



## Complete Summary

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### TITLE

Major depressive disorder (MDD): percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who receive therapy appropriate to their classification during the measurement period.

### SOURCE(S)

Physician Consortium for Performance Improvement®. Major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2006 Mar. 27 p. [4 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) who receive therapy appropriate to their classification during the measurement period.

### RATIONALE

There are a number of treatment modalities available to treat patients with major depressive disorder, including pharmacotherapy, psychotherapy, the combination of pharmacotherapy and psychotherapy, and electroconvulsive therapy (ECT). Selection of a treatment modality should be based on a variety of factors including both clinical features of the major depressive disorder, as characterized by the severity classification, and other factors such as patient preference. Despite the

established efficacy of the aforementioned treatment modalities, rates of treatment have been found to be variable with only about 30.4% of patients with a probable depressive or anxiety disorder receiving at least one appropriate treatment for their disorder.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Psychiatric management consists of a broad array of interventions and activities that should be instituted by psychiatrists for all patients with major depressive disorder (American Psychiatric Association [APA])

In the acute phase, in addition to psychiatric management, the psychiatrist may choose between several initial treatment modalities, including pharmacotherapy, psychotherapy, the combination of medications plus psychotherapy, or ECT. (APA)

If preferred by the patient, antidepressant medications may be provided as an initial primary treatment modality for mild major depressive disorder. Antidepressant medications should be provided for moderate to severe major depressive disorder unless ECT is planned. A combination of antipsychotic and antidepressant medications or ECT should be used for psychotic depression. (APA)

A specific, effective psychotherapy alone as an initial treatment modality may be considered for patients with mild to moderate major depressive disorder. Clinical features that may suggest the use of psychotherapeutic interventions include the presence of significant psychosocial stressors, intrapsychic conflict, interpersonal difficulties, or a comorbid axis II (e.g., personality) disorder. (APA)

The combination of a specific effective psychotherapy and medication may be a useful initial treatment choice for patients with psychosocial issues, interpersonal problems, or a comorbid axis II disorder together with moderate to severe major depressive disorder. (APA)

ECT should be considered for patients with major depressive disorder with a high degree of symptom severity and functional impairment or for cases in which psychotic symptoms or catatonia are present. (APA)

If at least moderate improvement is not observed following 6-8 weeks of pharmacotherapy, a reappraisal of the treatment regimen should be conducted. Regardless of the type of psychotherapy selected, the patient's response to treatment should be carefully monitored. If after 4-8 weeks of treatment at least a moderate improvement is not observed, then a thorough review and reappraisal of the diagnosis, complicating conditions and issues, and treatment plan should be conducted. (APA)

## **PRIMARY CLINICAL COMPONENT**

Major depressive disorder (MDD); therapy (psychotherapy, antidepressant medication, combination psychotherapy and antidepressant medication, electroconvulsive therapy [ECT])

## **DENOMINATOR DESCRIPTION**

All patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who receive therapy appropriate to their classification (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Practice guideline for the treatment of patients with major depressive disorder.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Overall poor quality for the performance measured  
Variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Young AS, Klap R, Sherbourne CD, Wells KB. The quality of care for depressive and anxiety disorders in the United States. Arch Gen Psychiatry 2001 Jan;58(1):55-61. [PubMed](#)

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Community Health Care  
Physician Group Practices/Clinics  
Rural Health Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Individual Clinicians

**TARGET POPULATION AGE**

Age greater than or equal to 18 years

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component**

**INCIDENCE/PREVALENCE**

See the "Rationale" field.

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Unspecified

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories**

**IOM CARE NEED**

Getting Better  
Living with Illness

## **IOM DOMAIN**

Effectiveness

### **Data Collection for the Measure**

## **CASE FINDING**

Users of care only

## **DESCRIPTION OF CASE FINDING**

Patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD)

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD)

### **Exclusions**

- Documentation of medical reason(s) for not prescribing therapies for the appropriate MDD classification
- Documentation of patient reason(s) for not prescribing therapies for the appropriate MDD classification
- Documentation of system reason(s) for not prescribing therapies for the appropriate MDD classification

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

Patients who received therapy appropriate to their classification\*

\*Appropriate treatment for corresponding severity classification:

<b>Major Depressive Disorder (MDD) Classification</b>	<b>Therapy</b>
Mild MDD	Psychotherapy OR antidepressant medication
Moderate MDD	Psychotherapy OR antidepressant medication OR combination psychotherapy and antidepressant medication
Severe MDD without psychotic features	Antidepressant medications OR combination psychotherapy and antidepressant medication
Severe MDD with psychotic features	Combination antidepressant medication and antipsychotic medication OR electroconvulsive therapy (ECT)

**Exclusions**

None

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Episode of care

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

None

**Computation of the Measure**

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

Evaluation of Measure Properties

**EXTENT OF MEASURE TESTING**

Unspecified

Identifying Information

**ORIGINAL TITLE**

Measure #4: Treatment: psychotherapy, medication management, and/or electroconvulsive therapy (ECT).

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Major Depressive Disorder Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

**DEVELOPER**

Physician Consortium for Performance Improvement®

**FUNDING SOURCE(S)**

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2003 Oct

## **REVISION DATE**

2006 Mar

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement. Clinical performance measures: major depressive disorder. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p.

## **SOURCE(S)**

Physician Consortium for Performance Improvement®. Major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2006 Mar. 27 p. [4 references]

## **MEASURE AVAILABILITY**



The individual measure, "Measure #4: Treatment: Psychotherapy, Medication Management, and/or Electroconvulsive Therapy (ECT)," is published in the "Major Depressive Disorder Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

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## **NQMC STATUS**

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on October 6, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 9, 2005. This NQMC summary was updated again by ECRI Institute on September 19, 2008. The information was verified by the measure developer on November 5, 2008.

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