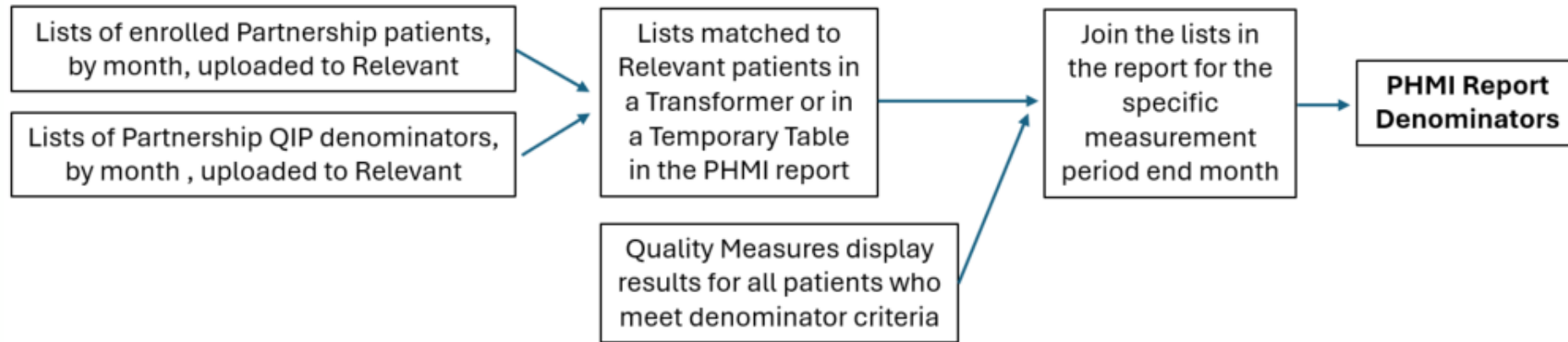
# PHMI Project

- Partnership data is being put into Relevant at PHMI health centers and quality measures involving Partnership patients (QIP and non-QIP) are being reported to the PHMI program
- This approach is working but could be made more standard
- The current model among PHMI health centers involves downloading the data from Partnership and uploading it to Relevant because an automatic system has not been established
- The PHMI approach has applications outside of that program (to any other Relevant Quality Measure) and outside of the PHMI health centers (code could be shared among all health centers)

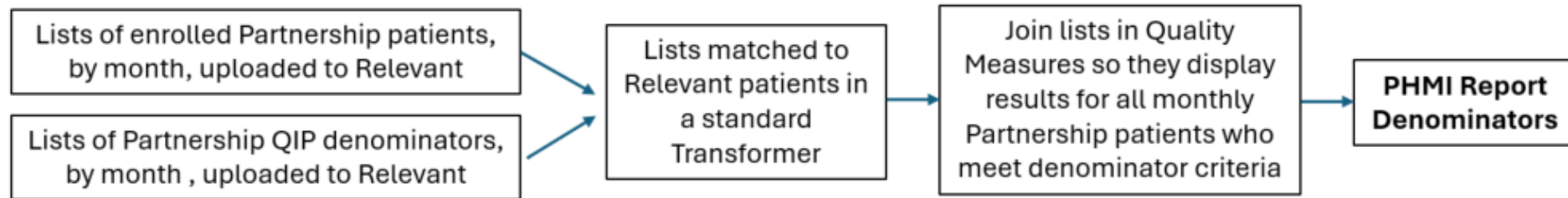


# PHMI Report Changes

## Current design



## Design for next reporting period (ending June 2024)



# Coming Soon!

## Evaluation of all 2024 Quality Measure Definitions

- UDS/CQM
- QIP/HEDIS
- MCAS/HEDIS
- PHMI/HEDIS
- Hearts of Sonoma County

## New 2024 Comparison Document

- 2023 version available on the Aliados Health website



Questions?

