



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to subcriterion 1b).

Brief Measure Information

NQF #: 1364

Corresponding Measures:

De.2. Measure Title: Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation

Co.1.1. Measure Steward: AMA-convened Physician Consortium for Performance Improvement

De.3. Brief Description of Measure: Percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder with documented evidence that they met the DSM-IV criteria [at least 5 elements with symptom duration of two weeks or longer, including 1) depressed mood (can be irritable mood in children and adolescents) or 2) loss of interest or pleasure] during the visit in which the new diagnosis or recurrent episode was identified

1b.1. Developer Rationale: Depression in children and adolescents is often underdiagnosed; one-quarter to one-half of all cases of major depressive disorders are estimated to be properly recognized by primary care and non-psychiatric practitioners.

(1)(2)(3)Thorough assessment of depressive symptoms as enumerated by DSM-IV sets the basis for accurate diagnosis and treatment of major depressive disorder. Despite its importance, significant gaps in the knowledge or application of the DSM-IV criteria, even among psychiatrists exist and represent a tremendous opportunity for improvement.

(1)Kerr E. Depression, in Elizabeth McGlynn, Cheryl Damberg, Eve Kerr, and Mark Schuster (eds.), Quality of Care for Children and Adolescents: A Review of Selected Clinical Conditions and Quality Indicators, Santa Monica: RAND, 141-155, 2000.

(2) Depression Guideline Panel. Depression in Primary Care: Volume 1. Detection and Diagnosis. Clinical Practice Guideline, Number 5.AHCPR Publication No. 93-0550. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research. April 1993.

(3) Katon WJ, Richardson L, Russo J, Lozano P, McCauley E. Quality of Mental Health Care for Youth With Asthma and Comorbid Anxiety and Depression. Medical Care 2006; 44:12, 1064-1072.

S.4. Numerator Statement: Patients with documented evidence that they met the DSM-IV criteria [at least 5 elements with symptom duration of two weeks or longer, including 1) depressed mood (can be irritable mood in children and adolescents) or 2) loss of interest or pleasure] during the visit in which the new diagnosis or recurrent episode was identified

S.7. Denominator Statement: All patients aged 6 through 17 years with a diagnosis of major depressive disorder

S.10. Denominator Exclusions: None

De.1. Measure Type: Process

S.23. Data Source: Other, Registry Data

S.26. Level of Analysis: Clinician : Group/Practice, Clinician : Individual

IF Endorsement Maintenance – Original Endorsement Date: Aug 15, 2011 **Most Recent Endorsement Date:** Aug 15, 2011

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all subcriteria to pass this criterion and be evaluated against the remaining criteria.**

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form

[1364_Evidence_MSF5.0_Data.doc](#)

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

Depression in children and adolescents is often underdiagnosed; one-quarter to one-half of all cases of major depressive disorders are estimated to be properly recognized by primary care and non-psychiatric practitioners. (1)(2)(3)Thorough assessment of depressive symptoms as enumerated by DSM-IV sets the basis for accurate diagnosis and treatment of major depressive disorder. Despite its importance, significant gaps in the knowledge or application of the DSM-IV criteria, even among psychiatrists exist and represent a tremendous opportunity for improvement.

(1)Kerr E. Depression, in Elizabeth McGlynn, Cheryl Damberg, Eve Kerr, and Mark Schuster (eds.), *Quality of Care for Children and Adolescents: A Review of Selected Clinical Conditions and Quality Indicators*, Santa Monica: RAND, 141-155, 2000.

(2) Depression Guideline Panel. *Depression in Primary Care: Volume 1. Detection and Diagnosis*. Clinical Practice Guideline, Number 5.AHCPR Publication No. 93-0550. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research. April 1993.

