

Results of the Ease of Measurement Reassessment

The following list includes measures that were reassessed with consideration to Massachusetts data resources. In the initial assessment, each of the measures was assigned a 2 for this criterion.

Changes to Ease of Measurement scoring:

1. Iatrogenic Pneumothorax Rate (PSI 6): 3
 - Case mix data includes secondary diagnosis field.
2. Screening for Clinical Depression: 3
 - Information not included in the data, but additional information indicates ease of measurement.
3. Hospital and Palliative Care - Treatment Preferences: 3
 - This measure is a 3 because the database includes DNR status.
4. Hospital-Wide All-Cause Unplanned Readmission: 3
 - It appears that the Unique Health Identification Number (UHIN) is unique for each individual, and therefore, could be used to see if an individual was readmitted to the hospital.
5. Birth Trauma Rate: Injury to Neonates (PSI 17): 3
 - Data includes diagnosis fields
6. Central Venous Catheter-Related Blood Stream Infection Rate (PSI 7): 3
 - Case mix data includes secondary diagnosis field.

Measures for which scoring did not change:

1. Asthma Emergency Department Visits: 2
 - This measure looks at the percentage of individuals with asthma that were admitted to the ED. The data would include those admitted to the ED due to asthma, but would not include the total number of individuals with asthma.
2. Adherence to Antipsychotics for Individuals with Schizophrenia: 2
 - Necessary information not included in the data.
3. Computerized Physician Order Entry System: 2
 - Necessary information not included in the data.

Revised Assessment

Measure 13: Screening for Clinical Depression

Description: Percentage of patients aged 18 years and older screened for clinical depression using a standardized tool and follow up plan documented.

Developer: Alabama Medicaid/CMS

SQAC Priority Areas: Mental Health

Standard Measure Set: None

Measure Evaluation

- **Reliability and Validity:** 2

There is mixed evidence on both reliability and validity. Several depression screening instruments are available; most instruments have relatively good sensitivity (80 percent to 90 percent) but only fair specificity (70 to 85 percent).¹

- **Ease of Measurement:** 3 (*formerly 2*)

There is some evidence of some collection and reporting. The measure is currently part of the PQRS EHR, PQRS Group Reporting, and ACO measure sets.² According to the specifications manual for PQRS measures, the Screening for Clinical Depression measure only requires CPT, HCPCS, and G-codes to calculate.³

- **Field Implementation:** 1

There is mixed or scant evidence on implementation. One issue is the range of screening tools available; as a result it is difficult to assess how widely the measure is implemented.

- **Amenable to Targeted Improvement:** 1

¹ <http://www.uspreventiveservicestaskforce.org/3rduspstf/depression/depressrr.htm>

² http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_CQM_AdultRecommend_CoreSetTable.pdf

³ <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.htm>

The overall evidence on this dimension is weak. Luchins (2010) found that although routine depression screening may be an acceptable practice guideline, its use as a quality measure is not supported.⁴

Overall Recommendation

Screening for Clinical Depression: MODERATE

- Average Score: 1.75 (*formerly 1.5*)
- Meets SQAC Priority: YES
- Endorsed by NQF or included in nationally recognized measure set: YES
Several alternative measures
- Met minimum scores on each evaluation dimension: YES

Additional Comments

⁴ Luchins, DJ. Depression screening as a quality indicator. *Mental Health in Family Medicine* 2010;7:107-13.