To: Integrated Healthcare Association (IHA) Stakeholders

From: Thien Nguyen, Director of Data Strategy, and Edith Fox, Project Manager, Measure Operations, IHA

Subject: Measurement Years 2020 & 2021 Proposed Changes to the AMP Programs and Measure Sets

2020 IHA Public Comment Period
September 1 – September 30, 2020

IHA staff invite public comment on the following:

1. **General Feedback on IHA Program Updates**
   IHA staff welcome general comments on programmatic changes affecting the Align.Measure.Perform. (AMP) programs and the California Regional Health Care Cost & Quality Atlas (Atlas) for MY 2020 and MY 2021. These changes include alignment with telehealth additions to HEDIS®[1] measures, and an adjusted timeline for testing depression care patient-reported outcome measures (PROMs) for AMP Commercial ACO.
2. **Measurement Year 2020 (MY 2020) Measure Set Changes**
   Measures approved for AMP program use for MY 2020 were finalized on December 1, 2019. Proposed changes to the MY 2020 measure set include measure retirements, specification updates prompted by measure steward changes to national standards, and specification updates to IHA-developed encounter data quality measures to better reflect data collected from health plans.
3. **Measurement Year 2021 (MY 2021) Measure Set Changes**
   The changes outlined reflect the measures that are proposed for program use for MY 2021. Proposed changes to the MY 2021 measure set reflect the addition of depression PROMs testing measure specifications. Results will reflect the care provided to members in calendar year 2021 and be collected and reported during calendar year 2022.

Comments are due by **5 p.m. P.D.T. on Wednesday, September 30, 2020** to the Public Comment website at the following link: https://my.ncqa.org.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Public Comment Login Instructions:

Access the Public Comment System

Existing NCQA Users: The public comment system is integrated with NCQA's my.ncqa.org. If you have access to the NCQA Policy/Program Clarification Support (PCS) system or other NCQA products and services, you can use the same credentials to login and submit your comments.

*Note: Use the **Forgot Password** button if you are unsure of your password. By using this feature you are changing your password for any NCQA system to which you have access.*

New NCQA Users: If you do not have access to my.ncqa.org click the **Log in with Single Sign In** button and then click the **Create Account** button and complete the entire form. Please retain the password for your records.

Submit a Comment

Step 1	Go to the Public Comment page using the following link: https://my.ncqa.org.
Step 2	Complete the **Create Account** section, if applicable.
Step 3	Log in and click **My Services** (see tabs at top of page). ● To submit a comment, click **Public Comments** in the drop down**.** ● Click **Add Comment.** ● For *Product,* click **2020 IHA Public Comment Period** in the drop-down box. ● For *Topic,* select the appropriate category for your question. ● For *Element,* scroll down and click the appropriate measure for your question. ● For *Support Type,* scroll down and click the appropriate support type. ● For *Comments*, enter a comment. ● Type your question (2,500 characters or less).
Step 4	Click **Submit Your Comment**.
Step 5	If you are submitting more than one comment, click **Close** and repeat the process. All of your submitted comments will be displayed on the **Public Comments** page where you have the option of exporting.

Introduction

The AMP and Atlas programs are governed by a multi-stakeholder committee structure, which enables IHA to rigorously generate objectives and validate insights to increase accountability, enable performance improvement, and align payment incentives to drive toward high-quality, patient-centered, affordable care. IHA hosts an annual Public Comment period every year to allow IHA stakeholders to provide feedback on the program and on the measure set.

All comments received during the Public Comment period will be reviewed by the IHA Technical Measurement Committee or Technical Payment Committee, and responses, including applicable changes, will be approved by the IHA Governance Committee before being incorporated where appropriate.

Updates to AMP Program Timeline

The IHA Committees have recommended the acceleration of AMP Program Manual and specification release timeline, beginning with MY 2021 (see Table 1), in an effort to improve the predictability of the AMP deliverable. The AMP Program Manual and specification timeline change was proposed and received support in the 2019 Public Comment period. The new timeline will align with the recent HEDIS schedule change for measure specification release, and will give AMP participants more time each year to implement measure specifications in preparation for data submission. Calendar year 2021 will serve as a transition year in which IHA will focus on aligning with the HEDIS schedule change and enhancing data collection and quality improvement efforts for current AMP measures. By proposing minimal changes to the MY 2020 and MY 2021 AMP Measure Sets and gathering feedback on both year's Measure Sets simultaneously, IHA can better achieve these transition year goals.

