

## Monitoring Antidepressant Medication Management

UPMC Health Plan Behavioral Health Services monitors three indicators related to Antidepressant Medication Management: Optimal Practitioner Contacts, Effective Acute Phase Treatment, and Effective Continuation Phase Treatment. These indicators are monitored using a standard national methodology contained in the Healthcare Effectiveness Data and Information Set (HEDIS).

Optimal Practitioner Contacts is the percentage of members aged 18 and over who are diagnosed with a new episode of depression and treated with antidepressant medication and had at least three follow up contacts with a physical health or behavioral health practitioner coded with a behavioral health diagnosis during the 12 week acute treatment phase. One of the follow up visits must be with a prescribing clinician.

Effective Acute Phase Treatment is defined as the percentage of members aged 18 and over who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on the antidepressant drug during the entire 12 week acute treatment phase. Effective Continuation Phase Treatment is defined as the percentage of members aged 18 and over who were diagnosed with a new episode of depression and treated with antidepressant medication and remained on the antidepressant drug for at least six months.

The calendar year 2007 Commercial HEDIS rate for Optimal Practitioner Contacts is 22.70%, the rate for Effective Acute Phase Treatment is 68.71%, and the rate for Effective Continuation Phase Treatment is 51.12%. All three of these rates are above the national averages (20.76%, 60.89%, and 45.17%, respectively). The calendar year 2007 Medicare HEDIS rate for Optimal Practitioner Contacts is 18.80%, the rate for Effective Acute Phase Treatment is 70.09%, and the rate for Effective Continuation Phase Treatment is 54.70%. Medicare national comparisons are not yet published.

Barriers to members seeing clinicians frequently enough include:

- Lack of communication between physical and behavioral health practitioners.
- Members not wanting to see a practitioner this often.
- Practitioner scheduling difficulties.

One Medicare specific barrier is that Medicare members' medication needs may be more complex and therefore more confusing to the member.

UPMC Health Plan Behavioral Health Services has implemented the following interventions to improve the rate of Optimal Practitioner Contacts:

- Addition of a practitioner record review indicator to assess how often members are being seen at the start of treatment with corrective action requested when the expectation is not met.
- Treatment guidelines for depression are made available to practitioners.
- Letters that encourage Optimal Practitioner Contacts are sent to practitioners treating members newly diagnosed with depressive disorders.

- Care Managers prompt practitioners to schedule at least 3 contacts within 12 weeks at the start of treatment.
- The Depression Case Management Initiative (DCMI). DCMI has been initiated with all UPMC Health Plan commercial and Medicare PCP groups for identifying members with depression and assisting in appropriate behavioral health support and referrals.

UPMC Health Plan Behavioral Health Services will continue to monitor these antidepressant medication management indicators and develop additional interventions as needed. If you have found other techniques that are effective in promoting antidepressant medication management, we would appreciate hearing from you. Please call us at 1-888-251-2224 with your ideas and comments.