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# MHSPHP Metrics Forum

## Antidepressant Medication Management And Mental Health Follow-up



- Antidepressant Medication Management
  - Methodology
  - FAQ highlights
  - Using the list
  - Metric challenges
- Depression List

	2013	2013	2014	2014
	75th	90th	75th	90th
Effective Acute Phase Treatment	70.04	73.43	73.72	78.32
Effective Continuation Phase Treatment	54.05	57.75	58.36	62.65

## AMM: Effective Continuation Phase Treatment

Applied filters: None

DATE	AUG2014				JUL2014				JUN2014			
	Total Enrolled	Eligible	Continuation Phase Trtmnt Valid	Continuation Phase Trtmnt Score	Total Enrolled	Eligible	Continuation Phase Trtmnt Valid	Continuation Phase Trtmnt Score	Total Enrolled	Eligible	Continuation Phase Trtmnt Valid	Continuation Phase Trtmnt Score
SERVICE												
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> AIR FORCE	1,041,072	11,719	5,340	45.57%	1,054,461	11,768	5,384	45.75%	1,055,127	11,818	5,383	45.55%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ARMY	1,295,030	20,323	7,675	37.77%	1,311,667	20,495	7,749	37.81%	1,306,790	20,653	7,842	37.97%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> COAST GUARD	27,230	301	117	38.87%	26,803	297	113	38.05%	26,845	301	123	40.86%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NAVY	919,234	9,134	3,970	43.46%	937,412	9,181	4,012	43.70%	931,423	9,255	4,012	43.35%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NCRMD	119,556	1,432	717	50.07%	120,265	1,423	711	49.96%	119,475	1,430	703	49.16%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> TRO	1,297,126	18,484	8,580	46.42%	1,316,660	18,936	8,823	46.59%	1,324,690	19,337	9,069	46.90%
<b>Total</b>	<b>4,699,248</b>	<b>61,393</b>	<b>26,399</b>	<b>43.00%</b>	<b>4,767,268</b>	<b>62,100</b>	<b>26,792</b>	<b>43.14%</b>	<b>4,764,350</b>	<b>62,794</b>	<b>27,132</b>	<b>43.21%</b>

## AMM: Effective Acute Phase Treatment

Applied filters: None

DATE	AUG2014				JUL2014				JUN2014			
	Total Enrolled	Eligible	Acute Phase Trtmnt Valid	Acute Phase Trtmnt Score	Total Enrolled	Eligible	Acute Phase Trtmnt Valid	Acute Phase Trtmnt Score	Total Enrolled	Eligible	Acute Phase Trtmnt Valid	Acute Phase Trtmnt Score
SERVICE												
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> AIR FORCE	1,041,072	11,719	8,241	70.32%	1,054,461	11,768	8,344	70.90%	1,055,127	11,818	8,376	70.87%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ARMY	1,295,030	20,323	12,457	61.30%	1,311,667	20,495	12,567	61.32%	1,306,790	20,653	12,692	61.45%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> COAST GUARD	27,230	301	199	66.11%	26,803	297	194	65.32%	26,845	301	204	67.77%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NAVY	919,234	9,134	6,099	66.77%	937,412	9,181	6,144	66.92%	931,423	9,255	6,171	66.68%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NCRMD	119,556	1,432	1,006	70.25%	120,265	1,423	993	69.78%	119,475	1,430	1,004	70.21%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> TRO	1,297,126	18,484	12,464	67.43%	1,316,660	18,936	12,771	67.44%	1,324,690	19,337	13,068	67.58%
<b>Total</b>	<b>4,699,248</b>	<b>61,393</b>	<b>40,466</b>	<b>65.91%</b>	<b>4,767,268</b>	<b>62,100</b>	<b>41,013</b>	<b>66.04%</b>	<b>4,764,350</b>	<b>62,794</b>	<b>41,515</b>	<b>66.11%</b>

# Antidepressant Medication Management

- The percentage of members 18 years of age and older who were dispensed a NEW prescription of antidepressant medication associated with a diagnosis of MAJOR depression, and who remained on an antidepressant medication treatment.
  - *Effective Acute Phase Treatment.* The percentage of treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
  - *Effective Continuation Phase Treatment.* The percentage of newly treated members who remained on an antidepressant medication for at least 180 days (6 months).