This year's Public Comment period includes the proposed AMP Measure Sets for both MY 2020 and MY 2021 and a Draft AMP Program Manual with measure specifications for both years. Feedback on the MY 2020 and MY 2021 Draft AMP Program Manual will inform the final versions of the MY 2020 and MY 2021 manuals, which will be published separately. The final MY 2020 AMP Program Manual will be published on December 1, 2020, and the final MY 2021 AMP Program Manual will be published on June 1, 2021.

Future years: Beginning in October 2021, IHA will publish a draft AMP Program Manual and Measure Set for the following measurement year. Stakeholders will be asked to give feedback during a 15-business day Public Comment period each October. IHA will work with its Committees to review and respond to all stakeholder feedback in preparation for final AMP Program Manual publication in June of each measurement year. This adjusted timeline will not impact data collection and reporting deadlines; no changes to those timelines are expected.

Table 1. 2021 AMP Program Manual Transition Year Timeline

September 2020	Draft AMP Program Manual and Measure Sets for MY 2020 and MY 2021 released simultaneously; annual Public Comment opens for both MY 2020 and MY 2021	
December 2020	Final MY 2020 AMP Program Manual released	
March 2021	MY 2020 Measures Certification Deadline	
June 2021	Final MY 2021 AMP Program Manual released	*Six months earlier than previous December releases*
October 2021	Draft MY 2022 AMP Program Manual released and annual Public Comment opens	*Eleven months earlier & prior to measurement year start*
November 2021	MY 2021 Measures Certification Deadline	
June 2022	Final MY 2022 AMP Program Manual will be released	*Six months earlier than previous December releases*
September 2022	MY 2022 Measures Certification Deadline	

General IHA Program Updates

IHA requests stakeholder input on the following General Program Updates for MY 2020 and MY 2021.

1. Alignment with Telehealth Additions to HEDIS Measures

In 2020, health care priorities shifted to address the ongoing COVID-19 pandemic. Following state, county, and municipal shelter-in-place orders in California and throughout the country, patients have not been able to receive non-essential services requiring an in-person visit. In addition, primary care services have shifted primarily to telemedicine (via telephone and/or videoconference). As a result, AMP program participants have raised concerns around performance measurement and provider accountability for MY 2020 and MY 2021, with immediate concerns around MY 2020.

In June 2020, NCQA concluded a review of all HEDIS measures, with the goal of updating measures to better align with new telehealth guidance released by the Center for Medicare & Medicaid Services (CMS) and other stakeholders. As a result, NCQA updated telehealth guidelines in over 40 HEDIS measures for HEDIS MY 2020 and MY 2021 (AMP MY 2020 and MY 2021) in the HEDIS Volume 2 Technical Specifications.

In alignment with the measure steward, the draft AMP Program Manual for MY 2020 and MY 2021 includes new telehealth specification additions for the relevant HEDIS measures in the MY 2020 and MY 2021 AMP Measure Sets. IHA invites stakeholder feedback on the broad alignment with these HEDIS changes. See Measurement Year 2020 (MY 2020) Measure Set Changes below for a full list of measures with notable specification changes, proposed for implementation beginning in MY 2020 and moving forward.

2. Delay in Testing of Depression Patient-Reported Outcome Measures (PROMs) to MY 2021 - AMP Commercial ACO

Measurement of patient-reported outcomes (PROs) has been identified as a priority in the AMP Commercial ACO program, and testing for a suite of PROMs related to depression care was originally planned for AMP Commercial ACO in MY 2020. IHA anticipates that the COVID-19 pandemic has substantially impacted AMP

participants' ability to develop and implement clinical workflows and data infrastructure changes necessary to support routine collection and submission of depression PRO data. IHA Committees have recommended a one-year delay in testing of the depression PROMs to MY 2021, due to COVID-19.

While COVID-19 has introduced obstacles to potential implementation of depression PROMs for MY 2020, IHA remains committed to supporting depression PROMs testing in MY 2021, in alignment with stakeholder priorities. IHA is working to build a centralized provider organization data collection infrastructure for MY 2021, which will allow more rigorous and sustainable data collection in order to best support the use of depression PRO data. Descriptions for the three depression PROMs planned for testing are included below in Measurement Year 2021 (MY 2021) Measure Set Changes.

