

# Oncology Care Model Measure Specifications

## OCM-5 CMS 2v9.1 (NQF 0418e) Preventive Care and Screening: Screening for Depression and Follow-Up Plan

**Note:** This version of the OCM-5 Measure Specifications is to be used for reporting for the measurement period beginning 01/01/2020 and future measurement periods. If an updated version of this document is released, this version will be used for reporting until the effective date of the new version.

Disclaimer: Please note that this measure was adapted from an NQF-endorsed measure; the measure specifications were changed for use in the Oncology Care Model. NQF has not reviewed or approved the revised measure specifications.

### SUMMARY OF CHANGES FROM CMS 2v9.1 SPECIFICATIONS

- Age is based on the patient's age on the date of the encounter.
- Screening for depression is to be completed during the measurement period.
- Removed adolescent criteria and increased patient age to 18 years and older.
- Removed perinatal depression screening tools and reference.
- Updated codes used for the qualifying provider encounter (see "OCM Tech Spec Value Set" for specific codes).

**Important Note:** Please refer to the OCM Quality Measures Guide sections 2.1 and 3.3.1 for additional OCM-specific reporting requirements applicable to the OCM patient-based measure.

### Description

Percentage of patients aged 18 years and older screened during the measurement period for depression on the date of the encounter or 14 days prior to 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 eligible encounter.

### Measure Scoring

Proportion

### Measure Type

Process

### Improvement Notation

Higher score indicates better quality

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## Definitions

### Screening:

Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

Standardized Depression Screening Tool - A normalized and validated depression screening tool developed for the patient population in which it is being utilized.

Examples of depression screening tools include but are not limited to:

- \* Patient Health Questionnaire (PHQ-9)
- \* Beck Depression Inventory (BDI or BDI-II)
- \* Center for Epidemiologic Studies Depression Scale (CES-D)
- \* Depression Scale (DEPS)
- \* Duke Anxiety-Depression Scale (DADS)
- \* Geriatric Depression Scale (GDS)
- \* Cornell Scale for Depression in Dementia (CSDD)
- \* PRIME MD-PHQ2
- \* Hamilton Rating Scale for Depression (HAM-D)
- \* Quick Inventory of Depressive Symptomatology Self-Report (QID-SR)
- \* Computerized Adaptive Testing Depression Inventory (CAT-DI)
- \* Computerized Adaptive Diagnostic Screener (CAD-MDD)

### Follow-Up Plan:

Documented follow-up for a positive depression screening must include one or more of the following:

- \* Additional evaluation or assessment for depression
- \* Suicide Risk Assessment
- \* Referral to a practitioner who is qualified to diagnose and treat depression
- \* Pharmacological interventions
- \* Other interventions or follow-up for the diagnosis or treatment of depression

## Guidance

This measure is to be reported once per measurement period for qualifying patients, not at all encounters; this is a patient-based measure and not an encounter-based measure. Depression screening is to be completed during the measurement period.

A depression screen is completed on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, either additional evaluation for depression, suicide risk assessment, referral to a practitioner who is qualified to diagnose and treat depression, pharmacological interventions, or other interventions or follow-up for the diagnosis or treatment of depression is documented on the date of the eligible encounter.

### Screening Tools:

- \* The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record

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- \* The depression screening must be reviewed and addressed in the office of the provider, filing the code, on the date of the encounter. Positive pre-screening results indicating a patient is at high risk for self-harm should receive more urgent intervention as determined by the provider practice.
- \* The screening should occur during a qualified encounter or up to 14 days prior to the date of the qualifying encounter
- \* Standardized Depression Screening Tools should be normalized and validated for the age appropriate patient population in which they are used and must be documented in the medical record

## Follow-Up Plan:

- \* The follow-up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening."

