

Major Depressive Disorder

HEDIS Measures And Clinical Practice Guidelines

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Healthcare Effectiveness Data and Information Set (HEDIS)

- Performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA)¹.
- Originally entitled the “HMO Employer Data and Information Set” when launched in 1991².

1. http://en.wikipedia.org/wiki/Healthcare_Effectiveness_Data_and_Information_Set

2. Mainous AG 3rd, Talbert J. [Assessing quality of care via HEDIS 3.0. Is there a better way?](#) Arch Fam Med 1998 Sep-Oct;7(5):410-3. Accessed 2009 Apr 28.

Major Depressive Disorder (MDD) HEDIS

- Percentage of TRICARE PRIME members age 18 and older
 - Diagnosed with MDD
 - Treated with antidepressant medication
 - 12-month window starting 20 months prior to the reporting month
 - Review of antidepressant medication treatment for acute phase or continuation phase.

Acute Phase Treatment

- Age 18 and older with New Diagnosis of MDD
- Treated with Antidepressants
 - For at least 84 days (3 months)
 - During the 114 day period following the earliest prescription dispensing date

Acute Phase Metric Criteria

Patient was dispensed enough medications for at least 84 days of first 114 days after the initial dispensing (including the initial dispensing). Looks at all antidepressant medications dispensed in purchased or direct care to the patient during this time. Sums up the number of days dispensed for each prescription during this phase to cover up to day 114. If the patient has received at least 84 days worth of medication, he/she meets the metric.

Example: patient received a 30-day supply initially, and then picked up a 60-day supply 35 days after the first prescription was dispensed. This patient was dispensed a 90-day supply total and would meet the acute metric even if the patient did not get any more medication after this dispensing (however the patient would need to pick up more medication to meet the continuation phase metric).

Continuation Phase Treatment

- Age 18 and older with existing MDD diagnosis
- Treated with Anti-Depressants
 - For at least 180 days (6 months)
 - During the 231 day period following the earliest prescription dispensing date

How do the patients meet the HEDIS continuation phase metric criteria?

Patient was dispensed enough medications for at least 180 days of first 231 days after the initial dispensing (including initial dispensing). Looks at all antidepressant medications dispensed in purchased or direct care to the patient during this time. Sums up the number of days dispensed for each prescription during this phase to cover up to day 231. If the patient has received at least 180 days worth of medication, he/she meets the metric.

Example: patient received 30-day supply at initial dispensing and was dispensed a 90-day supply 29 days later. Patient then picked up another 90-day supply 110 days after the first refill (a month late) on day 139 (29days+110days) after initial dispensing. This patient picked up $30 + 90 + 90 = 220$ days supply and exceeded the metric criteria.

Action Recommended by HEDIS

- ✓ Primary care teams can use the information as a starting point to assist them in identifying individuals who may benefit from more optimal depression management.
- ✓ Consider condition management program
- ✓ Consider implementation of Department of Defense/Veterans Affairs (DoD/VA) clinical practice guidelines

Major Depressive Disorder

Clinical Practice Guidelines:
Essentials for Depression Screening
and Assessment in Primary Care

What is Major Depression?

≥ 5 of the following symptoms for ≥ 2 weeks (must include either depressed mood or loss of interest or pleasure):

- Depressed mood (feels sad, empty, hopeless)
- Markedly diminished interest in most activities
- Significant change in weight (>5%) or appetite
- Insomnia or hypersomnia nearly every day
- Diminished ability to think, concentrate or make decisions
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive guilt
- Psychomotor agitation or retardation
- Suicidal ideation

VA/DoD CPG for MDD

- Major Depression:
 - common, under-diagnosed and undertreated
 - recurrent/chronic disorder
 - 50% recurrence rate after the first episode
 - 70% after the second
 - 90% after the third.
- Most depressed patients will receive most or all of their care through primary care providers.

VA/DoD CPG for MDD

- Depressed patients
 - Frequently present with somatic complaints
 - May not present depressed mood as primary concern
- Annual screening for MDD is recommended in the primary care setting
 - Reducing Morbidity
 - Reducing Mortality.