Measurement Year 2020 (MY 2020) Measure Set Changes

The IHA Committees recognize AMP program participants' desire to focus on strengthening data collection for existing AMP measures and have made it a priority to maintain stability in the AMP measure sets as much as possible for MY 2020, including minimizing the number of testing measures. To this end, there will be no testing measures for MY 2020. As described above in General IHA Program Updates, testing of the depression PROMs in the AMP Commercial ACO Product Line—previously slated for MY 2020—has been deferred to MY 2021, due to the priority of measure set stability and the potential impact of COVID-19. The MY 2020 Measure Sets for Commercial HMO, Commercial ACO, Medicare Advantage, and Medi-Cal Managed Care are available here.

In addition, the potential impact of COVID-19 on provider organization performance measurement has influenced the Committees' planning for accountability uses of measures for MY 2020, including awards, payment, and public reporting. The Draft MY 2020 AMP Measure Set maintains recommendations for accountability uses from MY 2019. However, the Committees are currently reviewing the lists of measures recommended for accountability uses in the context of COVID-19. IHA will update AMP participants on any changes to these recommendations.

Specific changes to the MY 2020 Measure Set are summarized below, including the measure name, the AMP product line for which the measure is recommended, and a brief description and rationale for the change.

1. Measure Retirements

A. Adult BMI Assessment (ABA) – Medicare Advantage

Retirement of this measure in MY 2020 will align with its retirement in the CMS Stars program. This measure has "topped out" in AMP Medicare Advantage (defined as any measure whose rate of performance exceeds 90 percent at the 25th percentile) and small variation (standard deviation is 12%) based on MY 2019 benchmarks.

2. Measure Specification Updates (*updates cover MY 2020 and MY 2021*)

A. Specification Updates to Align with Measure Steward

Alignment with measure steward specifications is a key strategic priority for IHA's performance measurement programs. IHA intends to align with all measure steward specification updates to ensure measure alignment and reduce reporting burden for participating POs and health plans. A summary of

changes is listed at the beginning of each measure specification, and a complete Summary of Changes can be found in **Appendix 1** of the Draft MY 2020 and MY 2021 AMP Program Manual.

Measures with notable steward specification updates include:

- Asthma Medication Ratio (AMR)
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Cervical Cancer Overscreening (CCO)
- Child and Adolescent Well-Care Visits (WCV) - *see additional note below*
- Comprehensive Diabetes Care (CDC)
- Controlling High Blood Pressure (CBP)
- Colorectal Cancer Screening (COL)
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)
- Emergency Department Utilization (EDU)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Prenatal and Postpartum Care (PPC)
- Proportion of Days Covered by Medication (PDC)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Statin Therapy for Patients with Diabetes (SPD)
- Statin Use in Persons with Diabetes (SUPD)
- Use of Opioids at High Dosage (HDO)

Child and Adolescent Well-Care Visits (WCV)

As noted above, WCV is included among the measures with updated specifications to align with the steward in the Draft MY 2020 and MY 2021 AMP Program Manual. The steward for this measure, NCQA, recently combined the HEDIS Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) measure with the Adolescent Well-Care Visits (AWC) measure to become WCV. W34 was tested in AMP Medi-Cal Managed Care in MY 2019, and AWC has not previously been tested in AMP. WCV assesses preventive visits for patients aged 3-21, which is a notable change from W34's age group of 3-6 years.

Because AMP typically aligns with steward specification changes to national standards, including age band changes, the WCV specification is included in the Draft MY 2020 and MY 2021 AMP Program Manual as a replacement for W34. However, IHA staff acknowledge that the additional age bands and the measure name change are particularly substantial changes. IHA invites candid feedback in Public Comment on how these changes will impact AMP participants. As is the case with all other draft specifications, WCV is subject to revision at the recommendation of IHA's Technical Measurement Committee at their meeting on October 30th and approval of the IHA Governance Committee via e-ballot on November 8th. Feedback received during Public Comment will inform potential revisions to the WCV specification to better fit the needs of AMP participants.

B. Encounter Data Quality Measure Specification Updates

In MY 2019, two IHA-developed encounter data quality measures were tested across all four AMP product lines. These measures are proposed for inclusion as first-year measures in the AMP MY 2020 Measure Set. Following testing, IHA has updated the specifications for these measures beginning in MY 2020 in order to better reflect the data collected from health plans. These measures are:

- Encounter Format (ENFMT)
- Encounter Timeliness (ENLAG)

Measurement Year 2021 (MY 2021) Measure Set Changes

Additional changes to the AMP measure set will be made in MY 2021, in addition to the proposed changes above for MY 2020 implementation. The draft MY 2021 AMP Measure Set is available online for review and comment here. Proposed changes to the MY 2021 Measure Set are summarized below, including the measure name, the AMP product line for which the measure is recommended, and a rationale for inclusion.

