Oncology Care Model Measure Specifications

OCM-5 CMS 2v10.2 (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 07/01/2021 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 2V10.2 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 up to 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:
* 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, a follow-up plan must be documented on the date of the encounter, such as referral to a practitioner who is qualified to treat depression, pharmacological interventions or other interventions for the treatment of depression.

The intent of the measure is to screen for depression in patients who have never had a diagnosis of depression or bipolar disorder prior to the eligible encounter used to evaluate the numerator. Patients who have ever been diagnosed with depression or bipolar disorder will be excluded from the measure.

Screening Tools:

* An age-appropriate, standardized, and validated depression screening tool must be used for numerator compliance.
* The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record
* 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

The measure assesses the most recent depression screening completed either during the eligible encounter or within the 14 days prior to that encounter. Therefore, a clinician would not be able to complete another screening at the time of the encounter to count towards a follow-up, because that would serve as the most recent screening. In order to satisfy the follow-up requirement for a patient screening positively, the eligible clinician would need to provide one of the aforementioned follow-up actions, which does not include use of a standardized depression screening tool.

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

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

* 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 behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options

Should a patient screen positive for depression, a clinician should opt to complete a suicide risk assessment when appropriate and based on individual patient characteristics. However, for the purposes of this measure, a suicide risk assessment or additional screening using a standardized tool will not qualify as a follow-up plan.

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	• Encounter • Encounter Date • Measurement Period Start Date • Measurement Period End Date • Birthdate	• OCM Encounter

Denominator

Equals Initial Population

Denominator Exclusions

Patients who have been diagnosed with depression or with bipolar disorder

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	Depression diagnosis before the qualifying provider encounter OR Bipolar disorder diagnosis before the qualifying provider encounter	• Depression Diagnosis • Depression Diagnosis Start Date • Depression Diagnosis End Date • Bipolar Disorder Diagnosis • Bipolar Disorder Diagnosis Start Date • Bipolar Disorder Diagnosis End Date • Encounter • Encounter Date	• Depression Diagnosis • Bipolar Diagnosis

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 age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	One of the following options: 1. Screening for depression during the measurement period AND Screening for depression 14 days or less before or on the day of the qualifying provider encounter AND Screening for depression has a result AND Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result is negative 2. Screening for depression during the measurement period AND Screening for depression 14 days or less before or on the day of the qualifying provider encounter AND Screening for depression has a result AND Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result is positive AND Follow-up plan documented on the same day as the qualifying provider encounter	• Adult Depression Screening • Adult Depression Screening Date • Measurement Period Start Date • Measurement Period End Date • Adult Depression Screening Result • Adult Depression Screening Result Date • Encounter • Encounter Date • Referral For Adult Depression • Referral For Adult Depression Date • Order For Adult Depression Medications • Order For Adult Depression Medications Date • Follow-up For Adult Depression • Follow-up For Adult Depression Date	• OCM Encounter • Adult Depression Screening • Negative Depression Screening • Positive Depression Screening **And, if depression screening result is positive, one of the following follow-up plan options:** • Referral for Adult Depression • Adult Depression Medications • Follow-up for Adult Depression

Denominator Exceptions

Patient Reason(s)
Patient refuses to participate
OR
Medical Reason(s)
Documentation of medical reason for not screening patient for depression (e.g. cognitive, functional, or motivational limitations that may impact accuracy of results; 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)

Step(s)	Instructions	Data Element(s)	Value Set Name(s)
Step 1	Patient reason for not performing depression screening starts during the qualifying provider encounter OR Medical or other reason for not performing depression screening during the qualifying provider encounter	• Patient Reason Refused • Patient Reason Refused Date • Medical Or Other Reason • Medical Or Other Reason Start Date • Medical Or Other Reason End Date • Encounter • Encounter Date • Adult Depression Screening	• OCM Encounter • Patient Declined • Medical Reason • Adult Depression Screening

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 (Katon, 2003; Wells et al., 1989). 2016 U.S. survey data indicate that 12.8 percent of adolescents (3.1 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. The same data indicate that 6.7 percent of adults aged 18 or older (16.2 million adults) had at least one MDE 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) have been found to have difficulty carrying out their daily activities, relating to others, growing up healthy, and also are at an increased risk of suicide (Siu on behalf of 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 12% of women (Woody, Ferrari, Siskind, Whiteford, & Harris, 2017). 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 (American College of Obstetricians and Gynecologists, 2018). Maternal suicide rates rise over hemorrhage and hypertensive disorders as a cause of maternal mortality (Palladino, Singh, Campbell, Flynn, & Gold, 2011).

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, Braunstein, St. Victor, & Pollack, 2010). "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 & p. 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).