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# FAQ: Why so long? What if they feel better?

- This metric is based on the American Psychiatric Association's (APA) Practice guideline for the treatment of patients with major depressive disorder. It recommends that patients remain on medication 6-11 months to avoid relapse. This issue should be discussed with the patient prior to initiating therapy. This the recommended standard of care for patients with major depressive disorder.



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# Metric Enrollment Criteria

- Age over 18 and continuously enrolled in Prime from 90 days (3 months) prior to the initial dispensing date through 245 days after the initial dispensing date
- A lapse of a single month of enrollment at any time is still continued continuously enrolled



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# How to identify denominator?

- 3 step process....



- Find the first dispensing event of antidepressants for all patients in the 12 month identification period
  - Period ends 8 months prior to metric measurement month:
    - For August 31 metrics, the identification period was 1 Jan 2013 - 31 Dec 2013
    - This allows for 8 months to find the continuation phase dispensing events
- This initial dispensing event is the anchor for the patient: the DMIS and provider group to which the patient is enrolled for the month of this initial dispensing date is where the patient will impact metrics for the entire year the patient is measured
  - If patient PCSs after this date, they still impact this DMIS's metrics
  - Patients need to be educated when they start the meds that they need to continue therapy for at least 6 months



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## Step 2: Find pts with major depression diagnosis within 60 days

Major Depression ICD-9-CM Diagnoses

296.20-296.25, 296.30-296.35, 298.0, 311

- A single inpatient, outpatient or emergency department encounter within 60 days of that initial antidepressant dispensing date in direct or purchased care with one of these diagnoses satisfies criteria

- NCQA response when asked why 311 is included:
  - “The AMM measure is set up so members are first identified for the eligible population by determining if they are on an antidepressant medication. Then, members that did not have a diagnosis of major depression during the 60 days prior to through 60 days after the prescription dispense date are excluded from the measure. If a member is on an antidepressant medication and also has the 311 diagnosis code, this is considered sufficient evidence that the member has major depression. Please note that once organizations begin using ICD-10 codes this issue becomes obsolete (the ICD-10 codes proposed for inclusion in the measure are all specific to major depressive disorder).”



- 296.20-296.25 Major depressive disorder, single episode (not in remission)
- 296.30-296.35 Major depressive disorder, recurrent episode (not in remission)
- 298 Depressive type psychosis
- 311 Depressive disorder, not elsewhere classified



## Step 3: Only Newly Treated

- Remove all patients who had dispensing events of antidepressants in the 105 days prior to the initial dispensing event
- Remaining continuously enrolled major depression patients over age 18 with new dispensing of antidepressants are the denominator



- Acute Phase: received 84 days supply of meds within the first 114 days of treatment
- Continuation Phase: received 180 days supply of meds within first 231 days of treatment
- This allows for some treatment gaps. However:
  - Acute phase gaps cannot be more than 30 days
  - Continuation phase gaps cannot be more than 51 days
- Meds dispensed toward end of phase: only count supply that will finish measurement phase:

The actual number of calendar days covered with prescriptions within the specified 180-day (6-month) measurement interval. For Effective Continuation Phase Treatment, a prescription of 90 days (3 months) supply dispensed on the 151st day will have 80 days counted in the 231-day interval.



# Visual of who is included

## Antidepressant Management List and Metric Explained

looking for continuous enrollment																																	
no longer in metric		looking for negative meds			Looking for pts with NEW dispensing of antidepressants (none in preceding 3 months) and a diagnosis of Major depression within 30 days of dispensing												Allow for looking for 6 months worth of dispensing events of antidepressant meds (in 8 month period) for last pt identified in measure								meds not in								
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8												
For As of Date: 31 Aug 2014	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014							
examples :	individual Patients initial medication dispensing on:																																
						4-Jan-13	8 month window looking for 6 months worth of dispensing events																										
										1-Apr-13	8 month window looking for 6 months worth of dispensing events																						



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# FAQ: What if provider doesn't think pt will need full treatment?

