# IT-1.8: Depression management: Screening and Treatment Plan for Clinical Depression

| **Measure Title** | **IT-1.8 Screening for Clinical Depression and Follow-Up Plan** |
| --- | --- |
| **Description** | Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool AND follow-up plan documented |
| **NQF Number** | 0418 |
| **Measure Steward** | 2011 Physician Quality Reporting System (measure #134) |
| **Link to measure citation** | <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/downloads/2011_physqualrptg_measurespecificationsmanual_033111.pdf>  |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type**  | Pay for Performance (P4P) – Improvement Over Self (IOS)

|  |  |  |
| --- | --- | --- |
|  | DY4 | DY5 |
| Achievement Level /Goal Calculation | Baseline + 5% \*(performance gap) = Baseline + 5% \*(100% – baseline rate) | Baseline + 10% \*(performance gap) =Baseline + 10% \*(100% – baseline rate) |

 |
| **DSRIP-specific modifications to Measure Steward’s specification** |  None |
| **Denominator Description**  | All patients aged 18 years and older |
| **Denominator Inclusions** | Patients aged ≥ 18 years on date of encounter, ANDPatient encounter during the reporting period (CPT): 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 92557, 92567, 92568, 92590, 92625, 92626, 96150, 96151, 97003 |
| **Denominator Exclusions** | **A patient is not eligible if one or more of the following conditions exist:*** Patient refuses to participate
* Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status
* Situations where the patient’s motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court appointed cases
* Patient was referred with a diagnosis of depression
* Patient has been participating in ongoing treatment with screening of clinical depression in a preceding reporting period
* Severe mental and/or physical incapacity where the person is unable to express himself/herself in a manner understood by others. For example: cases such as delirium or severe cognitive impairment, where depression cannot be accurately assessed through use of nationally recognized standardized depression assessment tools.
 |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
 |
| **Numerator Description**  | Patient’s screening for clinical depression using a standardized tool AND follow-up plan is documented |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Multiple |
| **Data Source** | Administrative/Clinical data sources; Patient Registry |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |