
Activity Name: Improve the Management of Members with a Newly Diagnosis of Depression

Section 1: Activity Selection and Methodology

A. Rationale. Use objective information (data) to explain your rationale for why this activity is important to enrollees or practitioners *and* why there is an opportunity for improvement.

Depression is the most frequent psychiatric diagnosis in the PBH population and poses significant risk for suicide.

Approximately 5500 PBH patients are treated each year with this diagnosis or 27.5% of PBH's members. Recent FDA warnings have recommended close monitoring of suicide ideation for newly treated depressed patients who are 24 years and younger when the modality of treatment is antidepressants⁽¹⁾.

The rate of suicide in patients with major depression is approximately 2.2% over the lifespan, while the rate in the general population is less than .5%. Patients who have been hospitalized for an affective disorder have a suicide rate of 4% and patients specifically hospitalized for suicidality have an 8% rate of suicide⁽²⁾. This underscores the importance of close follow-up especially during an acute episode of treatment.

PBH and the Clinical Advisory Committee initiated this project to evaluate:

1. The network rate of follow-up for acutely depressed patients
 2. The adherence to the practice guideline
 3. If the expectations of the guideline are practical
 4. Opportunities for improvement of care which may lead to a lower hospitalization rate and lower suicide rate in the depressed population.
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1. FDA News March 2, 2007 <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01624.html>
2. Bostwick J.M., *Affective Disorders and Suicide Risk: A Reexamination*. Am J Psychiatry. 2000; 157:1925–1932
3. APA and PBH adopted Depression update 2005
<http://www.pbhcare.org/pubdocs/upload/documents/APA%20Depressive%20Disorder%20Update%202005.pdf>

B. Quantifiable Measures. List and define *all* quantifiable measures used in this activity. Include a goal or benchmark for each measure. If a goal was established, list it. If you list a benchmark, state the source. Add sections for additional quantifiable measures as needed.

<i>Quantifiable Measure #1</i>	Percent of members 18 years or older with depression seen 3 times during the acute phase of treatment for depression (84 days) by any mental health provider during the measurement period.
Numerator	Number of members 18 years and older with depression seen 3 times during the acute phase of treatment (First 84 days of treatment during the measurement period)
Denominator	Number of members 18 years and older with depression and an Index Episode during the measurement period.
First measurement period dates	5/1/2007-4/30/2008 (Intake Period)
Baseline benchmark	31.4%
Source of benchmark	MassHealth 2007
Baseline goal	25%

Quantifiable Measure #2	Percent of members 18 years or older with depression who are seen by a prescriber 2 times during the continuation phase of treatment
Numerator	Number of members 18 years or older with depression who are seen 2 times during the continuation phase by a prescriber (day 85 to day 180).
Denominator	Number of member 18 years and older with depression and an Index Episode during the measurement period.
First measurement period dates	5/1/2007-10/30/08 (Continuation Phase)
Benchmark	
Source of benchmark	
Baseline goal	40%
C. Baseline Methodology.	
<p>Diagnosis: DSM-IV-TR 296.2x, 296.3x, and 311</p> <p>Definitions</p> <ol style="list-style-type: none"> 1. Intake Period = 12 month window starting May 1 of the year prior to the measurement year ending on April 30 of the measurement year 2. Index Episode Start Date = Starting episode of treatment during the intake period with no prior claims for 120 days and a new diagnosis of depression. (DSM-IV-TR 296.2x, 296.3x, and 311) 3. Acute phase= Day 1 to day 84 after the Index Episode Start Date 4. Continuation phase= Day 85 to day 180 after the Index Episode Start Date <p>Codes;</p> <p>Index Episode Start date: CPT codes for visits for the acute phase 90801, 90802, 90804-90828, 99203-99215, H0004, H0031</p> <p>Continuation phase: CPT codes for prescriber during the continuation phase : 90862,90805,90807,99211,99212,99213,99214</p>	

C.1 Data Sources.