- These diagnoses do not put patient on the metric; however, they do not remove patients identified in steps 1-3 either.
- 300.4 Dysthymic disorder
  - Depression precipitated by events in a person's life.
  - Chronic affective disorder characterized by either relatively mild depressive symptoms or marked loss of pleasure in usual activities.
- 309.0 Adjustment disorder with depressed mood
- 309.1 Prolonged depressive reaction



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## FAQ: Can we just give 90 day supply to meet acute phase?

- Please focus on providing best medical care, not meeting a metric target. When a patient starts a new antidepressant, the regimen should be treated like other new medications: provide a trial period with follow-up to assess for adherence issues (ex. side effects). Then provide the appropriate prescription with enough refills to meet the metric.



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FAQ: What if the patient does not tolerate the medication and has to go on a different antidepressant?

- All dispensing events of all antidepressants included in the table of the methodology document count
- If the patient changes medications and hasn't completed the first supply, both days supplied count through the end of the phase



If the patient is 100 days into the acute phase and only has received 60 days supply so far, if he receives a 90 day supply now, will that catch him up to meet the metric?

- No, the metric looks at the date dispensed and only counts the days supply that would take the patient to the end of the phase (acute or continuation) being measured. Only 14 days would count toward the acute metric for a total of 74 days supply. However, all 90 would count toward the continuation metric. Since the continuation phase allows 231 days to get 180 day supply, the patient could pick up another renewal on day 190 and meet the continuation metric.



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How can both the acute and continuation phase metrics have the same denominator?

- Per HEDIS<sup>®</sup> technical specifications, patients are not measured for either metric until they complete the entire 231 days (Continuation Phase) after they receive their initial dispensing of medications. So both metrics look at the same patients.



# FAQ: Why do our metrics display for old provider groups?

## How do we fix the enrollment of these patients?

- Patients impact the metric of the provider group to whom they were enrolled the month of their initial dispensing event.
- If that provider group name is changed or enrollment moved to a new provider group, the original provider group remains in the metric

PROV GROUP		AMHMDIACHGPB				
DATE		AUG2014				
		ELIGIBLE	VALID	SCORE	NEED FOR 75TH	NEED FOR 90TH
MEASURE GROUP	MEASURE					
ASTHMA	ASTHMA MEDS MGMT 05 TO 11	.	.	.		
	ASTHMA MEDS MGMT 12 TO 18	.	.	.		
	ASTHMA MEDS MGMT 19 TO 50	.	.	.		
	ASTHMA MEDS MGMT 51 TO 64	.	.	.		
	ASTHMA MEDS MGMT TOTAL	.	.	.		
CANCER SCREENINGS	BREAST CANCER SCREENING TOTAL	.	.	.		
	CERVICAL CANCER SCREENING	.	.	.		
	COLORECTAL CANCER SCREENING	.	.	.		
CHLAMYDIA SCREENING	CHLAMYDIA SCREENING 16 TO 20	.	.	.		
	CHLAMYDIA SCREENING 21 TO 24	.	.	.		
	CHLAMYDIA SCREENING TOTAL	.	.	.		
CHOLESTEROL MGMT	CHOLESTEROL MGMT LDL CONTROL	.	.	.		
	CHOLESTEROL MGMT LDL SCREENING	.	.	.		
DIABETES	A1C CONTROL <=9	.	.	.		
	A1C GOOD CONTROL <8	.	.	.		
	A1C GOOD CONTROL NO COMORBID <7	.	.	.		
	A1C SCREENING	.	.	.		
	LDL CONTROL	.	.	.		
LOW BACK PAIN	LDL SCREENING	.	.	.		
	LOW BACK PAIN IMAGING	0	0	.		
MENTAL HEALTH	AMM ACUTE PHASE TRTMNT	5	5	100.00%		
	AMM CONTINUOUS TRTMNT	5	3	60.00%		1
	MENTAL HEALTH FOLLOW-UP 30-DAYS	0	0	.		
	MENTAL HEALTH FOLLOW-UP 7-DAYS	0	0	.		
PEDIATRIC	CHILDREN WITH PHARYNGITIS	0	0	.		
	CHILDREN WITH UPPER RESPIRATORY INFECTION	0	0	.		
	WELL CHILD 6 VISITS	0	0	.		



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FAQ: Our DMIS was created 6 months ago.  
Why don't we have AMM metrics?

- Similar to previous slide.
- No patients were enrolled to this DMIS when they received initial antidepressants.
- Denominator will slowly increase when DMIS is 9 months old.



