

Antidepressant Medication Management (AMM)

The National Committee for Quality Assurance (NCQA) develops and collects HEDIS® measurements to set performance and drive improvement in quality-of-care outcomes.

To satisfy this, PerformCare annually tracks medication adherence rates of antidepressants for our adult members. It has come to our attention that the rates for members who start an antidepressant and do not continue the medication could be improved upon. We cannot address this concern on our own, and we need your help in improving medication adherence as we monitor the population that you serve.

Why is the HEDIS AMM measure important?

An estimated 4% of the population experiences depression, including 5.7% of adults (4.6% of men and 6.9% of women), and 5.9% of adults age 70 years and older. Approximately 332 million people in the world have depression.¹ PerformCare has identified over 3,500 members for this measure, and ensuring that our members understand the importance of adherence to their medications is something we take seriously. The antidepressant is an essential component of their depression treatment, and it can improve the likelihood of long-term benefit.

We would like to share with you how these metrics are measured, and some best practice items to share with your patients (our members).

AMM measure description²

Eligible population:

Members 18 years of age and older by December 31 of the measurement year.



Definition:

The measure evaluates the percentage of members age 18 years and older with a diagnosis of major depression who were treated with antidepressant medication and remained on an antidepressant medication treatment.

Two rates are reported:

- Effective Acute Phase Treatment: percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

¹ 2021 Global Burden of Disease (GBD) [online database], Institute for Health Metrics and Evaluation, <https://vizhub.healthdata.org/gbd-results>, accessed August 13, 2025.

² HEDIS 2024 Technical Specifications for Health Plans, Vol. 2, NCQA, 2024.

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Best practices

- Allow patients to have autonomy and choice in the medication decision-making process.
- Help members understand that:
 - Most antidepressants often take four to six weeks to work.
 - They should not stop the medication suddenly without consulting you. Instruct them to call the office to discuss before stopping.
 - When they feel better, it's not time to stop the medication. Help them see the connection between feeling better and the medication they are taking.
 - This is not a short-term prescription: They will often need to continue the medication for at least 6 months.
- Teach members how to combat minor side effects and recognize which side effects require immediate physician outreach. Members often complain of side effects and abruptly stop their medication.
- Provide members with educational materials about the medication that they can review at home and with their support team.
- Initially, see the member at least every 30 days to reinforce the need to continue the medication and to determine if the medication is effective.
- Establish a monitoring system to address adherence of all your members.
- Communicate and coordinate with the member's primary care physician.

Resources for members:

Learn more about adult depression:

<https://pa.performcare.org/self-management-wellness/depression>

La depresión (Spanish):

<https://pa.performcare.org/self-management-wellness/spanish/depression>

Medication safety tips:

<https://pa.performcare.org/self-management-wellness/medication-safety-tips>

Questions to ask about medications:

<https://pa.performcare.org/self-management-wellness/questions-to-ask-about-medications>

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