<table>
<thead>
<tr>
<th><strong>eMeasure Title</strong></th>
<th>Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>eMeasure Identifier (Measure Authoring Tool)</strong></td>
<td>177</td>
</tr>
<tr>
<td><strong>eMeasure Version number</strong></td>
<td>5.0.000</td>
</tr>
<tr>
<td><strong>NQF Number</strong></td>
<td>1365</td>
</tr>
<tr>
<td><strong>GUID</strong></td>
<td>848d09de-7e6b-43c4-bedd-5a2957ccffe3</td>
</tr>
<tr>
<td><strong>Measurement Period</strong></td>
<td>January 1, 20XX through December 31, 20XX</td>
</tr>
<tr>
<td><strong>Measure Steward</strong></td>
<td>PCPI(R) Foundation (PCPI[R])</td>
</tr>
<tr>
<td><strong>Measure Developer</strong></td>
<td>American Medical Association (AMA)</td>
</tr>
<tr>
<td><strong>Measure Developer</strong></td>
<td>PCPI(R) Foundation (PCPI[R])</td>
</tr>
<tr>
<td><strong>Endorsed By</strong></td>
<td>National Quality Forum</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk</td>
</tr>
<tr>
<td><strong>Copyright</strong></td>
<td>Copyright 2015 PCPI(R) Foundation and American Medical Association. All Rights Reserved.</td>
</tr>
<tr>
<td><strong>Disclaimer</strong></td>
<td>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, eg, 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 PCPI(R) Foundation (PCPI[R]) or the American Medical Association (AMA). Neither the American Medical Association (AMA), nor the AMA-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI), now known as the PCPI, nor their members shall be responsible for any use of the Measures. AMA and PCPI encourage use of the Measures by other health care professionals, where appropriate. THE MEASURES AND SPECIFICATIONS ARE PROVIDED &quot;AS IS&quot; WITHOUT WARRANTY OF ANY KIND. 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, the PCPI and its members and former members of the AMA-PCPI disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT[R]) or other coding contained in the specifications. CPT(R) contained in the Measure specifications is copyright 2004-2015 American Medical Association. LOINC(R) is copyright 2004-2015 Regenstrief Institute, Inc. This material contains SNOMED CLINICAL TERMS (SNOMED CT[R]) copyright 2004-2015 International Health Terminology Standards Development Organisation (IHTSDO). ICD-10 is copyright 2015 World Health Organization. All Rights Reserved. Due to technical limitations, registered trademarks are indicated by (R) or [R].</td>
</tr>
<tr>
<td><strong>Measure Scoring</strong></td>
<td>Proportion</td>
</tr>
<tr>
<td><strong>Measure Type</strong></td>
<td>Process</td>
</tr>
<tr>
<td><strong>Measure Item Count</strong></td>
<td>Encounter, Performed: Face-to-Face Interaction</td>
</tr>
<tr>
<td><strong>Measure Item Count</strong></td>
<td>Encounter, Performed: Group Psychotherapy</td>
</tr>
<tr>
<td><strong>Measure Item Count</strong></td>
<td>Encounter, Performed: Outpatient Consultation</td>
</tr>
<tr>
<td><strong>Measure Item Count</strong></td>
<td>Encounter, Performed: Office Visit</td>
</tr>
<tr>
<td><strong>Measure Item Count</strong></td>
<td>Encounter, Performed: Psych Visit - Diagnostic Evaluation</td>
</tr>
<tr>
<td><strong>Measure Item Count</strong></td>
<td>Encounter, Performed: Psych Visit - Family Psychotherapy</td>
</tr>
<tr>
<td><strong>Measure Item Count</strong></td>
<td>Encounter, Performed: Psych Visit - Psychotherapy</td>
</tr>
<tr>
<td><strong>Measure Item</strong></td>
<td>Encounter, Performed: Psychoanalysis</td>
</tr>
</tbody>
</table>
A suicide risk assessment should be performed at every visit for major depressive disorder during the measurement period. This measure is an episode-of-care measure; the level of analysis for this measure is every visit for major depressive disorder. For example, at every visit for MDD, the patient should have a suicide risk assessment.

### Rationale
Research has shown that patients with major depressive disorder are at a high risk for suicide, which makes this assessment an important aspect of care that should be assessed at each visit. According to a study analyzing the quality of health care in the United States, only about 25.8% of patients with depression had documentation of the presence or absence of suicidal ideation during the first or second diagnostic visit. 76.11% of those patients who have suicidality were asked if they have specific plans to carry out suicide. A 2003 study reviewed medical records to assess the degree to which providers adhered to depression guidelines in a VA primary care setting. Providers documented exploration for suicidal ideation in 57% of the records.

