Measure #325: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions – National Quality Strategy Domain: Communication and Care Coordination

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage Renal Disease [ESRD] or congestive heart failure) being treated by another clinician with communication to the clinician treating the comorbid condition

INSTRUCTIONS:
This measure is to be reported a minimum of once per **performance period** for all patients with a diagnosis of MDD seen during the performance period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure for the primary management of patients with major depressive disorder based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All medical records of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery disease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], ESRD or congestive heart failure) being treated by another clinician

Definition:
Comorbid condition – For the purposes of this measure, only the following comorbid conditions will be included:
1) Diabetes
2) Coronary artery disease
3) Stroke, including ischemic stroke and intracranial hemorrhage
4) Chronic Kidney Disease (Stages 4 and 5) and End Stage Renal Disease
5) Congestive Heart Failure

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for MDD (ICD-10-CM): F32.0, F32.1, F32.2, F32.3, F32.9, F33.0, F33.1, F33.2, F33.3, F33.9
AND
Patient encounter during the **performance period** (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215
AND
Diagnosis for diabetes (ICD-10-CM): E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212. E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523,

CPT only copyright 2016 American Medical Association. All rights reserved.

E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9

OR

Diagnosis for CAD (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I22.0, I22.1, I22.2, I22.8, I22.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.2, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, Z95.1, Z95.5, Z98.61

OR

Diagnosis for stroke, including ischemic stroke and intracranial hemorrhage (ICD-10-CM): I60.00, I60.01, I60.02, I60.10, I60.11, I60.12, I60.2, I60.30, I60.31, I60.32, I60.4, I60.50, I60.51, I60.52, I60.6, I60.7, I60.8, I60.9, I61.0, I61.1, I61.2, I61.3, I61.4, I61.5, I61.6, I61.8, I61.9, I62.00, I62.01, I62.02, I62.03, I62.1, I62.9, I63.00, I63.013, I63.019, I63.02, I63.033, I63.039, I63.09, I63.10, I63.113,, I63.119, I63.12, I63.133, I63.139, I63.19, I63.20, I63.213, I63.219, I63.22, I63.233, I63.239, I63.29, I63.30, I63.311, I63.313, I63.319, I63.323, I63.329, I63.333, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.413, I63.419, I63.423, I63.429, I63.433, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.513, I63.519, I63.523, I63.529, I63.533, I63.539, I63.541, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9

OR

Diagnosis for chronic kidney disease (Stages 4 and 5) and end stage renal disease (ICD-10-CM): N18.4, N18.5, N18.6

OR

Diagnosis for heart failure (ICD-10-CM): I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.9

NUMERATOR:

Medical records of patients with communication to the clinician treating the comorbid condition

Definition:

Communication – Transmission of relevant clinical information which specifies that the patient has MDD

CPT only copyright 2016 American Medical Association. All rights reserved.

Numerator Options:

Performance Met:	Clinician treating Major Depressive Disorder communicates to clinician treating comorbid condition (G8959)
OR	
Denominator Exception:	Clinician treating Major Depressive Disorder did not communicate to clinician treating comorbid condition for specified patient reason (e.g. patient is unable to communicate the diagnosis of a comorbid condition; the patient is unwilling to communicate the diagnosis of a comorbid condition; or he patient is unaware of the comorbid condition, or any other specified patient reason) (G9232)
OR	
Performance Not Met:	Clinician treating Major Depressive Disorder did not communicate to clinician treating comorbid condition, reason not given (G8960)

RATIONALE:

Depressive disorders are more common among persons with chronic conditions (eg, obesity, cardiovascular disease, diabetes, asthma, arthritis, and cancer) and among those with unhealthy behaviors (eg, smoking, physical inactivity, and binge drinking). Comorbidities are more common in the elderly. The highest rates of depression are found in those with strokes (30% to 60%), coronary artery disease (up to 44%), cancer (up to 40%), Parkinson's disease (40%), and Alzheimer's disease (20% to 40%). The coordination of care for patients with depression and certain comorbid conditions is important for managing both the patient's depression and the other present medical condition. Improvements in the coordination of care between clinicians treating a patient with depression and other clinicians treating comorbid conditions can reduce the symptom exacerbation that depression and other conditions may cause to the other. Any [depression] treatment should be integrated with psychiatric management and any other treatments being provided for other diagnoses.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines. Only selected portions of the clinical guidelines are quoted here; for more details, please refer to the full guideline.

