

Antidepressant Medication Management (AMM)

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of members with a diagnosis of major depression and treated with antidepressant medication remaining on antidepressant medication treatment.

Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy and self-esteem, and can lead to suicide.¹ Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients' medication compliance, monitoring treatment effectiveness and identifying and managing side effects.² Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide.

Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

HEDIS Description

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

Two rates are reported:

Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Newly treated with antidepressant medication means a period of 105 days prior to when the new antidepressant medication was prescribed when the member had no pharmacy claims for either new or refill prescriptions for an antidepressant medication.

Measure does not apply to members in hospice.

Effective Acute Phase Treatment - At least 84 days (12 weeks) of treatment with antidepressant medication, beginning on the date new antidepressant medication was prescribed through 114 days after the date new antidepressant medication was prescribed (115 total days). This allows gaps in medication treatment up to a total of 31 days during the 115-day period.

Effective Continuation Phase Treatment - At least 180 days (6 months) of treatment with antidepressant medication (Antidepressant Medications List), beginning on the date new antidepressant medication was prescribed through 231 days after the date new antidepressant

medication was prescribed (232 total days). This allows gaps in medication treatment up to a total of 52 days during the 232-day period.

Note:

- Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

You Can Help

- Before scheduling an appointment, verify with the member that it is a good fit considering transportation, location and time of the appointment.
- Make sure the member has regular appointments with a practitioner with prescribing authority for at least 180 days (6 months) after newly prescribed antidepressant medication.
- Engage parents/guardian/family/support system and/or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- Aftercare appointment(s) should be with a healthcare provider and preferably with a licensed behavioral therapist and/or a psychiatrist.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Providers should maintain appointment availability for members with major depression diagnosis.
- Closely monitor medication prescriptions and do not allow the total gap days to be more than:
 - 31 days during the Effective Acute Phase
 - 52 days during the Effective Continuation Phase
- Emphasize the importance of consistency and adherence to the medication regimen.
- Educate the member and the parents/guardians/family/support system and/or significant others about side effects of medications and what to do if side effects appear. Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, potential costs, clear written instructions for medication schedule etc.
- Care should be coordinated between providers and begin when the major depression diagnosis is made. Encourage communication between the behavioral health providers and PCP.
- Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
- Instruct on crisis intervention options, including specific contact information, specific facilities, etc.
- Provide timely submission of claims.

New Directions is Here to Help

If you need to refer a patient or receive guidance on appropriate services, please call:

Alabama: 855-339-8558	Kansas: 800-952-5906	Michigan: 800-762-2382
Arkansas: 816-523-3592	Kansas City Mindful: 800-528-5763	Michigan GM: 877-240-0705
Florida: 866-730-5006	Louisiana: 877-207-3059	Michigan URMBT: 877-228-3912

Your patients can receive behavioral healthcare coordination and referrals 24/7/365, by calling toll-free (800) 528-5763.

References:

1. National Alliance on Mental Illness. 2013. "Major Depression Fact Sheet: What is Major Depression?"
2. Birnbaum, H.G., R.C. Kessler, D. Kelley, R. Ben-Hamadi, V.N. Joish, P.E. Greenberg. 2010. "Employer burden of mild, moderate, and severe major depressive disorder: Mental health services utilization and costs, and work performance." *Depression and Anxiety*; 27(1) 78–89.