

May 17, 2010

RE: MDH Health Reform Update: Quality Measures - 2010 Preliminary Recommendations Available for Comment

To whom it may concern:

The Minnesota Psychiatric Society (MPS) is interested in commenting on the Minnesota Community Measurement Specification for Depression specifically the use of the PHQ-9 and data collection. We have the following comments:

1. The State of Minnesota has embarked on a process to collect data on PHQ-9 scores. MPS assumes that this process is going forward and that is the starting point for this discussion. Psychiatry has not opposed the idea of measurement and in fact, the DSM 5 work group has proposed the PHQ-9 as an option for rating the severity for Major Depression.
2. The diagnosis of Major Depression or Dysthymia is based on a clinical interview that requires the physician to assess the patient for other psychiatric and medical conditions. While we recognize that the MNCM specification states that the diagnosis of depression is a prerequisite for PHQ-9 screening, we have concerns that the screening instrument will be used as a diagnostic tool instead. There may be further confusion in that some of the literature supporting the use of the PHQ-9 also describes it as a diagnostic tool.
3. There may be more valid indicators of improvement than the PHQ-9 score consistent with remission of depression. Actual studies of the sample population may be indicated to determine optimal improvement measures with this instrument. We recommend that the de-identified data be made available to researchers for further statistical analysis. We also recommend more specific studies of validity and factors affecting PHQ-9 scores.
4. The most recent MNCM Measure "Depression Remission at Six months" lists medication management quality measures with no psychotherapy or psychosocial intervention measures. This suggests that medication management is the preferred method of treating depression and has the potential for affecting treatment choices.
5. The administrative use of PHQ-9 scores specifically as a basis for "pay for performance" is an area of concern. There are potential unintended consequences of this type of methodology. The recognition, diagnosis, and treatment of depression in primary care settings is currently reimbursed at a low rate. There is concern that an additional burden introduced by PHQ-9 screening may actually discourage recognition of depression unless there is an appropriate financial offset. There is also a concern that physicians treating the most severe and treatment refractory cases of depression would be penalized unless additional criteria for improvement could be established.

The Minnesota Psychiatric Society and its approximately 450 members is extremely interested in improving the treatment of depression in the state of Minnesota and would like to be a resource for the quality blueprint necessary to achieve that goal.

Accuracy in measurement is the first step.

Sincerely,

George Dawson, M.D.
President MPS