1. Measure Retirements

At this time, IHA has not identified any measures for retirement in MY 2021. IHA will continue to monitor measure performance and stakeholder feedback to consider measures for retirement. For a description of how a measure is considered for retirement, please see the 2016-2021 IHA Measure Set Strategy.

2. Testing Measures

Relevant new measures are incorporated into AMP as testing measures (prior to any accountability uses) to ensure that all AMP measures can be reliably collected and produce useful information to AMP program participants. Measures recommended for testing are summarized below, including the measure name, the AMP program(s) for which the measure is being recommended for testing, and a rationale rationale for inclusion.

A. Depression Patient-Reported Outcome Measures (PROMs) - AMP Commercial ACO

The following suite of three measures provides a holistic assessment of depression care across the stages of the depression care continuum: screening, monitoring, and response to care/remission. These measures were evaluated by the Technical Measurement Committee (TMC) using the five measure selection criteria outlined in the 2016-2021 IHA Measure Set Strategy: Importance, Scientific Acceptability, Feasibility, Usefulness, and Alignment.

A suite of depression PROMS was announced to AMP participants during the 2019 Public Comment period, and public comments were generally supportive of testing and implementation. During the June 2020 TMC meeting, the TMC recommended a one-year delay in testing to MY 2021 and a single measure steward approach (NCQA) to selecting depression measures. This will optimize consistency across the suite of measures, reduce the complexity of maintaining and updating measure specifications, and provide easier tracking of performance across the stages of the depression care continuum for AMP participants. All three measures were developed by NCQA as part of the HEDIS Electronic Clinical Data Systems (ECDS) reporting system, which leverages electronic health record data in addition to claims, clinical registry, and case management data. These measures are all currently in first-year reporting status in HEDIS and are being tested and assessed for HEDIS public reporting.

IHA is currently developing a scaled-up, centralized process for collecting, using and disseminating supplemental clinical data (including PHQ-9 scores) from provider organizations to appropriate contracted entities. Starting in MY 2021, IHA intends to have a new data collection process for POs to submit data to IHA in a standard format. IHA's data partner, Onpoint Health Data (Onpoint), will link provider clinical data

to health plan claims data in order to generate measure results using NCQA's new Electronic Clinical Data System (ECDS) reporting standard for the AMP program. IHA intends to release a standard data file layout for POs in advance of the MY 2021 data collection period.

1) ***Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)***
   This NCQA measure is an adaptation of CMS's *Preventive Care and Screening: Screening for Depression and Follow-Up Plan measure* (#0418) and assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, received follow-up care within 30 days. Current U.S Preventive Services Task Force guidelines recommend screening for depression in the general population including adolescents and adults. This measure assesses the rates of annual screening in the general population. Specifications for this measure can be found in **Appendix 1 of this document.**

   Note: While the *Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* measure allows the use of multiple validated depression screening tools, the DMS-E and DRR-E allow only the PHQ-9 tool to assess and monitor depression symptoms. The PHQ-9 is the most commonly used tool in primary care to diagnose and monitor depression.

2) ***Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)***
   This NCQA measure is an adaption of MNCM's *Depression Utilization of the PHQ-9* measure (#0712) and assesses the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.. This measure signals the need to monitor patients diagnosed with depression after the initial screening over time and promote frequent assessment (i.e., at least once per trimester of the calendar year) for patients diagnosed with depression. Specifications for this measure can be found in **Appendix 1 of this document.**

3) ***Depression Remission or Response for Adolescents and Adults (DRR-E)***
   This NCQA measure is an adaption of MNCM's *Depression Remission at Six Months* measure *(#0711)*, which was previously presented to stakeholders in the 2019 Public Comment period. The NCQA measure assesses the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, whose depression symptoms improved significantly (i.e., response or remission) within 4-8 months of the elevated score. This measure assesses outcomes of care for patients with major depression or dysthymia. Specifications for this measure can be found in **Appendix 1 of this document.**

MY 2021 Testing Measures

For AMP MY 2021

APPENDIX 1 – Proposed MY 2021 Testing Measures in AMP Commercial ACO

Overview

There will be opportunity for public comment before testing measure specifications are finalized by the AMP Technical Measurement and Governance Committees in October 2020. Selected measures will be tested in MY 2021 and are expected to be added to the MY 2022 AMP measure set (barring problems identified during testing).