## FAQ: Why are list numbers so different from the metric?

- Patients hit the metric for the DMIS they are enrolled to when the meds are initially prescribed
  - They stay with this DMIS's metrics after PCS during the year they are included in metric (for one year after completing 231 day measurement period) but they will be on the list for where they are currently enrolled
  - Patients who met continuous enrollment criteria for the metric then disenroll after their 231 measurement period remain in the metric even though they are not on any DMIS list due to disenrollment.
- Patients who have not completed their measurement period are on the list, too (“NA” if not completed acute or continuation phase)
- Metrics only include those who met continuous enrollment
- Metrics only include those  $\geq 18$



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# FAQ: How long are patients on the list?

- Patients fall off the list when their initial dispensing event ages out of the identification period. This means the dispensing event occurred over 20 months prior to the posted metric month!
- Patients are on the list based on the initial dispensing event in the entire 20 months
- *Patient will stay on the list with a new initial prescribing date if the patient has a 105 day period in that 20 months with no antidepressants received followed by a new prescription and major depression diagnosis. Clinically, this patient needs at least 6 months of therapy from this new dispensing because of the long gap.*

# AMM Patient List

Earliest Prescription Date	Earliest Diagnostic Date	Diagnosis Clinic	Diagnosis Location	Source	Visits	Hospitalizations
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
01/10/2013	02/26/2013	BGAA	0125	DIRECT	1	0
03/07/2014	03/25/2014	BAAA	0125	DIRECT	1	0
05/16/2013	06/03/2013	PSYCHIATRY	OFFICE	NETWORK	6	0
03/18/2014	04/08/2014	BAAA	0125	DIRECT	3	0
04/21/2014	05/06/2014	BAAA	0125	DIRECT	11	0

- Earliest Prescription Date: Initial antidepressant dispensing event
- Earliest Diagnosis Date: Initial major diagnosis within 60 days of initial dispensing
- Diagnosis Clinic: MEPRS of MTF clinic or specialty of purchased care claim
- Diagnosis Location: DMIS or location type of purchased care claim
- Source: Direct for MTF care or Network for purchased care claim
- Visits: Total number of visits for depression in last 20 months
- Hospitalizations: Total number of hospitalizations with depression as a diagnosis

Trmt Days >=84	Trmt Days >=180	Last Prescription Date	Last Prescription Name	Last Days Supplied
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Y	Y	09/04/2014	CITALOPRAM HBR	90
Y	NA	03/07/2014	TRAZODONE HCL	90
Y	N	09/09/2014	BUPROPION HCL SR	90
Y	Y	07/03/2014	ESCITALOPRAM OXALATE	90
Y	Y	08/19/2014	SERTRALINE HCL	45
NA	NA	06/09/2014	MIRTAZAPINE	60
Y	Y	10/30/2013	VENLAFAXINE HCL ER	45
Y	Y	08/11/2014	CITALOPRAM HBR	90
Y	Y	06/05/2014	CITALOPRAM HBR	90
N	NA	02/25/2014	FLUOXETINE HCL	30

Y=met  
N= not met  
NA= patient is still in measurement window, total meds not yet dispensed

Trmt Days>=84: Did pt met acute criteria of receiving 84 days of meds in the initial 114 days?

Trmt Days>=180: Did pt met continuation criteria of receiving 180 days of meds in initial 231 days?

Last Prescription Date: Date of most recent antidepressant prescription available in data as of monthly data processing

Last Prescription Name: Antidepressant name

Last Days Supplied: Number of Days supplied in the most recent prescription



Patient Lists	
Patient Lists	<a href="#">Colon Cancer Screening</a>
	<a href="#">Breast Cancer Screening</a>
	<a href="#">Dyslipidemia</a>
	<a href="#">Depression</a>
	<a href="#">Acute Lower Back Pain</a>
	<a href="#">Recurrent Lower Back Pain</a>
	High Utilizers
	<a href="#">Antidepressant Meds Mgt</a>
	<a href="#">Health Services</a>

Clinical Preventive Services	
Breast Cancer Screening	12/18/2013 - DIRECT - M2 RAD
Colorectal Screening	02/22/2006 - NETWORK - M2
Colonoscopy	OUTPAT
Cervical Cancer Screening	HYSTER
Flu Risk: No	Flu Category: NA

