



BlueCross BlueShield of Texas

Antidepressant Medication Adherence

Major Depression is one of the most common mental illnesses, affecting 8.4% (more than 20 million) American adults each year¹. While it is a treatable disorder, many individuals fail to seek treatment or end treatment prematurely.

How You Can Help Close Gaps In Care

As part of monitoring quality of care, we track Antidepressant Medication Management (AMM). AMM is a Healthcare Effectiveness Data and Information Set (HEDIS[®]) measure from the National Committee for Quality Assurance (NCQA).² AMM assesses medication adherence for members 18 years of age and older who have a diagnosis of major depression and have been treated with antidepressant medication.

AMM captures two stages of medication adherence:

- **Effective Acute Phase Treatment:** Newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective Continuation Phase Treatment:** Newly treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months).

Reasons Why Patients Discontinue Medications

There can be a variety of reasons, including the following:

- The patient does not feel better quickly
- Side effects of the medication
- The medication costs too much
- The patient forgets to take the medication consistently
- The patient starts feeling better and thinks the medication is no longer needed
- The stigma associated with taking medication for depression
- The patient takes multiple medications already

Tips to Consider

Below are a few tips you may want to use when talking to your patients about taking antidepressants:

- If the patient is not taking the medication, find out the reason behind the non-compliance
- Assess if the patient is using any substances (drugs or alcohol) that could be interfering with the medication
- Help the patient problem-solve any cost issues for the medication
- Encourage the patient to set a reminder or an alarm to take the medication
- Assist the patient in developing a medication adherence plan, especially if the patient already takes multiple medications. A chart may assist the patient in keeping track of everything.
- Consider referring the patient to a mental health practitioner who specializes in depression.

Questions or Comments?

Contact us at BHQualityImprovement@bcbstx.com.

¹ Substance Abuse and Mental Health Services Administration's 2020 National Survey of Drug Use and Health

² NCQA AMM HEDIS Measure



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Also included in this packet:

- Tip sheet regarding medical record documentation and best practices for the AMM measures
- Member flier for medication adherence
- Member flier for using medications safely
- Member flier for using the pharmacist as a resource for medication questions

References and Resources

- Substance Abuse and Mental Health Services Administration's 2020 National Survey of Drug Use and Health
<https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report>
- NCQA AMM HEDIS Measure
<https://www.ncqa.org/hedis/measures/antidepressant-medication-management>
- American Medical Association
<https://www.ama-assn.org/delivering-care/patient-support-advocacy/8-reasons-patients-dont-take-their-medications>



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BlueResourceSM – Protecting Your Health – Talking with Your Pharmacist

Put This Health Care Pro in Your Corner

Pharmacists may spend most of their time behind a counter, but they are advocates for your good health. Introduce yourself. Share important health information. Ask questions. Your pharmacist can help you in many ways. Here are a few you'll appreciate.

Save money on your health care. Ask about generic drugs. Your pharmacist may know when generic options become available before your doctor.

Get answers to your questions. Learn about your medicines. Your pharmacist can explain when, how and how much to take, and warn you about any side effects.

Reach out to your doctor. Open the lines of communication. Your pharmacist will contact your doctor directly if there is any issue with your medication and get answers.

Learn about drug safety. Understand the big picture. Your pharmacist will let you know if it's safe to take over-the-counter pain relievers, vitamins or herbs with your medicine.

Manage health issues. Add another advocate to your medical team. Your pharmacist can help keep an eye on blood pressure, give flu and shingles shots, and show you how to use health equipment.



Talk with your pharmacist about your health care.

Sources: *Tips for Talking with Your Pharmacist.* Patient Advocate Foundation. 2019.

Stop - Learn - Go: Tips for Talking with Your Pharmacists to Learn How to Use Medicines Safely. U.S. Food and Drug Administration. 2019.

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BlueResourceSM – Protecting Your Health – Using Medications Safely

Follow the Script to Help Stay Healthy

Medicines can relieve aches and pains, help us manage health issues and even live longer. They work best, though, when we use them carefully and for the right purpose. Follow these safety tips for all your medicines.

Make a list. Write down all the medications you take. Include prescription drugs, over-the-counter medicines and vitamins. Share the list with your doctor at your next checkup.

Read directions carefully. Check medicine labels for important info. Take the correct amount and try not to skip a dose. Talk to your doctor before you decide to stop taking any prescription medications.

Throw out old medicine. Check the expiration dates on all your medications. Throw away drugs that are out of date. Ask your pharmacist how to safely dispose of them.

Store medicine safely. Keep medicines in a safe place. Make sure they are out of reach for children and teens. Do not share your prescription medications with others.



Use your medications safely.

