



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

HEDIS® Measurement Year 2020 & Measurement Year 2021 Measures
Electronic Clinical Data Systems (ECDS) Measures

Measure Description: This measure captures 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 looks at care occurring from January 1 through December 31 of the measurement year (period).

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

*Members may have an eligible encounter in any or all three assessment periods and may be included in the measure up to three times during the Measurement Period.

*The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed during an interactive outpatient encounter that includes: over the telephone, through a web-based portal, e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.

Screening Recommendations

- For adults recommend that providers establish and maintain regular follow-up with patients diagnosed with depression and use a standardized tool to track symptoms.
- For adolescents, guidelines recommend systematic and regular tracking of treatment goals and outcomes, including assessing depressive symptoms.

Eligible Screening Tools

Selection of the appropriate PHQ-9 assessment should be based on the member's age.

- **PHQ-9:** 12 years of age and older
- **PHQ-9 Modified for Teens:** 12–17 years of age
 - The American Academy of Pediatrics recommends that adolescents with depression should be assessed for treatment response and remission of symptoms using the PHQ-9 Modified for Teens Tool.

Quality Measure Toolkit

[AetnaBetterHealth.com/Pennsylvania](https://www.aetna.com/betterhealth/pennsylvania)

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Eligible Population

Ages: Members 12 years of age and older during the measurement period. The following age stratifications are reported for Medicaid:

- Medicaid: 12–17
- Medicaid: 18–44
- Medicaid: 45–64
- Medicaid: 65+

*Members with a diagnosis of Bipolar disorder, Personality disorder, Psychotic disorder, Pervasive developmental disorder, or are in hospice or using hospice services during the measurement period will not be counted in the eligible population.

Strategies For Improvement

Diagnosing, treatment, and follow-up for depression will lead to significant improvement in the patient’s condition. Here are some of the best practices for using the PHQ 9 screening for depression in a primary care setting.

- Members of the care team understand the importance of depression screening.
 - All clinic staff receives training on the PHQ- 9 depression screening.
 - Staff will be versed in strategies to engage patients on completing and understanding the tool.
- Offer assistance to patients with low health literacy on completing the questionnaire.
 - We want to ensure they are answering accurately and not misunderstanding the questions.
- Whenever possible, depression screening and treatment are culturally appropriate and offered in the patient’s first language.

- Screen patients at new visits, on an annual basis at well care visits, or when clinically indicated.
 - The PHQ-9 is a tool the patient fills out either via paper or online portals. Have the patient take the assessment in the waiting room while they await the start of their appointment.
 - Discuss the results during their appointment. Address any questions or concerns that they may have.
- Your organization will need to identify the PHQ-9 score that requires intervention in your setting. Interpretation of the screening results are as follows:

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

- Question nine on the screening tool needs special consideration as it is a screening for suicidal symptoms.
 - Have a standard workflow in place for patients answering yes regarding suicidal ideation. Have staff and treatment plans in place for these patients.
- Ensure routine follow up for members testing positive on the PHQ-9 and test the member at each follow up encounter to track improvements or declines in their PHQ-9 score. Alter treatment based on scores.