Encounters			
Date	Location	Specialty	Diagnosis/Reason
<a href="#">12/02/2014</a>	MADIGAN AMC-FT. LEWIS--OP MTF	MENTAL HEALTH CLINIC--SHEARER DAVID S.	F/U PER SHEARER
<a href="#">11/19/2014</a>	MADIGAN AMC-FT. LEWIS--OP MTF	FAM PRAC CARE NOT ELSEWHERE CLSFD--KOBERNIK TIMOTHY M	F/U NECK AND BACK
<a href="#">11/13/2014</a>	MADIGAN AMC-FT. LEWIS--OP MTF	PHYSICAL THERAPY CLINIC--DAVIDSON JOHN JOSEPH	CHRONIC PAIN SYNDROME
<a href="#">10/29/2014</a>	MADIGAN AMC-FT. LEWIS--OP MTF	MENTAL HEALTH CLINIC--SHEARER DAVID S.	DYSTHYMIC DISORDER
<a href="#">10/23/2014</a>	NBHC PUGET SOUND--OP MTF	OCCUPATIONAL HEALTH CLINIC--SPINAK RICHARD B	SPINAL ENTHESOPATHY
<a href="#">10/22/2014</a>	MADIGAN AMC-FT. LEWIS--OP MTF	FAM PRAC CARE NOT ELSEWHERE CLSFD--KOBERNIK TIMOTHY M	CHRONIC PAIN SYNDROME
<a href="#">09/30/2014</a>	MADIGAN AMC-FT. LEWIS--OP MTF	GENERAL SURGERY CLINIC--BROWN TOMMY ALLEN	OTHER SPECIFIED AFTERCARE FOLLOWING SURGERY
<a href="#">09/24/2014</a>	MADIGAN AMC-FT. LEWIS--OP MTF	FAM PRAC CARE NOT ELSEWHERE CLSFD--KOBERNIK TIMOTHY M	NECK SPRAIN

Vitals	
Last 3 BP Readings	08/28/2014 - 129/74
	08/04/2014 - 97/58
	07/17/2014 - 118/68

Locally Entered Data	
<a href="#">Add/View Exclusion</a>	<a href="#">Add Test/Screening</a>
<a href="#">Add/View Notes</a>	
No Data Available	

Labs	
<a href="#">LDL</a>	11/01/2013 - 185.00
<a href="#">HDL</a>	11/01/2013 - 69.00
<a href="#">Total Chol</a>	11/01/2013 - 260.00
<a href="#">A1C</a>	09/24/2010 - 6.30
<a href="#">Chol/HDL Ratio</a>	3.77

Open Extended view to find encounters in the last 2 years

## Antidepressant Meds Mgt ✕

### Patient Data

Earliest Prescription Date :	05/02/2014
Earliest Diagnostic Date :	06/25/2014
Diagnosis Clinic :	BFDH
Diagnosis Location :	0125
Source :	DIRECT
Visits :	2
Hospitalizations :	0
Trmt Days >= 84 :	Y
Trmt Days >= 180 :	Y
Last Prescription Date :	09/04/2014
Last Prescription Name :	BUPROPION XL
Last Days Supplied :	30
Note :	

Close

<a href="#">06/25/2014</a>	MADIGAN AMC-FT. LEWIS-- OP MTF	MENTAL HEALTH CLINIC-- SHEARER DAVID S.	DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED
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## Encounter ✕

Location:	MADIGAN AMC-FT. LEWIS--OP MTF
Specialty:	MENTAL HEALTH CLINIC--SHEARER DAVID S.
Primary Diagnosis:	311
Diagnosis/Reason:	DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED
Primary Diagnosis CCS:	DEPRESSIVE DISORDERS
Primary Procedure:	90832
Procedure Description:	
Service Begin Date:	06/25/2014
Service End Date:	06/25/2014

Close

- Patients with Earliest prescription date at least 8 months prior to the metric month are closed and included in metrics
  - They count against metrics for where they were enrolled when they received initial antidepressant
  - These patients all have Y or N in the >84 and >180 columns
    - Y= met numerator treatment days supply criteria
    - N= did not meet treatment days supply criteria
  - Patients with N in the 180 column and no recent dispensing of meds are at risk for relapse
  - Date of most recent medication dispensing could be after 8 month measurement period and up to a few weeks after metrics month