(3) Katon WJ, Richardson L, Russo J, Lozano P, McCauley E. *Quality of Mental Health Care for Youth With Asthma and Comorbid Anxiety and Depression*. *Medical Care* 2006; 44:12, 1064-1072.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. *(This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.*

A recent survey analyzed psychiatrists' reported use of the DSM-IV criteria for MDD to diagnose depression and compared their use to the use by nonpsychiatrist physicians. Nearly one quarter of the psychiatrists indicated that they usually did not use the DSM-IV criteria when diagnosing depression while nearly half of the nonpsychiatrist physicians indicated that they rarely used the DSM-IV MDD criteria to diagnose depression.(1) A 2003 study reviewed medical records to assess the degree to which providers adhered to depression guidelines in a VA primary care setting. Providers documented review of at least five DSM-IV criteria in 46% of the records.(2)

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

(1) Zimmerman M, Galione J. *Psychiatrists' and Nonpsychiatrist Physicians' Reported Use of the DSM-IV Criteria for Major Depressive Disorder*. *J Clin Psychiatry*. 2010;71:235-238

(2) Dobscha SK, Gerrity MS, Corson K, Bahr A, Cuiwik NM. *Measuring adherence to depression treatment guidelines in a VA primary care clinic*. *Gen Hosp Psychiatry*. 2003;25:230-7.

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. *(This is required for endorsement maintenance. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.*

[We are not aware of any publications/evidence outlining disparities in this area.](#)

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

1c. High Priority (previously referred to as High Impact)

The measure addresses:

- a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF; OR
- a demonstrated high-priority (high-impact) aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1c.1. Demonstrated high priority aspect of healthcare

Affects large numbers, A leading cause of morbidity/mortality, Severity of illness, Patient/societal consequences of poor quality

1c.2. If Other:

1c.3. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare.

List citations in 1c.4.

“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%.¹ The lifetime prevalence of MDD among adolescents may be as high as 20%.^{2–4} Adolescent-onset MDD is associated with an increased risk of death by suicide, suicide attempts, and recurrence of major depression by young adulthood.^{5–7} MDD is also associated with early pregnancy, decreased school performance, and impaired work, social, and family functioning during young adulthood.^{6–8}”

1c.4. Citations for data demonstrating high priority provided in 1a.3

Williams SB, O'Connor EA, Eder M, Whitlock EP. Screening for Child and Adolescent Depression in Primary Care Settings: A Systematic Evidence Review for the US Preventive Services Task Force. *Pediatrics* 2009;123:e716–e735. Citing:

1. Jane Costello E, Erkanli A, Angold A. Is there an epidemic of child or adolescent depression? *J Child Psychol Psychiatry*. 2006; 47(12):1263–1271
2. Lewinsohn PM, Rohde P, Seeley JR. Major depressive disorder in older adolescents: prevalence, risk factors, and clinical implications. *Clin Psychol Rev*. 1998;18(7):765–794
3. Cheung A. Canadian community health survey: major depressive disorder and suicidality in adolescents. *Healthc Policy*. 2006; 2(2):76–89
4. Whitaker A, Johnson J, Shaffer D, et al. Uncommon troubles in young people: prevalence estimates of selected psychiatric disorders in a nonreferred adolescent population. *Arch Gen Psychiatry*. 1990;47(5):487–496
5. Shaffer D, Gould MS, Fisher P, et al. Psychiatric diagnosis in child and adolescent suicide. *Arch Gen Psychiatry*. 1996;53(4):339–348
6. Weissman MM, Wolk S, Goldstein RB, et al. Depressed adolescents grown up. *JAMA*. 1999;281(18):1707–1713
7. Fergusson DM, Woodward LJ. Mental health, educational, and social role outcomes of adolescents with depression. *Arch Gen Psychiatry*. 2002;59(3):225–231
8. Keenan-Miller D, Hammen CL, Brennan PA. Health outcomes related to early adolescent depression. *J Adolesc Health*. 2007; 41(3):256–262

1c.5. If a PRO-PM (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. (Describe how and from whom their input was obtained.)

