

MHSPHP Background

The Military Health System Population Health Portal (MHSPHP) methodology is based on 2012 Healthcare Effectiveness Data and Information Set (HEDIS®) criteria. These are a set of criteria used to benchmark treatment facilities using a common methodology and should not be confused with clinical practice guidelines.

Antidepressant Medication Management

This methodology measures the percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported.

Measure Definition:

- Effective Acute Phase Treatment - The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment - The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

Definitions:

Term	Description
Intake Period	The 12-month window starting 20 months prior to the reporting month.
IESD	<p>Index Episode Start Date. The earliest encounter during the Intake Period with any diagnosis of major depression that meets the following criteria.</p> <ul style="list-style-type: none"> ➤ A 120-day Negative Diagnosis History ➤ A 90-day Negative Medication History ➤ For an inpatient (acute or nonacute) claim/encounter, the IESD is the date of discharge. <p><i>For a direct transfer, the IESD is the discharge date from the facility to which the member was transferred.</i></p>
Negative Diagnosis History	<p>A period of 120 days (4 months) prior to the IESD, during which time the member had no claims/encounters with any diagnosis of major depression or prior episodes of depression.</p> <p><i>For an inpatient (acute or nonacute) claim/encounter, use the date of admission to determine Negative Diagnosis History.</i></p> <p><i>For direct transfers, use the first admission to determine Negative Diagnosis</i></p>

Term	Description
	History.
IPSD	Index Prescription Start Date. The earliest prescription dispensing date for an antidepressant medication during the period of 30 days prior to the IESD (inclusive) through 14 days after the IESD (inclusive).
Negative Medication History	A period of 90 days (3 months) prior to the IPSD, during which time the member had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.
Treatment days	The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval. For Effective Continuation Phase Treatment, a prescription of 90 days supply dispensed on the 151st day will have 80 days counted in the 231-day interval.

Benchmark:

HEDIS® 50th-75th-90th percentiles: National Committee for Quality Assurance (NCQA), State of Health Care Quality, 2011.

Benchmark	HEDIS Percentiles (50-75-90)
Effective Acute Phase Treatment	64.7%---69.4%---73.5%
Effective Continuation Phase Treatment	48.2%---53.0%---56.7%

Numerator:**Effective Acute Phase Treatment**

Number of patients, currently enrolled to an MTF, age 18 and older, who were diagnosed with a new episode of depression, treated with antidepressant medication and who remained on an antidepressant medication for at least 84 days (12 weeks) during the 114-day period following the earliest prescription dispensing date for an antidepressant medication. This earliest prescription dispensing date (IPSD) must have occurred during the period of 30 days prior to the Index Episode Start Date (IESD) to 14 days after IESD.

Effective Continuation Phase Treatment

Number of patients, currently enrolled to an MTF, age 18 and older, who were diagnosed with a new episode of depression, treated with antidepressant medication and who remained on an antidepressant medication for at least 180 days (6 months) during the 231-day period following the earliest prescription dispensing date (IPSD) for an antidepressant medication. This earliest prescription dispensing date (IPSD) must have occurred during the period of 30 days prior to the Index Episode Start Date (IESD) to 14 days after IESD.

Denominator:

Number of patients enrolled to an MTF in the intake period, age 18 and older, diagnosed with a new episode of depression and treated with antidepressant medication. The steps below will be followed to identify the eligible population for both treatment phases:

Step 1	<p>Identify all members who met at least one of the following criteria during the Intake Period.</p> <p>At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization setting, or</p> <p>At least two visits in an outpatient, ED, intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression, or</p> <p>At least one inpatient (acute or nonacute) claim/encounter with any diagnosis of major depression</p>
Step 2	Determine the IESD. For each member identified in step 1, identify the date of the earliest encounter during the Intake Period with any diagnosis of major depression. If the member had more than one encounter during the Intake Period, include only the first encounter.
Step 3	Test for Negative Diagnosis History. Exclude members who had a claim/encounter for any diagnosis of major depression or prior episodes of depression during the 120 days prior to the IESD.
Step 4	Identify the IPSD. The IPSD is the date of the earliest dispensing event for an antidepressant medication during the period of 30 days prior to the IESD (inclusive) through 14 days after the IESD (inclusive). Exclude members who did not fill a prescription for an antidepressant medication during this period.
Step 5	Test for Negative Medication History. Exclude members who filled a prescription for an antidepressant medication 90 days (3 months) prior to the IPSD.
Step 6	Calculate continuous enrollment. Members must be continuously enrolled for 120 days prior to the IESD to 245 days after the IESD.

