Recommended Measure Specification - Improvement in Depression Symptoms during the Inpatient Psychiatric Facility (IPF) Stay

eCQM Title	**Improvement in Depression Symptoms during the Inpatient Psychiatric Facility (IPF) Stay**
Measurement Period	January 1, 20XX through December 31, 20XX
Measure Steward	Centers for Medicare and Medicaid Services (CMS)
Measure Developer	Mathematica
Description	The percent of adult patients discharged from an inpatient psychiatric facility (IPF) with a documented improvement in their PROMIS Depression short form (8b) scores between admission and discharge.
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Measure Scoring	Proportion
Measure Type	Outcome
Stratification	None
Risk Adjustment	To be determined – may include 1) demographic variables (e.g., sex or age), 2) principal diagnosis on admission, 3) psychiatric and non-psychiatric comorbidities, and 4) baseline PROMIS Depression short form scores, as well as other factors.
Rate Aggregation	None

Rationale	Depression is one of the most common mental health conditions in the United States, affecting nearly 20 percent of adults. Roughly 3 percent of adults reported severe symptoms of depression in 2019 (Villarroel & Terlizzi, 2020). Findings from the 2018 National Survey on Drug Use and Health indicate that 17.7 million adults in the United States had at least one major depressive episode in the past year.
	Mathematica analyzed Medicare fee-for-service claims data and found 23 percent of the roughly 331,000 Medicare beneficiaries admitted to IPFs in 2018 had a primary diagnosis of a depressive disorder, second only to schizophrenia and other psychotic disorders (34 percent). This is consistent with findings from Blair et al. (2019), who found a similar proportion of patients with depressive disorders among Medicare beneficiaries in IPS. Similarly, Stensland et al. (2012) reported one-quarter of all psychiatric hospitalizations were due to depression.
	Citrome et al. (2019) examined data from the Premier Perspective Hospital Database for 2014 and 2015 and found that, among 10.8 million adult acute-care hospital stays in the Premier network, 1.3 percent included a primary diagnosis of major depressive disorder (MDD). The average length of MDD-related stays was six days, with the majority (85 percent) resulting in a discharge to home. The average total hospital charge per stay was $6,713. Total hospital charges across the 136,000 depression-related stays exceeded $910 million.
Clinical Recommendation Statement	The proposed depression measure evaluates improvement in PROMIS Depression short form (8b) scores between IPF admission and discharge. Patients completing patient-reported outcome measures, such as the PROMIS Depression Short Form (8b), are more actively engaged in their care, and their providers are better able to tailor services across the health care continuum to best meet individual needs (Chenok et al., 2016).
Improvement Notation	Higher score indicates better performance
Reference	Blair, R., Brown, J.D., Barry, X., & Schmitt, A. (2019). Transitions in case and service use among Medicare beneficiaries in inpatient psychiatric facilities. Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/basic-report/transitions-care-and-service-use-among-medicare-beneficiaries-inpatient-psychiatric-facilities-issue-brief.
Reference	Chenok, K.E., Love, R.M., Petersen, C., Holve, E., Segal, C.D., & Franklin, P.D. (2016). Incorporating patient-reported outcomes into health care to engage patients and enhance care. Health Affairs, 35(4), 575–582. doi: 10.1377/hlthaff.2015.1362.
Reference	Citrome, L., Jain, R., Tung, A., Landsman-Blumberg, P.B., Kramer, K., & Ali, S. (2019). Prevalence, treatment patterns, and stay characteristics associated with hospitalizations for major depressive disorder. Journal of Affective Disorders, 249, 378–384. doi: 10.1016/j.jad.2019.01.044.
Reference	Stensland, M., Watson, P.R., & Grazier, K.L. (2012). An examination of costs, charges, and payments for inpatient psychiatric treatment in community hospitals. Psychiatric Services, 63(7), 666–671. doi: 10.1176/appi.ps.201100402.
Reference	Villarroel, M.A., and Terlizzi, E.P. (2020). Symptoms of depression among adults: United States, 2019. National Center for Health Statistics data brief no. 379. Hyattsville, MD: National Center for Health Statistics.
Definition	This measure utilizes the PROMIS Depression Short Form (8b), which is comprised of 8 questions about depressive symptoms in the past 7 days. Each question has 5 response options ranging in value from 1 ('never') to 5 ('always'). PROMIS Depression Short Form (8b) raw scores range from 8 to 40, with a lower score indicative of fewer depression symptoms.
	Information about the PROMIS Depression Short Form (8b) can be found at: www.healthmeasures.net.
Guidance	A higher score indicates an improvement in depression symptoms.
	This eCQM is a patient reported outcome measure.

Transmission Format	TBD
Initial Population	Patients 18 years and older discharged from an IPF with a PROMIS Depression Short Form (8b) scores indicative of at least mild depression symptoms at admission.
Denominator	Equals Initial Population
Denominator Exclusions	The following patients are excluded from the measure: • Patients discharged against medical advice • Patients discharged to another facility (acute care, residential care, hospice, correctional facility) • Patients cognitively unable to complete the PROMIS Depression short form (8b) • Patients expired during the IPF stay • Patients receiving hospice or palliative care services
Numerator	Patients 18 and older discharged from an IPF with documented improvement in their PROMIS Depression Short Form (8b) scores between admission and discharge.
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity, and sex.