

Behavioral Health Phase 3: Standards Under Review

Measure Number	Title	Description	Measure Steward
0108	Follow-Up Care for	The percentage of children newly prescribed attention-deficit/hyperactivity	National Committee for
	Children Prescribed	disorder (ADHD) medication who had at least three follow-up care visits within	Quality Assurance
	ADHD Medication	a 10-month period, one of which is within 30 days of when the first ADHD	
	(ADD)	medication was dispensed.	
		An Initiation Phase Rate and Continuation and Maintenance Phase Rate are	
		reported.	
0710	Depression	Adult patients age 18 and older with major depression or dysthymia and an	MN Community Measurement
	Remission at Twelve	initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as	
	Months	a PHQ-9 score less than 5. This measure applies to both patients with newly	
		diagnosed and existing depression whose current PHQ-9 score indicates a need	
		for treatment.	
		This measure additionally promotes ongoing contact between the patient and	
		provider as patients who do not have a follow-up PHQ-9 score at twelve	
		months (+/- 30 days) are also included in the denominator.	
0711	Depression	Adult patients age 18 and older with major depression or dysthymia and an	MN Community Measurement
	Remission at Six	initial PHQ-9 score > 9 who demonstrate remission at six months defined as a	
	Months	PHQ-9 score less than 5. This measure applies to both patients with newly	
		diagnosed and existing depression whose current PHQ-9 score indicates a need	
		for treatment.	
		This measure additionally promotes ongoing contact between the patient and	
		provider as patients who do not have a follow-up PHQ-9 score at six months	
		(+/- 30 days) are also included in the denominator.	
0712	Depression	Adult patients age 18 and older with the diagnosis of major depression or	MN Community Measurement
	Utilization of the	dysthymia who have a PHQ-9 tool administered at least once during the four	
	PHQ-9 Tool	month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a	
		widely accepted, standardized tool that is completed by the patient, ideally at	
		each visit, and utilized by the provider to monitor treatment progress.	

Measure Number	Title	Description	Measure Steward
0722	Pediatric Symptom Checklist (PSC)	The Pediatric Symptom Checklist (PSC) is a brief parent-report questionnaire that is used to assess overall psychosocial functioning in children from 3 to 18 years of age. Originally developed to be a screen that would allow pediatricians and other health professionals to identify children with poor overall functioning who were in need of further evaluation or referral, the PSC has seen such wide use in large systems that it has increasingly been used as a quality indicator and as an outcome measure to assess changes in functioning over time. In addition to the original 35 item parent report form of the PSC in English, there are now many other validated forms including translations of the original form into about two dozen other languages, a youth self-report, a pictorial version, and a briefer 17 item version for both the parent and youth forms.	Massachusetts General Hospital
1365	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)
2597	Substance Use Screening and Intervention Composite	Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results	American Society of Addiction Medicine
2599	Alcohol Screening and Follow-up for People with Serious Mental Illness	 The percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user. Note: The proposed health plan measure is adapted from an existing provider-level measure for the general population (NQF #2152: Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling). It was originally endorsed in 2014 and is currently stewarded by the American Medical Association (AMA-PCPI). 	National Committee for Quality Assurance
2600	Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	The percentage of patients 18 years and older with a serious mental illness or alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Two rates are reported. Rate 1: The percentage of patients 18 years and older with a diagnosis of serious mental illness who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Rate 2: The percentage of adults 18 years and older with a diagnosis of alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user.	National Committee for Quality Assurance

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		 Note: The proposed health plan measure is adapted from an existing provider-level measure for the general population (Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention NQF #0028). This measure is currently stewarded by the AMA-PCPI and used in the Physician Quality Reporting System. 	
2601	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	 The percentage of patients 18 years and older with a serious mental illness who received a screening for body mass index and follow-up for those people who were identified as obese (a body mass index greater than or equal to 30 kg/m2). Note: The proposed health plan measure is adapted from an existing provider-level measure for the general population (Preventive Care & Screening: Body Mass Index: Screening and Follow-Up NQF #0421). It is currently stewarded by CMS and used in the Physician Quality Reporting System. 	National Committee for Quality Assurance
2602	Controlling High Blood Pressure for People with Serious Mental Illness	 The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018: Controlling High Blood Pressure). It was originally endorsed in 2009 and is owned and stewarded by NCQA. The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline. 	National Committee for Quality Assurance
2603	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) testing during the measurement year. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0057: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing). This measure is endorsed by NQF and is stewarded by NCQA.	National Committee for Quality Assurance
2604	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0062: Comprehensive Diabetes Care: Medical Attention for Nephropathy). It is	National Committee for Quality Assurance

Measure Number	Title	Description	Measure Steward
		endorsed by NQF and is stewarded by NCQA.	

Measure Number	Title	Description	Measure Steward
2605	Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	The percentage of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7- and 30-days of discharge. Four rates are reported: - The percentage of emergency department visits for mental health for which the patient received follow-up within 7 days of discharge.	National Committee for Quality Assurrance
		 The percentage of emergency department visits for mental health for which the patient received follow-up within 30 days of discharge. The percentage of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 7 days of discharge. The percentage of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 30 days of discharge. 	
2606	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	 The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0061: Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg) which is endorsed by NQF and is stewarded by NCQA. 	National Committee for Quality Assurance
2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	 The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0059: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control >9.0%). This measure is endorsed by NQF and is stewarded by NCQA. 	National Committee for Quality Assurance

Measure Number	Title	Description	Measure Steward
2608	Diabetes Care for People with Serious	The percentage of patients 18-75 years of age with a serious mental and diabetes (type 1 and type 2) whose most recent HbA1c level during the	National Committee for Quality Assurance
	Mental Illness:	measurement year is <8.0%.	
	Hemoglobin A1c	Note: This measure is adapted from an existing health plan measure used in a	
	(HbA1c) Control	variety of reporting programs for the general population (NQF #0575:	
	(<8.0%)	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0). This	
		measure is endorsed by NQF and is currently stewarded by NCQA.	
2609	Diabetes Care for	The percentage of patients 18-75 years of age with a serious mental illness and	National Committee of Quality
	People with Serious	diabetes (type 1 and type 2) who had an eye exam during the measurement	Assurance
	Mental Illness: Eye	year.	
	Exam	Note: This measure is adapted from an existing health plan measure used in a	
		variety of reporting programs for the general population (NQF #0055:	
		Comprehensive Diabetes Care: Eye Exam). This measure is endorsed by NQF	
		and is stewarded by NCQA.	
2620	Multidimensional	This is a process measure indicating the percent of patients who have had this	M3 Information
	Mental Health	assessment completed in a period of time. Specifically, adult patients age 18	
	Screening	and older in an ambulatory care practice setting who have a Multidimensional	
	Assessment	Mental Health Screening Assessment administered at least once during the	
		twelve month measurement period (e.g., once during the calendar year). A	
		Multidimensional Mental Health Screening Assessment is any validated	
		screening tool, or combination of validated screening tools, that screens for the	
		presence or risk of having the more common psychiatric conditions, which for	
		this measure include major depression, bipolar disorder, post-traumatic stress	
		disorder (PTSD), one or more anxiety disorders (specifically, panic disorder,	
		generalized anxiety disorder, obsessive-compulsive disorder, and/or social	
		phobia), and substance abuse.	