In patients with major depressive disorder, it is important to recognize and address the potential interplay between major depressive disorder and any co-occurring general medical conditions. (APA, 2010)

The clinical assessment should include identifying any potential interactions between medications used to treat depression and those used to treat general medical conditions. In addition, the psychiatrist (clinician) should consider the effects of prescribed psychotropic medications on the patient's general medical conditions, as well as the effects of interventions for such disorders on the patient's psychiatric condition. (APA, 2010)

Many patients with major depressive disorder will be evaluated by or receive treatment from other health care professionals in addition to the psychiatrist (clinician). If more than one clinician is involved in providing the care, all treating clinicians should have sufficient ongoing contact with the patient and with each other to ensure that care is coordinated, relevant information is available to guide treatment decisions, and treatments are synchronized. (APA, 2010)

In ruling out general medical causes of depressive symptoms, it is important to ensure that a general medical evaluation has been done. (APA, 2010)

CPT only copyright 2016 American Medical Association. All rights reserved.

In patients with preexisting hypertension or cardiac conditions, treatment with specific antidepressant agents may suggest a need for monitoring of vital signs or cardiac rhythm (eg, electrocardiogram [ECG] with TCA treatment; heart rate and blood pressure assessment with SNRIs and TCAs). (APA, 2010)

In treating the depressive syndrome that commonly occurs following a stroke, consideration should be given to the potential for interactions between antidepressants and anticoagulating (including antiplatelet) medications. (APA, 2010)

The diagnostic work-up for MDD should include evaluation for existing or emerging medical conditions that may exacerbate the depression. These may include: Cardiovascular diseases, Chronic pain syndrome, Degenerative diseases, Immune disorders, Metabolic endocrine conditions (including kidney and lung diseases), Neoplasms, Trauma. Simultaneous treatment is often required for both the medical problem and psychiatric symptoms and can lead to overall improvement in function. (VA/DoD, 2009)

Indications for referral to a mental health specialist familiar with diabetes management may include gross noncompliance with medical regimen (by self or others), depression with the possibility of self-harm, debilitating anxiety (alone or with depression), indications of an eating disorder, or cognitive functioning that significantly impairs judgment. It is preferable to incorporate psychological assessment and treatment into routine care rather than waiting for identification of a specific problem or deterioration in psychological status. Although the clinician may not feel qualified to treat psychological problems, using the patient-provider relationship as a foundation for further treatment

can increase the likelihood that the patient will accept referral for other services. It is important to establish that emotional well-being is part of diabetes management. (ADA, 2010)

COPYRIGHT:
The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or American Psychiatric Association (APA). Neither the AMA, APA, PCPI, nor its members shall be responsible for any use of the Measures.

The AMA's and PCPI's significant past efforts and contributions to the development and updating of the Measures is acknowledged. APA is solely responsible for the review and enhancement ("Maintenance") of the Measures as of June 16, 2014.

APA encourages use of the Measures by other health care professionals, where appropriate.

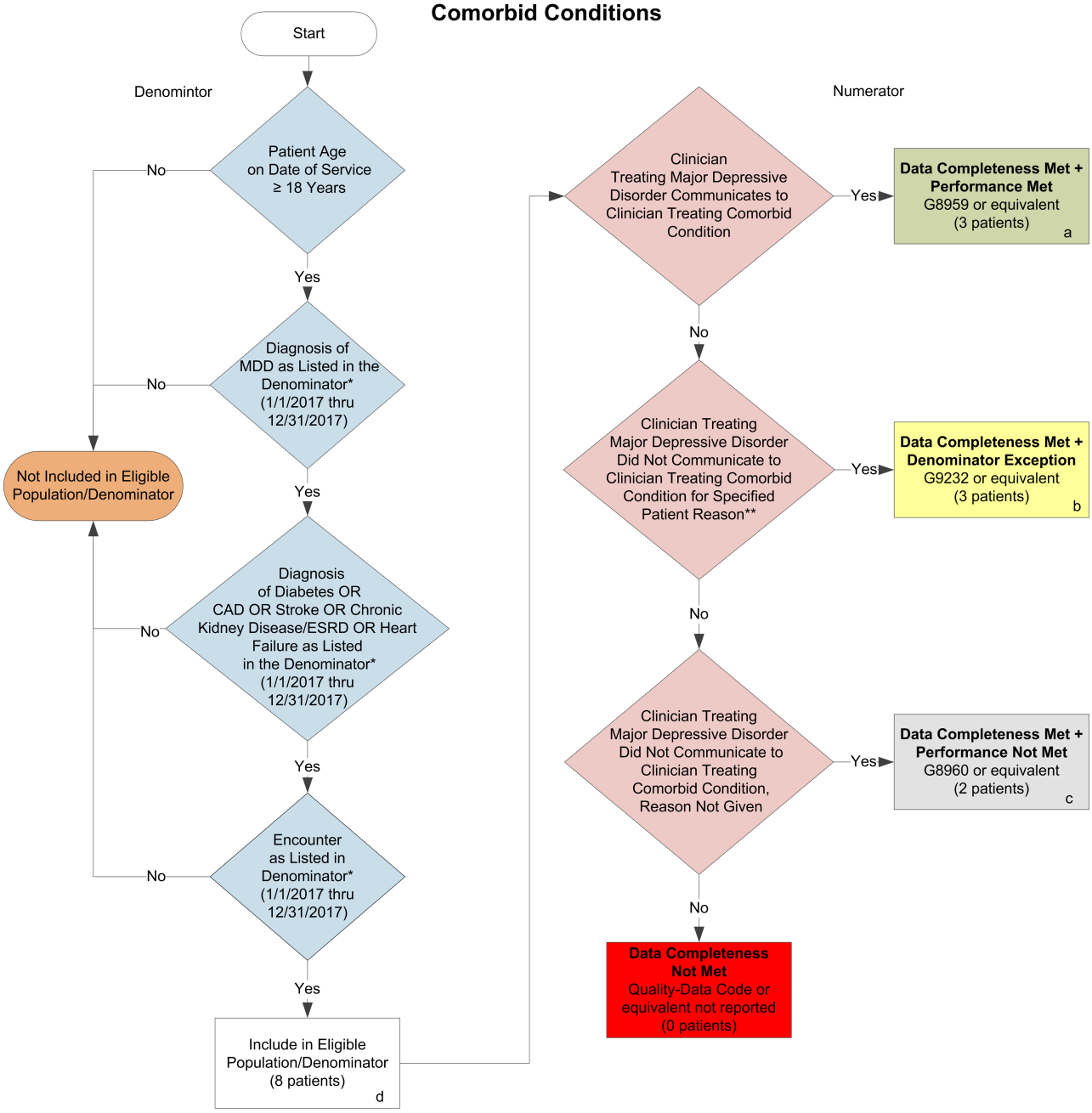
THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

