

NQF Endorsement Measurement Submission Summary Materials

NQF Measure #0418 (#3148 and #3132) Preventive Care and Screening: Depression Screening and Follow-Up Plan

***A special project for the Centers for Medicare & Medicaid Services (CMS)
and the National Quality Forum (NQF)***

Prepared by:



*Quality Insights of Pennsylvania
610 Freedom Business Center, Suite 102
King of Prussia, PA 19406*

December 9, 2016

Table of Contents

I.	2015 Physician Quality Reporting System (PQRS) Claims & Registry Specification	3
	<ul style="list-style-type: none">• <i>Used for testing presented in 0418-3148 testing form</i>	
II.	2016 Physician Quality Reporting System (PQRS) Claims & Registry Specification	7
	<ul style="list-style-type: none">• <i>Most recent PQRS published version referenced in 0418-3148 main submission form</i>	
III.	2016 Claims & Registry Measure Logic Flow Diagram	11
IV.	2016 Meaningful Use (EHR Incentive Program) eCQM Specification	15
	<ul style="list-style-type: none">• <i>Used for testing presented in 0418-3132 testing form</i>	
V.	2017 Meaningful Use (EHR Incentive Program) eCQM Specification	21
	<ul style="list-style-type: none">• <i>Most recent eCQM published version referenced in 0418-3132 submission</i>	
VI.	2017 eCQM Measure Logic Flow Diagram	27
VII.	Analysis of Claims/Registry Data	31
VIII.	Analysis of EHR Data	35
IX.	Bonnie Testing Results	38

I. 2015 Physician Quality Reporting System (PQRS) Claims & Registry Specification

★ **Measure #134 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan – National Quality Strategy Domain: Community/Population Health**

2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES: **CLAIMS, REGISTRY**

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

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The follow up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening".

Measure Reporting via Claims:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients aged 12 years and older

Denominator Criteria (Eligible Cases):

Patients aged ≥ 12 years on date of encounter

AND

Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 92625, 96116, 96118, 96150, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0101, G0402, G0438, G0439, G0444

NUMERATOR:

Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen

Numerator Instructions: The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record. The depression screening must be reviewed and addressed in the office of the provider filing the code on the date of the encounter.

Definitions:

Screening – Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

Standardized Depression Screening Tool – A normalized and validated depression screening tool developed for the patient population in which it is being utilized. The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record.

Examples of depression screening tools include but are not limited to:

- **Adolescent Screening Tools (12-17 years)**
Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), and PRIME MD-PHQ2
- **Adult Screening Tools (18 years and older)**
Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale Screening, and PRIME MD-PHQ2

Follow-Up Plan – Documented follow-up for a positive depression screening **must** include one or more of the following:

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Not Eligible – A patient is **not** eligible if one or more of the following conditions are documented:

- Patient refuses to participate
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
- Patient has an active diagnosis of Depression
- Patient has a diagnosed Bipolar Disorder

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Screening for Clinical Depression Documented as Positive, AND Follow-Up Plan Documented

(One quality-data code [G8431 or G8510] is required on the claim form to submit this numerator option)

Performance Met: G8431:

Screening for clinical depression is documented as being positive AND a follow-up plan is documented

OR

Screening for Clinical Depression Documented as Negative, Follow-Up Plan not Required

Performance Met: G8510:

Screening for clinical depression is documented as negative, a follow-up plan is not required

OR

Screening for Clinical Depression not Documented, Patient not Eligible

(One quality-data code [G8433 or G8940] is required on the claim form to submit this numerator option)

Other Performance Exclusion: G8433:

Screening for clinical depression not documented, documentation stating the patient is not eligible

OR

Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible

Other Performance Exclusion: G8940:

Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible

OR**Screening for Clinical Depression not Documented, Reason not Given**

(One quality-data code [G8432 or G8511] is required on the claim form to submit this numerator option)

Performance Not Met: G8432:

Clinical depression screening **not** documented, reason not given

OR**Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given****Performance Not Met: G8511:**

Screening for clinical depression documented as positive, follow-up plan **not** documented, reason not given

RATIONALE:

The World Health Organization (WHO), as seen in Pratt & Brody (2008), found that major depression was the leading cause of disability worldwide. Depression causes suffering, decreases quality of life, and causes impairment in social and occupational functioning. It is associated with increased health care costs as well as with higher rates of many chronic medical conditions. Studies have shown that a higher number of depression symptoms are associated with poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are met. Persons 40-59 years of age had higher rates of depression than any other age group. Persons 12-17, 18-39 and 60 years of age and older had similar rates of depression. Depression was more common in females than in males. Non-Hispanic black persons had higher rates of depression than non-Hispanic white persons. In the 18-39 and 40-59 age groups, those with income below the federal poverty level had higher rates of depression than those with higher income. Among persons 12-17 and 60 years of age and older, rates of depression did not vary significantly by poverty status. Overall, approximately 80% of persons with depression reported some level of difficulty in functioning because of their depressive symptoms. In addition, 35% of males and 22% of females with depression reported that their depressive symptoms make it very or extremely difficult for them to work, get things done at home, or get along with other people. More than one-half of all persons with mild depressive symptoms also reported some difficulty in daily functioning attributable to their symptoms.

15–20 percent of adults older than age 65 in the United States have experienced depression (Geriatric Mental Health Foundation, 2008). 7 million adults aged 65 years and older are affected by depression (Steinman, 2007). Chronically ill Medicare beneficiaries with accompanying depression have significantly higher health care costs than those with chronic diseases alone (Unützer, 2009). People aged 65 years and older accounted for 16 percent of suicide deaths in 2004 (Centers for Disease Control and Prevention, 2007).

The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages. As reported in Borner (2010), a study conducted by the World Health Organization (WHO) concluded that in North America, primary care and family physicians are likely to provide the first line of treatment for depressive disorders. Others consistently report a 10% prevalence rate of depression in primary care patients. But studies have shown that primary care physicians fail to recognize up to 50% of depressed patients, purportedly because of time constraints and a lack of brief, sensitive, easy-to administer psychiatric screening instruments. Coyle et al. (2003), suggested that the picture is more grim for adolescents, and that more than 70% of children and adolescents suffering from serious mood disorders go unrecognized or inadequately treated. Healthy People 2020 recommends routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2014).

Major depressive disorder (MDD) is a debilitating condition that has been increasingly recognized among youth, particularly adolescents. The prevalence of current or recent depression among children is 3% and among adolescents is 6%. The lifetime prevalence of MDD among adolescents may be as high as 20%. Adolescent-onset

Version 9.0
10/10/2014

CPT only copyright 2014 American Medical Association. All rights reserved.
Page 214 of 593

MDD is associated with an increased risk of death by suicide, suicide attempts, and recurrence of major depression by young adulthood. MDD is also associated with early pregnancy, decreased school performance, and impaired work, social, and family functioning during young adulthood (Williams et al., 2009). Every fifth adolescent may have a history of depression by age 18. The increase in the onset of depression occurs around puberty. According to Zalsman et al., (2006) as reported in Borner et al. (2010), depression ranks among the most commonly reported mental health problems in adolescent girls.

The economic burden of depression is substantial for individuals as well as society. Costs to an individual may include suffering, possible side effects from treatment, fees for mental health and medical visits and medications, time away from work and lost wages, transportation, and reduced quality of personal relationships. Costs to society may include loss of life, reduced productivity (because of both diminished capacity while at work and absenteeism from work), and increased costs of mental health and medical care. In 2000, the United States spent an estimated \$83.1 billion in direct and indirect costs of depression (USPSTF, 2009).

CLINICAL RECOMMENDATION STATEMENTS:

Adolescent Recommendation (12-18 years)

The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up (AHRQ, 2010, p. 141).

Clinicians and health care systems should try to consistently screen adolescents ages 12-18 for major depressive disorder, but only when systems are in place to ensure accurate diagnosis, careful selection of treatment, and close follow-up (ICSI, 2013, p.16).

Adult Recommendation (18 years and older)

The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up (AHRQ, 2010, p.136).

A system that has embedded the elements of best practice and has capacity to effectively manage the volume should consider routine screening of all patients, based on the recommendations of the U.S. Preventive Services Task Force (ICSI, 2013, p.7). Clinicians should use a standardized instrument to screen for depression if it is suspected based on risk factors or presentation. Clinicians should assess and treat for depression in patients with some comorbidities. Clinicians should acknowledge the impact of culture and cultural differences on physician and mental health. Clinicians should screen and monitor depression in pregnant and post-partum women (ICSI, 2013, p.4).

II. 2016 Physician Quality Reporting System (PQRS) Claims & Registry Specifications

Measure #134 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan – National Quality Strategy Domain: Community/Population Health

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES: **CLAIMS, REGISTRY**

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

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for patients seen during the reporting period. This measure may be reported by eligible professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The follow-up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening".

Measure Reporting via Claims:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes and the appropriate numerator quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

CPT or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients aged 12 years and older

Denominator Criteria (Eligible Cases):

Patients aged ≥ 12 years on date of encounter

AND

Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 92625, 96116, 96118, 96150, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0101, G0402, G0438, G0439, G0444

NUMERATOR:

Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen

Numerator Instructions: The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record. The depression screening must be reviewed and addressed in the office of the provider filing the code on the date of the encounter.

Definitions:

Screening – Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

Standardized Depression Screening Tool – A normalized and validated depression screening tool developed for the patient population in which it is being utilized. The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record.

Examples of depression screening tools include but are not limited to:

- **Adolescent Screening Tools (12-17 years)**
Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), and PRIME MD-PHQ2
- **Adult Screening Tools (18 years and older)**
Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale Screening, and PRIME MD-PHQ2

Follow-Up Plan – Documented follow-up for a positive depression screening **must** include one or more of the following:

- Additional evaluation for depression
- Suicide Risk Assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Not Eligible – A patient is not eligible if one or more of the following conditions are documented:

- Patient refuses to participate
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
- Patient has an active diagnosis of Depression
- Patient has a diagnosed Bipolar Disorder

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Screening for Clinical Depression Documented as Positive, AND Follow-Up Plan Documented

(One quality-data code [G8431 or G8510] is required on the claim form to submit this numerator option)

Performance Met: G8431: Screening for clinical depression is documented as being positive AND a follow-up plan is documented

OR

Screening for Clinical Depression Documented as Negative, Follow-Up Plan not Required

Performance Met: G8510: Screening for clinical depression is documented as negative, a follow-up plan is not required

OR

Screening for Clinical Depression not Documented, Patient not Eligible

(One quality-data code [G8433 or G8940] is required on the claim form to submit this numerator option)

Other Performance Exclusion: G8433: Screening for clinical depression not documented, documentation stating the patient is not eligible

OR

Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Patient not Eligible

Other Performance Exclusion: G8940:

Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible

OR**Screening for Clinical Depression not Documented, Reason not Given**

(One quality-data code [G8432 or G8511] is required on the claim form to submit this numerator option)

Performance Not Met: G8432:

Clinical depression screening not documented, reason not given

OR**Screening for Clinical Depression Documented as Positive, Follow-Up Plan not Documented, Reason not Given****Performance Not Met: G8511:**

Screening for clinical depression documented as positive, follow-up plan not documented, reason not given

RATIONALE:

The World Health Organization (WHO), as seen in Pratt & Brody (2008), found that major depression was the leading cause of disability worldwide. Depression causes suffering, decreases quality of life, and causes impairment in social and occupational functioning. It is associated with increased health care costs as well as with higher rates of many chronic medical conditions. Studies have shown that a higher number of depression symptoms are associated with poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are met. Persons 40-59 years of age had higher rates of depression than any other age group. Persons 12-17, 18-39 and 60 years of age and older had similar rates of depression. Depression was more common in females than in males. Non-Hispanic black persons had higher rates of depression than non-Hispanic white persons. In the 18-39 and 40-59 age groups, those with income below the federal poverty level had higher rates of depression than those with higher income. Among persons 12-17 and 60 years of age and older, rates of depression did not vary significantly by poverty status.

