

Revised Behavioral Health Recommendations

**Table 1 - Behavioral Health Measures recommended for Stage II Meaningful Use
(Quality measures have been coordinated with HRSA, SAMHSA and CMS' CMCS)**

NQF Measure #	Measure Title	Measure Description	Measure Steward	eMeasure	Disposition
0104,0111	Bipolar Disorder and Major Depression: Suicide Risk Assessment	Percentage of patients with depression or bipolar disorder who had an initial assessment that includes an appraisal for suicide risk	The American Medical Association Center for Quality Assessment and Improvement in mental health	Measure needs to be eSpecified	This measure will be submitted to the Clinical Quality Measures Workgroup for consideration for inclusion in the e-measures contract *
0110	Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Center for Quality Assessment and Improvement in Mental Health	Measure needs to be eSpecified	This measure will be submitted to the Clinical Quality Measures Workgroup for consideration for inclusion in the e-measures contract *
OT3-011-10 OT3-012-10	Nested Measures: Depression remission at 6 & 12 months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at 6 and 12 months defined as 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.	Minnesota Community Measurement	eMeasure	This measure is in the CMS list of 113 measures that will likely go into MU Stage 2 (but possibly Stage 3)

NQF Measure #	Measure Title	Measure Description	Measure Steward	eMeasure	Disposition
0108	ADHD: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication	<p>a. Initiation- Percentage of children 6 - 12 years of age with an ambulatory prescription dispensed for ADHD who had one follow-up visit with a practitioner with prescribing authority within 30-Days.</p> <p>b. Continuation/Maintenance- Percentage of children 6 - 12 years of age with an ambulatory prescription for ADHD who remained on the medication for at least 210 days and who had at least two additional followup visits with a practitioner within 270 days after initiation Phase.</p>	NCQA	eMeasure	This measure is in the CMS list of 113 measures that will likely go into MU Stage 2 (but possibly Stage 3)
N/A	Alcohol Screening and Brief Intervention (ASBI; adults)	<p>Measure of alcohol screening using a validated instrument, including documentation of a brief intervention. Percentage of patients aged 18-21 years seen for a visit within the reporting period who were screened for any alcohol use. Percentage of patients aged 21 years and older seen for a visit within the reporting period who were screened for binge drinking (≥5 drinks per occasion for men; ≥4 drinks per occasion for women).</p>	VA; IHS; AMA; TJC	Measure needs to be eSpecified	This measure is included in the scope of the contract that is being written to develop e-specifications for measures. Measures included in the contract will likely become part of MU Stage 3.
N/A	Depression Screening (PHQ-2 and PHQ-9) for primary care	<p>Measure of depression screening using a validated instrument, including documentation of a follow-up plan. Percentage of patients aged 12 years and older who were seen for a visit within the reporting period who were screened for depression at least once.</p>	VA; IHS; AMA; TJC	Measure needs to be eSpecified	This measure will be submitted to the Clinical Quality Measures Workgroup for consideration for inclusion in the e-measures contract *
NQF Review #1394	Depression Screening by 13 years of age	The percentage of adolescents who turn 13 years of age in the measurement year who had a screening for depression using a standardized tool.	VA; HIS; AMA; TJC	Measure needs to be eSpecified	This measure will be submitted to the Clinical Quality Measures Workgroup for consideration for inclusion in the e-measures contract *

NQF Measure #	Measure Title	Measure Description	Measure Steward	eMeasure	Disposition
NQF Review # 1365	Child and Adolescent Major Depressive Disorder 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.	The American Medical Association	Measure needs to be eSpecified	This measure will be submitted to the Clinical Quality Measures Workgroup for consideration for inclusion in the e-measures contract *

Table 2 - Standard Illicit Substance Abuse Question Recommended for Stage II Meaningful Use¹ⁱ

NQF Measure #	Measure Title	Measure Steward	eMeasure	Disposition
N/A	Illicit substance use primary care single question screener (including illegal drugs and non-medical use of prescription drugs)	NIDA	Measure needs to be eSpecified	This measure will be submitted to the Clinical Quality Measures Workgroup for consideration for inclusion in the e-measures contract *

Table 3 – Standard Trauma Exposure Screening Question Recommendation for Stage II Meaningful Use

NQF Measure #	Measure Title	Measure Steward	eMeasure	Disposition
N/A	Trauma exposure single question screener	SAMHSA	Measure needs to be eSpecified	This measure will be submitted to the Clinical Quality Measures Workgroup for consideration for inclusion in the e-measures contract *

Table 4 - Recommended change to MU HIE criteria

Stage 1 Final Rule	Proposed Stage 2	Recommended Change	Disposition
Perform test of HIE	Connect to at least three external providers in primary referral network (but outside of delivery system that uses the same EHR) or establish an ongoing bidirectional connection to at least one health information exchange	Connect to at least three external providers (e.g. behavioral health providers, post acute/long term care providers or other specialty providers) in primary referral network (but outside of delivery system that uses the same EHR) or establish an ongoing bidirectional connection to at least one health information exchange	The proposed language is being revised but the concept is supported by ONC and will be conveyed to the MU workgroup.

* If the Clinical Quality Measures Workgroup approves the measure:

1. It will be in the public domain.
2. The submitter will have to provide funding through an IAA to ONC to supplement the contract for e-measures development (Approximately \$250,000 per e-measure, exact cost to be determined).
3. The measure and the IAA will go back to the Clinical Quality Measures workgroup for its approval.
4. The submitter will have to get support from CMS (Patrick Conway, Chief Medical Officer)