

Wednesday, June 14, 2023

Committee members present: Lori Bethke, Sue Gentilli, Greg Hanley, Kate Hust, Steve Inman, Craig Johnson, Dave Johnson, Sue Knudson, Stephanie Krieg, Jodi Morris, Christine Norton, Angela Olson, David Satin, Denise Schneekloth, Erica Schuler

Committee members absent: Joe Bianco, Matthew Flory, Stefan Gildemeister, Craig Helmstetter, Cara Hull, Jennifer Lamprecht, Angie Pokharel, Rahshana Price-Isuk

Staff members present: Liz Cinqueonce, Collette Cole, Jess Donovan, Kathie Pugaczewski, Julie Sonier, Ma Xiong

Observers: Kelsey Kannenberg, Denise McCabe

ACTION: Measure Review Recommendation – Jess Donovan

The suite of Depression measures (adults and adolescents) were reviewed by the committee:

- Follow-up PHQ-9/9M at Six Months
- Follow-up PHQ-9/9M at 12 Months
- Response at Six Months
- Response at 12 Months
- Remission at Six Months
- Remission at 12 Months

Committee members received measure review reports prior to the meeting, which included information such as current measure specifications, NQF endorsement status, measure notes, risk-adjustment information, performance over time, variation by medical group, stratification by demographic variables as available and information on known disparities within the condition being measured. Committee members reviewed and provided their feedback and recommendations on the future of each measure prior to the meeting via SurveyMonkey.

Jess Donovan collated these responses and provided a summary to the committee. After each measure summary, discussion was opened up to committee members and a motion was sought for the final recommendation of the measure future.

The Depression suite is stewarded by MN Community Measurement and the recommendation options for the measure future are:

- **CONTINUE:** Continue measure without changes
- **RETIRE:** Retire measure
- **MONITOR:** Transition to monitoring (i.e., collect without publicly reporting)
- **CHANGE – OPTION 1:** Minor technical changes needed (Responsible party: MN CM staff)
- **CHANGE – OPTION 2:** Small changes needed; discuss at MARC (Responsible party: MARC)
- **CHANGE – OPTION 3:** Redesign measure construct (Responsible party: measure development workgroup)

Highlights of discussion:

Follow-up PHQ-9/9M at 6/12 Months

- From a clinical perspective, the PHQ-9 tool doesn't always feel like the best tool to use because it doesn't necessarily reflect the complexity of a patient's life that is parallel to clinical depression.
- The mental health system is less integrated into primary care – patients may be diagnosed with depression during a primary care visit, but then go to another free-standing mental health center, where they are being monitored.
- Follow-up measures highlight the importance of monitoring depression, and the different timeframes allow for some flexibility in when the follow-up is completed.
- PHQ-9 score above 9 alone doesn't always indicate depression; however, measure does require that both an elevated score AND a diagnosis of depression/dysthymia.
- Risk-adjustment does help with some of the concerns related to the difficulty in achieving remission in patients with more severe depression.

MOTION by David Satin to continue without changes and seconded by Chris Norton. Motion passed.

Response & Remission at 6/12 Months

- Concerns about the number of measures included in the suite:
 - Remission can be difficult to achieve for all medical groups (as seen in little variation and low performance rates), especially within the timeframes and depending on the PHQ-9 score.
 - The original reason behind including both response and remission is because it was recognized that remission can be difficult to achieve so the response measures at least show progress towards the goal of remission and give credit in that progress.
 - Co-morbidities (medical and social determinants) play a role in how patients answer questions as well.
 - Denominator used across the measure suite is the same.
- Treatment of depression can be challenging for a variety of reasons, including:
 - Co-morbidities (medical and social determinants) play a role in how patients answer questions.
 - Episodic nature of depression – it can wax/wane over time.
- Several different measures within the suite are included in various programs:

| Organization | Program(s) | Measures used |
|--------------|--|-------------------------|
| MDH | Statewide Quality Reporting and Measurement System | Remission at Six Months |
| CMS | MIPS e-CQM | Remission at 12 Months |
| CMMI Models | - | Response at 12 Months |

| Organization | Program(s) | Measures used |
|--------------|---|--|
| NCQA | HEDIS Electronic Clinical Data Systems (ECDS) | Adapted: <ul style="list-style-type: none"> • Response at Six Months • Remission at Six Months |

Notes:

- For endorsement, there is an expectation that measure is publicly reported.
- Going forward, the Partnership for Quality Measurement (PQM) administered by Battelle will be the new CMS-contracted, consensus-based organization for measure endorsement.

Response:

MOTION by Steve Inman to continue without changes and seconded by Lori Bethke. Motion passed.

Remission:

MOTION by Lori Bethke to continue without changes and seconded by Craig Johnson. Motion passed.

Next MARC Meeting: Wednesday, September 13, 2023 – 7:30-9:00am