Overall, approximately 80% of persons with depression reported some level of difficulty in functioning because of their depressive symptoms. In addition, 35% of males and 22% of females with depression reported that their depressive symptoms make it very or extremely difficult for them to work, get things done at home, or get along with other people. More than one-half of all persons with mild depressive symptoms also reported some difficulty in daily functioning attributable to their symptoms.

15–20 percent of adults older than age 65 in the United States have experienced depression (Geriatric Mental Health Foundation, 2008). 7 million adults aged 65 years and older are affected by depression (Steinman, 2007). Chronically ill Medicare beneficiaries with accompanying depression have significantly higher health care costs than those with chronic diseases alone (Unützer, 2009). People aged 65 years and older accounted for 16 percent of suicide deaths in 2004 (Centers for Disease Control and Prevention, 2007).

The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages. As reported in Borner (2010), a study conducted by the World Health Organization (WHO) concluded that in North America, primary care and family physicians are likely to provide the first line of treatment for depressive disorders. Others consistently report a 10% prevalence rate of depression in primary care patients. But studies have shown that primary care physicians fail to recognize up to 50% of depressed patients, purportedly because of time constraints and a lack of brief, sensitive, easy-to administer psychiatric screening instruments. Coyle et al. (2003), suggested that the picture is more grim for adolescents, and that more than 70% of children and adolescents suffering from serious mood disorders go unrecognized or inadequately treated. Healthy People 2020 recommends routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2014).

Major depressive disorder (MDD) is a debilitating condition that has been increasingly recognized among youth, particularly adolescents. The prevalence of current or recent depression among children is 3% and among adolescents is 6%. The lifetime prevalence of MDD among adolescents may be as high as 20%. Adolescent-onset MDD is associated with an increased risk of death by suicide, suicide attempts, and recurrence of major depression by young adulthood. MDD is also associated with early pregnancy, decreased school performance, and impaired work, social, and family functioning during young adulthood (Williams et al., 2009). Every fifth adolescent may have a history of depression by age 18. The increase in the onset of depression occurs around puberty. According to Zalsman et al., (2006) as reported in Borner et al. (2010), depression ranks among the most commonly reported mental health problems in adolescent girls.

The economic burden of depression is substantial for individuals as well as society. Costs to an individual may include suffering, possible side effects from treatment, fees for mental health and medical visits and medications, time away from work and lost wages, transportation, and reduced quality of personal relationships. Costs to society may include loss of life, reduced productivity (because of both diminished capacity while at work and absenteeism from work), and increased costs of mental health and medical care. In 2000, the United States spent an estimated \$83.1 billion in direct and indirect costs of depression (USPSTF, 2009).

CLINICAL RECOMMENDATION STATEMENTS:

Adolescent Recommendation (12-18 years)

The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up (AHRQ, 2010, p.141).

Clinicians and health care systems should try to consistently screen adolescents ages 12-18 for major depressive disorder, but only when systems are in place to ensure accurate diagnosis, careful selection of treatment, and close follow-up (ICSI, 2013, p.16).

Adult Recommendation (18 years and older)

The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up (AHRQ, 2010, p.136).

A system that has embedded the elements of best practice and has capacity to effectively manage the volume should consider routine screening of all patients, based on the recommendations of the U.S. Preventive Services Task Force (ICSI, 2013, p.7). Clinicians should use a standardized instrument to screen for depression if it is suspected based on risk factors or presentation. Clinicians should assess and treat for depression in patients with some comorbidities. Clinicians should acknowledge the impact of culture and cultural differences on physician and mental health. Clinicians should screen and monitor depression in pregnant and post-partum women (ICSI, 2013, p.4).

COPYRIGHT:

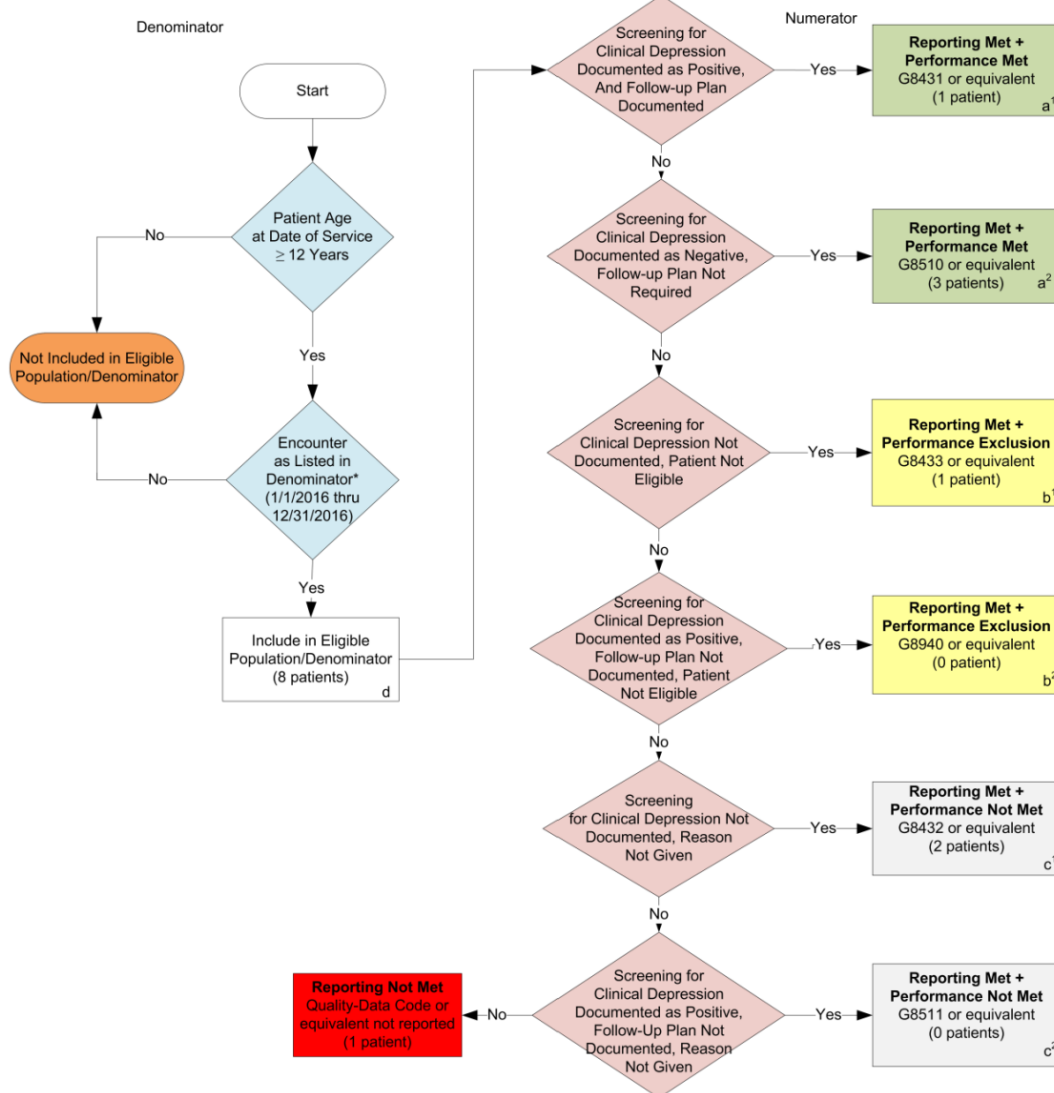
These measures were developed by Quality Insights of Pennsylvania as a special project under the Quality Insights' Medicare Quality Improvement Organization (QIO) contract HHSM-500-2005-PA001C with the Centers for Medicare & Medicaid Services. These measures are in the public domain.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. Quality Insights of Pennsylvania disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT [R]) or other coding contained in the specifications. CPT® contained in the Measures specifications is copyright 2004- 2015 American Medical Association. All Rights Reserved. These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

III. 2016 Claims & Registry Measure Logic Flow Diagram

2016 Claims/Registry Individual Measure Flow
PQRS #134 NQF #0418: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan



SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a¹+a²=4 patients) + Performance Exclusion (b¹+b²=1 patient) + Performance Not Met (c¹+c²=2 patients) = 7 patients = 87.50%
 Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a¹+a²=4 patients) = 4 patients = 66.67%
 Reporting Numerator (7 patients) - Performance Exclusion (b¹+b²=1 patient) = 6 patients

*See the posted Measure Specification for specific coding and instruction to report this measure.

NOTE: Reporting Frequency: Patient-process

CPT only copyright 2015 American Medical Association. All rights reserved.
 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v2

2016 Claims/Registry Individual Measure Flow
PQRS #134 NQF #0418: Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 12 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 12 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Encounter.
3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
4. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
5. Start Numerator
6. Check Screening for Clinical Depression Documented as Positive, And Follow-up Plan Documented:
 - a. If Screening for Clinical Depression Documented as Positive, And Follow-up Plan Documented equals Yes, include in Reporting Met and Performance Met.
 - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 1 patient in Sample Calculation.
 - c. If Screening for Clinical Depression Documented as Positive, And Follow-up Plan Documented equals No, proceed to Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required.
7. Check Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required:
 - a. If Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required equals Yes, include in Reporting Met and Performance Met.
 - b. Reporting Met and Performance Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 3 patients in the Sample Calculation.

- c. If Screening for Clinical Depression Documented as Negative, Follow-up Plan Not Required equals No, proceed to Screening for Clinical Depression Not Documented, Patient Not Eligible.
- 8. Check Screening for Clinical Depression Not Documented, Patient Not Eligible:
 - a. If Screening for Clinical Depression Not Documented, Patient Not Eligible equals Yes, include in the Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.
 - c. If Screening for Clinical Depression Not Documented, Patient Not Eligible equals No, proceed to Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible.
- 9. Check Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible:
 - a. If Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible equals Yes, include in the Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 patients in the Sample Calculation.
 - c. If Screening for Clinical Depression Documented as Positive, No Follow-Up Plan Documented, Patient Not Eligible equals No, proceed to Screening for Clinical Depression Not Documented, Reason Not Given.
- 10. Check Screening for Clinical Depression Not Documented, Reason Not Given:
 - a. If Screening for Clinical Depression Not Documented, Reason Not Given equals Yes, include in the Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c1 equals 2 patients in the Sample Calculation.
 - c. If Screening for Clinical Depression Not Documented, Reason Not Given equals No, proceed to Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given.
- 11. Check Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given:
 - a. If Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given equals Yes, include in the Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c2 equals 0 patients in the Sample Calculation.
 - c. If Screening for Clinical Depression Documented as Positive, Follow-Up Plan Not Documented, Reason Not Given equals No, proceed to Reporting Not Met
- 12. Check Reporting Not Met:

- a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in the sample calculation.