Examples of a follow-up plan include but are not limited to:

- \* Additional evaluation or assessment for depression such as psychiatric interview, psychiatric evaluation, or assessment for bipolar disorder
- \* Completion of any Suicide Risk Assessment such as Beck Depression Inventory or Beck Hopelessness Scale
- \* Referral to a practitioner or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression
- \* Other interventions designed to treat depression such as psychotherapy, pharmacological interventions, or additional treatment options
- \* Review and discussion of the risks of untreated versus treated depression is advised. Consideration of each patient's prior disease and treatment history, along with the risk profiles for individual pharmacologic agents, is important when selecting pharmacologic therapy with the greatest likelihood of treatment effect.

## Initial Population

All patients aged 18 years and older on the date of the encounter with at least one eligible encounter during the measurement period

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	Qualifying provider encounter during the measurement period  AND  Age >= 18 years on the date of the qualifying provider encounter	<ul style="list-style-type: none"><li>• Encounter</li><li>• Encounter Date</li><li>• Measurement Period Start Date</li><li>• Measurement Period End Date</li><li>• Birthdate</li></ul>	<ul style="list-style-type: none"><li>• OCM Encounter</li></ul>

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## Denominator

Equals Initial Population

## Denominator Exclusions

Patients with an active diagnosis of Depression or an active diagnosis of Bipolar Disorder

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	Active depression diagnosis during the qualifying provider encounter  OR  Active bipolar disorder diagnosis during the qualifying provider encounter	<ul style="list-style-type: none"><li>• Depression Diagnosis</li><li>• Depression Diagnosis Start Date</li><li>• Depression Diagnosis End Date</li><li>• Bipolar Disorder Diagnosis</li><li>• Bipolar Disorder Diagnosis Start Date</li><li>• Bipolar Disorder Diagnosis End Date</li><li>• Encounter</li><li>• Encounter Date</li></ul>	<ul style="list-style-type: none"><li>• Depression Diagnosis</li><li>• Bipolar Diagnosis</li></ul>

## Numerator

Patients screened during the measurement period for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter

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Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	<p>One of the following options:</p> <p>1. Screening for depression during the measurement period</p> <p>AND</p> <p>Screening for depression 14 days or less before or on the day of the qualifying provider encounter</p> <p>AND</p> <p>Screening for depression has a result</p> <p>AND</p> <p>Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result is negative</p> <p>2. Screening for depression during the measurement period</p> <p>AND</p> <p>Screening for depression 14 days or less before or on the day of the qualifying provider encounter</p> <p>AND</p> <p>Screening for depression has a result</p> <p>AND</p> <p>Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result is positive</p> <p>AND</p> <p>Follow-up plan documented on the same day as the qualifying provider encounter</p>	<ul style="list-style-type: none"> <li>Adult Depression Screening</li> <li>Adult Depression Screening Date</li> <li>Measurement Period Start Date</li> <li>Measurement Period End Date</li> <li>Adult Depression Screening Result</li> <li>Adult Depression Screening Result Date</li> <li>Additional Evaluation For Adult Depression</li> <li>Additional Evaluation For Adult Depression Date</li> <li>Encounter</li> <li>Encounter Date</li> <li>Referral For Adult Depression</li> <li>Referral For Adult Depression Date</li> <li>Order For Adult Depression Medications</li> <li>Order For Adult Depression Medications Date</li> <li>Follow-up For Adult Depression</li> <li>Follow-up For Adult Depression Date</li> <li>Suicide Risk Assessment</li> <li>Suicide Risk Assessment Date</li> </ul>	<ul style="list-style-type: none"> <li>OCM Encounter</li> <li>Adult Depression Screening</li> <li>Negative Depression Screening</li> <li>Positive Depression Screening</li> </ul> <p><b>And, if depression screening result is positive, one of the following follow-up plan options:</b></p> <ul style="list-style-type: none"> <li>Additional evaluation for depression - adult</li> <li>Referral for Depression Adult</li> <li>Depression medications - adult</li> <li>Follow-up for depression – adult</li> <li>Suicide Risk Assessment</li> </ul>