- Medical/treatment records
- Administrative data:
 - Claims/encounter data
 - Complaints
 - Appeals
 - Telephone service data
 - Appointment/access data
- Hybrid (medical/treatment records and administrative)
- Pharmacy data
- Survey data (attach the survey tool and the complete survey protocol)
- Other (list and describe):

C.2 Data Collection Methodology. Check all that apply and enter the measure number from Section B next to the appropriate methodology.

If medical/treatment records, check below:

- Medical/treatment record abstraction

If survey, check all that apply:

- Personal interview
- Mail
- Phone with CATI script
- Phone with IVR
- Internet
- Incentive provided
- Other (list and describe):

If administrative, check all that apply:

- Programmed pull from claims/encounter files of all eligible enrollees
- Programmed pull from claims/encounter files of a sample of enrollees
- Complaint/appeal data by reason codes
- Pharmacy data
- Delegated entity data
- Vendor file
- Automated response time file from call center
- Appointment/access data
- Other (list and describe):

C.3 Sampling. If sampling was used, provide the following information.				
Measure	Sample Size	Population	Method for Determining Size <i>(describe)</i>	Sampling Method <i>(describe)</i>
No Sampling				
C.4 Data Collection Cycle.			Data Analysis Cycle.	
<input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): _____ _____			<input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): _____ _____	

C.5 Other Pertinent Methodological Features. Complete only if needed.

None

D. Changes to Baseline Methodology. Describe any changes in methodology from measurement to measurement.

None

Section 2: Data / Results Table
 Complete for each quantifiable measure; add additional sections as needed.

#1 Quantifiable Measure: Percent of members 18 years or older with depression seen 3 times during the acute phase of treatment for depression (84 days) by any mental health provider during the measurement period.

Measurement Period	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
5/1/07 – 4/30/08	<i>Baseline</i>						
	Remeasurement 1						
	Remeasurement 2						
	Remeasurement 3						
	Remeasurement 4						

#2 Quantifiable Measure: Percent of members 18 years or older with depression who are seen by a prescriber 2 times during the continuation phase of treatment

Measurement Period	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
5/1/07 – 10/30/08	<i>Baseline</i>						
	Remeasurement 1						
	Remeasurement 2						
	Remeasurement 3						
	Remeasurement 4						

#3 Quantifiable Measure

Measurement Period	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison Goal	Statistical Test and Significance*
	<i>Baseline</i>						
	Remeasurement 1						
	Remeasurement 2						
	Remeasurement 3						
	Remeasurement 4						

* If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations. NCOA does not require statistical testing.

Section 3: Analysis Cycle

Complete this section for EACH analysis cycle presented.

A. Time and Measures Analysis Covers.

B. Analysis and Identification of Opportunities for Improvement. Describe the analysis and include the points listed below.

B.1 For the quantitative analysis, include the analysis of the following:

- Comparison with the goal/benchmark
- Reasons for changes to goals
- If benchmarks changed since baseline, list source and date of changes
- Comparison with previous measurements
- Trends, increases or decreases in performance or changes in statistical significance (if used)
- Impact of any methodological changes that could impact the results
- For a survey, include the overall response rate and the implications of the survey response rate

B.2 For the qualitative analysis, describe any analysis that identifies causes for less than desired performance (barrier/causal analysis) and include the following:

- Techniques and data (if used) in the analysis
- Expertise (e.g., titles; knowledge of subject matter) of the work group or committees conducting the analysis
- Citations from literature identifying barriers (if any)
- Barriers/opportunities identified through the analysis
- Impact of interventions

Section 5: Chart or Graph (Optional)

Attach a chart or graph for any activity having more than two measurement periods that shows the relationship between the timing of the intervention (cause) and the result of the remeasurements (effect). Present one graph for each measure unless the measures are closely correlated, such as average speed of answer and call abandonment rate. Control charts are not required, but help demonstrate the stability of the measure over time or after implementation.

