



IMPROVING HEALTH CARE QUALITY

Antidepressant Medication Management

Blue Cross and Blue Shield of Oklahoma (BCBSOK) collects quality data from our providers to measure and improve the care our members receive. Antidepressant Medication Management (AMM) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

AMM applies to our members with major depression who are age 18 and older. It captures the percentage of members who are newly treated with antidepressant medication and remain on it. As defined by AMM, providers who prescribe antidepressants should support members in reaching these two phases:

- **Effective acute treatment phase:** Adults who remained on antidepressant medication for at least 84 days (12 weeks)
- **Effective continuation treatment phase:** Adults who remained on antidepressant medication for at least 180 days (six months)

Each phase starts when the prescription is first filled.

AMM is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

Major depressive disorder is one of the most common mental disorders in the U.S., affecting more than 17 million adults each year, according to the [Substance Abuse and Mental Health Services Administration](#). Major depression can seriously impair everyday functioning and increase suicide risk. By managing their patients' antidepressant medication, providers can help increase **medication compliance**, **monitor side effects** and **improve treatment outcomes**, according to NCQA.

Tips to Consider

- Document all the following:
 - Date of service
 - Diagnosis of major depression
 - Clear evidence that antidepressant medication was prescribed
- Help our members understand that most antidepressants take four to six weeks to work. How long treatment lasts depends on the episode severity and number of recurrences.
- Encourage members to continue any prescribed medication, even if they feel better. Discuss the danger of discontinuing suddenly. If they take medication for fewer than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce the proper use of medication and what to do if they experience side effects.
- Discuss other factors that may improve symptoms, such as aerobic exercise and counseling or therapy.
- Assess members within 30 days from when the prescription is first filled for any side effects and their response to treatment.
- Coordinate care between behavioral health and primary care physicians by sharing progress notes and updates.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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