

DEPRESSION SCREEN/FOLLOW-UP

(2020 MEASURE v4.20.2020)

DESCRIPTION

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.

INITIATIVES

[Click here](#) for the Depression Screening Tool Kit

KNOWN ISSUES

[Click here](#) for known issues information

TARGETS		
Percentile	2020 Threshold	Change from 2019
90 <sup>TH</sup>	90.00%	N/A
75 <sup>TH</sup>	75.00%	N/A
50 <sup>TH</sup>	50.00%	N/A
25 <sup>TH</sup>	25.00%	N/A

QUALIFICATION (Denominator)

- Patient is 12 years of age or older as of the period start date.  
**AND**
- Patient had an eligible encounter during the period.

SATISFYING THE MEASURE (Numerator)

- Patient is less than 18 years of age and had an adolescent-appropriate depression screening at the eligible encounter.  
**AND**
- Result of screening is negative.  
**OR**
- Result of screening is positive.  
**AND**
- An adolescent-appropriate follow-up plan for depression was documented on the day of or the day following the screening.  
**OR**
- Patient is at least 18 years of age and had an adult-appropriate depression screening at the eligible encounter.  
**AND**
- Result of screening is negative.  
**OR**
- Result of screening is positive.  
**AND**
- An adult-appropriate follow-up plan for depression was documented on the day of or the day following the screening.

EXCLUSIONS / EXCEPTIONS

- Patient had a depression diagnosis starting before and overlapping with the eligible encounter.  
**OR**
- Patient had a bipolar diagnosis starting before and overlapping with the eligible encounter.  
**OR**
- Patient had a medical reason for not having a depression screening documented during 1 year before period end.  
**OR**
- Patient refused a depression screening during 1 year before period end.

INCLUSION CRITERIA

Contracted Health Plan Patients

- Continuous Enrollment Requirement: Enrollment during the entire measurement year, with at most one gap of 45 days or less.
- Anchor Date Requirement: Enrollment on the measurement period end date.
- If the measure is run before the measurement period is over, the continuous enrollment requirement above is only applied for the parts of the period for which we have claims data. Similarly, if we don't yet have claims data covering the anchor date, that requirement is ignored completely.

Non-contracted Patients

Any claim, enrollment, or interaction within the measurement period.