

eMeasure Title	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment		
eMeasure Identifier (Measure Authoring Tool)	177	eMeasure Version number	5.0.000
NQF Number	1365	GUID	848d09de-7e6b-43c4-bedd-5a2957ccffe3
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 patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk		
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Measure Scoring	Proportion		
Measure Type	Process		
Measure Item Count	Encounter, Performed: Face-to-Face Interaction		
Measure Item Count	Encounter, Performed: Group Psychotherapy		
Measure Item Count	Encounter, Performed: Outpatient Consultation		
Measure Item Count	Encounter, Performed: Office Visit		
Measure Item Count	Encounter, Performed: Psych Visit - Diagnostic Evaluation		
Measure Item Count	Encounter, Performed: Psych Visit - Family Psychotherapy		
Measure Item Count	Encounter, Performed: Psych Visit - Psychotherapy		
Measure Item	Encounter, Performed: Psychoanalysis		

Count	
Stratification	None
Risk Adjustment	None
Rate Aggregation	None
Rationale	Research has shown that patients with major depressive disorder are at a high risk for suicide, which makes this assessment an important aspect of care that should be assessed at each visit. According to a study analyzing the quality of health care in the United States, only about 25.8% of patients with depression had documentation of the presence or absence of suicidal ideation during the first or second diagnostic visit. 76.11% of those patients who have suicidality were asked if they have specific plans to carry out suicide. A 2003 study reviewed medical records to assess the degree to which providers adhered to depression guidelines in a VA primary care setting. Providers documented exploration for suicidal ideation in 57% of the records.
Clinical Recommendation Statement	<p>The evaluation must include assessment for the presence of harm to self or others (MS). (AACAP)</p> <p>Suicidal behavior exists along a continuum from passive thoughts of death to a clearly developed plan and intent to carry out that plan. Because depression is closely associated with suicidal thoughts and behavior, it is imperative to evaluate these symptoms at the initial and subsequent assessments. For this purpose, low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can be used. Also, it is crucial to evaluate the risk (e.g., age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (e.g., religious belief, concern not to hurt family) that might influence the desire to attempt suicide. The risk for suicidal behavior increases if there is a history of suicide attempts, comorbid psychiatric disorders (e.g., disruptive disorders, substance abuse), impulsivity and aggression, availability of lethal agents (e.g., firearms), exposure to negative events (e.g., physical or sexual abuse, violence), and a family history of suicidal behavior. (AACAP)</p> <p>A careful and ongoing evaluation of suicide risk is necessary for all patients with major depressive disorder (Category I). Such an assessment includes specific inquiry about suicidal thoughts, intent, plans, means, and behaviors; identification of specific psychiatric symptoms (e.g., 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 (e.g., positive reasons for living, strong social support); and identification of any family history of suicide or mental illness (Category I). (APA)</p>
Improvement Notation	Higher score indicates better quality
Reference	American Academy of Child and Adolescent Psychiatry (AACAP). Practice parameters for the assessment and treatment of children and adolescents with depressive disorders. <i>J. Am. Acad. Child Adolesc. Psychiatry</i> , 2007; 46(11):1503-1526. Available at: http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/depressive_disorders_practice_parameter.pdf
Reference	Gelenberg AJ, Freeman MP, Markowitz JC, et al; American Psychiatric Association Work Group on Major Depressive Disorder. Practice guideline for the treatment of patients with major depressive disorder. 3rd ed. http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx . Published October 2010. Accessed November 24, 2010.
Reference	Zimmerman M, Galione J. Psychiatrists' and Nonpsychiatrist Physicians' Reported Use of the DSM-IV Criteria for Major Depressive Disorder. <i>J Clin Psychiatry</i> . 2010; 71:235-238.
Reference	Dobscha SK, Gerrity MS, Corson K, Bahr A, Cuiwik NM. Measuring adherence to depression treatment guidelines in a VA primary care clinic. <i>Gen Hosp Psychiatry</i> . 2003;25:230-7.
Reference	McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. <i>New England Journal of Medicine</i> . 2003;348(26):2635-2645.
Definition	<p>Numerator Definition: The specific type and magnitude of the suicide risk assessment is intended to be at the discretion of the individual clinician and should be specific to the needs of the patient. At a minimum, suicide risk assessment should evaluate:</p> <ol style="list-style-type: none"> 1. Risk (eg, age, sex, stressors, comorbid conditions, hopelessness, impulsivity) and protective factors (eg, religious belief, concern not to hurt family) that may influence the desire to attempt suicide. 2. Current severity of suicidality. 3. Most severe point of suicidality in episode and lifetime. <p>Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicidal Severity Rating Scale can also be used.</p>
Guidance	<p>A suicide risk assessment should be performed at every visit for major depressive disorder during the measurement period.</p> <p>This measure is an episode-of-care measure; the level of analysis for this measure is every visit for major depressive disorder during the measurement period. For example, at every visit for MDD, the patient should have a suicide risk assessment.</p> <p>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.</p>
Transmission Format	TBD

Initial Population	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder
Denominator	Equals Initial Population
Denominator Exclusions	None
Numerator	Patient visits with an assessment for suicide risk
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 >= 6 year(s) at: "Measurement Period"
 - AND: Age < 17 year(s) at: "Measurement Period"
 - AND: "Diagnosis: Major Depressive Disorder-Active" overlaps Occurrence A of \$MDDEncounters177
- **Denominator =**
 - AND: Initial Population
- **Denominator Exclusions =**
 - None
- **Numerator =**
 - AND: "Intervention, Performed: Suicide Risk Assessment" during Occurrence A of \$MDDEncounters177
- **Numerator Exclusions =**
 - None
- **Denominator Exceptions =**
 - None
- **Stratification =**
 - None

Data Criteria (QDM Variables)

- **\$MDDEncounters177 =**
 - Union of:
 - "Encounter, Performed: Office Visit"
 - "Encounter, Performed: Outpatient Consultation"
 - "Encounter, Performed: Face-to-Face Interaction"
 - "Encounter, Performed: Psych Visit - Diagnostic Evaluation"
 - "Encounter, Performed: Psych Visit - Family Psychotherapy"
 - "Encounter, Performed: Psychoanalysis"
 - "Encounter, Performed: Group Psychotherapy"
 - "Encounter, Performed: Psych Visit - Psychotherapy"
 - 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: 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: Group Psychotherapy" using "Group Psychotherapy Grouping Value Set (2.16.840.1.113883.3.526.3.1187)"
- "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 - Family Psychotherapy" using "Psych Visit - Family Psychotherapy Grouping Value Set (2.16.840.1.113883.3.526.3.1018)"

- "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

Measure Set	None
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