IHA is in the process of developing a scaled-up, centralized process for collecting, using and disseminating supplemental clinical data (including PHQ-9 scores) from provider organizations to appropriate contracted entities. Starting in MY 2021, IHA intends to have a new data collection process for POs to submit data to IHA in a standard format. IHA data partner, Onpoint Health Data (Onpoint) will link provider clinical data to health plan claims data in order to generate measure results using the Eletronic Clinical Data System (ECDS) reporting standard for the AMP program. IHA intends to release a standard data file layout for POs in advance of the data collection period.

POs are encouraged to participate in the supplemental clinical data collection in order to get a first look at their performance and help assess the validity of the measure for use in the AMP program. The MY 2021 testing measures are listed below.

Note: AMP does not have any MY 2020 testing measures. Electronic Clinical Data Systems (ECDS) Guidelines have been added below as a reference for the MY 2021 testing measures.

Clinical	*Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* will be added as a MY 2021 testing measure for the Commercial ACO product line. Self-reporting POs are encouraged to submit supplemental clinical data to IHA vendor. This measure will be run by Onpoint. *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)* will be added as a MY 2021 testing measure for the Commercial ACO product line. Self-reporting POs are encouraged to submit supplemental clinical data to IHA vendor. This measure will be run by Onpoint. *Depression Remission or Response for Adolescents and Adults (DRR-E)* will be added as a MY 2021 testing measure for the Commercial ACO product line. Self-reporting POs are encouraged to submit supplemental clinical data to IHA vendor. This measure will be run by Onpoint.
Data Quality	None.
Advancing Care Information	None.
Patient Experience	None.
Appropriate Resource Use	None.
Cost	None.

Guidelines for Measures Reported Using Electronic Clinical Data Systems (ECDS)

GUIDANCE UPDATES SEPTEMBER 2020 FOR AMP MY 2021

- None.

Description

Quality measures in the Electronic Clinical Data Systems (ECDS) reporting domain inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practice. Organizations that report using ECDS encourage exchange of the information needed to provide high-quality services, ensuring it reaches the right people when it is most useful.

The ECDS reporting standard represents a step forward in adapting the AMP program to accommodate the expansive information available in electronic clinical datasets used for quality improvement.

ECDS are the network of data containing a member's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of members.

Health plans and POs that establish an enterprise network of interoperable electronic data systems will foster a member-centered, team-based approach to improving health care quality and better communication across health care service providers.

To qualify for ECDS reporting, the data must use standard layouts, meet the measure technical specification requirements and be accessible by the care team upon request. For additional information on ECDS measures, see the Guidelines section below and NCQA's ECDS website.

Guidelines

ECDS measures follow the *General Guidelines for Data Collection and Reporting*.

1. Initial Population

The initial population for any ECDS measure includes all members who satisfy criteria, including age and participation criteria.

2. Data Collection

POs will submit data (including PHQ-9 scores) to IHA in a standard data file format starting in MY 2021. Onpoint will then link this clinical data to health plan claims data in order to generate measure results.

3. Types of ECDS Data

Organizations may use several data sources to provide complete information about the quality of health services delivered to its members. Data systems that may be eligible for ECDS reporting include, but are not limited to, member eligibility files, EHRs, PHRs, clinical registries, HIEs, administrative claims

systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries.

The data within these systems come in a variety of formats. The format type determines how the source is audited.

Structured data	Health care data residing in discrete, static fields using internationally recognized vocabulary standards are accepted as structured clinical data for ECDS reporting if it can be electronically extracted by a digital measure specification from an integrated data warehouse in a consistent and reliable fashion.
Semistructured data	Semistructured health care data are acceptable for use in ECDS reporting, if each QDE conforms to a uniform semantic structure and prescribed hierarchy, as prescribed by the logical definitions and attributes contained within each digital measure specification.
Member-reported data	Member-reported data from the legal health record are acceptable as member responses to a standardized assessment, delivered in a structured form through a secure application programming interface (API). Web APIs are remote applications communicating over the internet which transfer data between a client's software (e.g., member's mobile device) and a server system (e.g., healthcare database). Every member-reported QDE must contain adequate metadata specificity, as defined by each measure's technical specifications (e.g., date, service type, medication type, assessment type, modality).