SAMPLE CALCULATIONS:**Reporting Rate=**

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=4 patients) + Performance Exclusion (b}^1\text{+b}^2\text{=1 patient) + Performance Not Met (c}^1\text{+c}^2\text{=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b}^1\text{+b}^2\text{=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

III. 2016 Meaningful Use (EHR Incentive Program) eCQM Specification

eMeasure Title	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan		
eMeasure Identifier (Measure Authoring Tool)	2	eMeasure Version number	5.0.000
NQF Number	0418	GUID	9a031e24-3d9b-11e1-8634-00237d5bf174
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	Quality Insights of Pennsylvania		
Endorsed By	National Quality Forum		
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.		
Copyright	<p>Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. Quality Insights of Pennsylvania disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT [R]) or other coding contained in the specifications.</p> <p>CPT (R) contained in the Measure specifications is copyright 2007- 2015 American Medical Association.</p> <p>LOINC (R) copyright 2004-2014 [2.50] Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms (R) (SNOMED CT [R]) copyright 2004-2014 [2014-09] International Health Terminology Standards Development Organization. All Rights Reserved.</p> <p>Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM].</p>		
Disclaimer	<p>These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.</p> <p>THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.</p>		
Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>The World Health Organization (WHO), as seen in Pratt & Brody (2008), found that major depression was the leading cause of disability worldwide. Depression causes suffering, decreases quality of life, and causes impairment in social and occupational functioning. It is associated with increased health care costs as well as with higher rates of many chronic medical conditions. Studies have shown that a higher number of depression symptoms are associated with poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are met. Persons 40-59 years of age had higher rates of depression than any other age group. Persons 12-17, 18-39 and 60 years of age and older had similar rates of depression. Depression was more common in females than in males. Non-Hispanic Black persons had higher rates of depression than non-Hispanic White persons. In the 18-39 and 40-59 age groups, those with income below the federal poverty level had higher rates of depression than those with higher income. Among persons 12-17 and 60 years of age and older, rates of depression did not vary significantly by poverty status.</p> <p>Overall, approximately 80% of persons with depression reported some level of difficulty in functioning because of their depressive symptoms. In addition, 35% of males and 22% of females with depression reported that their depressive symptoms make it very or extremely difficult for them to work, get things done at home, or get along with other people. More than one-half of all persons with mild depressive symptoms also reported some difficulty in daily functioning attributable to their symptoms.</p> <p>15-20 percent of adults older than age 65 in the United States have experienced depression (Geriatric Mental Health Foundation, 2008). 7 million adults aged 65 years and older are affected by depression (Steinman, 2007). Chronically ill Medicare beneficiaries with accompanying depression have significantly higher health care costs than those with chronic diseases alone (Unutzer, 2009). People aged 65 years and older accounted for 16 percent of suicide deaths in 2004 (Centers for Disease Control and Prevention, 2007).</p> <p>The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages. As reported in Borner et al. (2010), a study conducted by the World Health Organization (WHO)</p>		

	<p>reported that in North America, primary care and family physicians are likely to provide the first line of treatment for depressive disorders. Others consistently report a 10% prevalence rate of depression in primary care patients. But studies have shown that primary care physicians fail to recognize up to 50% of depressed patients, purportedly because of time constraints and a lack of brief, sensitive, easy-to-administer psychiatric screening instruments. Coyle et al. (2003), suggested that the picture is more grim for adolescents, and that more than 70% of children and adolescents suffering from serious mood disorders, go unrecognized or inadequately treated. Healthy People 2020 recommends routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2014).</p> <p>Major depressive disorder (MDD) is a debilitating condition that has been increasingly recognized among youth, particularly adolescents. The prevalence of current or recent depression among children is 3% and among adolescents is 6%. The lifetime prevalence of MDD among adolescents may be as high as 20%. Adolescent-onset MDD is associated with an increased risk of death by suicide, suicide attempts, and recurrence of major depression by young adulthood. MDD is also associated with early pregnancy, decreased school performance, and impaired work, social, and family functioning during young adulthood (Williams et al., 2009). Every fifth adolescent may have a history of depression by age 18. The increase in the onset of depression occurs around puberty. According to Zalsman et al. (2006), as reported in Borner et al. (2010), depression ranks among the most commonly reported mental health problems in adolescent girls.</p> <p>The economic burden of depression is substantial for individuals as well as society. Costs to an individual may include suffering, possible side effects from treatment, fees for mental health and medical visits and medications, time away from work and lost wages, transportation, and reduced quality of personal relationships. Costs to society may include loss of life, reduced productivity (because of both diminished capacity while at work and absenteeism from work), and increased costs of mental health and medical care. In 2000, the United States spent an estimated \$83.1 billion in direct and indirect costs of depression (USPSTF, 2009).</p>
Clinical Recommendation Statement	<p>Adolescent Recommendation (12-18 years):</p> <p>The USPSTF recommends screening of adolescents (12-18 years of age), for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up (AHRQ, 2010, p.141).</p> <p>Clinicians and health care systems should try to consistently screen adolescents, ages 12-18, for major depressive disorder, but only when systems are in place to ensure accurate diagnosis, careful selection of treatment, and close follow-up (ICSI, 2013, p. 16).</p> <p>Adult Recommendation (18 years and older):</p> <p>The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up (AHRQ, 2010, p.136).</p> <p>A system that has embedded the elements of best practice and has capacity to effectively manage the volume, should consider routine screening of all patients based on the recommendations of the U.S. Preventive Services Task Force (ICSI, 2013, p. 7). Clinicians should use a standardized instrument to screen for depression if it is suspected, based on risk factors or presentation. Clinicians should assess and treat for depression in patients with some comorbidities. Clinicians should acknowledge the impact of culture and cultural differences on physician and mental health. Clinicians should screen and monitor depression in pregnant and post-partum women (ICSI, 2013, p. 4).</p>
Improvement Notation	Higher score indicates better quality.
Reference	Pratt L.A, Brody D.J.(2008). Depression in the United States household population, 2005-2006. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics. NCHS Data Brief No.7, 1-8.
Reference	Borner I, Braunstein JW, St. Victor, R, Pollack J (2010). Evaluation of a 2-question screening tool for detecting depression in adolescents in Primary Care. Clinical Pediatrics, 49, 947-995. doi: 10.1177/0009922810370203
Reference	Coyle J T, Pine D.S, Charney D S, Lewis L, Nemeroff C B, Carlson G A, Joshi P T (2003). Depression and bipolar support alliance consensus development panel. Depression and bipolar support alliance consensus statement on the unmet needs in diagnosis and treatment of mood disorders in children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 42, 1494-1503.
Reference	U.S. Department of Health and Human Services (2014). Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services. Retrieved from: http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=28
Reference	Williams SB, O'Connor EA, Eder M, Whitlock EP (2009). Screening for Child and Adolescent Depression in Primary Care Setting: A Systematic Evidence Review for the US Preventive Services Task Force. Pediatrics, 123, e716-e735. doi:10.1542/peds.2008-2415
Reference	Zalsman G, Brent DA & Weersing VR (2006). Depressive disorders in childhood and adolescence: an overview: epidemiology, clinical manifestation and risk factors. Child Adolesc Psychiatr Clin N Am. 2006;15:827-841
Reference	Agency for Healthcare Research and Quality (2010). The Guide to Clinical Preventive Services 2010-2011: Recommendations of the U.S. Preventive Services Task Force. Retrieved from: http://www.ahrq.gov/clinic/pocketgd1011/pocketgd1011.pdf

Reference	Wilkinson J, Bass C, Diem S, Gravley A, Harvey L, Maciosek M, McKeon K, Milteer L, Owens J, Rothe P, Snellman L, Solberg L, Vincent P. Institute for Clinical Systems Improvement. Preventive Services for Children and Adolescents. Updated September 2013. https://www.icsi.org/_asset/x1mnv1/PrevServKids.pdf
Reference	Centers for Disease Control and Prevention (2007). Web-based injury statistics query and reporting system (WISQARS), National Center for Injury Prevention and Control, 2005. Retrieved from: http://www.cdc.gov/injury/wisqars/index.html
Reference	Geriatric Mental Health Foundation (2008). Depression in late life: not a natural part of aging, 2008. Retrieved from: www.gmhfonline.org/gmhf/consumer/factsheets/depression_latelife.html
Reference	Steinman LE, Frederick JT, Prohaska T, Satariano WA, Dornberg-Lee S, Fisher R, ...Snowden M (2007). Recommendations for treating depression in community-based older adults. American Journal of Preventive Medicine, 33(3), 375-384. Retrieved from: www.ajpm-online.net/article/S0749-3797%2807%2900330-3/abstract
Reference	Unutzer J, Schoenbaum M, Katon WJ, Fan M, Pincus HA, Hogan D & Taylor J (2009). Health care costs associated with depression in medically ill fee-for-service Medicare participants. Journal of the American Geriatric Society, 57(3), 375-384. Retrieved from www.nlm.nih.gov/science-news/2009/health-care-costs-much-higher-for-older-adults-with-depression-plus-other-medical-conditions.shtml
Reference	U.S. Preventive Services Task Force (2009). Screening for Depression in Adults: U.S. Preventive Services Task Force Recommendation Statement. Annals of Internal Medicine, 151 (11), 784-792. Retrieved from: http://annals.org/article.aspx?articleid=745304
Reference	Mitchell J, Trangle M, Degnan B, Gabert T, Haight B, Kessler D, Mack N, Mallen E, Novak H, Rossmiller D, Setterlund L, Somers K, Valentino N, Vincent S. Institute for Clinical Systems Improvement. Adult Depression in Primary Care. Updated September 2013. https://www.icsi.org/_asset/fnhdm3/Depr.pdf
Definition	<p>Screening: Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms. Standardized Depression Screening Tool - A normalized and validated depression screening tool developed for the patient population in which it is being utilized</p> <p>Examples of depression screening tools include but are not limited to:</p> <ul style="list-style-type: none"> * Adolescent Screening Tools (12-17 years) <ul style="list-style-type: none"> * Patient Health Questionnaire for Adolescents (PHQ-A) * Beck Depression Inventory-Primary Care Version (BDI-PC) * Mood Feeling Questionnaire(MFQ) * Center for Epidemiologic Studies Depression Scale (CES-D) * PRIME MD-PHQ2 * Adult Screening Tools (18 years and older) <ul style="list-style-type: none"> * Patient Health Questionnaire (PHQ9) * Beck Depression Inventory (BDI or BDI-II) * Center for Epidemiologic Studies Depression Scale (CES-D) * Depression Scale (DEPS) * Duke Anxiety-Depression Scale (DADS) * Geriatric Depression Scale (SDS) * Cornell Scale Screening * PRIME MD-PHQ2 <p>Follow-Up Plan: Documented follow-up for a positive depression screening must include one or more of the following:</p> <ul style="list-style-type: none"> * Additional evaluation for depression * Suicide Risk Assessment * Referral to a practitioner who is qualified to diagnose and treat depression * Pharmacological interventions * Other interventions or follow-up for the diagnosis or treatment of depression
Guidance	<p>A clinical depression screen is completed 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.</p> <p>Screening Tools:</p> <ul style="list-style-type: none"> * The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record * The depression screening must be reviewed and addressed in the office of the provider, filing the code, on the date of the encounter * The screening and encounter must occur on the same date * Standardized Depression Screening Tools should be normalized and validated for the age appropriate patient population in which they are used and must be documented in the medical record <p>Follow-Up Plan:</p> <ul style="list-style-type: none"> * The follow-up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening."
Transmission Format	TBD
Initial Population	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.
Denominator	Equals Initial Population

Denominator Exclusions	Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder
Numerator	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen
Numerator Exclusions	Not Applicable
Denominator Exceptions	Patient Reason(s) Patient refuses to participate OR Medical Reason(s) Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status OR Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium
Measure Population	Not Applicable
Measure Population Exclusions	Not Applicable
Measure Observations	Not Applicable
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex.

