

Depression Remission or Response for Adolescents and Adults (DRR-E)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare
- Medicaid

MEASURE DESCRIPTION

The percentage of members 12 years of age and older with a diagnosis of depression and an elevated Patient Health Questionnaire 9 (PHQ-9) score, who had evidence of response or remission within 120-240 days (4-8 months) of the elevated score.

Three separate rates are evaluated in this measure:

- Follow-Up PHQ-9: The percentage of members who have a follow-up PHQ-9 score documented within 120-240 days (4-8 months) after the initial elevated PHQ-9 score.
- Depression Remission: The percentage of members who achieved remission of depression symptoms within 120-240 days (4-8 months) after the initial elevated PHQ-9 score, demonstrated by the most recent PHQ-9 total score of <5.
- Depression Response: The percentage of members who showed response to treatment for depression within 120-240 days (4-8 months) after the initial elevated PHQ-9 score, demonstrated by the most recent PHQ-9 total score of at least 50% lower than the initial elevated PHQ-9 score.ⁱ

CODING

Use age appropriate PHQ-9 assessments and codes to close numerator gaps in care:

Instruments	Total Score LOINC ⁱⁱ Codes
Patient Health Questionnaire (PHQ-9) [®] Ages 12 years and older	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®] Ages 12-17	89204-2

EXCLUSIONS

Members are excluded if they:

- Have any of the following at any time during the member's history through the end of the measurement year:
 - Bipolar disorder
 - Personality disorder
 - Psychotic disorder
 - Pervasive developmental disorder
- Use hospice services or a hospice benefit during the measurement year.
- Died during the measurement year.

TIPS FOR SUCCESS

Patient Care

- The PHQ-9 does not need to occur during a face-to-face encounter; it may be completed using telehealth, telephone, or a web-based portal/application.
- Educate the patient about the importance of follow-up care and adherence to treatment recommendations. Contact patients who cancel or miss appointments for reassessment.
- Schedule follow-up appointments as soon as possible, particularly those patients recently discharged. Consider telehealth visits when in-person visits are not available.
- Discuss the importance of seeking follow-up care with a mental health provider.
- Coordinate care with behavioral health practitioners by sharing progress notes and updates.

Documentation and Coding

- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Set alerts in your EHR for patients who may need follow-up visits and screenings.
- Code for exclusions.
- NCQA has transitioned this measure to an electronic clinical data systems (ECDS) reported measure. This means that health plans can only use information submitted *during* the measurement year to qualify for this measure. Information can be submitted electronically (e.g., EMR extracts and FHIR feeds), via claims codes, and in medical record documentation sent to the plan. Plans will no longer perform chart reviews *after* the measurement year for this measure.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 626-634.

ⁱⁱ LOINC codes are created and maintained by Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee.