ACP does not support QPP measure 009: “Antidepressant Medication Management (AMM)”
This measure has several issues even though the measure concept is important. First, the time frame used in the measure (12 weeks for acute phase and 6 months for continuation) contradicts recommendations from evidence-based guidelines (4-6 weeks for acute phase, 4-9 months for continuation). Second, measure specifications do not consider alternative interventions for depression management such as psychotherapy, electroconvulsive therapy (ECT), or the combination of somatic and psychotherapy. Third, the measure excludes patient choice to switch to another modality of effective therapy due to side effects associated with pharmacological medications. In the management of patients with depression, a provider-patient discussion on the benefits, harms, and costs of treatment is important and not accounted for in this measure. The measure specifications should include exclusion criteria for lack of patient adherence due to the side effects of medication with documentation of alternative therapy. We suggest deleting the requirement for acute phase treatment. Fourth, the measure intends to evaluate quality outcomes at the health plan level, but the measure is currently included in the Centers for Medicare & Medicaid Services Merit-Based Incentive Payment System/Quality Payment Program and intends to assess performance at the individual clinician level. While health plans can easily obtain detailed clinical management data from various information systems (e.g., claims, EHR, pharmacy), clinicians are not privy to the same information. Therefore, clinicians are unaware of information (e.g., medication refill data) related to effective management of medication adherence.