Table of Contents

- [Population Criteria](#)
- [Data Criteria \(ODM Variables\)](#)
- [Data Criteria \(ODM Data Elements\)](#)
- [Supplemental Data Elements](#)
- [Risk Adjustment Variables](#)

Population Criteria

- **Initial Population =**
 - AND: Age \geq 12 year(s) at: "Measurement Period"
 - AND: "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
- **Denominator =**
 - AND: Initial Population
- **Denominator Exclusions =**
 - OR: "Diagnosis, Active: Depression diagnosis" satisfies all
 - starts before start of
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - overlaps
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - OR: "Diagnosis, Active: Bipolar Diagnosis" satisfies all
 - starts before start of
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - overlaps
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
- **Numerator =**
 - AND:
 - OR:
 - AND: "Risk Category Assessment: Adolescent Depression Screening" satisfies all
 - Most recent: (result) during "Measurement Period"
 - (result: Negative Depression Screening)
 - starts during
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - AND: Age $<$ 18 year(s) at: "Measurement Period"
 - OR:
 - AND: "Risk Category Assessment: Adolescent Depression Screening" satisfies all
 - Most recent: (result) during "Measurement Period"
 - (result: Positive Depression Screening)

- starts during
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - AND: Union of:
 - "Intervention, Performed: Additional evaluation for depression - adolescent"
 - "Intervention, Order: Referral for Depression Adolescent"
 - "Medication, Order: Depression medications - adolescent"
 - "Intervention, Performed: Follow-up for depression - adolescent"
 - "Procedure, Performed: Suicide Risk Assessment"
 - <= 1 day(s) starts after or concurrent with start of
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - AND: Age < 18 year(s) at: "Measurement Period"
 - OR:
 - AND: "Risk Category Assessment: Adult Depression Screening" satisfies all
 - Most recent: (result) during "Measurement Period"
 - (result: Negative Depression Screening)
 - starts during
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - AND: Age >= 18 year(s) at: "Measurement Period"
 - OR:
 - AND: "Risk Category Assessment: Adult Depression Screening" satisfies all
 - Most recent: (result) during "Measurement Period"
 - (result: Positive Depression Screening)
 - starts during
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - AND: Union of:
 - "Intervention, Performed: Additional evaluation for depression - adult"
 - "Intervention, Order: Referral for Depression Adult"
 - "Medication, Order: Depression medications - adult"
 - "Intervention, Performed: Follow-up for depression - adult"
 - "Procedure, Performed: Suicide Risk Assessment"
 - <= 1 day(s) starts after or concurrent with start of
 - "Occurrence A of Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
 - AND: Age >= 18 year(s) at: "Measurement Period"
- **Numerator Exclusions =**
 - None
- **Denominator Exceptions =**
 - OR: Union of:
 - "Risk Category Assessment not done: Medical or Other reason not done" for "Adolescent Depression Screening"
 - "Risk Category Assessment not done: Medical or Other reason not done" for "Adult Depression Screening"
 - "Risk Category Assessment not done: Patient Reason refused" for "Adolescent Depression Screening"
 - "Risk Category Assessment not done: Patient Reason refused" for "Adult Depression Screening"
 - during "Measurement Period"
- **Stratification =**
 - None

Data Criteria (QDM Variables)

- None

Data Criteria (QDM Data Elements)

- "Diagnosis, Active: Bipolar Diagnosis" using "Bipolar Diagnosis Grouping Value Set (2.16.840.1.113883.3.600.450)"
- "Diagnosis, Active: Depression diagnosis" using "Depression diagnosis Grouping Value Set (2.16.840.1.113883.3.600.145)"
- "Encounter, Performed: Depression Screening Encounter Codes" using "Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916)"
- "Intervention, Order: Referral for Depression Adolescent" using "Referral for Depression Adolescent SNOMEDCT Value Set (2.16.840.1.113883.3.600.537)"
- "Intervention, Order: Referral for Depression Adult" using "Referral for Depression Adult SNOMEDCT Value Set (2.16.840.1.113883.3.600.538)"
- "Intervention, Performed: Additional evaluation for depression - adolescent" using "Additional evaluation for depression - adolescent SNOMEDCT Value Set (2.16.840.1.113883.3.600.1542)"
- "Intervention, Performed: Additional evaluation for depression - adult" using "Additional evaluation for depression - adult SNOMEDCT Value Set (2.16.840.1.113883.3.600.1545)"
- "Intervention, Performed: Follow-up for depression - adolescent" using "Follow-up for depression - adolescent SNOMEDCT Value Set (2.16.840.1.113883.3.600.467)"

- "Intervention, Performed: Follow-up for depression - adult" using "Follow-up for depression - adult SNOMEDCT Value Set (2.16.840.1.113883.3.600.468)"
- "Medication, Order: Depression medications - adolescent" using "Depression medications - adolescent RXNORM Value Set (2.16.840.1.113883.3.600.469)"
- "Medication, Order: Depression medications - adult" using "Depression medications - adult RXNORM Value Set (2.16.840.1.113883.3.600.470)"
- "Procedure, Performed: Suicide Risk Assessment" using "Suicide Risk Assessment SNOMEDCT Value Set (2.16.840.1.113883.3.600.559)"
- "Risk Category Assessment: Adolescent Depression Screening" using "Adolescent Depression Screening LOINC Value Set (2.16.840.1.113883.3.600.2452)"
- "Risk Category Assessment: Adult Depression Screening" using "Adult Depression Screening LOINC Value Set (2.16.840.1.113883.3.600.2449)"
- "Risk Category Assessment not done: Medical or Other reason not done" using "Medical or Other reason not done SNOMEDCT Value Set (2.16.840.1.113883.3.600.1.1502)"
- "Risk Category Assessment not done: Patient Reason refused" using "Patient Reason refused SNOMEDCT Value Set (2.16.840.1.113883.3.600.791)"
- Attribute: "Result: Negative Depression Screening" using "Negative Depression Screening SNOMEDCT Value Set (2.16.840.1.113883.3.600.2451)"
- Attribute: "Result: Positive Depression Screening" using "Positive Depression Screening SNOMEDCT Value Set (2.16.840.1.113883.3.600.2450)"

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

Risk Adjustment Variables

- None

Measure Set	Preventive Care and Screening
-------------	-------------------------------

V. 2017 Meaningful Use (EHR Incentive Program) eCQM Specification

eMeasure Title	Preventive Care and Screening: Screening for Depression and Follow-Up Plan		
eMeasure Identifier (Measure Authoring Tool)	2	eMeasure Version number	6.3.000
NQF Number	0418	GUID	9a031e24-3d9b-11e1-8634-00237d5bf174
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	Centers for Medicare & Medicaid Services (CMS)		
Measure Developer	Quality Insights of Pennsylvania		
Endorsed By	National Quality Forum		
Description	Percentage of patients aged 12 years and older screened for 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		
Copyright	<p>Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. Quality Insights of Pennsylvania disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT [R]) or other coding contained in the specifications.</p> <p>CPT (R) contained in the Measure specifications is copyright 2007-2016 American Medical Association.</p> <p>LOINC (R) copyright 2004-2015 [2.50] Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms (R) (SNOMED CT [R]) copyright 2004-2015 [2014-09] International Health Terminology Standards Development Organization. All Rights Reserved.</p> <p>Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM].</p>		
Disclaimer	<p>These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.</p> <p>THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.</p>		
Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>In 2008, the Geriatric Mental Foundation reported that of the population aged 65 and older in the United States, 15-20 percent of adults had experienced depression (Geriatric Mental Health Foundation, 2008), while 7 million of the same population were affected by depression (Steinman, 2007, p. 175) and accounted for 16 percent of suicide deaths in 2004 (Centers for Disease Control and Prevention, 2007).</p> <p>The World Health Organization (WHO), as cited by Pratt & Brody (2008), found that major depression was the leading cause of disability worldwide. "Overall, approximately 80% of persons with depression reported some level of difficulty in functioning because of their depressive symptoms. In addition, 35% of males and 22% of females with depression reported that their depressive symptoms make it very or extremely difficult for them to work, get things done at home, or get along with other people. More than one-half of all persons with mild depressive symptoms also reported some difficulty in daily functioning attributable to their symptoms" (Pratt & Brody, 2008, p.2). Pratt & Brody (2008) found that depression rates were higher in the 40-59 age brackets, is more common in females than in males, and higher in non-Hispanic black persons than in their non-Hispanic white counterparts (Pratt & Brody, 2008, p. 2). Disparities due to income have also been observed, as those with lower income (below the federal poverty line) in the 18-39 and 40-59 age brackets, whom experience higher depression rates than those with higher income. This disparity is not observable in other age categories (Pratt & Brody, 2008, p. 2).</p> <p>Among children, the rate of current or recent depression stands at 3% and at 6% for adolescents, whose lifetime incidence rate of major depressive disorder (MDD) could be as high as 20% (Williams et al., 2009, p. e716). Borner (2010), states that 20% of adolescents are likely to have experienced depression by the time they are 18 years old and that there is an observed increased onset around puberty. Onset of MDD during adolescence is particularly significant because it is associated with higher risks of suicide attempt, death by suicide and MDD recurrence in young adulthood. Additionally MDD is "associated with early pregnancy, decreased school performance, and impaired work, social, and family functioning during young adulthood" (Williams et al., 2009, p. e716). According to Zalsman et al., (2006) as reported in Borner et al. (2010), "depression ranks among the most commonly reported mental health problems in adolescent girls" (p. 947).</p>		

