



Antidepressant Medication Management

Helping members get the most from
their health care benefit plan.



HEDIS Measures for Antidepressant Medication Management

As part of a quality initiative to help assess effectiveness of care and services to our members, Blue Cross and Blue Shield of New Mexico (BCBSNM) uses specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS[®]). HEDIS is one of the most widely used and nationally accepted effectiveness of care measurements available.

Did you know?

- Major depression is one of the most common mental illnesses, affecting 6.7 percent (more than 16 million) American adults each year.¹
- Although the majority of individuals with depression may have a full remission of the disorder with effective treatment, only about a third (35.3 percent) of those suffering from severe depression seek treatment from a mental health professional.²
- Clinical depression has become one of America's most costly illnesses. Left untreated, depression costs over \$51 billion in absenteeism from work and lost productivity and \$26 billion in direct treatment costs.³

Measurement Structure

As part of our commitment to quality, BCBSNM studies claims data based on the following structure related to this HEDIS requirement:

- Effective Acute Phase Treatment: Adults 18 years of age and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: Adults 18 years of age and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months).

Sources

¹ Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

² 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.

³ Greenberg PE, Kessler RC, Birnbaum HG, Leong SA, Lowe SW, Berglund PA, Corey-Lisle PK. The economic burden of depression in the United States: how did it change between 1990 and 2000? Journal of Clinical Psychiatry. December 2003 Dec;64(12):1465-75.



Tips & Strategies

We appreciate the care and services you provide to help improve the health and well-being of our members. The BCBSNM Behavioral Health Program is intended to supplement the service and treatment that members receive from their contracted health care providers. Below are a few tips and strategies you may want to discuss with your patients on antidepressants.

- Talk about the new medications and encourage discussion about:
 - Expectations of how long to wait for a determination about the effectiveness (three weeks or longer)
 - Expectations about how long the patient may need to be on the medication based on severity and lifetime recurrence
 - Risks of discontinuing the medication prior to six months, such as a higher rate of recurrence of depression
 - Possible medication side effects and how to manage them
 - What the patient should do if they experience side effects

- The importance of continuing medication and the dangers of discontinuing suddenly
- Additional factors that can contribute to improvement in symptoms along with the medication, such as aerobic exercise and counseling or therapy
- Set follow-up visits in three to six weeks to reassess symptoms and see if changes need to be made to type or dose of medication.

- Provide written instructions to support educational messages.
- Discuss the importance of therapeutic engagement and coordination of care with other contracted health care providers.
- Encourage members to inquire about generic prescriptions, if appropriate.

The above material is for informational purposes only and is not intended to be a substitute for the independent medical judgment of a health care provider. Health care providers must use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment.

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