Data sources are categorized using the following criteria:

EHR/PHR	Electronic health record/personal health record. Transactional systems that store clinically relevant information collected directly from or managed by a patient. An EHR contains the medical and treatment histories of patients and a PHR includes both the standard clinical data collected within a provider's office or other care setting, in addition to information curated directly within the PHR by the patient though an API. This data category includes biometric information and clinical samples obtained directly from a patient as well as clinical findings generated as a result of samples collected from a patient (e.g., pathology, laboratory and pharmacy records generated from entities not directly connected to the patient's EHR).
HIE/clinical registry	HIEs and clinical registries eligible for this reporting category include state HIEs, IIS, public health agency systems, regional HIEs (RHIO), Patient-Centered Data Homes™ or other registries developed for research or to support quality improvement and patient safety initiatives. Doctors, nurses, pharmacists, other health care providers and patients can use HIEs to access and share vital medical information, with the goal of creating a complete patient record.[1] HIEs used for ECDS reporting must use standard protocols to ensure security, privacy, data integrity, sender and receiver authentication and confirmation of delivery. Clinical registries collect information about people with a specific disease or condition, or patients who may be willing to participate in research about a

[1] https://www.healthit.gov/providers-professionals/health-information-exchange/what-hie

	disease. Registries can be sponsored by a government agency, nonprofit organization, health care facility or private company, and decisions regarding use of the data in the registry are the responsibility of the registry's governing committee.[2]
Case management system	A shared database of member information collected through a collaborative process of member assessment, care planning, care coordination or monitoring of a member's functional status and care experience. Case management systems eligible for this category of ECDS reporting include any system developed to support the organization's case/disease management activities, including activities performed by delegates.
Administrative	Includes data from administrative claims processing systems for all services incurred (paid, suspended, pending and denied) during the period defined by each measure's participation as well as member management files, member eligibility and enrollment files, electronic member rosters, internal audit files, and member call service databases.

[2] https://www.nih.gov/health-information/nih-clinical-research-trials-you/list-registries

APPENDIX 1 – Proposed MY 2021 Testing Measures in AMP Commercial ACO

*Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)**

***Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS).**

MEASURE UPDATES SEPTEMBER 2020 FOR AMP MY 2021

- Added as a Commercial ACO testing measure for MY 2021.

MODIFICATIONS FROM HEDIS

- None.

Description	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. • *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument. • *Follow-Up on Positive Screen.* The percentage of members who received follow-up care within 30 days of a positive depression screen finding.
Measurement period	January 1–December 31 of the measurement year.
Clinical recommendation statement	The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents 12–18 years and the general adult population, including pregnant and postpartum women. The USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up.
Reference	U.S. Preventive Services Task Force. 2016. "Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine* 164:360–6. U.S. Preventive Services Task Force. 2016. "Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement." *Journal of the American Medical Association* 315(4):380–7.

Characteristics	
Scoring	Proportion.
Type	Process.
Item count	Person.

Stratification	1. 12–17 years. 2. 18–64 years. 3. 65 years and older. 4. Total.
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.
Definitions	
Participation (Continuous Enrollment)	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for AMP reporting is based on eligibility during the Participation Period. For self-reporting POs: The Participation Period in the PO (parent level). For health plans: The Participation Period in the health plan and the PO (parent level).
Participation Period	The Measurement Period.
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement period.
Anchor Date	December 31 of the measurement year.
Depression Screening Instrument	A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (12–17 years)	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2)®,[2]	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®,[1,2]	Total Score ≥8
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17

APPENDIX 1 – Proposed MY 2021 Testing Measures in AMP Commercial ACO

	Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
	PROMIS Depression	Total Score (T Score) ≥60
	Instruments for Adults (18+ years)	**Positive Finding**
	Patient Health Questionnaire (PHQ-9)®	Total Score ≥10
	Patient Health Questionnaire-2 (PHQ-2)®,[2]	Total Score ≥3
	Beck Depression Inventory-Fast Screen (BDI-FS)®,[1,2]	Total Score ≥8
	Beck Depression Inventory (BDI-II)	Total Score ≥20
	Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
	Duke Anxiety-Depression Scale (DADS)®,[1]	Total Score ≥30
	Geriatric Depression Scale Short Form (GDS)[2]	Total Score ≥5
	Geriatric Depression Scale Long Form (GDS)	Total Score ≥10
	Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
	My Mood Monitor (M-3)®	Total Score ≥5
	PROMIS Depression	Total Score (T Score) ≥60
	Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥31
	[1]Proprietary; may be cost or licensing requirement associated with use. [2]Brief screening instrument. All other instruments are full-length.	
Initial Population	Members 12 years of age and older at the start of the Measurement Period who also meet criteria for Participation.	
Exclusions	• Members with bipolar disorder in the year prior to the Measurement Period. • Members with depression that starts during the year prior to the Measurement Period. • Members in hospice or using hospice services during the Measurement Period.	