	<p>"The negative outcomes associated with early onset depression, make it crucial to identify and treat depression in its early stages" (Borner, 2010, p. 948). While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50% of depressed patients, purportedly because of time constraints and a lack of brief, sensitive, easy-to administer psychiatric screening instruments" (Borner, 2010, p. 948). "Coyle et al. (2003), suggested that the picture is more grim for adolescents, and that more than 70% of children and adolescents suffering from serious mood disorders go unrecognized or inadequately treated" (Borner, 2010, p. 948).</p> <p>The substantial economic burden of depression for individuals and society alike makes a case for screening for depression on a regular basis. This measure seeks to achieve this goal and aligns with the Healthy People 2020 recommendation for routine screening for mental health problems as a part of primary care for both children and adults (U.S. Department of Health and Human Services, 2014). The measure makes important contribution to the quality domain of community and population health.</p>
Clinical Recommendation Statement	<p>Adolescent Recommendation (12-18 years):</p> <p>"The USPSTF recommends screening of adolescents (12-18 years of age), for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up" (AHRQ, 2010, p.141).</p> <p>"Clinicians and health care systems should try to consistently screen adolescents, ages 12-18, for major depressive disorder, but only when systems are in place to ensure accurate diagnosis, careful selection of treatment, and close follow-up" (ICSI, 2013, p. 16).</p> <p>Adult Recommendation (18 years and older):</p> <p>"The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up" (AHRQ, 2010, p.136).</p> <p>"A system that has embedded the elements of best practice and has capacity to effectively manage the volume, should consider routine screening of all patients based on the recommendations of the U.S. Preventive Services Task Force" (ICSI, 2013, p. 7). "Clinicians should use a standardized instrument to screen for depression if it is suspected, based on risk factors or presentation. Clinicians should assess and treat for depression in patients with some comorbidities. Clinicians should acknowledge the impact of culture and cultural differences on physician and mental health. Clinicians should screen and monitor depression in pregnant and post-partum women" (ICSI, 2013, p. 4).</p>
Improvement Notation	Higher score indicates better quality
Reference	Pratt L.A, Brody DJ.(2008). Depression in the United States household population, 2005-2006. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics. NCHS Data Brief No.7, 1-8.
Reference	Borner I, Braunstein JW, St. Victor, R, Pollack J (2010). Evaluation of a 2-question screening tool for detecting depression in adolescents in Primary Care. Clinical Pediatrics, 49, 947-995. doi: 10.1177/0009922810370203
Reference	Coyle J T, Pine D.S, Charney D S, Lewis L, Nemeroff C B, Carlson G A, Joshi P T (2003). Depression and bipolar support alliance consensus development panel. Depression and bipolar support alliance consensus statement on the unmet needs in diagnosis and treatment of mood disorders in children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 42, 1494-1503.
Reference	U.S. Department of Health and Human Services (2014). Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services. Retrieved from: http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=28
Reference	Williams SB. O'Connor EA, Eder M, Whitlock EP (2009). Screening for Child and Adolescent Depression in Primary Care Setting: A Systematic Evidence Review for the US Preventive Services Task Force. Pediatrics, 123, e716-e735. doi:10.1542/peds.2008-2415
Reference	Zalsman G, Brent DA & Weersing VR (2006). Depressive disorders in childhood and adolescence: an overview: epidemiology, clinical manifestation and risk factors. Child Adolesc Psychiatr Clin N Am. 2006;15:827-841
Reference	Agency for Healthcare Research and Quality (2010). The Guide to Clinical Preventive Services 2010-2011: Recommendations of the U.S. Preventive Services Task Force. Retrieved from: http://www.ncbi.nlm.nih.gov/books/NBK56707/
Reference	Wilkinson J, Bass C, Diem S, Gravley A, Harvey L, Maciosek M, McKeon K, Milteer L, Owens J, Rothe P, Snellman L, Solberg L, Vincent P. Institute for Clinical Systems Improvement. Preventive Services for Children and Adolescents. Updated September 2013. https://www.icsi.org/_asset/x1mnv1/PrevServKids.pdf
Reference	Centers for Disease Control and Prevention (2007). Web-based injury statistics query and reporting system (WISQARS), National Center for Injury Prevention and Control, 2005. Retrieved from: http://www.cdc.gov/injury/wisqars/index.html
Reference	Geriatric Mental Health Foundation (2008). Depression in late life: not a natural part of aging, 2008. Retrieved from: http://www.aagponline.org/index.php?src=gendocs&ref=depression&category=Foundation
Reference	Steinman LE, Frederick JT, Prohaska T, Satariano WA, Dornberg-Lee S, Fisher R, ...Snowden M (2007).

	Recommendations for treating depression in community-based older adults. American Journal of Preventive Medicine, 33(3), 175-81. Retrieved from: www.ajpm-online.net/article/S0749-3797%2807%2900330-3/abstract
Reference	Mitchell J, Trangle M, Degnan B, Gabert T, Haight B, Kessler D, Mack N, Mallen E, Novak H, Rossmiller D, Setterlund L, Somers K, Valentino N, Vincent S. Institute for Clinical Systems Improvement. Adult Depression in Primary Care. Updated September 2013. https://www.icsi.org/_asset/fnhdm3/Depr.pdf
Definition	<p>Screening: Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms. Standardized Depression Screening Tool - A normalized and validated depression screening tool developed for the patient population in which it is being utilized</p> <p>Examples of depression screening tools include but are not limited to:</p> <ul style="list-style-type: none"> * Adolescent Screening Tools (12-17 years) <ul style="list-style-type: none"> * Patient Health Questionnaire for Adolescents (PHQ-A) * Beck Depression Inventory-Primary Care Version (BDI-PC) * Mood Feeling Questionnaire(MFQ) * Center for Epidemiologic Studies Depression Scale (CES-D) * Patient Health Questionnaire (PHQ-9) * Pediatric Symptom Checklist (PSC-17) * PRIME MD-PHQ2 * Adult Screening Tools (18 years and older) <ul style="list-style-type: none"> * Patient Health Questionnaire (PHQ9) * Beck Depression Inventory (BDI or BDI-II) * Center for Epidemiologic Studies Depression Scale (CES-D) * Depression Scale (DEPS) * Duke Anxiety-Depression Scale (DADS) * Geriatric Depression Scale (SDS) * Cornell Scale Screening * PRIME MD-PHQ2 <p>Follow-Up Plan: Documented follow-up for a positive depression screening must include one or more of the following:</p> <ul style="list-style-type: none"> * Additional evaluation for depression * Suicide Risk Assessment * Referral to a practitioner who is qualified to diagnose and treat depression * Pharmacological interventions * Other interventions or follow-up for the diagnosis or treatment of depression
Guidance	<p>A depression screen is completed 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.</p> <p>Screening Tools:</p> <ul style="list-style-type: none"> * The name of the age appropriate standardized depression screening tool utilized must be documented in the medical record * The depression screening must be reviewed and addressed in the office of the provider, filing the code, on the date of the encounter * The screening and encounter must occur on the same date * Standardized Depression Screening Tools should be normalized and validated for the age appropriate patient population in which they are used and must be documented in the medical record <p>Follow-Up Plan:</p> <ul style="list-style-type: none"> * The follow-up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening."
Transmission Format	TBD
Initial Population	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period
Denominator	Equals Initial Population
Denominator Exclusions	Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder
Numerator	Patients screened for depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen
Numerator Exclusions	Not Applicable
Denominator Exceptions	<p>Patient Reason(s) Patient refuses to participate OR Medical Reason(s) Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status OR Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium</p>

Supplemental Data Elements

For every patient evaluated by this measure also identify payer, race, ethnicity and sex

Table of Contents

- [Population Criteria](#)
- [Data Criteria \(ODM Variables\)](#)
- [Data Criteria \(ODM Data Elements\)](#)
- [Supplemental Data Elements](#)
- [Risk Adjustment Variables](#)

Population Criteria

- **Initial Population =**
 - AND: Age >= 12 year(s) at: "Measurement Period"
 - AND: "Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period"
- **Denominator =**
 - AND: Initial Population
- **Denominator Exclusions =**
 - OR: "Diagnosis: Depression diagnosis" satisfies all:
 - starts before start of ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
 - overlaps ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
 - OR: "Diagnosis: Bipolar Diagnosis" satisfies all:
 - starts before start of ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
 - overlaps ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
- **Numerator =**
 - AND:
 - OR:
 - AND: Most Recent: "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result)" during ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
 - AND: "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: Negative Depression Screening)"
 - AND: Age < 18 year(s) at: "Measurement Period"
 - OR:
 - AND: Most Recent: "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result)" during ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
 - AND: "Occurrence A of Risk Category Assessment: Adolescent Depression Screening (result: Positive Depression Screening)"
 - AND: Union of:
 - "Intervention, Performed: Additional evaluation for depression - adolescent"
 - "Intervention, Order: Referral for Depression Adolescent"
 - "Medication, Order: Depression medications - adolescent"
 - "Intervention, Performed: Follow-up for depression - adolescent"
 - "Procedure, Performed: Suicide Risk Assessment"
 - <= 1 day(s) starts after or concurrent with start of "Occurrence A of Risk Category Assessment: Adolescent Depression Screening"
 - AND: Age < 18 year(s) at: "Measurement Period"
 - OR:
 - AND: Most Recent: "Occurrence A of Risk Category Assessment: Adult Depression Screening (result)" during ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
 - AND: "Occurrence A of Risk Category Assessment: Adult Depression Screening (result: Negative Depression Screening)"
 - AND: Age >= 18 year(s) at: "Measurement Period"
 - OR:
 - AND: Most Recent: "Occurrence A of Risk Category Assessment: Adult Depression Screening (result)" during ("Encounter, Performed: Depression Screening Encounter Codes" during "Measurement Period")
 - AND: "Occurrence A of Risk Category Assessment: Adult Depression Screening (result: Positive Depression Screening)"
 - AND: Union of:
 - "Intervention, Performed: Additional evaluation for depression - adult"
 - "Intervention, Order: Referral for Depression Adult"
 - "Medication, Order: Depression medications - adult"
 - "Intervention, Performed: Follow-up for depression - adult"
 - "Procedure, Performed: Suicide Risk Assessment"
 - <= 1 day(s) starts after or concurrent with start of "Occurrence A of Risk Category Assessment: Adult Depression Screening"

- Category Assessment: Adult Depression Screening"
- AND: Age >= 18 year(s) at: "Measurement Period"
 - **Numerator Exclusions =**
 - None
 - **Denominator Exceptions =**
 - OR:
 - AND: Union of:
 - "Risk Category Assessment not done: Medical or Other reason not done" for "Adolescent Depression Screening"
 - "Risk Category Assessment not done: Patient Reason refused" for "Adolescent Depression Screening"
 - during "Encounter, Performed: Depression Screening Encounter Codes"
 - AND NOT: "Risk Category Assessment: Adolescent Depression Screening" during "Measurement Period"
 - OR:
 - AND: Union of:
 - "Risk Category Assessment not done: Medical or Other reason not done" for "Adult Depression Screening"
 - "Risk Category Assessment not done: Patient Reason refused" for "Adult Depression Screening"
 - during "Encounter, Performed: Depression Screening Encounter Codes"
 - AND NOT: "Risk Category Assessment: Adult Depression Screening" during "Measurement Period"
 - **Stratification =**
 - None

Data Criteria (QDM Variables)

- None

Data Criteria (QDM Data Elements)

