Florida Blue
Your Health Solutions Partner

May 2024

Antidepressant Medication Management (AMM) Measure

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. The following questions and answers provide key details of the HEDIS measure for Antidepressant Medication Management (AMM).

What is the measure?

AMM measures the percentage of members age 18 and older who were newly treated* with antidepressant medication, had a diagnosis of major depression, **and** remained on an antidepressant medication treatment from May 1 of the year prior through April 30 of the measurement year. Two rates are reported:

- **Effective Acute Phase Treatment:** The percentage of patients who remained on an antidepressant medication for at least **84** days (12 weeks) beginning on the earliest dispensing date
    - Continuous treatment allows gaps in treatment up to a total of **31** days during the *Acute Phase*.
    - Gaps can include either washout period gaps to change medication, or treatment gaps to refill the same medication.
- **Effective Continuation Phase Treatment**: The percentage of patients who remained on an antidepressant medication for at least **180** days (six months) beginning on the earliest dispensing date
    - Continuous treatment allows gaps in treatment up to a total of **52** days during the *Acute Phase* and *Continuation Phases* combined.
    - Gaps can include either washout period gaps to change medication, or treatment gaps to refill the same medication.

When does the measure start?

The Index Prescription Start Date (IPSD) is when the antidepressant is first dispensed. Once the IPSD is set, the member needs to be diagnosed with major depression within +/- 60 days. When the two items occur, the measurement will trigger.

What if a member stops the medication due to side effects or other reasons, e.g., medication not working immediately?

These scenarios happen, and the National Committee for Quality Assurance (NCQA) recognizes this can occur. This is why each phase has a built-in buffer or gap. The best practice will depend on specific circumstances. For example, in the case of side effects, the patient may need a slower titration schedule, a lower dose, or a different medication completely. Another common occurrence relates to a patient stopping the medication because it does not work right away. This warrants education to the patient that the antidepressant could take four to six weeks to work.

The goal for AMM is not 100% medication adherence, as NCQA does not expect this. The goal is to meet or exceed national averages.

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What if the patient is late filling the medication?

Each phase has a built-in buffer or gap to accommodate this. Continuous treatment allows gaps in treatment up to a total of **31 days** during the *Acute Phase*. Continuous treatment allows gaps in treatment up to a total of **52 days** during the *Acute Phase* and *Continuation Phases* combined.

How can I be successful with this measure?

1) Educate your patients on how to take their antidepressant medications including how antidepressants works, their benefits, how long they may be prescribed and why.
2) Talk to patients about how long antidepressants take to work.
3) Discuss the importance of continuing to take the medication even if the patient begins feeling better.
4) Educate patients on common side effects, how long the side effects may last, and what to do if experiencing.
5) Schedule a follow-up appointment at the time of initial prescription to assess members within 30 days for any side effects and their response to treatment.
6) Reach out to members who cancel appointments and assist them with rescheduling as soon as possible.
7) Normalize taking medication for depression.
8) Encourage members to ask questions and share any concerns.

For specific questions related to the AMM Measure, please send an email to QualityCareGapQuestions@bcbsfl.com

*Newly treated with antidepressant medication means the member had no claims for an antidepressant medication for a period of 105 days prior to when the new antidepressant medication was prescribed.