



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

HEDIS® Measurement Year 2020 & Measurement Year 2021 Measures
Electronic Clinical Data Systems (ECDS) Measures

Measure Description: This measure captures 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 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 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 4–8 months after the initial elevated PHQ-9 score.
 - This is demonstrated by the 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 4–8 months after the initial elevated PHQ-9 score.
 - This is demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the initial elevated PHQ-9 total score >9, documented during the Depression Follow-Up Period.

Measurement Period

- May 1 of the year prior to the measurement period through December 31 of the measurement period
- Measurement period January 1-December 31

Clinical Recommendations

- Clinicians should 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 American Academy of Pediatrics recommends that adolescents with depression should be assessed for treatment response and remission of symptoms using a depression assessment tool such as the PHQ-9 Modified for Teens.

Eligible Screening Tools

Selection of the appropriate PHQ-9 assessment should be based on the member's age.

- *PHQ-9*: 12 years of age and older.
- *PHQ-9 Modified for Teens*: 12–17 years of age.

Quality Measure Toolkit

[AetnaBetterHealth.com/Pennsylvania](https://www.aetna.com/betterhealth/pennsylvania)

PA-19-12-25 (rev09/20)



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Eligible Population

Ages: Members 12 years of age and older during the measurement period. The following age stratifications are reported for Medicaid:

- Medicaid: 12–17
- Medicaid: 18–44
- Medicaid: 45–64
- Medicaid: 65+

*Members with a diagnosis of Bipolar disorder, Personality disorder, Psychotic disorder, Pervasive developmental disorder, or in hospice or using hospice services during the measurement period will not be counted in the eligible population.

Strategies for Improvement

Diagnosing, treatment, and follow-up for depression will lead to significant improvement in the patient's condition. Getting a patient to "respond" to treatment is only getting them halfway there. Remission of symptoms can help a person with depression function as well as a person without depression or an anxiety disorder.

- Use whatever tools it takes for a person to achieve remission!
 - Collaboration with a behavioral health provider that can offer psychotherapy treatments.
 - » Always offer general checkups and follow ups even if the patient is being followed by a behavioral health provider.
 - Antidepressant medications and regular medication check appointments.
 - Exercise and other behavioral changes.
 - » Eat better, avoid alcohol and drugs.
 - Meditation.
 - Mindfulness or breathing exercises.

Members of the care team understand the importance of depression management and screening.

- Depression is a serious condition.
- Symptoms are not personal – sometimes a person may lash out in anger.
- Hiding the problems will not make them go away.
- Know that the patient is not lazy or unmotivated.
- Involve the patient's support in managing their depression.
 - When referring the patient to a behavioral health provider, encourage the support person to go to the appointment.
 - The support person can assist the patient in making a list of symptoms and questions to discuss with the provider.
 - The support person can also assist the patient with making and keeping appointments.
- Set realistic expectations with the patient.
 - Know that achieving remission may not be a quick process. Medications prescribed for depression may take some time before they become effective. Patience is key.
- Always be alert for suicidal symptoms.
 - Have a standard workflow in place for patients answering yes regarding suicidal ideation. Have staff and treatment plans in place for these patients.
- Ensure routine follow up for members testing positive on the PHQ-9 and test the member at each follow up encounter to track improvements or declines in their PHQ-9 score. Alter treatment based on scores.