- "Diagnosis: Bipolar Diagnosis" using "Bipolar Diagnosis Grouping Value Set (2.16.840.1.113883.3.600.450)"
- "Diagnosis: Depression diagnosis" using "Depression diagnosis Grouping Value Set (2.16.840.1.113883.3.600.145)"
- "Encounter, Performed: Depression Screening Encounter Codes" using "Depression Screening Encounter Codes Grouping Value Set (2.16.840.1.113883.3.600.1916)"
- "Intervention, Order: Referral for Depression Adolescent" using "Referral for Depression Adolescent SNOMEDCT Value Set (2.16.840.1.113883.3.600.537)"
- "Intervention, Order: Referral for Depression Adult" using "Referral for Depression Adult SNOMEDCT Value Set (2.16.840.1.113883.3.600.538)"
- "Intervention, Performed: Additional evaluation for depression - adolescent" using "Additional evaluation for depression - adolescent SNOMEDCT Value Set (2.16.840.1.113883.3.600.1542)"
- "Intervention, Performed: Additional evaluation for depression - adult" using "Additional evaluation for depression - adult SNOMEDCT Value Set (2.16.840.1.113883.3.600.1545)"
- "Intervention, Performed: Follow-up for depression - adolescent" using "Follow-up for depression - adolescent SNOMEDCT Value Set (2.16.840.1.113883.3.600.467)"
- "Intervention, Performed: Follow-up for depression - adult" using "Follow-up for depression - adult SNOMEDCT Value Set (2.16.840.1.113883.3.600.468)"
- "Medication, Order: Depression medications - adolescent" using "Depression medications - adolescent RXNORM Value Set (2.16.840.1.113883.3.600.469)"
- "Medication, Order: Depression medications - adult" using "Depression medications - adult RXNORM Value Set (2.16.840.1.113883.3.600.470)"
- "Procedure, Performed: Suicide Risk Assessment" using "Suicide Risk Assessment SNOMEDCT Value Set (2.16.840.1.113883.3.600.559)"
- "Risk Category Assessment: Adolescent Depression Screening" using "Adolescent Depression Screening LOINC Value Set (2.16.840.1.113883.3.600.2452)"
- "Risk Category Assessment: Adult Depression Screening" using "Adult Depression Screening LOINC Value Set (2.16.840.1.113883.3.600.2449)"
- "Risk Category Assessment not done: Medical or Other reason not done" using "Medical or Other reason not done SNOMEDCT Value Set (2.16.840.1.113883.3.600.1.1502)"
- "Risk Category Assessment not done: Patient Reason refused" using "Patient Reason refused SNOMEDCT Value Set (2.16.840.1.113883.3.600.791)"
- Attribute: "Result: Negative Depression Screening" using "Negative Depression Screening SNOMEDCT Value Set (2.16.840.1.113883.3.600.2451)"
- Attribute: "Result: Positive Depression Screening" using "Positive Depression Screening SNOMEDCT Value Set (2.16.840.1.113883.3.600.2450)"

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex"

AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

Risk Adjustment Variables

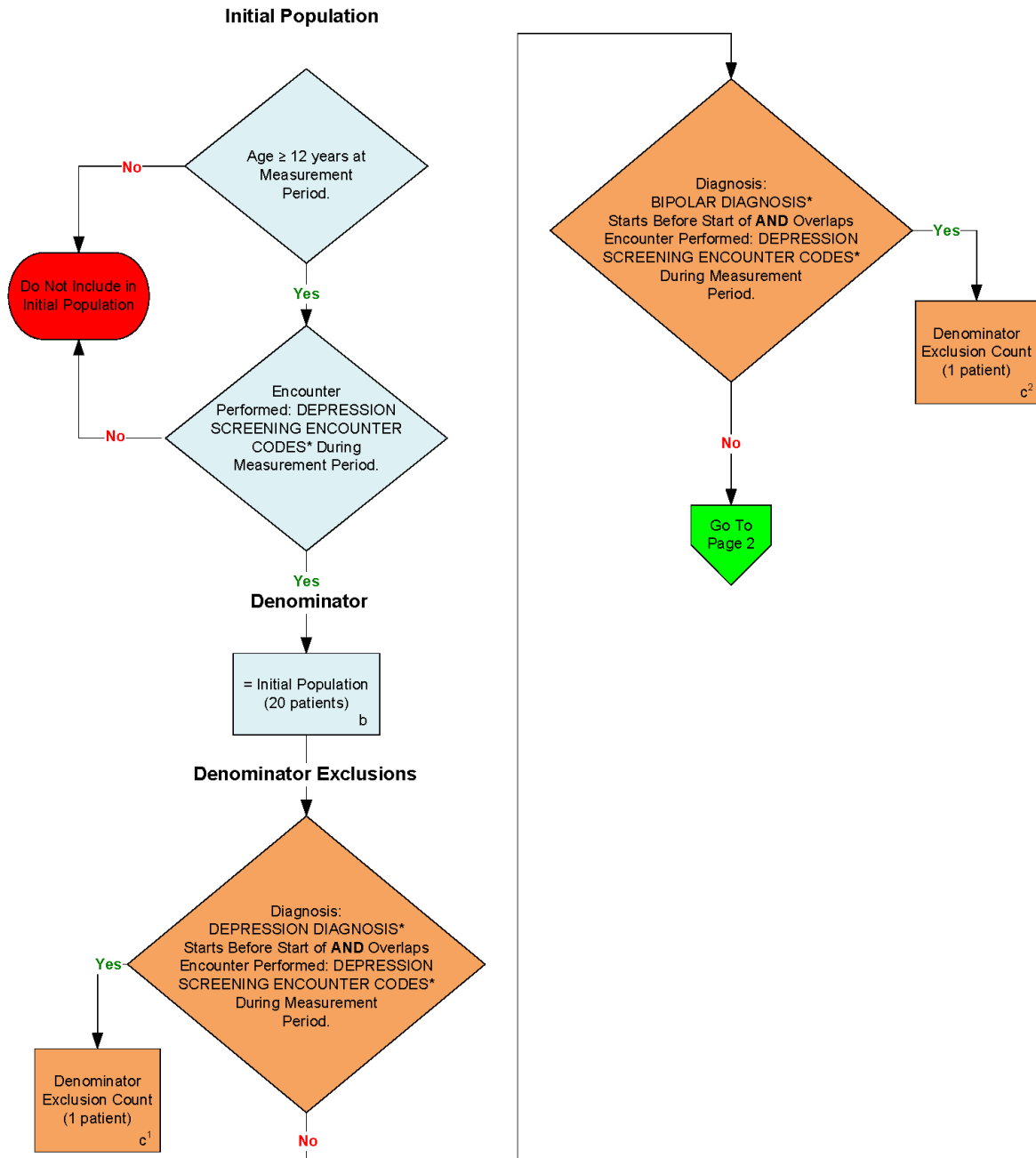
- None

Measure Set	Preventive Care and Screening
-------------	-------------------------------

VI. 2017 eCQM Measure Logic Flow Diagram

2017 eCQM Flow Measure Identifier: CMS2v6

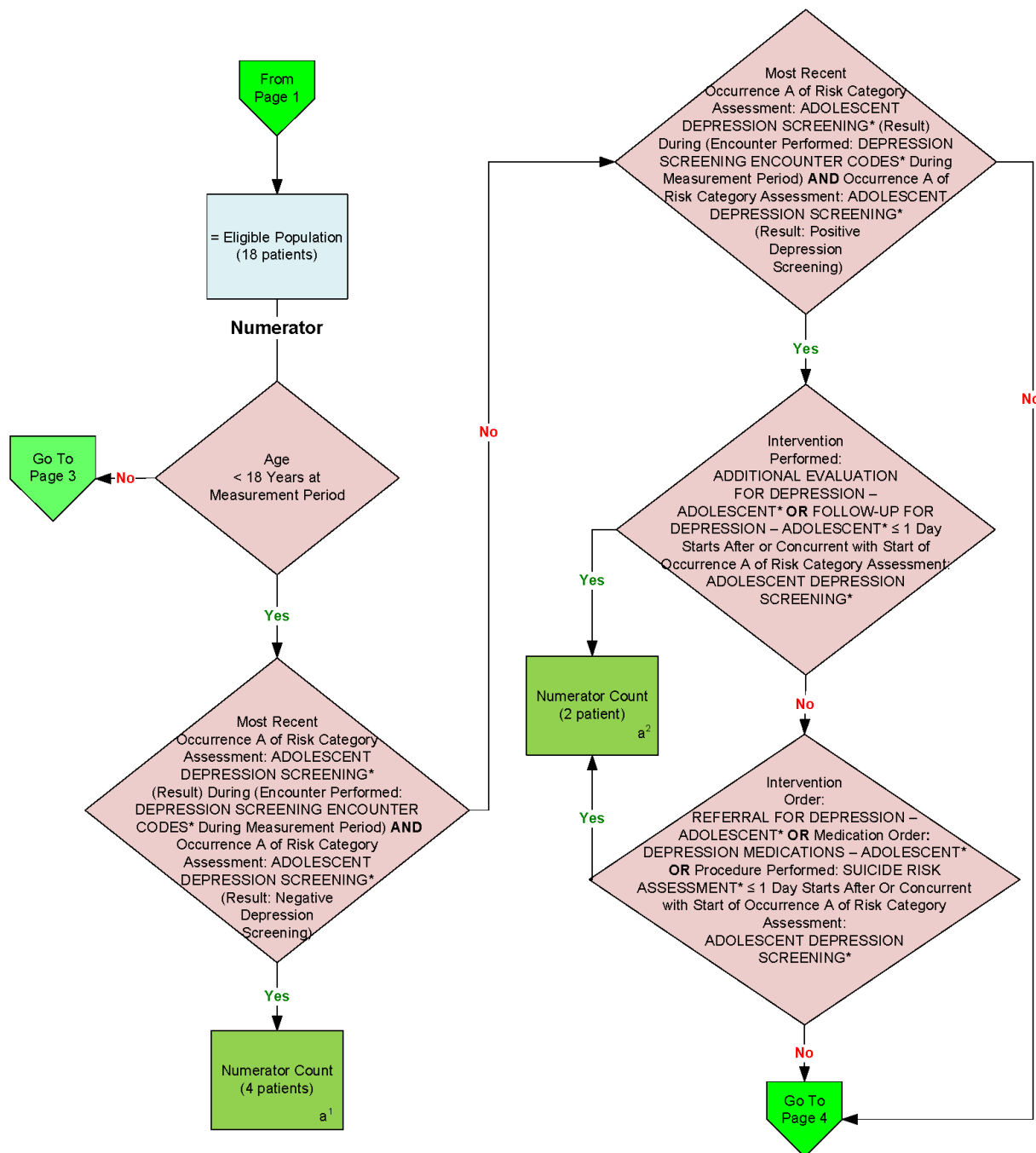
NQF 0418: Preventive Care and Screening: Screening for Depression and Follow-Up Plan



