

PCMH Quality Metrics Subcommittee Meeting Summary  
August 6, 2015

Attendees

**Dr. Jonathan Griffin**, BCBS of MT

**Nancy McCall**, Mathematica

**Juliet Rubini**, Mathematica

**Kathy Myers**, Montana Department of Public Health & Human Services, Public Safety Division

**Dr. Greg Holzman**, Montana Department of Public Health & Human Services, Public Safety Division

**Mary LeMieux**, Montana Medicaid

**Kelley Gobbs**, Montana Medicaid

**Jim Murphy**, MT DPHHS, Immunization Section

**Jan Bechtold**, Billings Clinic

**Dr. Janice Gomersall**, Community Physicians Group, Mountain View Family Medicine and Obstetrics

**Lisa Underwood**, MPCA

**Leslie Kilhan**, Cascade County Community Health Center

**Paula Block**, MPCA

CSI Staff

Amanda Roccabruna Eby

Cathy Wright

The subcommittee reviewed and discussed three possible depression screening measures that were submitted in advance by Mathematica staff. (See the chart below.) Juliet Rubini of Mathematica described each measure:

1. NQF418 is used for PQRS and Meaningful Use reporting and includes a population of age twelve and older; it is a basic screening measure.
2. NQF0712 is a measure specific for the PHQ-9 tool, includes the population of age eighteen and older, and focuses more on depression remission after 12 months and tracking patients with a previous depression diagnosis.
3. NQF1401 is a measure specific to maternal depression screening.

Amanda of CSI asked the attendees to comment on which measures they have experience using and prefer, as well as their current practices with the PHQ-2 versus the PHQ-9 tool. Jan Bechtold of Billings Clinic commented that the first measure is helpful for them in identifying patients, then the patients with a score of three or higher receive the PHQ-9 and are included in the second measure. Their EMR is able to capture positive and negative scores and they have an ad hoc form in their EHR for the follow-up plan. Dr. Gomersall said all of their patients get the PHQ-9 test at their annual wellness visit, if it is positive, the provider must enter the documented plan in the EMR. They have a way to document negative or positive tests and the follow-up plan.

Amanda then asked the providers to comment on whether they use PHQ-2, PHQ-9, or both, and whether or not they are able to document a follow-up plan in their EMR since that is required in the first measure. Several attendees commented that while many providers may use PHQ-9 or both tools, screening is the priority and was the intent of the interested parties that requested the quality metric and the intent of the council's vote to add the metric. Since screening is the priority, not treatment, the first measure is the best. The first measure is compatible with other screening tools in addition to PHQ-

2 and PHQ-9 as well. A list of possible tools providers could use should be included in the guidance, since CMS doesn't limit which tools you can use, then the Montana program shouldn't either.

In regard to the follow-up plan requirement of the measure, Leslie Kilhan commented that since this is a new measure providers are reporting, it has not been reported in a standardized way and eClinical Works (EMR) does not have a way to document a follow-up plan, you have to build the field on your own. Kathy Myers offered that Patty Kosednar of the Regional Extension Center may be able to help practices with creating or finding EMR capability for follow-up plan documentation. Nancy McCall pointed out to the subcommittee that the measure has several specific requirements for the follow-up plan documentation; it must include at least one of several options for plans. Nancy also emphasized that similar to the tobacco measure, depression screening is a two part measure and we must align with the two separate parts: 1-reward clinics for doing screening and 2- reward clinics for doing follow-up plan.

**Dr. Griffin called for a motion for the subcommittee to recommend the council adopt the NQF0418 measure. Kristen Pete moved for adoption of the measure, Janice Gomersall seconded the motion, and it passed unanimously.**

At the subcommittee's next meeting on **September 9<sup>th</sup>**, they will review draft guidance, including the previous metrics and the new depression screening measure. They will also need to further discuss details of reporting the follow-up plan documentation, such as requiring a simple "yes" or "no" or the type of follow-up plan.

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS2v4	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan  Domain: Population/ Public Health	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	134 GPRO PREV-12
CMS160v3	0712	Depression Utilization of the PHQ-9 Tool  Domain: Clinical Process/ Effectiveness	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4-month period in which there was a qualifying visit.	Adult patients who have a PHQ-9 tool administered at least once during the four-month period.	Adult patients age 18 and older with an office visit and the diagnosis of major depression or dysthymia during each four month period	MN Community Measurement	371
CMS82v2	1401	Maternal Depression Screening  Domain: Population/ Public Health	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	Children with documentation of maternal screening or treatment for postpartum depression for the mother.	Children with a visit who turned 6 months of age in the measurement period.	National Committee for Quality Assurance	372