Screening for MDD

- Utilization of Standardized Screening Tool
- Patient Health Questionnaire (PHQ-2)
 - A two-item standardized screening tool
 - An aid for diagnosis
 - Measures symptom severity
 - Assesses treatment response.

Treatment for MDD

- Mild depression
 - Psychotherapy
 - Further assessment for medication
- Moderate to severe depression
 - Medication management
 - Psychotherapy

Medication for MDD

- Choice of medication can be guided by:
 - Symptoms
 - Side effect profile
 - Presence of medical and psychiatric co-morbidities
 - Prior response.

- Discussion Topics:
 - Migraine headache
 - Iatrogenic weight gain
 - Retention,
 - Deployment and other factors related to military service
 - Shift-work

Serotonin Syndrome

The following drugs may precipitate serotonin syndrome in patients on SSRI medication¹:

- [Linezolid](#) (Zyvox)
- [methylene blue](#) dye
- [Monoamine oxidase inhibitors](#) (MAOIs) including [moclobemide](#), [phenelzine](#), [tranylcypromine](#), [selegiline](#) and methylene blue. **INH is also an MAOI.**
- [Lithium](#)
- [Sibutramine](#) (Meridia)
- [MDMA](#) (ecstasy)
- [Dextromethorphan](#)
- [Tramadol](#)
- [Pethidine/meperidine](#) (Demerol)
- [St. John's wort](#)
- [Yohimbe](#) (found in many OTC supplements)
- [Tricyclic antidepressants](#) (TCAs)
- [Serotonin-norepinephrine reuptake inhibitors](#) (SNRIs)
- [Buspirone](#) (BuSpar)
- [Triptan](#) (Zomig, Maxalt, Imitrex, Relpax, et al)
- [Mirtazapine](#) (Remeron)

1. Ener, RA; Meglathery, SB; Decker, WAV; Gallagher, RM (March 2003). "Serotonin Syndrome and Other Serotonergic Disorders". *Pain Medicine* 4 (1): 63–74.

Antidepressant Warning

- 2007 FDA
 - Black box warnings added for ages 18-24 stating:
- Antidepressants may:
 - May worsen depressive symptoms
 - May increase the risk for suicidality

Recommend close monitoring

- Beginning of treatment
- During titration

Who at West Point is age 18-24?

- ✓ Active duty soldiers
- ✓ Active duty Airmen, Sailors and Marines
- ✓ Cadets
- ✓ USMAPS students
- ✓ Military dependents

Medications with Black Box Warnings about Suicidality

Anafranil (clomipramine)	tyline)	Seroquel (quetiapine)
Asendin (amoxapine)	Ludiomil (maprotiline)	Sinequan (doxepin)
Aventyl (nortriptyline)	Marplan (isocarboxazid)	Surmontil (trimipramine)
Celexa (citalopram hydrobromide)	Nardil (phenelzine sulfate)	Symbyax (olanzapine/fluoxetine)
Cymbalta (duloxetine)	nefazodone HCl	Tofranil (imipramine)
Desyrel (trazodone HCl)	Norpramin (desipramine HCl)	Tofranil-PM (imipramine pamoate)
Elavil (amitriptyline)	Pamelor (nortriptyline)	Triavil (perphenazine/amitriptyline)
Effexor (venlafaxine HCl)	Parnate (tranylcypromine sulfate)	Vivactil (protriptyline)
Emsam (selegiline)	Paxil (paroxetine HCl)	Wellbutrin (bupropion HCl)
Etrafon (perphenazine/amitriptyline)	Pexeva (paroxetine mesylate)	Zoloft (sertraline HCl)
fluvoxamine maleate	Prozac (fluoxetine HCl)	Zyban (bupropion HCl)
Lexapro (escitalopram oxalate)	Remeron (mirtazapine)	
Limbitrol (chlordiazepoxide/amitriptyline)	Sarafem (fluoxetine HCl)	

Psychotherapy for MDD

- Evidence-based, short-term psychotherapies
 - Cognitive Behavioral Therapy (CBT)
 - Problem-Solving Therapy (PST)
 - Interpersonal Therapy (IPT)
- Patients in early treatment require frequent visits to assess:
 - Response to intervention
 - Suicidal ideation
 - Side effects
 - Psychosocial support system.