## Denominator Exceptions

Patient Reason(s)

Patient refuses to participate

OR

Medical Reason(s)

Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status

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OR

Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	<p>Patient reason for not performing depression screening starts during the qualifying provider encounter</p> <p>OR</p> <p>Medical or other reason for not performing depression screening during the qualifying provider encounter</p>	<ul style="list-style-type: none"> <li>• Patient Reason Refused</li> <li>• Patient Reason Refused Date</li> <li>• Medical Or Other Reason</li> <li>• Medical Or Other Reason Start Date</li> <li>• Medical Or Other Reason End Date</li> <li>• Encounter</li> <li>• Encounter Date</li> <li>• Adult Depression Screening</li> </ul>	<ul style="list-style-type: none"> <li>• OCM Encounter</li> <li>• Patient Reason refused</li> <li>• Medical or Other reason not done</li> <li>• Adult Depression Screening</li> </ul>

## Numerator Exclusions

Not Applicable

## Risk Adjustment

None

## Rationale

Depression is a serious medical illness associated with higher rates of chronic disease, increased health care utilization, and impaired functioning (Pratt & Brody, 2014). 2016 U.S. survey data indicate that 12.8 percent of adolescents (2.2 million adolescents) had a major depressive episode (MDE) in the past year, with nine percent of adolescents (2.2 million adolescents) having one MDE with severe impairment; 6.7 percent of adults aged 18 or older (16.2 million adults) had at least one MDE in the past year, with 4.3 percent of adults (10.3 million adults) having one MDE with severe impairment in the past year (Substance Abuse and Mental Health Services Administration, 2017). Data indicate that severity of depressive symptoms factor into having difficulty with work, home, or social activities. For example, as the severity of depressive symptoms increased, rates of having difficulty with work, home, or social activities related to depressive symptoms increased. For those twelve and older with mild depressive symptoms, 45.7% reported difficulty with activities and those with severe depressive symptoms, 88.0% reported difficulty (Pratt & Brody, 2014). Children and teens with major depressive disorder (MDD) has been found to have difficulty carrying out their daily activities, relating to others, and growing up healthy with an increased risk of suicide (Siu & the U.S. Preventive Services Task Force [USPSTF], 2016). Additionally, perinatal depression (considered here as depression arising in the period from conception to the end of the first postnatal year) affects up to 15% of women. Depression and other mood disorders, such as bipolar disorder and anxiety disorders, especially during the perinatal period, can have devastating effects on women, infants, and families (Molenaar et al., 2018). Maternal suicide rates rise over hemorrhage and hypertensive

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disorders as a cause of maternal mortality (American College of Obstetricians and Gynecologists, 2015).

Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages. While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50% of depressed patients (Borner, 2010, p. 948). "Coyle et al. (2003) suggested that the picture is more grim for adolescents, and that more than 70% of children and adolescents suffering from serious mood disorders go unrecognized or inadequately treated" (Borner et al., 2010, p. 948). "In nationally representative U.S. surveys, about eight percent of adolescents reported having major depression in the past year. Only 36% to 44% of children and adolescents with depression receive treatment, suggesting that the majority of depressed youth are undiagnosed and untreated" (Siu on behalf of USPSTF, 2016, p. 360 & 364). Evidence supports that screening for depression in pregnant and postpartum women is of moderate net benefit and treatment options for positive depression screening should be available for patients twelve and older including pregnant and postpartum women.

If preventing negative patient outcomes is not enough, the substantial economic burden of depression for individuals and society alike makes a case for screening for depression on a regular basis. Depression imposes economic burden through direct and indirect costs: "In the United States, an estimated \$22.8 billion was spent on depression treatment in 2009, and lost productivity cost an additional estimated \$23 billion in 2011" (Siu & USPSTF, 2016, p. 383-384).