Earliest Prescription Date	Trmt Days >=84	Trmt Days >=180	Last Prescription Date	Last Days Supplied
02/05/2013	Y	Y	09/03/2014	90
12/09/2013	Y	Y	09/09/2014	90
10/22/2013	N	N	10/22/2013	30
03/12/2013	N	N	05/09/2013	15
08/15/2014	NA	NA	08/15/2014	30
02/21/2013	Y	N	09/16/2014	90

# FAQ: Why are some NA and some N and some Y when phase is not over yet?

## If Measurement Phase is not yet over:

- **Y** means they already have picked up enough meds to meet treatment days supply criteria
- **N** means they had more than the maximum number of gap days during the phase
  - Acute phase: no more than sum of 30 days between end of each script's supply and the next dispensing date
  - Continuation phase: no more than sum of 51 days between end of each script's supply and the next dispensing date
  - Gaps are only calculated after subsequent dispensing occurs

Earliest Prescription Date	Trmt Days >=84	Trmt Days >=180	Last Prescription Date	Last Days Supplied
06/18/2014	NA	NA	06/18/2014	60
06/16/2014	Y	NA	07/21/2014	90
06/13/2014	Y	NA	08/21/2014	30
06/12/2014	Y	NA	09/08/2014	30
06/12/2014	Y	NA	09/07/2014	45
06/11/2014	Y	NA	07/29/2014	90
06/11/2014	Y	NA	09/08/2014	30
06/11/2014	Y	Y	07/10/2014	90
06/09/2014	NA	NA	06/09/2014	60
06/05/2014	Y	NA	08/21/2014	40
06/05/2014	Y	NA	06/05/2014	90
06/05/2014	N	N	09/03/2014	30
06/05/2014	NA	NA	06/05/2014	30
06/05/2014	N	NA	08/06/2014	60
06/03/2014	NA	NA	06/03/2014	30

- **NA** means they have not yet met the days supplied criteria and gap days have not been totaled
  - Could still meet criteria, will continue counting eligible days supplied
  - If last date = earliest date, pt will be NA until the phase ends because gap cannot be calculated

# Most recently treated and at risk

Available Data Sources		Available Fields				
DSAntidepressantMedMgt (Primar)		Choose a field				
AND/OR	(	Selected Field	Operator	Value	)	Delete
		DSAntidepressantMedMgt.Earliest Prescription Date	Greater Than Or Equal To	4/1/2014		Delete
AND	(	DSAntidepressantMedMgt.Trmt Days >=84	Contains	na		Delete
OR		DSAntidepressantMedMgt.Trmt Days >=84	Contains	n	)	Delete

- For most of these, if the patient hasn't picked up meds more recently, it is already too late for metric due to gap days
- But clinically, they all need follow-up if haven't picked up meds since
- May want to sort on most recent prescription date and work back

Earliest Prescription Date	Trmt Days >=84	Trmt Days >=180	Last Prescription Date	Last Days Supplied
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08/15/2014	NA	NA	08/15/2014	30
05/09/2014	N	NA	05/09/2014	60
09/05/2014	NA	NA	09/05/2014	30
04/11/2014	N	NA	04/11/2014	30
08/12/2014	NA	NA	08/12/2014	30
06/09/2014	NA	NA	06/09/2014	60
04/02/2014	N	NA	04/02/2014	60
04/22/2014	N	N	09/02/2014	30
06/05/2014	N	N	09/03/2014	30
06/03/2014	NA	NA	06/03/2014	30
09/17/2014	NA	NA	09/17/2014	30



- Medication Adherence following recommended standards
  - Provider education re: APA recommendations
  - Patient education with initial diagnosis that this is long term therapy
  - Monitor side effects and switch antidepressants as needed
  - Timely follow-up to manage adherence
- Proper coding of Major Depression
- Diagnosed outside of MTF: work with managed care support contractor to look for trends in misdiagnosis for network provider education



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# FAQ: “MHS Action Plan 90/180 day suspense to get out of red” ...HOW?

