

Quality Connection Newsletter

Adults should be screened for depression to ensure that accurate diagnosis and effective treatment can be provided with careful monitoring and follow-up.

Clinical Depression Screening and Follow-Up Among New York Medicaid Members

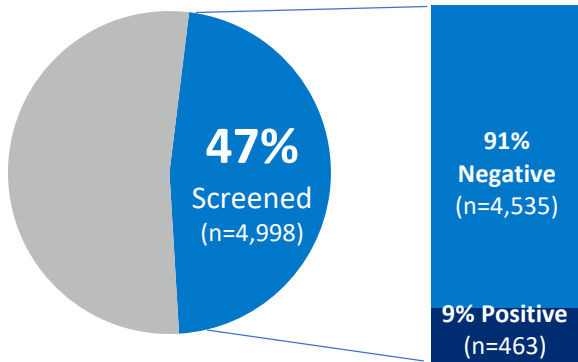
Depression is one of the most common mental health disorders in the United States. During 2009–2012, 7.6% of Americans aged 12 and over had depression.¹ Comprehensive screening in primary care may help clinicians identify undiagnosed depression and can help to alleviate patient’s suffering sooner or more thoroughly than if they had not been screened.

REFERENCES

- 1) Pratt LA, Brody DJ. Depression in the U.S. household population, 2009–2012. NCHS data brief, no 172. Hyattsville, MD: National Center for Health Statistics. 2014.
- 2) Pampallona S, Bollini P, Tibaldi G, Kupelnick B, Munizza C. Combined pharmacotherapy and psychological treatment for depression: A systematic review. Arch Gen Psychiatry 61(7):714–9. 2004.
- 3) Practice Guideline for the Treatment of Patients With Major Depressive Disorder. American Psychiatric Association, Third Edition. October 2010.

Screening For Depression

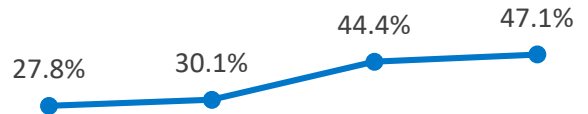
Less than half of adult Medicaid members were screened for depression by a primary care provider.



July 2018 - June 2019

Total number of adult Medicaid members in the sample is 10,610.

Screening for depression by a primary care provider has increased over time for Medicaid members.



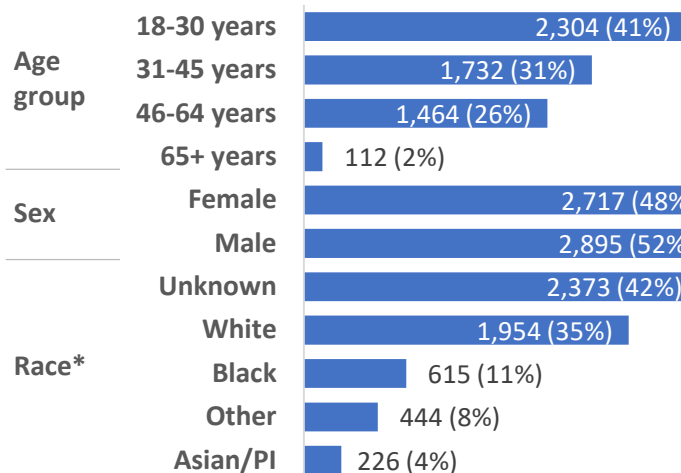
July 2015 - June 2016

July 2016 - June 2017

July 2017 - June 2018

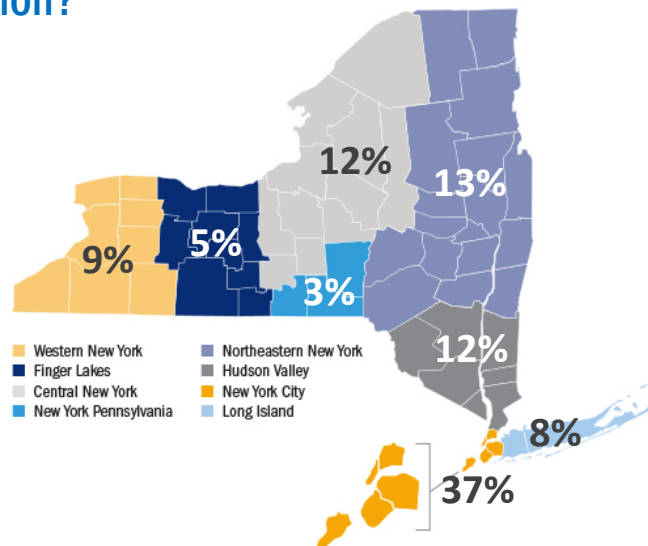
July 2018 - June 2019

Who is Not Getting Screened for Depression?



Total number of adult Medicaid members who were not screened is 5,612.