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. ***Measures must be judged to meet the subcriteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.***

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Behavioral Health : Depression

De.6. Non-Condition Specific (check all the areas that apply):

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

http://www.ama-assn.org/ama1/pub/upload/mm/370/adol_mdd_measures.pdf

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment Attachment: [AMA-PCPI_eSpecification_1364_CAMDD-DxEval_NOV2012.pdf](#)

S.3. For endorsement maintenance, please briefly describe any changes to the measure specifications since last endorsement date and explain the reasons.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Patients with documented evidence that they met the DSM-IV criteria [at least 5 elements with symptom duration of two weeks or longer, including 1) depressed mood (can be irritable mood in children and adolescents) or 2) loss of interest or pleasure] during the visit in which the new diagnosis or recurrent episode was identified

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

[At the visit where new diagnosis or recurrent episode is identified \[initial evaluation during the episode\]](#)

S.6. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

For EHR:

Numerator Definition:

The criteria for an MDD episode include five (or more) of nine specific symptoms:

- depressed mood (Note: in children and adolescents, can be irritable mood)
- marked diminished interest/pleasure;
- significant weight loss or gain; (Note: in children, consider failure to make expected weight gains)
- insomnia or hypersomnia;
- psychomotor agitation or retardation;
- fatigue or loss of energy;
- feelings of worthlessness;
- diminished ability to concentrate; and
- recurrent suicidal ideation

which have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure.

Numerator Note: The essential feature of a major depressive disorder is a period of at least two weeks during which there is either depressed mood or irritability or the loss of interest or pleasure in nearly all activities. In children and adolescents, can be irritable or

cranky mood.

See PCPI eSpecification attached in Data Dictionary or Code Table (2a1.30) field. eMeasure not yet developed.

S.7. Denominator Statement (Brief, narrative description of the target population being measured)

All patients aged 6 through 17 years with a diagnosis of major depressive disorder

S.8. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Children

S.9. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

For EHR:

See PCPI eSpecification attached in Data Dictionary or Code Table (2a1.30) field. eMeasure not yet developed.

S.10. Denominator Exclusions (Brief narrative description of exclusions from the target population)

None

S.11. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

N/A

S.12. Stratification Details/Variables (All information required to stratify the measure results including the stratification variables, definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)

We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language, and have included these variables as recommended data elements to be collected.

S.13. Risk Adjustment Type (Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)

No risk adjustment or risk stratification

If other:

S.14. Identify the statistical risk model method and variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)

No risk adjustment or risk stratification.

S.15. Detailed risk model specifications (must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

S.16. Type of score:

Rate/proportion

If other:

S.17. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

S.18. Calculation Algorithm/Measure Logic *(Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)*

To calculate performance rates:

- 1) Find the patients who meet the initial patient population (ie, the general group of patients that a set of performance measures is designed to address).
- 2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.
- 3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

If the patient does not meet the numerator, this case represents a quality failure.

Calculation algorithm is included in data dictionary/code table attachment (2a1.30).

S.19. Calculation Algorithm/Measure Logic Diagram URL or Attachment *(You also may provide a diagram of the Calculation Algorithm/Measure Logic described above at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)*

S.20. Sampling *(If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)*

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

Not applicable. The measure does not require sampling or a survey.

S.21. Survey/Patient-reported data *(If measure is based on a survey, provide instructions for conducting the survey and guidance on minimum response rate.)*

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

S.22. Missing data (specify how missing data are handled, e.g., imputation, delete case.)

Required for Composites and PRO-PMs.

S.23. Data Source *(Check ONLY the sources for which the measure is SPECIFIED AND TESTED).*

If other, please describe in S.24.