Data Sources:

- Defense Eligibility Enrollment Registration System (DEERS)
- Standard Inpatient Data Record (SIDR) (M2)
- Standard Ambulatory Data Record (SADR) (M2)
- Comprehensive Ambulatory/Professional Encounter Record (CAPER) (M2)
- Purchased Care Claims Data (NETWORK) (M2)
- Pharmacy Data Transcription Service (PDTS) (Includes prescriptions received from MTF, network and mail order pharmacies)

Methodology:

- Use DEERS to identify patients enrolled to specific MTFs
- Use M2 (SIDR and Network(M2)) data to identify hospital patients treated for depression
- Use SADR (M2), CAPER(M2), SIDR (M2) and NETWORK (M2) data to identify ambulatory patients treated for depression

➔ Use PDS to identify members with antidepressant medication

Data Sources & Codes:

Codes to Identify Major Depression

Description	ICD-9-CM Diagnosis
Major Depression	296.20-296.25, 296.30-296.35, 298.0, 300.4, 309.1, 311
Brief depressive reaction (309.0) is not used for diagnosis, since it includes grief reaction (believed to be the most common use of that code). Additionally, other possible codes that could indicate a depression diagnosis (296.4-296.9, 309.0, 309.28) are not included in this because these codes are less specific in identifying major depression.	

Codes to Identify Visit Type

Description	Procedure Codes: E&M, CPT, HCPCS
ED	99281-99285
Outpatient, intensive outpatient and partial hospitalization	90801, 90802; 90804-90815, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99510, G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485

Additional Codes to Identify Depression*

Description	ICD-9-CM Diagnosis
Depression	296.26, 296.36, 296.4-296.9, 309.0, 309.28

**only used with the Major Depression codes to identify pre-existing depression in the 4 months preceding the Major Depression diagnosis thus excluding the episode*

Antidepressant Medications

Description	Prescription	
Miscellaneous antidepressants	bupropion	vilazodone
Monoamine oxidase inhibitors	isocarboxazid phenelzine	selegiline tranylcypromine
Phenylpiperazine antidepressants	nefazodone	trazodone
Psychotherapeutic combinations	amitriptyline- chlordiazepoxide	fluoxetine-olanzapine

Description	Prescription	
	amitriptyline-perphenazine	
SSNRI antidepressants	desvenlafaxine duloxetine	venlafaxine
SSRI antidepressants	citalopram escitalopram fluoxetine	fluvoxamine paroxetine sertraline
Tetracyclic antidepressants	maprotiline	mirtazapine
Tricyclic antidepressants	amitriptyline amoxapine clomipramine desipramine doxepin	imipramine nortriptyline protriptyline trimipramine

HEDIS® MTF/MCSC Metrics and Report:

The percentage of TRICARE PRIME members 18 years of age and older who were diagnosed with a new episode of major depression and treated with antidepressant medication in the 12-month window starting 20 months prior to the reporting month and who remained on antidepressant medication treatment for the acute phase or continuation phase.

Prevalence Report:

Listing of all TRICARE Prime/Plus enrolled members 18 years of age and older with a new episode of major depression and treated with antidepressant medications during the 20 months prior to the end of the reporting month. In addition to criteria specified by HEDIS, the report lists patients who were identified in the current DEERS enrollment file as well as those newly diagnosed and treated after the HEDIS defined 12 month window.

Prevalence Report Data Elements:

- ➔ Patient's Name
- ➔ Sponsor's Social Security Number (SSN)
- ➔ Family Member Prefix (FMP)
- ➔ Date of Birth
- ➔ Age
- ➔ Gender
- ➔ Beneficiary Category (BENCAT)

- ➔ Primary Care Manager** (PCM)
- ➔ Provider Group**
- ➔ PCM ID*
- ➔ PCM IDTYPE*
- ➔ Earliest Diagnosis Date
- ➔ Total Visits
- ➔ Hospitalizations
- ➔ Prescription date
- ➔ Trmt Days \geq 84 Remained on antidepressant medications for at least 84 days (Yes or No) - Patients starting treatment less than 84 days ago will be NA
- ➔ Trmt Days \geq 180 Remained on antidepressant medications for at least 180 days (Yes or No) - Patients starting treatment less than 180 days ago will be NA
- ➔ Source
- ➔ Contact Information**
- ➔ Defense Medical Information System (DMIS)
- ➔ TRO*

*TRO Action Lists only

**Direct Care Action Lists only

Recommended Action:

- ➔ Primary care teams can use the information as a starting point to assist them in identifying individuals who may benefit from more optimal depression management.
- ➔ Consider condition management program
- ➔ Consider implementation of Department of Defense/Veterans Affairs (DoD/VA) or other clinical practice guidelines <https://www.qmo.amedd.army.mil/pguide.htm>

Notes:

Due to the record reporting lag time, not all of the previous months' records may be included in this reporting period.