References

American College of Obstetricians and Gynecologists, Committee on Obstetric Practice. (2018). ACOG Committee Opinion Number 757: Screening for perinatal depression. Obstetrics and Gynecology, 132(5), e208-e212. doi: 10.1097/AOG.0000000000002927

Borner, I., Braunstein, J. W., St. Victor, R., & Pollack, J. (2010). Evaluation of a 2-question screening tool for detecting depression in adolescents in primary care. Clinical Pediatrics, 49(10), 947-995. doi:10.1177/0009922810370203

Katon, W. J. (2003). Clinical and health services relationships between major depression, depressive symptoms, and general medical illness. Biological Psychiatry, 54(3), 216-226. doi: 10.1016/s0006-3223(03)00273-7

Palladino, C. L., Singh, V., Campbell, J., Flynn, H., & Gold, K. (2011). Homicide and suicide during the perinatal period: Findings from the National Violent Death Reporting System. Obstetrics and Gynecology, 118(5), 1056-1063. doi:10.1097/AOG.0b013e31823294da

Pratt, L. A., & Brody, D. J. (2014). Depression in the U.S. household population, 2009-2012. NCHS Data Brief No. 172. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/data/databriefs/db172.pdf

Siu, A. L., on behalf of USPSTF. (2016). Screening for depression in children and adolescents: U.S. Preventive Services Task Force recommendation statement. Annals of Internal Medicine, 164(5), 360-366. doi:10.7326/M15-2957

Siu, A. L., & USPSTF. (2016). Screening for depression in adults: U.S. Preventive Services Task Force recommendation statement. Journal of the American Medical Association, 315(4), 380-387. doi:10.1001/jama.2015.18392.

Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm

Trangle, M., Gursky, J., Haight, R., Hardwig, J., Hinnenkamp, T., Kessler, D., Myszkowski, M. (2016). Adult depression in primary care. Bloomington, MN: Institute for Clinical Systems Improvement. Retrieved from https://www.icsi.org/guideline/depression/

U.S. Department of Health and Human Services. (2014). Healthy People 2020: Mental health and mental disorders. Washington, DC: U.S. Department of Health and Human Services. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=28

Wells, K. B., Stewart, A., Hays, R. D., Burnam, M. A., Rogers, W., Daniels, M., … Ware, J. (1989). The functioning and well-being of depressed patients. Results from the Medical

Outcomes Study. Journal of the American Medical Association, 262(7), 914-919. Abstract retrieved from https://www.ncbi.nlm.nih.gov/pubmed/2754791

Woody, C. A., Ferrari, A. J., Siskind, D. J., Whiteford, H. A., & Harris, M. G. (2017). A systematic review and meta-regression of the prevalence and incidence of perinatal depression. Journal of Affective Disorders, 219, 88-92. doi:10.1016/j.jad.2017.05.003

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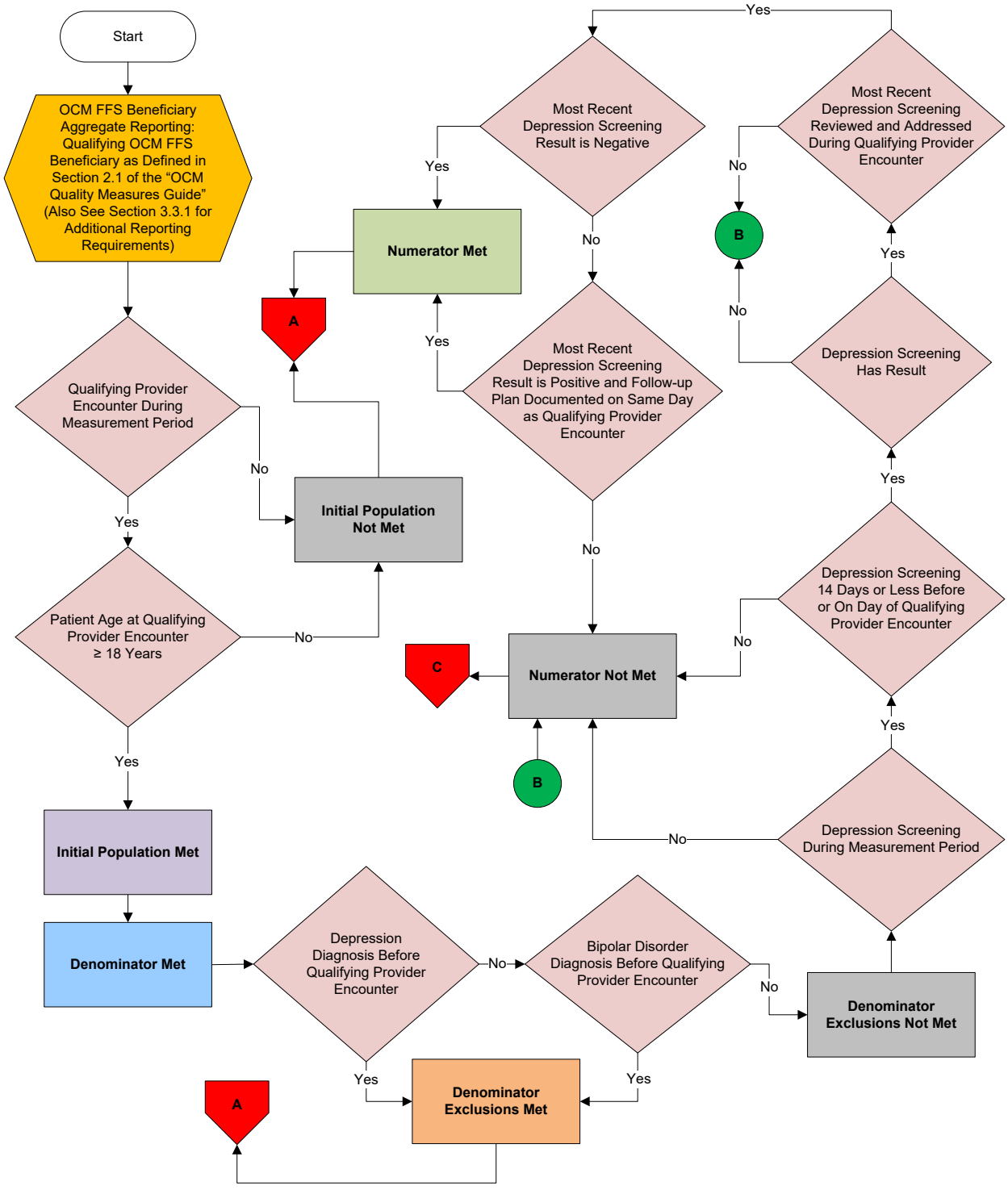