This measure seeks to align with clinical guideline recommendations as well as the Healthy People 2020 recommendation for routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2014) and makes an important contribution to the quality domain of community and population health.

## Clinical Recommendation Statements

"The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)" (Siu & USPSTF, 2016, p. 380).

The Institute for Clinical Systems Improvement (ICSI) health care guideline, Adult Depression in Primary Care, provides the following recommendations:

1. "Clinicians should routinely screen all adults for depression using a standardized instrument."
  2. "Clinicians should establish and maintain follow-up with patients."
  3. "Clinicians should screen and monitor depression in pregnant and post-partum women."
- (Trangle et al., 2016, p. 8-10).

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## References

American College of Obstetricians and Gynecologists. (2015). Committee Opinion No. 630: Screening for perinatal depression. *Obstetrics & Gynecology*, 125(5), 1268-1271. Retrieved from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

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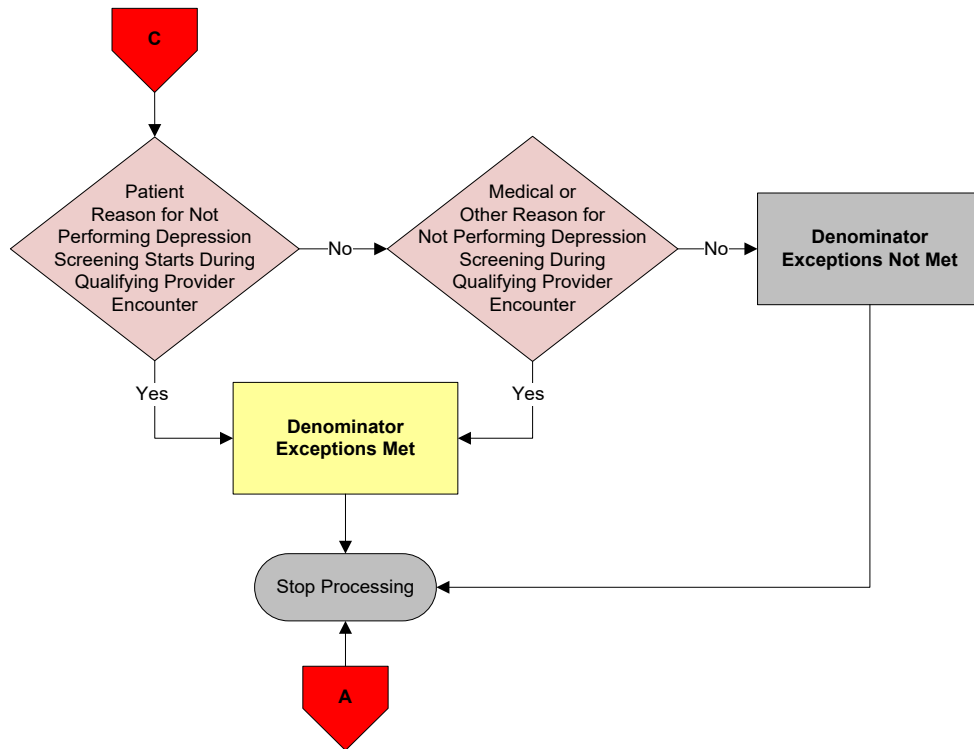
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Please refer to the OCM Measure Specification to identify the data elements and value set names to be used for reporting this measure.

