



ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

MEETING THE HEDIS MEASURE

This measure assesses the percentage of members 18 years of age and older who were treated with antidepressants and had a diagnosis of major depression and who remained on an antidepressant medication treatment. HEDIS evaluates two separate rates in this measure.

- Effective Acute Phase Treatment: Members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months)

WHY IS THE AMM MEASURE IMPORTANT?

Suicide is the 10th leading cause of death in the United States each year. Major depression can lead to serious impairment in daily functioning, including changes in sleep patterns, appetite, concentration, energy, and self-esteem, and can lead to self-harm and suicide. Clinical guidelines for depression emphasize the importance of effective clinical management in increasing members' medication compliance, monitoring effectiveness of treatment, and identifying and managing side effects.

Effective medication treatment of major depression can improve a person's daily functioning and well-being and can reduce the risk of suicide.

MEDICAL RECORDS SHOULD INCLUDE

When documenting major depression, make sure to include information about the following:

- Date of service
- Diagnosis of major depression
 - Whether the episode was single or recurrent
 - The severity of the episode, including mild, moderate, severe without psychotic features, or severe with psychotic features
 - The clinical status of the member and whether they are in partial or full remission
- Clear evidence that an antidepressant medication was prescribed

WHAT CAN BE DONE TO HELP MEET THE MEASURE?

Assist clients in setting up a follow-up appointment with a prescriber when members are transitioning to another level of care. Schedule a follow-up appointment no later than four weeks after starting a new prescription.


Remind members about their appointments. Encourage the use of telehealth appointments to discuss side effects and answer questions about the medication.

Target outreach for clients at risk of noncompliance via phone calls, medication prompts or case management. When prescribing antidepressants, ensure members understand it may take up to 12 weeks for full effectiveness of medication and discuss side effects and the importance of medication adherence.

Educate staff about the importance of adherence to prescription medications, side effects and benefits of antidepressant medication.

Involve the client and family in a collaborative discussion of treatment options and promote client participation in decision-making. Many members with mild depression who are prescribed antidepressants do not stay on medication. Consider referral or a consult for talk therapy as an alternative to medication.

Connect the client to health coaching programs, peer support, case management and psychotherapy and help them understand mental health diagnoses are medical illnesses, not character flaws or weaknesses. Communicate with other providers to ensure a whole health approach.

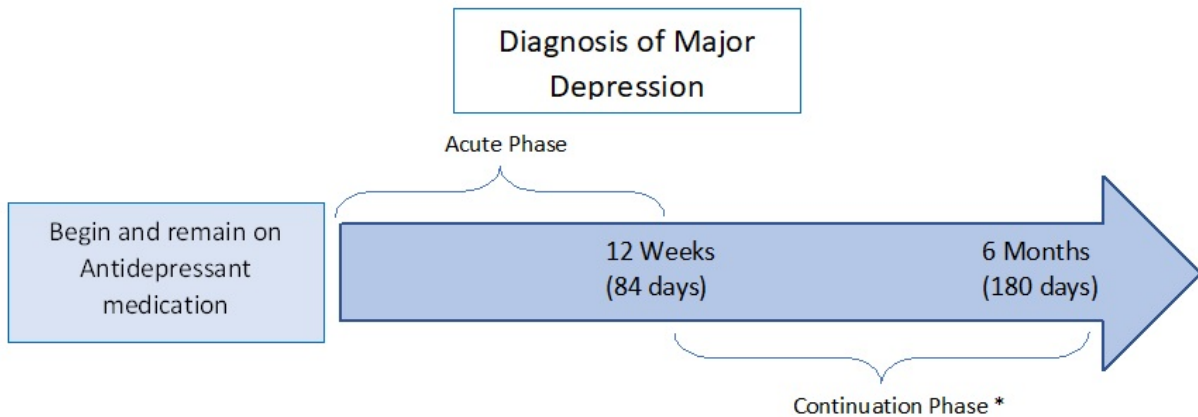


Important Notes

New for 2023 Updated

Members who died during the measurement year are now a required exclusion

Members must meet the lower age limit for the measure, 18, as of the Index Prescription Start Date (IPSD)



*The continuation phase is not measured until the acute phase is complete/compliant

Antidepressant Medications			
Drug Category	Medications		
Miscellaneous Antidepressants	Bupropion	Vilazodone	Vortioxetine
Monoamine Oxidase Inhibitors	Isocarboxazid Phenelzine	Selegiline	Tranylcypromine
Phenylpiperazine Antidepressants	Nefazodone	Trazodone	
Psychotherapeutic Combinations	Amitriptyline-chlordiazepoxide	Amitriptyline-perphenazine	Fluoxetine-olanzapine
SNRI Antidepressants	Desvenlafaxine Duloxetine	Levomilnacipran	Venlafaxine
SSRI Antidepressants	Citalopram Escitalopram	Fluoxetine Fluvoxamine	Paroxetine Sertraline
Tetracyclic Antidepressants	Maprotiline	Mirtazapine	
Tricyclic Antidepressants	Amitriptyline Amoxapine Clomipramine	Desipramine Doxepin (>6 mg) Imipramine	Nortriptyline Protriptyline Trimipramine



Required Exclusions:

Members in hospice or using hospice services

Timeframe: Any time during the measurement year

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

ICD-10 Codes	
Major Depression	F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9

REFERENCES

Antidepressant medication management. NCQA. (2023, February 3). Retrieved March 10, 2023, from www.ncqa.org/hedis/measures/antidepressant-medication-management/

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Centers for Disease Control and Prevention. 2012. "Suicide Facts at a Glance 2012."

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