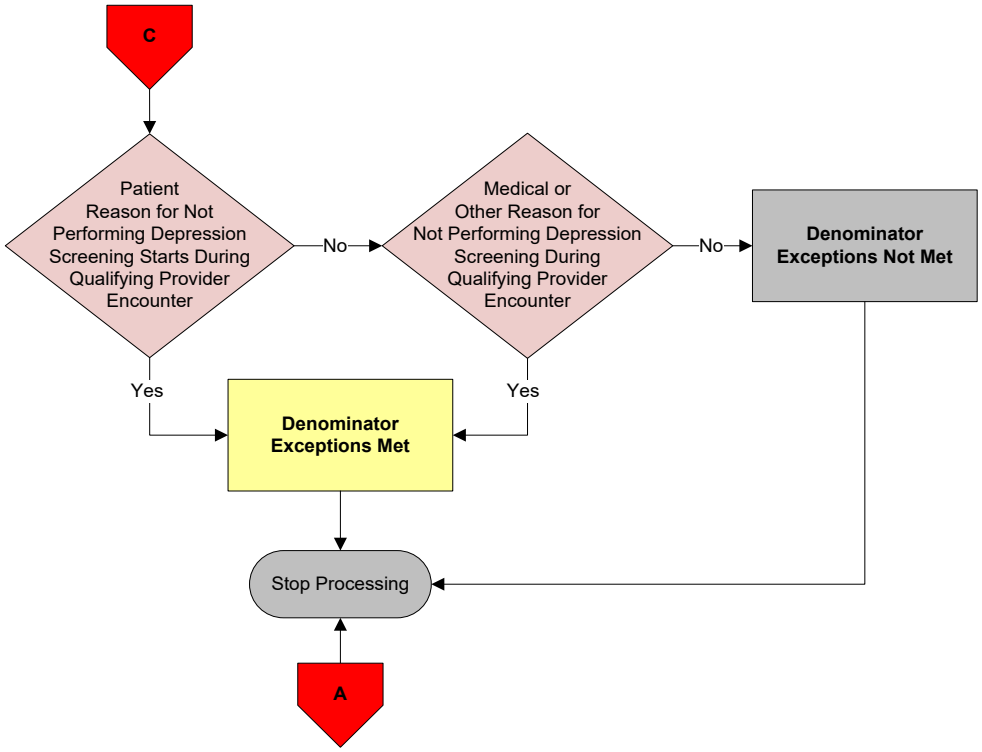
C
Patient Reason for Not Performing Depression Screening Starts During Qualifying Provider Encounter
No
Medical or Other Reason for Not Performing Depression Screening During Qualifying Provider Encounter
No
Denominator Exceptions Not Met
Yes
Yes
Denominator Exceptions Met
Stop Processing
A

Oncology Care Model Measure Specifications

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 >= 18 Years equals No, do not include in Initial Population. Stop processing.

    b. If Patient Age at Qualifying Provider Encounter >= 18 Years equals Yes, include in Initial Population and Denominator. Proceed to check Active Depression Diagnosis.

4. Check Depression Diagnosis:

    a. If Depression Diagnosis Before Qualifying Provider Encounter equals Yes, include in Denominator Exclusions. Stop processing.

    b. If Depression Diagnosis Before Qualifying Provider Encounter equals No, check Bipolar Disorder Diagnosis.

5. Check Bipolar Disorder Diagnosis:

    a. If Bipolar Disorder Diagnosis Before Qualifying Provider Encounter equals Yes, include in Denominator Exclusions. Stop processing.

b. If Bipolar Disorder Diagnosis Before 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.

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.