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Title

Improving HEDIS Depression Remission Metrics in Primary Care: A Quality Improvement Initiative

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Objective: The National Committee for Quality Assurance (NCQA) HEDIS depression remission quality metric specifies that patients with a PHQ-9/PHQ-A score ≥ 10 should be rescreened at every visit or at least every four months until remission is achieved. Remission is defined as a PHQ-9/PHQ-A score ≤ 5 or a 50% reduction from baseline, and the metric is met when remission occurs within a 4–8-month window following the initial elevated score. This quality improvement (QI) initiative aimed to improve performance on this metric within the UCSD Department of Family Medicine, where it is not currently being met in primary care.

Methods: We implemented a QI initiative using the Plan-Do-Study-Act (PDSA) framework. Existing UCSD standard workflows for depression screening, follow-up, remission, and response were reviewed and revised. A new clinic workflow was developed to enhance collaboration among primary care providers, clinic registered nurses, medical assistants, and embedded behavioral health providers, with the goal of improving identification and timely rescreening of patients within the appropriate remission window. Physicians and medical assistants received brief training on the updated workflow.

Preliminary Results: The target benchmark for the depression remission metric is 22% of identified patients achieving remission within the 4–8-month window. As of April 2026, prior to implementation of the improved workflow, the UCSD Family Medicine Genesee Clinic averaged 14.47%.