

DEPRESSION FOLLOW-UP (2024 MEASURE v01.16.2024)

DESCRIPTION

The percentage of patients 12 years of age and older who screened positive for clinical depression using a standardized instrument and received follow-up care within 30 days of the positive finding.

**This measure appears on the
Provider Engagement Report**

INITIATIVES

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

QUALIFICATION (Denominator)

- Patients 12 years of age or older as of the period end date who had a positive depression screening.
**Note: The measure definition states that a positive screening for a PHQ-9 is greater than or equal to 10.

SATISFYING THE MEASURE (Numerator)

- Patients who received follow-up care on or before 30 days after the date of the first positive screen.
Any of the following on or before 30 days after the first positive screen:
 - A documented plan of care
 - An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care or medication management
 - A dispensed antidepressant medication

OR

- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.
**Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

EXCLUSIONS / EXCEPTIONS

- Patient with depression that starts during the year prior to the Measurement Period.
OR
- Patient with bipolar disorder in the year prior to the measurement period.
OR
- Patient has 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.
OR
- Patient is in hospice or using hospice services during the Measurement Period.

INCLUSION CRITERIA

- All active patients.