*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

**2017 eCQM Flow
Measure Identifier: CMS2v6**

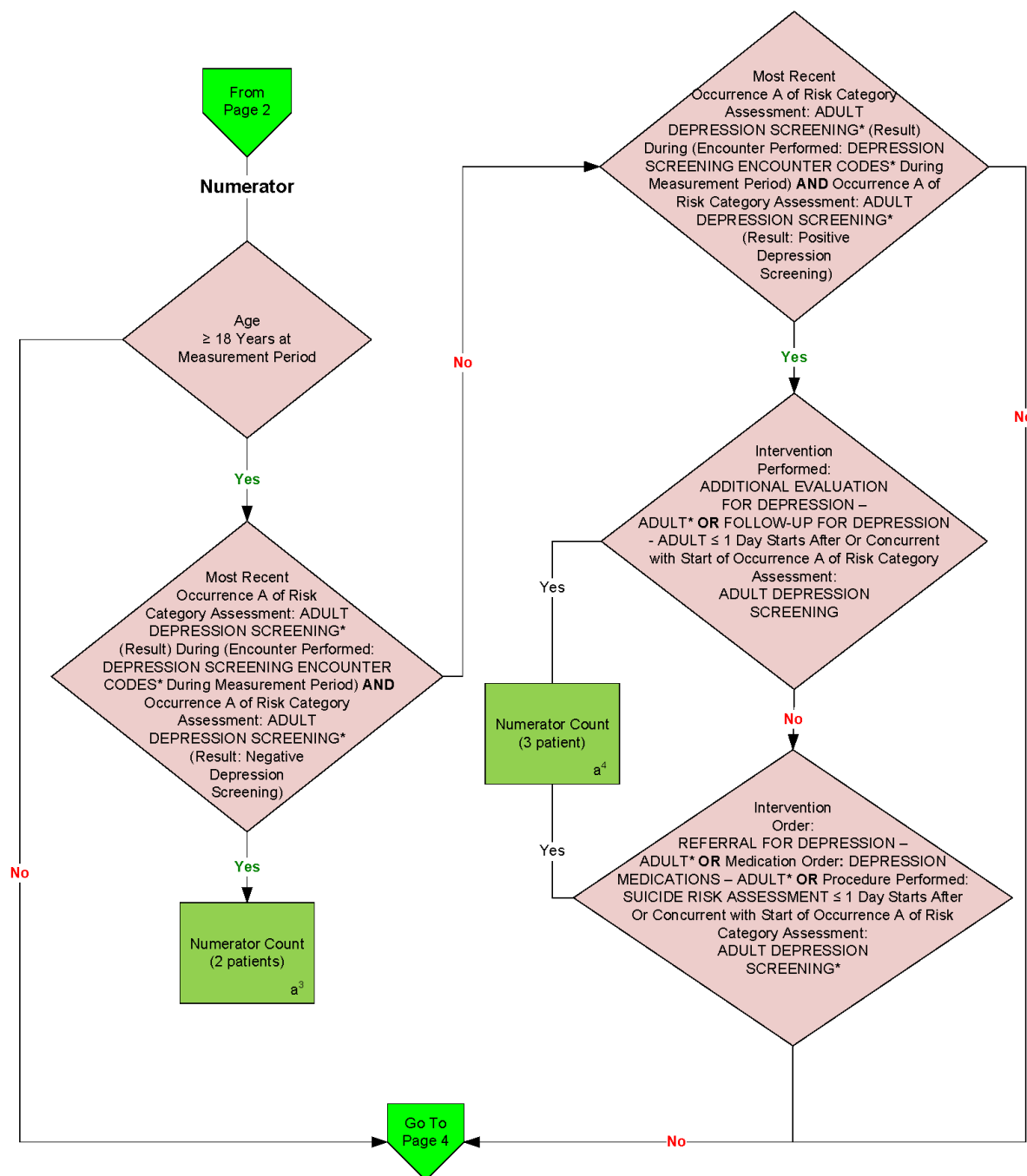
NQF 0418: Preventive Care and Screening: Screening for Depression and Follow-Up Plan



*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

2017 eCQM Flow
Measure Identifier: CMS2v6

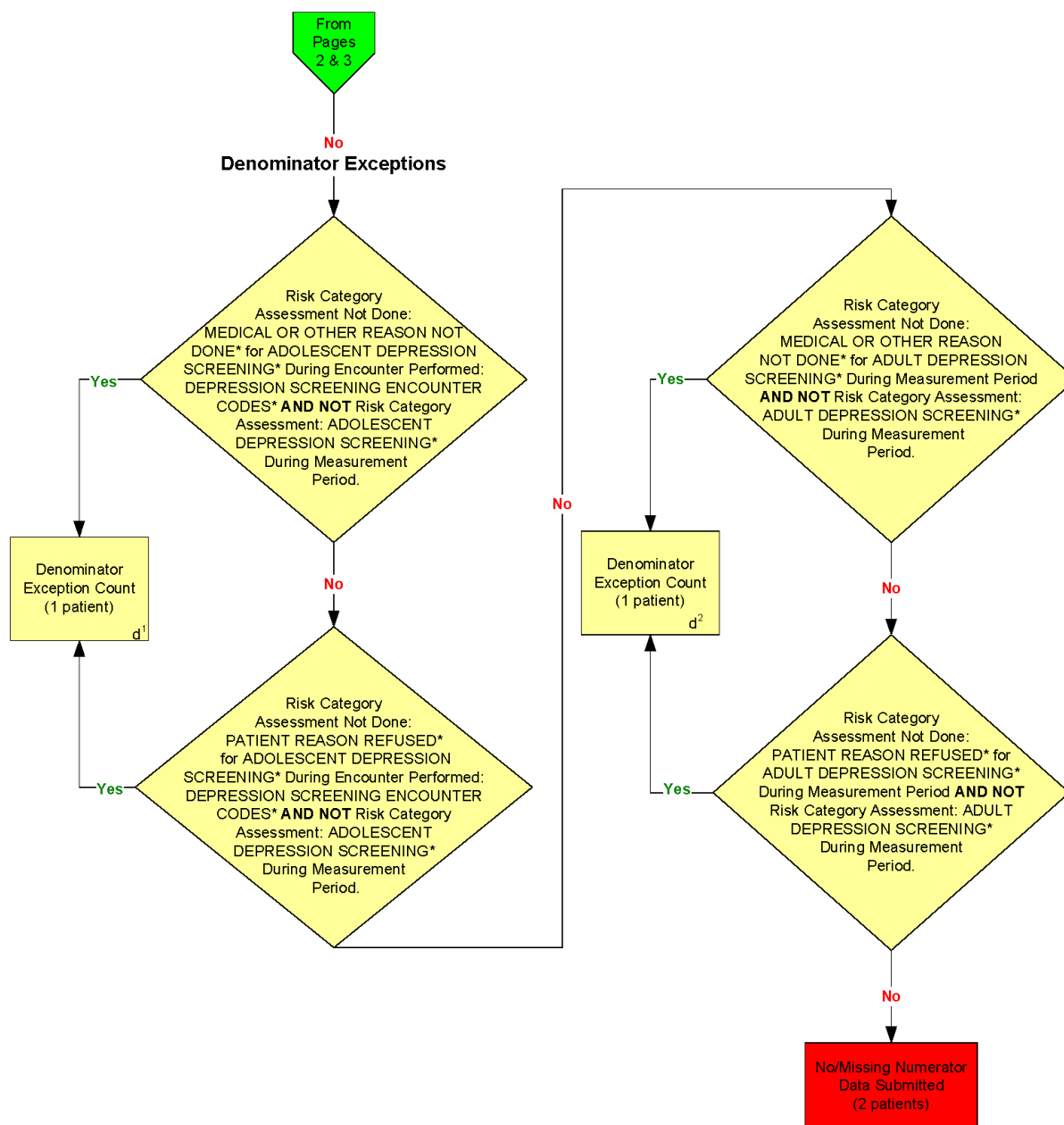
NQF 0418: Preventive Care and Screening: Screening for Depression and Follow-Up Plan



*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

**2017 eCQM Flow
Measure Identifier: CMS2v6**

NQF 0418: Preventive Care and Screening: Screening for Depression and Follow-Up Plan



Performance Rate =

$$\frac{\text{Numerator } (a^1 + a^2 + a^3 + a^4 = 11 \text{ patients})}{\text{Denominator } (b = 20 \text{ patients}) - \text{Denominator Exclusions } (c^1 + c^2) - \text{Denominator Exceptions } (d^1 + d^2 = 2 \text{ patients})} = 68.75\%$$

SAMPLE CALCULATION:

*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

VII. Analysis of Claims/Registry Data

Average Performance Rates by Year (PQRS – all reporting methods)

2011 – 82.6% (0.6% of eligible professionals reporting)

2012 – 65.2% (0.4% of eligible professionals reporting)

2013 – 71.0% (1.3% of eligible professionals reporting)

2014 – 52.4% (7.5% of eligible professionals reporting)

Performance Score Distribution, by Data Source

Provider-level performance scores suggest that there are still gaps in care and opportunities for improvement, particularly for providers reporting using registry and EHR data. We observed lower average performance scores among clinicians with more than 20 patients, resulting in a lower average weighted score compared to the average unweighted score.

Data Source*	Number of Providers (by Provider)	Average Unweighted Score	Average Weighted Score	Median	10th Percentile	25th Percentile	75th Percentile	90th Percentile
Claims	26,169	63.8%	36.5%	100%	0%	0%	100%	100%
Registry	7,027	50.7%	28.9%	50.8%	0%	0.3%	100%	100%

*Claims submitted 1/1/2015 through 12/31/2015. Registry submitted 1/1/2015 through 12/31/2015.

Performance Measure Score Reliability

Provider-specific reliability demonstrates a sufficient level of reliability to detect real difference in performance scores.

In general, reliability scores vary from 0.0 to 1.0, with a score of zero indicating that all variation is attributable to measurement error (noise, or variation across patients within providers) whereas a reliability of 1.0 implies that all variation is caused by real difference in performance across accountable entities.

Data Source	Number of Providers (by Provider)	Between-Provider Variance	Reliability Coefficient Mean	Reliability Coefficient Median	Reliability Coefficient Std Dev	Reliability Coefficient Min/Max
Claims	26,169	.207	.994	1.00	.033	.623 – 1.00
Registry	7,027	.191	.988	1.00	.040	.604 – 1.00

Claims Data Reliability and Performance (Medicare Part B 1/1/2015 – 12/31/2015)

MIN_VAL	INVAR	N	MEAN	STD	MIN	p1	p5	p10	p20	p25	p30	p40	p50	p60	p70	p75	p80	p90	p95	p99	MAX
1	DENOMINATOR	26169	114.72	235.01	1	1	1	1	3	4	6	11	21	40	76	108	152	342	579	1167	3307
1	NUMERATOR	26169	41.82	127.89	0	0	0	0	0	0	1	2	4	8	17	25	39	106	203	613	2636
1	RATE	26169	0.64	0.46	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.86	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1	RELIABILITY	26169	0.99	0.03	0.62	0.82	0.98	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1	NOISE_VAR	26169	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.05	0.13
1	SIGNAL_VAR	26169	0.21	0.00	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
10	DENOMINATOR	16175	183.50	277.43	10	10	12	14	21	26	32	48	71	110	168	214	277	506	746	1364	3307
10	NUMERATOR	16175	66.04	157.88	0	0	0	0	0	0	0	10	16	26	44	58	80	168	300	744	2636
10	RATE	16175	0.55	0.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.88	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
10	RELIABILITY	16175	1.00	0.01	0.90	0.94	0.98	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
10	NOISE_VAR	16175	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.03
10	SIGNAL_VAR	16175	0.22	0.00	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22
20	DENOMINATOR	13303	220.12	293.31	20	20	23	27	38	45	52	73	105	148	218	270	336	574	819	1433	3307
20	NUMERATOR	13303	78.10	171.69	0	0	0	0	0	0	0	7	25	38	60	78	104	200	342	807	2636
20	RATE	13303	0.51	0.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.06	0.54	0.98	1.00	1.00	1.00	1.00	1.00	1.00	1.00
20	RELIABILITY	13303	1.00	0.01	0.95	0.97	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
20	NOISE_VAR	13303	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01
20	SIGNAL_VAR	13303	0.22	0.00	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22	0.22

