

# Depression Remission or Response for Adolescents and Adults (DRR-E)

## Measure Description

The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120-240 days (4-8 months) of the elevated score.

- **Follow-up PHQ-9:** The percentage of members who have a follow-up PHQ-9 score documented within 120-240 days (4-8 months) after the initial elevated PHQ-9 score.
  - Elevated PHQ-9 scores are >9.
- **Depression Remission:** The percentage of members who achieved remission within 120-240 days (4-8 months) after the initial elevated PHQ-9 score.
  - Most recent PHQ-9 total score of <5 documented during the depression follow-up period.
- **Depression Response:** The percentage of members who showed response within 120-240 days (4-8 months) after the initial elevated PHQ-9 score.
  - Most recent PHQ-9 total score being at least 50% lower than the score associated with the initial elevated PHQ-9 total score >9 documented during the depression follow-up period.

**Product Lines:** Commercial, Medicaid, Medicare

## Codes Included in the Current HEDIS® Measure

### Codes to Identify Depression

Value Set Description	Code
Major Depression or Dysthymia	ICD-10: F32.0-F32.5, F32.9, F33.0-F33.3, F33.40-F33.42, F33.9, F34.1

### Codes to Identify PHQ-9 Total Score

Direct Reference Code Display	Code
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	LOINC: 44261-6
Patient Health Questionnaire-9: Modified for Teens total score [Reported PHQ Teen]	LOINC: 89204-2, 44261-6

## Ways Providers can Improve HEDIS® Performance

- Establish and maintain follow-up with adult patients who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission scores.
- The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.
- Always offer general checkups and follow-ups, even if a behavioral health provider is following the patient.

## Ways Health Plans can Improve HEDIS® Performance

- Educate providers to utilize PHQ-9 form in EMR to ensure included in electronic measure.
- Support providers in considering telemedicine visits when in-person visits are not available.
- Educate the member about the importance of timely follow-up and adherence to treatment recommendations.
- Assign care/case managers to members to ensure members keep follow-up appointments or reschedule missed appointments.
- Encourage providers to establish electronic file transfers to ensure documentation of evidence of response or remission within 120-240 days.

## Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement period.
- Members with any of the following at any time during the Intake Period or during the measurement period:
  - Bipolar disorder.
  - Personality disorder.
  - Psychotic disorder.
  - Pervasive developmental disorder.

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