APPENDIX 1 – Proposed MY 2021 Testing Measures in AMP Commercial ACO

Denominator	**Denominator 1** The Initial Population, minus Exclusions. **Denominator 2** All members from Numerator 1 with a positive depression screen finding between January 1 and December 1 of the Measurement Period.
Rate—Depression Screening (Population Criteria 1)	**Numerator 1** Members with a documented result of a depression screening performed using an age-appropriate standardized instrument between January 1 and December 1 of the Measurement Period.
Rate—Follow-Up on Positive Screen (Population Criteria 2)	**Numerator 2** Members who received follow-up care on or up to 30 days after the date of the first positive screen. Any of the following on or 30 days after the first positive screen: • An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition. • A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition. • A behavioral health encounter, including assessment, therapy, collaborative care or medication management. • A dispensed antidepressant medication. ***OR*** • Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. ***Note:*** *For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.*

APPENDIX 1 – Proposed MY 2021 Testing Measures in AMP Commercial ACO

*Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)**

***Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18HS020503, and with permission from the measure developer, Minnesota Community Measurement.**

MEASURE UPDATES SEPTEMBER 2020 FOR AMP MY 2021

- Added as a Commercial ACO testing measure for MY 2021.

MODIFICATIONS FROM HEDIS

- None.

Description	The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.
Measurement period	January 1–December 31 of the measurement year. The Measurement Period is divided into three assessment periods with specific dates of service: • *Assessment Period 1:* January 1–April 30. • *Assessment Period 2:* May 1–August 31. • *Assessment Period 3:* September 1–December 31.
Clinical recommendation statement	Standardized instruments are useful in identifying meaningful change in clinical outcomes over time. Guidelines for adults recommend that providers establish and maintain regular follow-up with patients diagnosed with depression and use a standardized tool to track symptoms (Trangle, 2016). For adolescents, guidelines recommend systematic and regular tracking of treatment goals and outcomes, including assessing depressive symptoms (Cheung, 2018). The PHQ-9 tool assesses the nine DSM, Fourth Edition, Text Revision (DSM-IV-TR) criteria symptoms and effects on functioning, and it has been shown to be highly accurate in discriminating between patients with persistent major depression, partial remission and full remission (Kroenke, 2001).

Reference	Cheung, A.H., R.A. Zuckerbrot, P.S. Jensen, D. Laraque, R.E.K. Stein, GLAD-PC STEERING GROUP. 2018. "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing management." *Pediatrics* 141(3):e20174082. Kroenke, K, R.L. Spitzer, J.B.W. Williams. 2001. The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine* 16(9): 606-13.

	Trangle, M., Gursky, J., Haight, R., Hardwig, J., Hinnenkamp, T., Kessler, D., Mack, N., Myszkowski, M. Institute for Clinical Systems Improvement. *Adult Depression in Primary Care.* Updated March 2016.
Characteristics	
Scoring	Proportion.
Type	Process.
Item count	Person.
Stratification	1. 12–17 years. 2. 18–44 years. 3. 45–64 years. 4. 65 years and older. 5. Total.
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.

Definitions	
Participation (Continuous Enrollment)	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for AMP reporting is based on eligibility during the Participation Period. For self-reporting POs: The Participation Period in the PO (parent level). For health plans: The Participation Period in the health plan and the PO (parent level).
Participation Period	The Measurement Period.
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement period.
Anchor Date	December 31 of the measurement year.

Interactive Outpatient Encounter	A bidirectional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.
Initial Population	**Initial Population 1** Members 12 years and older at the start of the Measurement Period who also meet the criteria for Participation, with at least one Interactive Outpatient Encounter that starts during Assessment Period 1 (January 1–April 30), with a diagnosis of major depression or dysthymia. **Initial Population 2** Members 12 years and older at the start of the Measurement Period who also meet the criteria for Participation, with at least one Interactive Outpatient Encounter that starts during Assessment Period 2 (May 1–August 31), with a diagnosis of major depression or dysthymia. **Initial Population 3** Members 12 years and older at the start of the Measurement Period who also meet the criteria for Participation, with at least one Interactive Outpatient Encounter that starts during Assessment Period 3 (September 1–December 31), with a diagnosis of major depression or dysthymia.
Exclusions	Members with any of the following at any time during the Measurement Period: • Bipolar disorder. • Personality disorder. • Psychotic disorder. • Pervasive developmental disorder. • In hospice or using hospice services.
Denominator	**Denominator 1** The Initial Population 1, minus Exclusions. **Denominator 2** The Initial Population 2, minus Exclusions. **Denominator 3** The Initial Population 3, minus Exclusions.

