



**WA State Common Measure Set on Healthcare Quality
Behavioral Health Measures Selection Workgroup**

Meeting #2: Wednesday, September 14, 2015

1:00 – 3:00 pm

Meeting Summary

Agenda Item	Summary of Workgroup Activity and/or Action(s)
I. Welcome and Introductions	Susie Dade, Deputy Director of the Washington Health Alliance welcomed the group to the second meeting of the Behavioral Health Measures Selection Workgroup. Workgroup members introduced themselves. Meeting attendance is recorded on page two of this meeting summary. The slide deck for this meeting is available on the Healthier Washington website or upon request; please contact Susie Dade at sdade@wahealthalliance.org
II. Orientation	Ms. Dade quickly re-reviewed the charge for this workgroup, intended uses of the measure set, the objects of measurement (i.e., the potential units of analysis), selection criteria, and decision-making process. Workgroup members had the opportunity to make comments and ask questions.
III. Measure Review	<p>The workgroup reviewed 29 measures at this meeting. They placed four additional measures on the “maybe” list for further consideration. The workgroup removed 25 from any further consideration. Measures were removed for one or more of the following reasons:</p> <ol style="list-style-type: none"> 1. Measure reliant on <i>clinical</i> data that we cannot access at this time to support broad, statewide measurement and public reporting 2. Measure applies to small, subset of population with concern about relevancy for broader audience and to inform health care purchasing 3. Concern regarding small N, which is particularly important given privacy concerns related to behavioral health-related topics 4. Measure no longer supported with current and detailed measure specifications (e.g., if not currently NQF-endorsed) <p>A detailed listing of action on considered measures starts on page 3. Several topics were added to the existing “parking lot.” In particular, there is significant interest in future ability to measure and report on depression-related measures (screening, intervention, progress).</p>
IV. Follow-up Assignments	<ol style="list-style-type: none"> 1. Deadline for submitting additional measures for consideration is Tuesday, September 22. Submit information to Susie Dade. 2. Susie Dade to query commercial health plans regarding their ability to measure and report on two measures: (a) Mental Health Service Penetration, and (b) Substance Use Disorder Treatment Penetration. Dave Mancuso (DSHS) has indicated measure specifications for the Substance Use Disorder Treatment Penetration will not be available before October. 3. Laura Pennington on point for accumulating information on and evaluating the “do-ability” of the SBIRT measure developed and in use in Oregon. Laura will present details on September 30.

Meeting Summary: Behavioral Health Measure Selection Workgroup, September 14, 2015

Agenda Item	Summary of Workgroup Activity and/or Action(s)
Follow-up Assignments (continued)	4. Kara Panek on point for presenting additional information on the MHSIP patient experience survey (Mental Health Statistics Improvement Project) – what it is, who is implementing, access to results for reporting, etc. Kara will present details on September 30.
V. Next steps and wrap-up	The next meeting will be held on September 30 from 10 am – 12 pm. Measure review will continue at that time.

September 14, 2015 -- Attendance/Workgroup members:

Committee Member	Organization	ATTENDED in Person	ATTENDED by Phone	DID NOT ATTEND
Kathy Bradley	Group Health Cooperative	X		
Lydia Chwastiak	UW Psychiatry and Behavioral Sciences	X		
Stacy Devenney	Kitsap Mental Health Services	X		
Charissa Fotinos	WA State Health Care Authority		X	
Erin Hafer	Community Health Plan of WA		X	
Robert Hilt	Seattle Childrens	X		
Debbie Horowski	UnitedHealthcare/Optum		X	
Julie Lindberg	Molina	X		
David Mancuso	Department of Social and Health Services	X		
Eileen O'Connor	Regence Blue Shield		X	
Kara Panek	Department of Social and Health Services	X		
Terry Rogers	Foundation for Healthcare Quality	X		
Jennifer Sabel	Department of Health	X		
Debra Srebnik	Seattle-King County Public Health	X		
Mary Tott	Navos		X	
Julie Youngblood (for Emily Transue)	Coordinated Care		X	

