

## Depression Remission or Response for Adolescents and Adults (DRR-E)

The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120–240 days (4–8 months) of the elevated score.

Measure	Numerator(s)
<p><b>1</b> The percentage of members who have a follow-up PHQ-9 score documented within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.</p>	<p><b>Depression Follow-up PHQ-9</b> A PHQ-9 total score in the member’s record during the depression follow-up period.</p>
<p><b>2</b> The percentage of members who achieved remission within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.</p>	<p><b>Depression Remission</b> Members who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score of &lt;5 during the depression follow-up period.</p>
<p><b>3</b> The percentage of members who showed response within 120–240 days (4–8 months) after the initial elevated PHQ-9 score.</p>	<p><b>Depression Response</b> Members who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score of at least 50% lower than the PHQ-9 score associated with the IESD, documented during the depression follow-up period.</p>

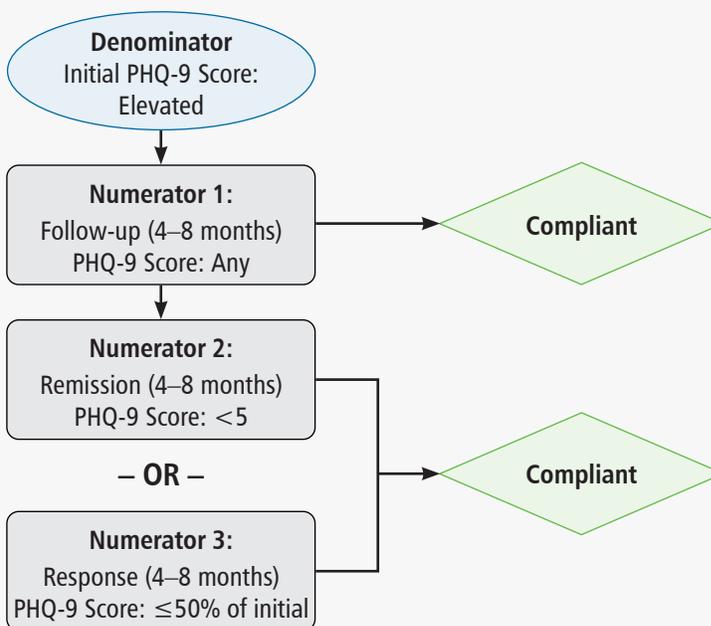
### Depression Screening Instruments

INSTRUMENTS FOR MEMBER YEARS	TOTAL SCORE LOINC CODES	POSITIVE FINDING
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M) <sup>®</sup>	89204-2	Total score ≥ 10

### Notes

- The code set above is used by HEDIS to determine compliance. Not all codes are necessarily covered by Medi-Cal.
- Members with any of the following disorders are excluded from this measure:
  - Bipolar Disorder
  - Personality Disorder
  - Psychotic Disorder
  - Pervasive Developmental Disorder
- Members in hospice or using hospice services are excluded from this measure.
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- The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.

### Numerator Compliance



### Best Practices

- Educate the patient about the importance of follow-up and adherence to treatment recommendations
- Discuss the importance of timely, recommended follow-up visits
- Coordinate care with behavioral health practitioners by sharing progress notes and updates
- Outreach patients who cancel appointments and assist them with rescheduling as soon as possible
- Consider telemedicine visit when in-person visits are not available
- Discuss the importance of seeking follow-up with a mental health provider
- Develop outreach internal team and/or assign care/case managers to members to ensure members keep follow-up appointments or reschedule missed appointments
- Set flags if available in EHR or develop tracking method for patients who may need screenings and follow-up visits