

HEDIS MEASURE OVERVIEW

Antidepressant Medication Management (AMM)

The Antidepressant Medication Management (AMM) measure is one of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) measures. AMM evaluates whether patients with a diagnosis of major depression are treated with an antidepressant and remain on the medication. When pharmacotherapy is part of the treatment plan, it must be integrated with psychiatric management and any other treatments being provided. Clinical guidance emphasizes the importance of effective clinical management in increasing medication compliance.¹

Please note that the information offered in this flyer is based on HEDIS technical specifications. It is not meant to replace your clinical judgment.

Who is included in the AMM measure?

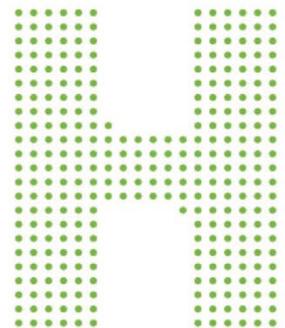
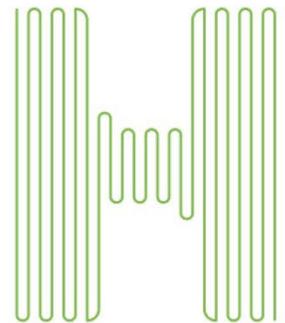
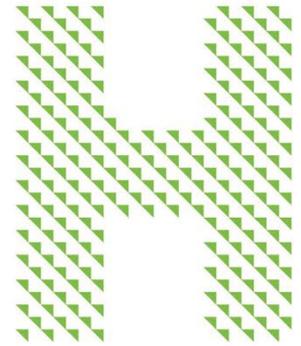
Patients 18 years old and older at the time the antidepressant was prescribed who had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

- Effective Acute Phase Treatment: Patients who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: Patients who remained on an antidepressant medication for at least 180 days (six months)

Exclusions

- Patients in hospice or using hospice services
- Patients who did not have an encounter with a diagnosis of major depression during a 121-day period: From 60 days prior to the index prescription start date (IPSD) through the IPSD and 60 days after the IPSD
- Patients who filled a prescription for an antidepressant medication 105 days before the IPSD to 231 days after the IPSD



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Performing well on the AMM measure

Include all of the following in medical record documentation:

- Date of service
- Diagnosis of major depression
- Evidence an antidepressant was prescribed

Best practices for primary care physicians

- Assist patients with setting up follow-up appointments when transitioning to another care level.
- Perform targeted outreach to nonadherent patients via phone, text or case management.
- Ensure patients are educated on the importance of medication—adherence, side effects and benefits.
- Educate patients on the importance of remaining on the antidepressant.
- Schedule follow-up appointments no later than four weeks after starting a new prescription, and discuss barriers to medication adherence.
- Reach out to patients who cancel appointments, and assist with rescheduling as soon as possible.
- Stress timely 90-day prescription refills to support medication adherence in both phases.
- Carefully monitor patients to assess pharmacotherapy response and emergence of side effects, clinical condition and safety.
- When determining the frequency of patient monitoring, consider the severity of illness, the patient’s cooperation with treatment, comorbidities and the availability of social supports.

Antidepressant medications

Description	Prescription
Miscellaneous antidepressants	Bupropion, Vilazodone, Vortioxetine
Monoamine oxidase inhibitors	Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine
Phenylpiperazine antidepressants	Nefazodone, Trazodone
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine
Serotonin–norepinephrine reuptake inhibitor (SNRI) antidepressants	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine
Selective serotonin reuptake inhibitor (SSRI) antidepressants	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline
Tetracyclic antidepressants	Maprotiline, Mirtazapine
Tricyclic antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (more than 6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine

References

¹ National Committee for Quality Assurance. (2022, May 4). Antidepressant Medication Management (AMM). Retrieved from NCQA.org: <https://www.ncqa.org/hedis/measures/antidepressant-medication-management/?msclkid=1302b309cbcc11ec8341b48c5a9d5ada>

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