Other, Registry Data

S.24. Data Source or Collection Instrument *(Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc.)*

IF a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

Not Applicable

S.25. Data Source or Collection Instrument *(available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)*

S.26. Level of Analysis *(Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)*

Clinician : Group/Practice, Clinician : Individual

S.27. Care Setting *(Check ONLY the settings for which the measure is SPECIFIED AND TESTED)*

Outpatient Services

If other:

S.28. COMPOSITE Performance Measure - Additional Specifications *(Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)*

2a. Reliability – See attached Measure Testing Submission Form

2b. Validity – See attached Measure Testing Submission Form

[1364_MeasureTesting_MSF5.0_Data.doc](#)

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

[generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition](#)

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields? *(i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields)*

[Yes](#)

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF a PRO-PM, consider implications for both individuals providing PROM data (patients, service recipients, respondents) and those whose performance is being measured.

[This measure was found to be reliable and feasible for implementation.](#)

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Planned	Current Use (for current use provide URL)
Public Reporting	
Quality Improvement (Internal to the specific organization)	

4a.1. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

4b. Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b.1. Progress on Improvement. (Not required for initial endorsement unless available.)

Performance results on this measure (current and over time) should be provided in 1b.2 and 1b.4. Discuss:

- Progress (trends in performance results, number and percentage of people receiving high-quality healthcare)
- Geographic area and number and percentage of accountable entities and patients included

4b.2. If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4c. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for

individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4c.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

[We are not aware of any unintended consequences related to this measurement.](#)

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

[Related Measures: 103: Major Depressive Disorder: Diagnostic Evaluation](#)

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required

attachments. There is no guarantee that supplemental materials will be reviewed.

Attachment:

Contact Information

Co.1 Measure Steward (Intellectual Property Owner): AMA-convened Physician Consortium for Performance Improvement

Co.2 Point of Contact: Samantha, Tierney, Samantha.Tierney@ama-assn.org, 312-464-5524-

Co.3 Measure Developer if different from Measure Steward: American Medical Association

Co.4 Point of Contact: Mark, Antman, mark.antman@ama-assn.org, 312-464-5056-

Additional Information

Ad.1 Workgroup/Expert Panel involved in measure development

Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

Boris Birmaher, MD (child/adolescent psychiatry)
 Mary Dobbins, MD, FAAP (pediatrics/psychiatry)
 Scott Endsley, MD, MSc (family medicine)
 William E. Golden, MD, FACP (internal medicine)
 Margaret L. Keeler, MD, MS, FACEP (emergency medicine)
 Louis J. Kraus, MD (child/adolescent psychiatry)
 Laurent S. Lehmann, MD (psychiatry)
 Karen Pierce, MD (child/adolescent psychiatry)
 Reed E. Pyeritz, MD, PhD, FACP, FACMG (medical genetics)
 Laura Richardson, MD, MPH (internal medicine/pediatrics)
 Sam J.W. Romeo, MD, MBA (family medicine)
 Carl A. Sirio, MD (critical care medicine)
 Sharon Sweede, MD (family medicine)
 Scott Williams, PsyD (The Joint Commission)

PCPI measures are developed through cross-specialty, multi-disciplinary work groups. All medical specialties and other health care professional disciplines participating in patient care for the clinical condition or topic under study must be equal contributors to the measure development process. In addition, the PCPI strives to include on its work groups individuals representing the perspectives of patients, consumers, private health plans, and employers. This broad-based approach to measure development ensures buy-in on the measures from all stakeholders and minimizes bias toward any individual specialty or stakeholder group. All work groups have at least two co-chairs who have relevant clinical and/or measure development expertise and who are responsible for ensuring that consensus is achieved and that all perspectives are voiced.

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 2008

Ad.3 Month and Year of most recent revision: 09, 2008

Ad.4 What is your frequency for review/update of this measure? Every 3 years or as new evidence becomes available that materially affects the measures

Ad.5 When is the next scheduled review/update for this measure? 09, 2011

Ad.6 Copyright statement: Physician Performance Measures (Measures) and related data specifications are developed by the American Medical Association (AMA) in collaboration with the Physician Consortium for Performance Improvement® (PCPI).

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.

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