1. For OCM FFS Beneficiary Aggregate Reporting:
  - a. If patient is a Qualifying OCM FFS Beneficiary as Defined in Section 2.1 of the “OCM Quality Measures Guide,” and meets the additional OCM-specific reporting requirements applicable to the OCM patient-based measure as described in Section 3.3.1, include the patient in aggregate results that are reported in the OCM Data Registry. Proceed to check Qualifying Provider Encounter.
  - b. If patient is not a Qualifying OCM FFS Beneficiary as Defined in Section 2.1 of the “OCM Quality Measures Guide,” stop processing. Patient does not qualify as an OCM FFS Beneficiary and should not be included in aggregate results that are reported to the OCM Data Registry.
2. Check Qualifying Provider Encounter:
  - a. If Qualifying Provider Encounter During Measurement Period equals No, do not include in Initial Population. Stop processing.
  - b. If Qualifying Provider Encounter During Measurement Period equals Yes, proceed to check Patient Age.
3. Check Patient Age:
  - a. If Patient Age at Qualifying Provider Encounter  $\geq$  18 Years equals No, do not include in Initial Population. Stop processing.
  - b. If Patient Age at Qualifying Provider Encounter  $\geq$  18 Years equals Yes, include in Initial Population and Denominator. Proceed to check Active Depression Diagnosis.
4. Check Active Depression Diagnosis:
  - a. If Active Depression Diagnosis During Qualifying Provider Encounter equals Yes, include in Denominator Exclusions. Stop processing.
  - b. If Active Depression Diagnosis During Qualifying Provider Encounter equals No, check Active Bipolar Disorder Diagnosis.
5. Check Active Bipolar Disorder Diagnosis:
  - a. If Active Bipolar Disorder Diagnosis During Qualifying Provider Encounter equals Yes, include in Denominator Exclusions. Stop processing.

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- b. If Active Bipolar Disorder Diagnosis During Qualifying Provider Encounter equals No, do not include in Denominator Exclusions. Proceed to check Depression Screening.
- 6. Check Depression Screening:
  - a. If Depression Screening During Measurement Period equals Yes, check Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter.
  - b. If Depression Screening During Measurement Period equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 7. Check Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter:
  - a. If Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter equals Yes, check Depression Screening Has Result.
  - b. If Depression Screening 14 Days or Less Before or On Day of Qualifying Provider Encounter equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 8. Check Depression Screening Has Result:
  - a. If Depression Screening Has Result equals Yes, check Most Recent Depression Screening Reviewed and Addressed.
  - b. If Depression Screening Has Result equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 9. Check Most Recent Depression Screening Reviewed and Addressed:
  - a. If Most Recent Depression Screening Reviewed and Addressed During Qualifying Provider Encounter equals Yes, check Depression Screening Result is Negative.
  - b. If Most Recent Depression Screening Reviewed and Addressed During Qualifying Provider Encounter equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 10. Check Depression Screening Result is Negative:
  - a. If Most Recent Depression Screening Result is Negative equals Yes, include in Numerator. Stop processing.

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- b. If Most Recent Depression Screening Result is Negative equals No, check Depression Screening Result is Positive.
- 11. Check Depression Screening Result is Positive:
  - a. If Most Recent Depression Screening Result is Positive and Follow-up Plan Documented on Same Day of Positive Depression Screening equals Yes, include in Numerator. Stop processing.
  - b. If Most Recent Depression Screening Result is Positive and Follow-up Plan Documented on Same Date of Positive Depression Screening equals No, do not include in Numerator. Proceed to check Patient Reason for Not Performing Depression Screening.
- 12. Check Patient Reason for Not Performing Depression Screening:
  - a. If Patient Reason for Not Performing Depression Screening Starts During Qualifying Provider Encounter equals Yes, include in Denominator Exceptions. Stop processing.
  - b. If Patient Reason for Not Performing Depression Screening Starts During Qualifying Provider Encounter equals No, check Medical or Other Reason for Not Performing Depression Screening.
- 13. Check Medical or Other Reason for Not Performing Depression Screening:
  - a. If Medical or Other Reason for Not Performing Depression Screening During Qualifying Provider Encounter equals Yes, include in Denominator Exceptions. Stop processing.
  - b. If Medical or Other Reason for Not Performing Depression Screening During Qualifying Provider Encounter equals No, do not include in Denominator Exceptions. Stop processing.