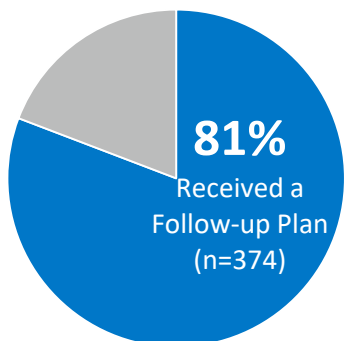
Other race includes Native American or Alaskan.



Follow-Up Plan for Depression

Identifying members with depression is important, but it is also critical to follow-up on their treatment after they have been diagnosed. Studies have shown that the most effective treatment for depression, especially for severe depression, is a combination of medication and therapy.² Overall, increased screening and follow-up care can reduce the prevalence of undiagnosed and untreated depression, and substantially improve the symptoms of depression.³

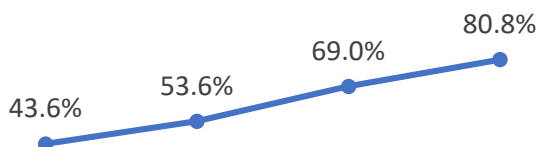
More than three fourths of adult Medicaid members with depression received a follow-up plan.



July 2018 - June 2019

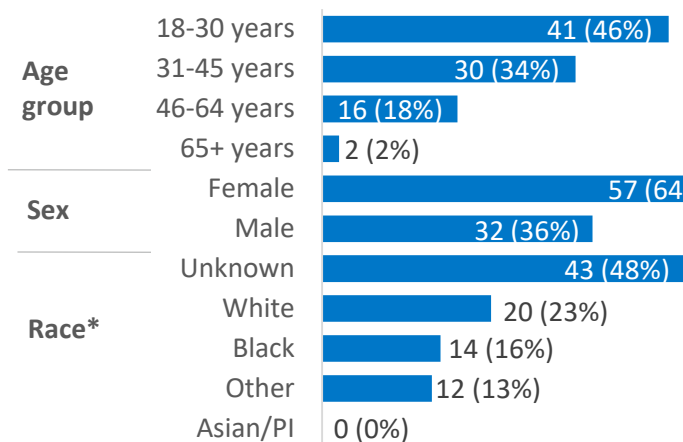
Total number of adult Medicaid members in the sample is 463.

Receiving a follow-up plan for depression has increased over time among Medicaid members.



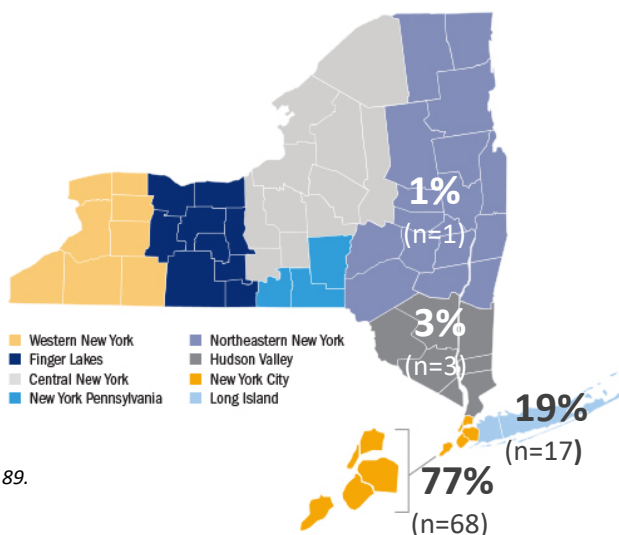
July 2015 - June 2016 July 2016 - June 2017 July 2017 - June 2018 July 2018 - June 2019

Who is Not Getting a Follow-Up Plan?



Total number of adult Medicaid members who were not getting a follow-up plan is 89.

Other race includes Native American or Alaskan.



DATA SOURCES AND METHODS

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Data source(s): Medicaid administrative claims data (denominator) and medical chart information (numerator).

Denominator: A systematic sample drawn from Medicaid members. The Medicaid recipient had to be between 18 years of age or older with a qualifying outpatient visit who was continuously enrolled for the measurement year (11 or 12 months of coverage) and not dually enrolled in Medicaid and Medicare.

Denominator Exclusions: Medicaid members who had a diagnosis of a depressive disorder, bipolar disorder, serious intellectual disability or dementia in the year prior or had an active diagnosis during the measurement year. Diagnosis codes are listed in Appendix D (See: https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2019/docs/2019-07-18_measure_specific_rptng_manual.pdf).

Numerator (screened for depression): The number of Medicaid recipients who were screened for clinical depression with a standardized tool such as Patient Health Questionnaire (PHQ).

Numerator (received follow-up treatment): The number of Medicaid recipients who had a positive result from a clinical depression screening and who received appropriate follow-up care within 30 days (inclusive) of the positive result.