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| eMeasure Title | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment | | |
| eMeasure Identifier (Measure Authoring Tool) | 161 | eMeasure Version number | 5.0.000 |
| NQF Number | 0104 | GUID | 60176fbf-bfdc-4892-9c9e-604f206553c8 |
| Measurement Period | January 1, 20XX through December 31, 20XX | | |
| Measure Steward | PCPI(R) Foundation (PCPI[R]) | | |
| Measure Developer | American Medical Association (AMA) | | |
| Measure Developer | PCPI(R) Foundation (PCPI[R]) | | |
| Endorsed By | National Quality Forum | | |
| Description | Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified | | |
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| Measure Scoring | Proportion | | |
| Measure Type | Process | | |
| Measure Item Count | Encounter, Performed: Psych Visit - Diagnostic Evaluation | | |
| Measure Item Count | Encounter, Performed: Psych Visit - Psychotherapy | | |
| Measure Item Count | Encounter, Performed: Emergency Department Visit | | |
| Measure Item Count | Encounter, Performed: Office Visit | | |
| Measure Item Count | Encounter, Performed: Outpatient Consultation | | |
| Measure Item Count | Encounter, Performed: Psychoanalysis | | |
| Measure Item Count | Encounter, Performed: Face-to-Face Interaction | | |
| Stratification | None | | |

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| Risk Adjustment | None |
| Rate Aggregation | None |
| Rationale | <p>Research has shown that more than 90% of people who kill themselves have depression or another diagnosable mental or substance abuse disorder. Depression is the cause of over two-thirds of the reported suicides in the U.S. each year. The intent of this measure is for a clinician to assess suicide risk at initial intake or at the visit in which depression was diagnosed. As the guidelines state, it is important to assess for additional factors which may increase or decrease suicide risk, such as presence of additional symptoms (eg, psychosis, severe anxiety, hopelessness, severe chronic pain); presence of substance abuse, history and seriousness of previous attempts, particularly, recent suicidal behavior, current stressors and potential protective factors (eg, positive reasons for living, strong social support), family history of suicide or mental illness or recent exposure to suicide, impulsivity and potential for risk to others, including history of violence or violent or homicidal ideas, plans, or intentions, and putting one's affairs in order (eg, giving away possessions, writing a will). In addition, although the measure focuses on the initial visit, it is critical that suicide risk be monitored especially for the 90 days following the initial visit and throughout MDD treatment.</p> |
| Clinical Recommendation Statement | <p>A careful and ongoing evaluation of suicide risk is necessary for all patients with major depressive disorder [I]. (APA, 2010)</p> <p>Such an assessment includes specific inquiry about suicidal thoughts, intent, plans, means, and behaviors; identification of specific psychiatric symptoms (eg, psychosis, severe anxiety, substance use) or general medical conditions that may increase the likelihood of acting on suicidal ideas; assessment of past and, particularly, recent suicidal behavior; delineation of current stressors and potential protective factors (eg, positive reasons for living, strong social support); and identification of any family history of suicide or mental illness [I]. (APA, 2010)</p> <p>As part of the assessment process, impulsivity and potential for risk to others should also be evaluated, including any history of violence or violent or homicidal ideas, plans, or intentions [I]. (APA, 2010)</p> <p>The patient's risk of harm to him- or herself and to others should also be monitored as treatment proceeds [I]. (APA, 2010)</p> <p>Guidelines for Selecting a Treatment Setting for Patients at Risk for Suicide or Suicidal Behaviors (from APA's Practice Guideline for Assessment and Treatment of Patients With Suicidal Behaviors-2010, Downloaded from http://psychiatryonline.org/ on 6/25/12): Admission generally indicated After a suicide attempt or aborted suicide attempt if:</p> <ul style="list-style-type: none"> * Patient is psychotic * Attempt was violent, near-lethal, or premeditated * Precautions were taken to avoid rescue or discovery * Persistent plan and/or intent is present * Distress is increased or patient regrets surviving * Patient is male, older than age 45 years, especially with new onset of psychiatric illness or suicidal thinking * Patient has limited family and/or social support, including lack of stable living situation * Current impulsive behavior, severe agitation, poor judgment, or refusal of help is evident * Patient has change in mental status with a metabolic, toxic, infectious, or other etiology requiring further workup in a structured setting <p>In the presence of suicidal ideation with:</p> <ul style="list-style-type: none"> * Specific plan with high lethality * High suicidal intent <p>Admission may be necessary After a suicide attempt or aborted suicide attempt, except in circumstances for which admission is generally indicated</p> <p>In the presence of suicidal ideation with:</p> <ul style="list-style-type: none"> * Psychosis * Major psychiatric disorder * Past attempts, particularly if medically serious * Possibly contributing medical condition (eg, acute neurological disorder, cancer, infection) * Lack of response to or inability to cooperate with partial hospital or outpatient treatment * Need for supervised setting for medication trial or ECT * Need for skilled observation, clinical tests, or diagnostic assessments that require a structured setting * Limited family and/or social support, including lack of stable living situation * Lack of an ongoing clinician-patient relationship or lack of access to timely outpatient follow-up * [Evidence of putting one's affairs in order (eg, giving away possessions, writing a will)] <p>In the absence of suicide attempts or reported suicidal ideation/plan/intent but evidence from the psychiatric evaluation and/or history from others suggests a high level of suicide risk and a recent acute increase in risk</p> <p>Release from emergency department with follow-up recommendations may be possible After a suicide attempt or in the presence of suicidal ideation/plan when:</p> <ul style="list-style-type: none"> * Suicidality is a reaction to precipitating events (eg, exam failure, relationship difficulties), particularly if the patient's view of situation has changed since coming to emergency department * Plan/method and intent have low lethality * Patient has stable and supportive living situation * Patient is able to cooperate with recommendations for follow-up, with treater contacted, if possible, if patient is currently in treatment |