Long Term Treatment for MDD

- Continuation therapy (9-12 months after acute symptoms resolve)
 - decreases the incidence of relapse of major depression.
- Consider long-term maintenance or lifetime pharmacotherapy
 - selected patients based on their history of relapse and other clinical factors.

How do I get a patient to stay on meds?

- Proper diagnosis
- Patient buy-in
- Concurrent psychotherapy
- Consider side effect profile
- Consider lifestyle
- Consider patient preference
- Use safe prescriptive practices

Example:

Make a diagnosis of Major Depression

Place a consult request for psychology to initiate therapy

Prescribe Prozac 10 mg PO q AM with food #7 RFO

Make an appointment for one week, for follow-up

Ask if they are taking the medication

See the patient weekly for one month, each time writing for 7 pills.

Teach CBT-I

Make sure they are eating 3 squares

Ask about alcohol intake

Titrate upward if ineffective

Switch to another agent if adverse side effects emerge

After one month, write for #14, then #30.

Check how they are doing in therapy.

If they're not better in a month, send to BH.

Antidepressants Covered by HEDIS

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Asendin (amoxapine)	Ludiomil (maprotiline)	Sinequan (doxepin)
Aventyl (nortriptyline)	Marplan (isocarboxazid)	Surmontil (trimipramine)
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Desyrel (trazodone HCl)	Norpramin (desipramine HCl)	Tofranil-PM (imipramine pamoate)
Elavil (amitriptyline)	Pamelor (nortriptyline)	Triavil
Effexor (venlafaxine HCl)	Parnate (tranylcypromine sulfate)	(perphenazine/amitriptyline)
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Etrafon (perphenazine/amitriptyline)	Pexeva (paroxetine mesylate)	Wellbutrin (bupropion HCl)
fluvoxamine maleate	Prozac (fluoxetine HCl)	Zoloft (sertraline HCl)
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KACH Primary Care Case Study

- ✓ Patient is diagnosed with depression and anxiety in 2006, is treated with Paxil 10 mg, #60 RFO and referred to Behavioral Health, but never makes an appointment.
- ✓ There is no visit made for medication refill.
- ✓ In 2012, the patient is prescribed Celexa 20 mg #90 RFO.

Case Study (continued)

- ✓ There are several ER visits at which the patient is prescribed Xanax, after complaining of anxiety.
- ✓ At nearly every PC visit, nurses note that patient refuses to be weighed “because I used to have an eating disorder”. No work-up is noted in AHLTA and no referral is made to BH.

Case Study (continued)

- ✓ In August of 2013, patient was prescribed Xanax (this time by a GYN provider).
- ✓ In December of 2013, Int Med writes consult request for patient to be seen by BH. **BH finds that the patient does not and never did suffer from depression.**
- ✓ Would this patient's treatment pass or fail HEDIS standards?

Observations:

- ✓ Major Depression diagnosed by PCM
- ✓ Medication initiated at full dose, rather than being titrated up
- ✓ Large amounts of medication is prescribed (60 – 90 pills)
- ✓ Instructions for how to take meds are not documented (with food, for example, for SSRI's)
- ✓ Patient stops taking medication

Increase Treatment Compliance

Stay Green in HEDIS

- If you're unsure if the patient has Major Depression, diagnose them with Adjustment Disorder with Depression.
 - NO MDD Diagnosis = NO HEDIS Metric.
- Ask patients if they want to take medication, or if they'd prefer to talk to someone. Let them know that therapy is just as effective as medication.
 - NO Meds = NO HEDIS Metric.

But if you choose to diagnose with Major Depression and treat with antidepressants:

1. Set up frequent follow-up appointments
2. Set up a safety net for patients who fail to refill psychotropic medication or are no-shows for appointments
3. If patients desire medication, make sure they are instructed how to take it. Start with a low dose, and make sure they've eaten a full meal, not just a piece of toast or a Red Bull.

Avoiding MDD Relapse

- The HEDIS methodology based on APA Practice Guidelines recommends that patients be advised to :
 - Remain on medication for 6-11 months
 - Receive weekly psychotherapy sessions
 - Receive monthly appointments with the provider prescribing medication, once medication titration is complete.

Questions?

Thank you for your attention.