Registry Data Reliability and Performance (PQRS 1/1/2015 – 12/31/2015)

MIN_VAL	INVAR	N	MEAN	STD	MIN	p1	p5	p10	p20	p25	p30	p40	p50	p60	p70	p75	p80	p90	p95	p99	MAX
1	DENOMINATOR	7027	140.76	238.07	1	1	1	3	7	10	14	24	43	77	137	178	226	393	576	1111	4430
1	NUMERATOR	7027	41.49	146.73	0	0	0	0	0	1	1	3	6	11	20	26	37	85	168	639	2646
1	RATE	7027	0.51	0.44	0.00	0.00	0.00	0.00	0.00	0.00	0.02	0.18	0.51	0.86	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1	RELIABILITY	7027	0.99	0.04	0.60	0.80	0.94	0.98	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
1	NOISE_VAR	7027	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.05	0.13
1	SIGNAL_VAR	7027	0.19	0.00	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19
10	DENOMINATOR	5335	184.12	258.53	10	10	12	15	23	29	36	55	87	135	196	238	288	470	665	1209	4430
10	NUMERATOR	5335	53.68	166.55	0	0	0	0	0	0	1	6	12	19	31	40	54	114	208	805	2646
10	RATE	5335	0.43	0.43	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.06	0.29	0.58	0.89	0.97	1.00	1.00	1.00	1.00	1.00
10	RELIABILITY	5335	0.99	0.02	0.88	0.92	0.96	0.98	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
10	NOISE_VAR	5335	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.02	0.03
10	SIGNAL_VAR	5335	0.19	0.00	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19	0.19
20	DENOMINATOR	4509	215.27	269.85	20	20	23	28	40	48	57	85	123	173	235	273	327	510	717	1274	4430
20	NUMERATOR	4509	61.69	180.00	0	0	0	0	0	0	1	4	14	25	40	51	66	136	234	918	2646
20	RATE	4509	0.38	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.15	0.41	0.71	0.87	0.97	1.00	1.00	1.00	1.00
20	RELIABILITY	4509	1.00	0.01	0.93	0.95	0.97	0.98	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
20	NOISE_VAR	4509	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01
20	SIGNAL_VAR	4509	0.18	0.00	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18	0.18

**Disparities in Performance Rates by Race, Age and Gender
(Claims 1/1/2015 – 12/31/2015)**

Race	Performance Rate
Asian	58.4%
Black	26.8%
Hispanic	43.2%
North American Native	73.9%
White	37.1%
Other	50.0%
Unknown	38.9%

CHI-SQUARE DF=6 Value=31,993.1 Prob <.0001
N = 3,002,169

Age Category	Performance Rate
18-64	35.7%
65+	36.7%

CHI-SQUARE DF=1 Value=207.5 Prob <.0001
N = 3,002,107 (Age category 12-17 was excluded due to small sample size)

Sex	Performance Rate
Male	34.8%
Female	37.6%

CHI-SQUARE DF=1 Value=2,575.2 Prob <.0001
N = 3,002,169

VIII. Analysis of EHR Data

Average Performance Rates by Year (PQRS – all reporting methods)

2011 – 82.6% (0.6% of eligible professionals reporting)

2012 – 65.2% (0.4% of eligible professionals reporting)

2013 – 71.0% (1.3% of eligible professionals reporting)

2014 – 52.4% (7.5% of eligible professionals reporting)

Performance Score Distribution

Provider-level performance scores suggest that there are still gaps in care and opportunities for improvement.

Data Source*	Number of Providers (by Provider)	Average patients per provider	Average Unweighted Score	Average Weighted Score	Median	Percentiles			
						10th	25th	75th	90th
EHR	57	953	70.7%	68.3%	72.6%	40.9%	65.0%	83.2%	93.8%

*EHR encounters incurred 1/1/2015 through 12/31/2015.

Exclusion rate: 12.1%

Performance Measure Score Reliability

Provider-specific reliability demonstrates a sufficient level of reliability to detect real difference in performance scores.

In general, reliability scores vary from 0.0 to 1.0, with a score of zero indicating that all variation is attributable to measurement error (noise, or variation across patients within providers) whereas a reliability of 1.0 implies that all variation is caused by real difference in performance across accountable entities.

Data Source	Number of Providers (by Provider)	Between-Provider Variance	Reliability Coefficient Mean	Reliability Coefficient Median	Reliability Coefficient Std Dev	Reliability Coefficient Min/Max
EHR	57	0.027	0.971	0.995	0.115	0.180-1.000

EHR Reliability and Performance (EHR encounters 1/1/2015 – 12/31/2015)

MIN-VAL	INVAR	N	MEAN	STD	MIN	p1	p5	p10	p20	p25	p30	P40	p50	p60	p70	p75	p80	p90	p95	p99	MAX
1	DENOMINATOR	57	1036.754	656.148	1	1	1	20	350	500	694	939	1101	1210	1296	1307	1514	1995	2254	2620	2620
1	NUMERATOR	57	725.737	480.327	0	0	1	14	246	288	352	708	797	882	904	921	1025	1266	1707	1955	1955
1	RATE	57	0.707	0.202	0.000	0.000	0.250	0.409	0.615	0.650	0.675	0.700	0.726	0.770	0.794	0.832	0.866	0.938	1.000	1.000	1.000
1	RELIABILITY	57	0.971	0.115	0.180	0.180	0.804	0.978	0.987	0.991	0.993	0.994	0.995	0.995	0.996	0.997	0.997	0.999	1.000	1.000	1.000
1	NOISE_VAR	57	0.003	0.017	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.007	0.125	0.125
1	SIGNAL_VAR	57	0.027	0.000	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027	0.027
10	DENOMINATOR	52	1136.288	597.984	20	20	261	349	515	752	905	1037	1137	1236	1305	1344	1560	1995	2254	2620	2620
10	NUMERATOR	52	795.404	443.754	14	14	178	240	325	378	587	779	851	886	916	985.5	1048	1266	1707	1955	1955
10	RATE	52	0.707	0.171	0.216	0.216	0.389	0.412	0.620	0.658	0.675	0.700	0.721	0.765	0.787	0.802	0.836	0.911	0.938	0.974	0.974
10	RELIABILITY	52	0.984	0.045	0.724	0.724	0.971	0.979	0.987	0.990	0.993	0.994	0.995	0.995	0.996	0.996	0.997	0.998	0.998	0.999	0.999
10	NOISE_VAR	52	0.001	0.002	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.001	0.011	0.011
10	SIGNAL_VAR	52	0.028	0.000	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028
20	DENOMINATOR	52	1136.288	597.984	20	20	261	349	515	752	905	1037	1137	1236	1305	1344	1560	1995	2254	2620	2620
20	NUMERATOR	52	795.404	443.754	14	14	178	240	325	378	587	779	851	886	916	985.5	1048	1266	1707	1955	1955
20	RATE	52	0.707	0.171	0.216	0.216	0.389	0.412	0.620	0.658	0.675	0.700	0.721	0.765	0.787	0.802	0.836	0.911	0.938	0.974	0.974
20	RELIABILITY	52	0.984	0.045	0.724	0.724	0.971	0.979	0.987	0.990	0.993	0.994	0.995	0.995	0.996	0.996	0.997	0.998	0.998	0.999	0.999
20	NOISE_VAR	52	0.001	0.002	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.001	0.011	0.011
20	SIGNAL_VAR	52	0.028	0.000	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028	0.028

**Disparities in Performance Rates by Race, Ethnicity, Age and Gender
(EHR encounters 1/1/2015 – 12/31/2015)**

Race	Performance Rate
American Indian or Alaska Native	46.2%
Asian	52.9%
Black	72.4%
Native Hawaiian or other Pacific Islander	51.4%
White	69.4%
Multiracial	72.2%
Unknown	58.7%

CHI-SQUARE DF=6 Value=270.1 Prob <0.0001
N = 47,782

Ethnicity	Performance Rate
Hispanic or Latino	59.6%
Not Hispanic or Latino	68.4%
Unknown	66.5%

CHI-SQUARE DF=2 Value=15.8 Prob =.0004
N = 47,782

Age Category	Performance Rate
12-17	53.7%
18-64	58.3%
65+	91.4%

CHI-SQUARE DF=2 Value=5252.6 Prob <.0001
N = 47,782

Sex	Performance Rate
Male	68.0%
Female	68.5%

CHI-SQUARE DF=1 Value=1.4 Prob =.2431
N = 47,768 (14 missing)

IX. Bonnie Testing Results**TEST PATIENTS****PASS****22** /22

% COVERAGE

✓ 01_IPPDen_Yes_Adult
Exc_Yes **PASS** ✓

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 02_IPPDen_Yes_Adult
Num_Yes2 **PASS** ✓

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 03_IPPDenominator_YES Numerator_YES_Positive Adolescent **PASS**

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 04_IPPDenominator_YES Numerator_No_Positive Adolescent_no_followup **PASS**

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 05_IPPDenominator_YES Numerator_YES_Positive Adult **PASS**

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 06_IPPDenominator_YES Numerator_YES_Positivea
dolesent **PASS**

Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓ NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 07_IPPDenominator_YES Numerator_YES_Positivea
dolesent2 **PASS**

Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓ NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 08_IPPDenominator_YES_ Exceptions_YES
Numerator_NO **PASS**

Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓ NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENEXCEP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

✓ 09_IPPDenominator_YES_Exceptions_YES_adolescent_pt_reason Numerator_NO **PASS** ✓

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEXCEP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

✓ 10_IPPDenominator_Yes Numerator_Yes **PASS** ✓

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 11_IPP_No Encounter_out_of_MP **PASS** ✓

	Population	Expected	Actual
✓	IPP	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENOM	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 12_IPP_No Under age 12 **PASS**


Population	Expected	Actual
✓ IPP	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENOM	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓ NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 13_IPP_yes
Denex_yes_adolescent_de
pression **PASS**


Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 14_IPP_yes
Denex_yes_adult_bipolar **PASS**


Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 15_IPP_yes **PASS** 
Denexcep_yes_medical

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEXCEP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

✓ 16_IPP_yes **PASS** 
Denexcep_yes_refused

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEXCEP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

✓ 17_IPP_Den_Yes **PASS** 
Num_with later screening
at non eligible visit

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 18_Den_yes **PASS**
 Num_no_most recent fails
 earlier pass

Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓ NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 19_Den_yes **PASS**
 Num_yesMultiple_encoun
 ters_screenings

Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓ NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 20_den_yes **PASS**
 Num_no_subsequent_exc
 eption

Population	Expected	Actual
✓ IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓ NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓ DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 21_den_yes PASS
Num_yes_subsequent_exception

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>

✓ 22_den_yes PASS
denexcep_yes_subsequent_positive screening no fu

	Population	Expected	Actual
✓	IPP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENOM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓	DENEX	<input type="checkbox"/>	<input type="checkbox"/>
✓	NUMER	<input type="checkbox"/>	<input type="checkbox"/>
✓	DENEXCEP	<input type="checkbox"/>	<input type="checkbox"/>