© 2014 American Medical Association and American Psychiatric Association. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, APA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2016 American Medical Association. LOINC® copyright 2004-2016 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2016 College of American Pathologists. All Rights Reserved.

2017 Registry Individual Measure Flow
#325: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=3 patients) + Denominator Exception (b=3 patients) + Performance Not Met (c=2 patients) = 8 patients = **100.00%**

Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=3 patients) = 3 patients = **60.00%**

Data Completeness Numerator (8 patients) – Denominator Exception (b=3 patients) = 5 patients

* See the posted Measure Specification for specific coding and instructions to report this measure.

** See the posted Measure Specification for exclusion criteria for this measure.

NOTE: Reporting Frequency - Patient-process

CPT only copyright 2016 American Medical Association. All rights reserved.
The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v1

CPT only copyright 2016 American Medical Association. All rights reserved.

2017 Registry Individual Measure Flow
#325: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
    a. If the Age is greater than or equal to 18 years of age at Date of Service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
    b. If the Age is greater than or equal to 18 years of age at Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
    a. If Diagnosis of MDD as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis of MDD as Listed in the Denominator equals Yes, proceed to check Diagnosis of Diabetes OR CAD OR Stroke OR Chronic Kidney Disease/ESRD OR Heart Failure.
4. Check Diagnosis of Diabetes OR CAD OR Stroke OR Chronic Kidney Disease/ESRD OR Heart Failure:
    a. If Diagnosis of Diabetes OR CAD OR Stroke OR Chronic Kidney Disease/ESRD OR Heart Failure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis of Diabetes OR CAD OR Stroke OR Chronic Kidney Disease/ESRD OR Heart Failure as Listed in the Denominator equals Yes, proceed to check Encounter
5. Check Encounter Performed:
    a. If Encounter as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Encounter as Listed in Denominator equals Yes, include in the Eligible population
6. Denominator Population:
    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
7. Start Numerator
8. Check Clinician Treating Major Depressive Disorder Communicates to Clinician Treating Comorbid Condition:
    a. If Clinician Treating Major Depressive Disorder Communicates to Clinician Treating Comorbid Condition equals Yes, include in Data Completeness Met and Performance Met.
    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 3 patients in Sample Calculation.

CPT only copyright 2016 American Medical Association. All rights reserved.

c. If Clinician Treating Major Depressive Disorder Communicates to Clinician Treating Comorbid Condition equals No, proceed to Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason.

9. Check Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason:

   a. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason equals Yes, include in the Data Completeness Met and Denominator Exception.

   b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 2 patients in the Sample Calculation.

   c. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition for Specified Patient Reason equals No, proceed to Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given.

10. Check Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given:

    a. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.

    c. If Clinician Treating Major Depressive Disorder Did Not Communicate to Clinician Treating Comorbid Condition, Reason Not Given equals No, proceed to Data Completeness Not Met.

11. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a=3 patients) + Denominator Exception (b=3 patients) + Performance Not Met (c=2 patients) = 8 patients = **100.00%**

Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=3 patients) = 3 patients = **60.00%**

Data Completeness Numerator (8 patients) – Denominator Exception (b=3 patients) = 5 patients

CPT only copyright 2016 American Medical Association. All rights reserved.