Rate— Utilization of PHQ-9 Period 1 (Population Criteria 1)	**Numerator 1** A PHQ-9 score in the member's record during Assessment Period 1 (January 1–April 30).

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Rate— Utilization of PHQ-9 Period 2 (Population Criteria 2)	**Numerator 2** A PHQ-9 score in the member's record during Assessment Period 2 (May 1–August 31).
Rate— Utilization of PHQ-9 Period 3 (Population Criteria 3)	**Numerator 3** A PHQ-9 score in the member's record during Assessment Period 3 (September 1–December 31).

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

***Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18HS020503, and with permission from the measure developer, Minnesota Community Measurement.**

MEASURE UPDATES SEPTEMBER 2020 FOR AMP MY 2021

- Added as a Commercial ACO testing measure for MY 2021.

MODIFICATIONS FROM HEDIS

- None.

Description	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 4–8 months of the elevated score. • *Follow-Up PHQ-9.* The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score. • *Depression Remission.* The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score. • *Depression Response.* The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.
Measurement period	January 1–December 31 of the measurement year.
Clinical recommendation statement	The Institute for Clinical Systems Improvement recommends that clinicians establish and maintain follow-up with adult patients who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission scores (Kessler, 2016). The American Academy of Pediatrics recommends that adolescents with depression should be assessed for treatment response and remission of symptoms using a depression assessment tool such as the PHQ-9 Modified for Teens (Cheung, 2018).
Reference	Cheung A. H., R. A. Zuckerbrot, P. S. Jensen, K. Ghalib, D. Laraque, and R.E.K. Stein. "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management." *Pediatrics* 120, no. 5 (January 2007). https://doi.org/10.1542/peds.2006-1395.

	Trangle, M., J. Gursky, R. Haight, J. Hardwig, T. Hinnenkamp, D. Kessler, N. Mack, M. Myszkowski. Institute for Clinical Systems Improvement. *Adult Depression in Primary Care.* Updated March 2013.

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Characteristics	
Scoring	Proportion.
Type	Outcome.
Item count	Person.
Stratification	1. 12–17 years. 2. 18–44 years. 3. 45–64 years. 4. 65 years and older. 5. Total.
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.
Definitions	
Participation (Continuous Enrollment)	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for AMP reporting is based on eligibility during the Participation Period. For self-reporting POs: The Participation Period in the PO (parent level). For health plans: The Participation Period in the health plan and the PO (parent level).
Participation Period	May 1 of the year prior to the Measurement Period through December 31 of the Measurement Period.
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement period. No gaps in enrollment are allowed from May 1 of the year prior to the Measurement Period through December 31 of the year prior to the Measurement Period.
Anchor Date	December 31 of the measurement year.
Intake Period	May 1 of the year prior to the Measurement Period through April 30 of the Measurement Period.

Depression Follow-Up Period	The 120−240 day period after the IESD.
IESD	Index Episode Start Date. The earliest date during the Intake Period where a member has a diagnosis of major depression or dysthymia ***and*** a PHQ-9 total score >9 documented.
Initial Population	Members 12 years and older as of the start of the Intake Period who meet ***all*** the following criteria: • A diagnosis of major depression or dysthymia that starts before and overlaps or starts when the PHQ-9 total score >9 is documented during the Intake Period. • Participation.
Exclusions	Members with any of the following at any time during the Intake Period or during the Measurement Period. • Bipolar disorder. • Personality disorder. • Psychotic disorder. • Pervasive developmental disorder. ***OR*** • In hospice or using hospice services during the Measurement Period.
Denominator	The Initial Population, minus Exclusions.
Rate— Depression Follow-Up (Population Criteria 1)	**Numerator 1** A PHQ-9 total score in the member's record during the Depression Follow-Up Period.

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Rate—Depression Remission (Population Criteria 2)	**Numerator 2** Members who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 score of <5 during the Depression Follow-Up Period.
Rate—Depression Response (Population Criteria 3)	**Numerator 3** Members who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the IESD, documented during the Depression Follow-Up Period.