### Clinical Recommendation Statement
The evaluation must include assessment for the presence of harm to self or others (MS). (AACAP)

Suicidal behavior exists along a continuum from passive thoughts of death to a clearly developed plan and intent to carry out that plan. Because depression is closely associated with suicidal thoughts and behavior, it is imperative to evaluate these symptoms at the initial and subsequent assessments. For this purpose, low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can be used. Also, it is crucial to evaluate the risk (e.g., age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (e.g., religious belief, concern not to hurt family) that might influence the desire to attempt suicide. The risk for suicidal behavior increases if there is a history of suicide attempts, comorbid psychiatric disorders (e.g., disruptive disorders, substance abuse), impulsivity and aggression, availability of lethal agents (e.g., firearms), exposure to negative events (e.g., physical or sexual abuse, violence), and a family history of suicidal behavior. (AACAP)

A careful and ongoing evaluation of suicide risk is necessary for all patients with major depressive disorder (Category I). Such an assessment includes specific inquiry about suicidal thoughts, intent, plans, means, and behaviors; identification of specific psychiatric symptoms (e.g., psychosis, severe anxiety, substance use) or general medical conditions that may increase the likelihood of acting on suicidal ideas; assessment of past and, particularly, recent suicidal behavior; delineation of current stressors and potential protective factors (e.g., positive reasons for living, strong social support); and identification of any family history of suicide or mental illness (Category I). (APA)

### Improvement Notation
Higher score indicates better quality

### Reference

### Numerator Definition
The specific type and magnitude of the suicide risk assessment is intended to be at the discretion of the individual clinician and should be specific to the needs of the patient. At a minimum, suicide risk assessment should evaluate:

1. Risk (eg, age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (eg, religious belief, concern not to hurt family) that may influence the desire to attempt suicide.
2. Current severity of suicidality.
3. Most severe point of suicidality in episode and lifetime.

Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can also be used.

### Guidance
A suicide risk assessment should be performed at every visit for major depressive disorder during the measurement period.

Use of a standardized tool or instrument to assess suicide risk will meet numerator performance. Standardized tools can be mapped to the concept "Intervention, Performed: Suicide Risk Assessment" included in the numerator logic below.
### Population Criteria
- **Initial Population**
  - AND: Age≥ 6 year(s) at: "Measurement Period"
  - AND: Age< 17 year(s) at: "Measurement Period"
  - AND: "Diagnosis: Major Depressive Disorder-Active" overlaps Occurrence A of $MDDEncounters177
- **Denominator**
  - AND: Initial Population
- **Numerator**
  - AND: "Intervention, Performed: Suicide Risk Assessment" during Occurrence A of $MDDEncounters177
- **Denominator Exceptions**
  - None
- **Numerator Exclusions**
  - None
- **Supplementation**
  - None

### Data Criteria (QDM Variables)
- **$MDDEncounters177**
  - Union of:
    - "Encounter, Performed: Office Visit"
    - "Encounter, Performed: Outpatient Consultation"
    - "Encounter, Performed: Face-to-Face Interaction"
    - "Encounter, Performed: Psych Visit - Diagnostic Evaluation"
    - "Encounter, Performed: Psych Visit - Family Psychotherapy"
    - "Encounter, Performed: Psychoanalysis"
    - "Encounter, Performed: Group Psychotherapy"

### Data Criteria (QDM Data Elements)
- "Diagnosis: Major Depressive Disorder-Active" using "Major Depressive Disorder-Active Grouping Value Set (2.16.840.1.113883.3.526.3.1491)"
- "Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)"
- "Encounter, Performed: Group Psychotherapy" using "Group Psychotherapy Grouping Value Set (2.16.840.1.113883.3.526.3.1187)"
- "Encounter, Performed: Office Visit" using "Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Outpatient Consultation" using "Outpatient Consultation Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1008)"
- "Encounter, Performed: Psych Visit - Diagnostic Evaluation" using "Psych Visit - Diagnostic Evaluation Grouping Value Set (2.16.840.1.113883.3.526.3.1492)"
- "Encounter, Performed: Psych Visit - Family Psychotherapy" using "Psych Visit - Family Psychotherapy Grouping Value Set (2.16.840.1.113883.3.526.3.1018)"
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

- "Encounter, Performed: Psych Visit - Psychotherapy" using "Psych Visit - Psychotherapy Grouping Value Set (2.16.840.1.113883.3.526.3.1496)"
- "Encounter, Performed: Psychoanalysis" using "Psychoanalysis Grouping Value Set (2.16.840.1.113883.3.526.3.1141)"
- "Intervention, Performed: Suicide Risk Assessment" using "Suicide Risk Assessment Grouping Value Set (2.16.840.1.113883.3.526.3.1484)"

**Supplemental Data Elements**

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

**Risk Adjustment Variables**

- None

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>