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| | Outpatient treatment may be more beneficial than hospitalization Patient has chronic suicidal ideation and/or self-injury without prior medically serious attempts, if a safe and supportive living situation is available and outpatient psychiatric care is ongoing. |
| Improvement Notation | Higher score indicates better quality |
| Reference | American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition--2010. This practice guideline was approved in May 2010 and published in October 2010. A guideline watch, summarizing significant developments in the scientific literature since publication of this guideline, may be available at http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx . |
| Reference | Conwell Y, Brent D. Suicide and aging I: patterns of psychiatric diagnosis. International Psychogeriatrics, 1995; 7(2): 149-64. |
| Reference | Statistics on Depression. Depression and Bipolar Support Alliance. < http://www.dbsalliance.org/site/PageServer?pagename=press_facts_depression >. Accessed February 17, 2015. |
| Definition | Suicide risk assessment - Must include questions about the following: 1) Suicidal ideation 2) Patient's intent of initiating a suicide attempt AND, if either is present, 3) Patient plans for a suicide attempt 4) Whether the patient has means for completing suicide |
| Guidance | It is expected that a suicide risk assessment will be completed at the visit during which a new diagnosis is made or at the visit during which a recurrent episode is first identified (ie, at the initial evaluation). This measure is an episode-of-care measure and should be reported for each instance of a new or recurrent episode of MDD; every new or recurrent episode will count separately in the Initial Population. Use of a standardized tool or instrument to assess suicide risk will meet numerator performance. Standardized tools can be mapped to the concept "Intervention, Performed: Suicide Risk Assessment" included in the numerator logic below. The measure description outlined in the header for this measure states, 'patients aged 18 years and older' while the logic statement states, '>= 17 year(s) at: "Measurement Period"'. The logic statement, as written, captures patients who turn 18 years old during the measurement period so that these patients are included in the measure. To ensure all patients with major depressive disorder (MDD) are assessed for suicide risk, there are two clinical quality measures addressing suicide risk assessment; CMS 177 covers children and adolescents aged 6 through 17, and CMS 161 covers the adult population aged 18 years and older. |
| Transmission Format | TBD |
| Initial Population | All patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) |
| Denominator | Equals Initial Population |
| Denominator Exclusions | None |
| Numerator | Patients with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified |
| Numerator Exclusions | Not Applicable |
| Denominator Exceptions | None |
| Supplemental Data Elements | For every patient evaluated by this measure also identify payer, race, ethnicity and sex |

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Population Criteria

- **Initial Population =**
 - AND: Age >= 17 year(s) at: "Measurement Period"
 - AND: "Diagnosis: Major Depressive Disorder-Active" starts during Occurrence A of \$MDDEncounters161

- Denominator =**
 - AND: Initial Population
- **Denominator Exclusions =**
 - None
- **Numerator =**
 - AND: "Intervention, Performed: Suicide Risk Assessment" during Occurrence A of \$MDDEncounters161
- **Numerator Exclusions =**
 - None
- **Denominator Exceptions =**
 - None
- **Stratification =**
 - None

Data Criteria (QDM Variables)

- **\$MDDEncounters161 =**
 - Union of:
 - "Encounter, Performed: Psych Visit - Diagnostic Evaluation"
 - "Encounter, Performed: Psych Visit - Psychotherapy"
 - "Encounter, Performed: Emergency Department Visit"
 - "Encounter, Performed: Office Visit"
 - "Encounter, Performed: Outpatient Consultation"
 - "Encounter, Performed: Psychoanalysis"
 - "Encounter, Performed: Face-to-Face Interaction"
 - during "Measurement Period"

Data Criteria (QDM Data Elements)

- "Diagnosis: Major Depressive Disorder-Active" using "Major Depressive Disorder-Active Grouping Value Set (2.16.840.1.113883.3.526.3.1491)"
- "Encounter, Performed: Emergency Department Visit" using "Emergency Department Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1010)"
- "Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)"
- "Encounter, Performed: Office Visit" using "Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Outpatient Consultation" using "Outpatient Consultation Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1008)"
- "Encounter, Performed: Psych Visit - Diagnostic Evaluation" using "Psych Visit - Diagnostic Evaluation Grouping Value Set (2.16.840.1.113883.3.526.3.1492)"
- "Encounter, Performed: Psych Visit - Psychotherapy" using "Psych Visit - Psychotherapy Grouping Value Set (2.16.840.1.113883.3.526.3.1496)"
- "Encounter, Performed: Psychoanalysis" using "Psychoanalysis Grouping Value Set (2.16.840.1.113883.3.526.3.1141)"
- "Intervention, Performed: Suicide Risk Assessment" using "Suicide Risk Assessment Grouping Value Set (2.16.840.1.113883.3.526.3.1484)"

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDCREC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer SOP Value Set (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race CDCREC Value Set (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex AdministrativeGender Value Set (2.16.840.1.113762.1.4.1)"

Risk Adjustment Variables

- None

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| Measure Set | None |
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