Sources: *Use Medicines Wisely.* Food and Drug Administration. 2019.
Use Medicines Safely. U.S. Department of Health and Human Services. 2020.

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Major Depression is one of the most common mental illnesses, affecting 8.4% (more than 20 million) American adults each year¹. While it is a treatable disorder, many individuals fail to seek treatment or end treatment early.

If you are prescribed an antidepressant and find yourself discontinuing your medications early, it may be due to one of the following:

- You forget to take it consistently
- You are not sure that the medication is actually working
- You are having side effects
- You feel better and think it's okay to discontinue
- You take multiple medications already and it's hard to keep track
- The cost is too high

The good news is, you can speak with your provider and ask questions and develop a plan to address some of these barriers:

- What to do if you miss a dose?
- Can you take this medication with other medications or vitamins?
- Are there any foods to avoid with the medication?
- What are the possible side effects from the medication?
- How long before you should expect the medication to take effect?
- How long should you expect to be on the medication?
- Can you use a generic drug or are there other low-cost options?
- What is the best way to set medication reminders?

Always ask your provider, or even the pharmacist, if you don't understand something about your medications. And know that you can always ask them to write down any of the information for you.

Remember, your provider has prescribed you medication to help you feel better, and it's important to take the medication as prescribed. Below are some tips for medication safety:

1. Write medication information down
2. Set a routine around taking the medication
3. Organize your medications
4. Report any medication side effects to your provider
5. Build in medication reminders/set alarms
6. Use one pharmacy, which can help the pharmacist spot any possible dangerous interactions between your medications.
7. Store medication properly
8. Stick with a schedule
9. Follow up with your provider regularly and share concerns

¹ Substance Abuse and Mental Health Services Administration's 2020 National Survey of Drug Use and Health



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References

- Substance Abuse and Mental Health Services Administration's 2020 National Survey of Drug Use and Health
<https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report>
- American Medical Association
<https://www.ama-assn.org/delivering-care/patient-support-advocacy/8-reasons-patients-dont-take-their-medications>

Antidepressant Medication Management (AMM)

The National Committee for Quality Assurance (NCQA) collects Healthcare Effectiveness Data and Information Set (HEDIS®) measurements. We collect HEDIS data from our providers to measure and improve the quality of care our members receive. The NCQA recommends tracking the HEDIS AMM measure for our members.

Why is the HEDIS AMM measure important?

Major depression is a serious mental illness with a significant burden of symptoms and the most common psychiatric disorder in individuals who die from suicide.¹ Integrating the right antidepressant medication with appropriate behavioral therapy routinely leads to positive benefits and outcomes for members. Compliance with antidepressant medication is an essential component in treatment guidelines for major depression.²

AMM Measure Description

The AMM measure³ applies to our members with major depression who are 18 years and older. HEDIS requires an adequate course of newly⁴ started medication. Providers should document two phases of medication compliance.

The start date for each phase is when the prescription was first filled:

- **Effective Acute Treatment Phase:** 84 days (12 weeks) minimum with gaps in treatment up to a total of 30 days
- **Effective Continuation Treatment Phase:** 180 days (6 months) minimum with gaps in treatment up to a total of 51 days during the two phases combined

Medical Record Documentation and Best Practices

- Include all the following in documentation:
 - Date of service
 - Diagnosis of major depression
 - Clear evidence that an antidepressant medication was prescribed
- Help our members understand that most antidepressants take 4 to 6 weeks to work. The severity of the episode and number of reoccurrences determine duration of treatment.
- Encourage members to continue any prescribed medication, even if they feel better. Inform them of the danger of discontinuing suddenly. If they take the medication for less than six months, they are at a higher risk of recurrence.
- Give members written instructions to reinforce teaching about 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 assist them with rescheduling as soon as possible.

Behavioral Health Codes

Coding Instructions

Use ICD-10, CPT® and HCPCS to close gaps.

BH Outpatient

CPT: 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510

HCPCS: G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039-H0040, H2000, H2001, H2010-H2011, M0064, T1015

Emergency Department

CPT: 99281-99285

UB Rev: 0450-0452, 0456, 0459, 0981

Major Depression

ICD-10 CM: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9

Telephone Visits

CPT: 98966-98968, 99441-99443

Telephone Modifier Value Set: 95 GT

POS: 02

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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.

1 <https://www.ncbi.nlm.nih.gov/pubmed/23411024>; Accessed 1/21/20

2 <https://www.ncqa.org/hedis/measures/antidepressant-medication-management/>; Accessed 1/21/20

3 NCQA HEDIS 2020 Technical specifications for health plans, volume 2, Washington DC, 2020

4 Defined as no antidepressant medication filled in past 105 days

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