- If the MTF has been in the red for a long time with no process/staff changes in the last 8 months, only luck will improve the metric in the next 90 days
- Changes implemented today will begin to very slowly impact the metric in about 6-8 months.
- About One-twelfth of the denominator will be replaced per month by the new process patients in about 6-8 months

# Top Performers with denominator >30

DATE			AUG2014			
SERVICE	COMMAND	FACILITY	Total Enrolled	Eligible	Continuation Phase Trtmnt Valid	Continuation Phase Trtmnt Score
NAVY	OPSFORCE	OP FORCES-NH OAK HARBOR ( 6319 )	4,478	30	19	63.33%
AIR FORCE	ACC	55th MED GRP-OFFUTT ( 0078 )	24,931	272	171	62.87%
NAVY	OPSFORCE	OP FORCES-NH BREMERTON ( 6318 )	8,982	34	20	58.82%
AIR FORCE	AFMC	88th MED GRP-WRIGHT-PATTERSON ( 0095 )	30,469	393	229	58.27%
NCRMD	NCR	DIORENZO TRICARE HEALTH CLIN ( 0256 )	7,609	69	40	57.97%

DMIS	Facility Name	eligible	SEP14 Acute Score	SEP14 Continuation Score
6319	OP FORCES-NH OAK HARBOR	33	84.85	69.70
0078	55th MED GRP-OFFUTT	219	82.19	63.01
0194	PACIFIC MEDICAL CLINICS-USFHP	219	83.11	62.56
1656	NBHC SUBASE BANGOR	45	86.67	62.22
0192	CHRISTUS HEALTH-USFHP	124	77.42	61.29
0802	36th MED GRP-ANDERSEN	49	79.59	59.18
0057	IRWIN ACH-FT. RILEY	126	74.60	57.94

# Are there any references for how this metric was developed?

1. The National Alliance on Mental Illness. 2009. *Major Depression Fact Sheet*. <http://www.nami.org/Template.cfm?Section=Depression&Template=/ContentManagement/ContentDisplay.cfm&ContentID=88956> (March 19, 2010)
2. Burcusa, S.L., W.G. Iacono. 2007. Risk for recurrence in depression. *Clin Psychol Rev* 27(8): 959-85.
3. Charbonneau, A., W. Bruning, T. Titus-Howard, E. Ellerbeck, J. Whittle, S. Hall, et al. 2005. The community initiative on depression: report from a multiphase work site depression intervention. *J Occup Environ Med* 47(1):60-7.
4. Fochtmann, L.J., A.J. Gelenberg. 2005. American Psychiatry Association: *Guideline Watch: Practice Guideline for the Treatment of Patients with Major Depressive Disorder*. <http://www.psychiatryonline.com/content.aspx?aID=148227>
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6. Simon, G.E. 2002. Evidence review: efficacy and effectiveness of antidepressant treatment in primary care. *Gen Hosp Psychiatry* 24(4):213-24.
7. Melartin, T.K., H.J. Rytsala, U.S. Leskela, P.S. Lestela-Mielonen, T.P. Sokero, E.T. Isometsa. 2005. Continuity is the main challenge in treating major depressive disorder in psychiatric care. *J Clin Psychiatry* 66(2):220-7.
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Criteria to identify patients with depression in last 12 months:

- At least one principal diagnosis with the below ICD- 9 codes (outpatient, ED, inpatient) **OR**
- At least two secondary diagnoses with the below ICD-9 codes on separate encounter dates in any outpatient setting (ED included) **OR**
- At least one secondary diagnosis of major depression associated with any inpatient discharge

Codes to identify patients with Depression:

- ICD-9-Codes: 296.2, 296.3, 298.0, 300.4, 309.1, 311

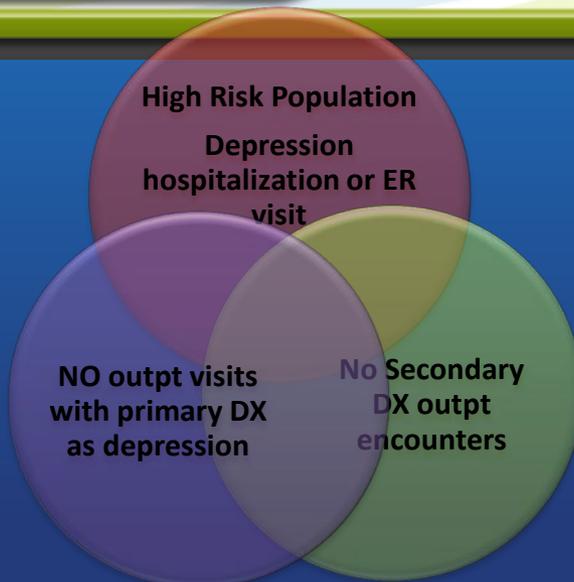
Outpatient Visit Primary	Outpatient Visit Secondary	Inpatient Visit	ER Visit Primary	ER Visit Secondary
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2			
5				



# MHSPHP

Military Health System Population Health Portal

# Finding at risk depression patients



- Query 1: Depression ER Visit primary >0
- Query 2: Depression ER Visit secondary >0
- Query 3: Depression Inpt visit >0
- Query 4: No outpt primary dx visits
- Query 5: No outpt secondary dx visits
- Query 6: how many intersect

Available Data Sources		Available Fields					
DS_Depression (Primary)		Choose a field					
AND/OR	(	Selected Field	Operator	Value	)		
	[	DS_Depression.ER Visit Primary	Greater Than	0	]	Delete	
OR	[	DS_Depression.ER Visit Secondary	Greater Than	0	]	Delete	
OR	[	DS_Depression.Inpatient Visit	Greater Than	0	]	Delete	
AND	[	DS_Depression.Outpatient Visit Primary	Is Null	0	]	Delete	
AND	[	DS_Depression.Outpatient Visit Secondary	Is Null	0	]	Delete	

***(ER visit or IP visit) and (No OP visit [IS NULL])***



**MHSPHP**

Military Health System Population Health Portal

Questions ?

miscellaneous antidepressants	phenylpiperazine antidepressants	SSRI antidepressants	tetracyclic antidepressants
Aplenzin Budeprion SR Budeprion XL Buproban BuPROPion Hydrochloride BuPROPion Hydrochloride SR BuPROPion Hydrochloride XL Forfivo XL Viibryd Viibryd Starter Wellbutrin Wellbutrin SR Wellbutrin XL	Nefazodone Hydrochloride Oleptro TraZODone Hydrochloride <hr/> <b>psychotherapeutic combinations</b> Amitriptyline-ChlordiazePOXIDE FLUoxetine Hydrochloride-OLANzapine Limbitrol Limbitrol DS Perphenazine-Amitriptyline Symbyax	CeleXA Citalopram Hydrobromide Escitalopram Oxalate FLUoxetine Hydrochloride FLUoxetine Hydrochloride DR Fluvoxamine Maleate Fluvoxamine Maleate ER Lexapro Luvox CR PARoxetine Hydrochloride PARoxetine Hydrochloride ER Paxil Paxil CR Pexeva PROzac PROzac Weekly Rapiflux Sarafem Selfemra Sertraline Hydrochloride Zoloft	Maprotiline Hydrochloride Mirtazapine Remeron Remeron SolTab <hr/> <b>tricyclic antidepressants</b> Amitriptyline Hydrochloride Amoxapine Anafranil Clomipramine Hydrochloride Desipramine Hydrochloride Doxepin Hydrochloride Imipramine Hydrochloride Imipramine Pamoate Norpramin Nortriptyline Hydrochloride Pamelor Protriptyline Hydrochloride Surmontil Tofranil Tofranil-PM Trimipramine Maleate Vanatrip Vivactil
<b>monoamine oxidase inhibitors</b>	<b>SSNRI antidepressants</b> Cymbalta Desvenlafaxine Effexor Effexor XR Pristiq Venlafaxine Hydrochloride Venlafaxine Hydrochloride ER		

Total number of days dispensed from all these meds are counted during the measurement periods. Pulled by matching NDC codes. Check NDC Codes were entered correctly.



300.4 **Dysthymic disorder**

Anxiety depression

Depression with anxiety

Depressive reaction

Neurotic depressive state

Reactive depression

**EXCLUDES** *adjustment reaction with depressive symptoms (309.0-309.1)*  
*depression NOS (311)*  
*manic-depressive psychosis, depressed type (296.2-296.3)*  
*reactive depressive psychosis (298.0)*