



# **2024 MH-1**

## **Depression Remission at Twelve Months**

# Depression Remission at Twelve Months (MH-1)

## Depression



Depression is characterized by the presence of feelings of sadness, emptiness, or irritability, accompanied by bodily and cognitive changes lasting at least 2 weeks that significantly affect the individual's capacity to function.



In 2019, 2.8% of adults experienced severe symptoms of depression, 4.2% experienced moderate symptoms, and 11.5% experienced mild symptoms



Adolescent-onset depression increases the risk of attempted suicide. Most adolescents who commit suicide, the third leading cause of death among 15–24 year-olds, have a history of depression.



**Studies have found that patient outcomes improve when there is collaboration between a primary care provider, case manager and a mental health specialist to screen for depression, monitor symptoms, provide treatment and refer to specialty care as needed.**

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## Measure Description

Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and PHQ-9 or PHQ-9M with a score of less than five twelve months (+/- 60 days) after the initial PHQ-9 or PHQ-9M greater than nine.



Patients 12 years of age and older with a diagnosis of major depression



PHQ-9 or PHQ-9M with a score of less than five twelve months (+/- 60 days) after the initial PHQ-9 or PHQ-9M was greater than nine

**Measure Steward:** CMS Web Interface

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## Exclusions

### Required Exclusions

- Patients with a diagnosis of **bipolar disorder**
- Patients with a diagnosis of select **personality disorders**
- Patients with a diagnosis of schizophrenia or psychotic disorder
- Patients with a diagnosis of **pervasive developmental disorder**
- Patients who were **permanent nursing home residents**
- Patients with a diagnosis of **personality disorder emotionally labile**
- Patients who utilize **hospice or palliative care services**
- Patients who **passed away** anytime during the current performance year



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## Best Practices and Documentation



### Documentation Tips

- Full PHQ-9 or PHQ-9M must be documented, a PHQ-2 is not accepted.
- PHQ-9 or PHQ-9M administration does not require a face-to-face visit; multiple modes of administration are acceptable (telephone, mail, e-visit, email, patient portal, iPad/tablet, or patient kiosk)

### Best Practices

- Clinicians should establish and maintain follow-up with patients.
- Consider collaborative care as it has been shown to significantly lower depression severity.
- Use the PHQ-9 to monitor treatment outcomes and severity and modify the treatment plan as necessary.
- Urgent referral to crisis specialty health care is advised if the suicidality is of high risk on the PHQ-9
- Remember, response and remission take time. It can take 6 weeks of treatment or longer for patients to respond.
- Educate patients on the need for treatment of depression.

# Depression Remission at Twelve Months (MH-1)

## Other Quality Measures Tied to MH-1

### CAHPS: Care Coordination

#### Care Coordination (CC):

Did you personal doctor:

- Have your medical records or other information about your care?
- Follow up to give you test results as soon as you needed them?
- Talk with you about all the prescription medications you were taking?
- Manage your care among different providers and services?
- Seem informed and up-to-date about the care you received from specialists?

### CAHPS: Access to Care

#### Getting Needed Care (GNC):

- How easy was it to get care, tests or treatment you needed?
- How easy was it to get appointments with specialists?
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#### Getting Appointments and Care Quickly (GCQ):

- How often were you able to get care as soon as you needed?
- How often were you able to get appointments for routine care at a doctor's office as soon as you needed?
- How often were you able to see the person you came to see within 15 minutes of your appointment time?





# Check Your Knowledge

What is the age range of patients eligible for the Depression Remission at Twelve Months measure?

- A) 10 to 15 years
- B) 12 to 17 years for adolescents and 18 years and older for adults
- C) 18 to 65 years
- D) 20 to 40 years



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- B) 12 to 17 years for adolescents and 18 years and older for adults
- C) 18 to 65 years
- D) 20 to 40 years

Rationale: This age range includes both adolescent and adult populations to ensure comprehensive care and monitoring of depression remission across different life stages.

What PHQ-9 or PHQ-9M score indicates remission of depression according to the measure?

- A) Less than 5
- B) Less than 9
- C) 5 to 9
- D) 10 or higher

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Rationale: A score of less than 5 on the PHQ-9 or PHQ-9M is used to define depression remission, indicating minimal depressive symptoms.

Which patients are excluded from the MH-1 measure?

- A) Patients with a diagnosis of hypertension
- B) Patients with a diagnosis of bipolar disorder
- C) Patients with a diagnosis of type 2 diabetes
- D) Patients with a diagnosis of chronic kidney disease

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Rationale: Patients with bipolar disorder are excluded due to the different clinical management and treatment responses expected in this population, which may not follow the typical course of major depression or dysthymia.

What is necessary to document remission in a patient with depression?

- A) A PHQ-2 score
- B) Verbal confirmation from the patient
- C) A full PHQ-9 or PHQ-9M with a score of less than five
- D) A note from a mental health specialist

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Rationale: Full completion of the PHQ-9 or PHQ-9M provides a comprehensive assessment of depressive symptoms, with a score of less than five indicating remission.

What is recommended for monitoring treatment outcomes in depression?

- A) Using the PHQ-9 only at the initial diagnosis
- B) Relying solely on medication adjustments
- C) Using the PHQ-9 to monitor treatment outcomes and adjust the treatment plan
- D) Annual mental health screenings unrelated to PHQ-9 scores



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Rationale: Regular use of the PHQ-9 as a monitoring tool helps in assessing the effectiveness of treatment and in making necessary adjustments to the care plan, ensuring responsiveness to the patient's



## QUESTIONS?

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