Attendance/Staff:

Name	Organization
Susie Dade	Washington Health Alliance
Teresa Litton	Washington Health Alliance
Laura Pennington	Washington State Health Care Authority

Attendance/Other (By Phone/Webinar):

Beth Arnold
Illian Bravo

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following eight measures have been placed on the **MAYBE** list (for further consideration by the Workgroup):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Mental Health Service Penetration (Broad Version)	Access to Care	No	NA	WA State Department of Social and Health Services	Percentage of Medicaid members with an identified mental health need who received mental health services in the reporting period through DSHS-, HCA- or Medicare-funded health care delivery systems.	Claims and Encounters	Broad version including behavioral health carve out services and services provided through the member's medical benefit. Implemented for DSHS service contracting entities under 5732/1519 legislative requirements. Need to run measure specs by commercial health plans for "do-ability" in 2016.
Substance Use Disorder Treatment Penetration	Access to Care	No	NA	WA State Department of Social and Health Services	Percentage of Medicaid members with an identified substance use disorder treatment need who received substance use disorder treatment services in the reporting period through DSHS-, HCA-, or Medicare-funded health care delivery systems.	Claims and Encounters	Implemented for DSHS service contracting entities under 5732/1519 legislative requirements; Need to run measure specs by commercial health plans for "do-ability" in 2016.
Youth Suicide Attempts	Prevention	No	NA	WA State Department of Health	Percentage of youth who report having attempted suicide in the past year.	Patient-Reported Survey	Healthy Youth Survey, deployed every two years (even years); data at state and possible county level (small N). WG very interested in having at least one measure pertaining to youth.
Alcohol Screening and Follow-up for People with Serious Mental Illness	Screening/ Intervention	Yes	2599	NCQA	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	Claims and Clinical	Need to determine whether this is measureable with claims data only, particularly for the commercial population. Serious mental illness defined as schizophrenia, bipolar I disorder, major depression
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Chronic Disease	Yes	1932	NCQA	The percentage of patients 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	Claims (inc Pharmacy)	Possible to do with available data. Concerns re: condition specific, small N.
Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	Continuity of Care	Yes	2605	NCQA	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 (two rates).	Claims	Measure at health plan/population level. Workgroup preference to alter measure to also include age group of 13-17 but understand this would impact availability of national benchmarks. Measure not currently in HEDIS measure set required by plans, so likely not in use.

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following measures have been placed on the **MAYBE** list (for further consideration by the Workgroup):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Continuity of Care	Yes	0004	NCQA	Percentage of adolescents and adult patients with a new episode of alcohol or other drug dependence who received the following: (1) Initiation of Treatment - inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis; (2) Engagement of Treatment - two or more additional services within 30 days of the initiation visit.	Claims or Clinical	Measure at health plan/population level. Concern re: "new episode" restriction as it eliminates important population from measure.
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Safety	Yes	1879	CMS	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).	Claims (inc Pharmacy)	Measure ties to psychiatric inpatient readmissions.

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following topics were discussed by the workgroup and were placed on the “**Parking Lot**” list (for future consideration beyond 2016). The “parking lot” will be revisited by the workgroup before it is finalized; topics may be added or deleted.

1. **Depression Screening** – there are several measures that may be considered for future inclusion in the Common Measure Set *when there is access to robust data via a statewide clinical data repository, e.g.,*
 - a. Depression screening by age 18 (no longer NQF-endorsed, NCQA steward)
 - b. Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan (NQF 0418, CMS Steward)
 - c. Depression Response at 6 months and 12 months; Progress Toward Remission (NQF 1884, 1885, MN Community Measurement Steward)
 - d. Depression Remission at 6 months and 12 months (NQF 0711, 0711, MN Community Measurement Steward)
 - e. Depression Utilization of the PHQ-9 Tool (NQF 0712, MN Community Measurement Steward)
2. **Unhealthy Alcohol Use: Screening and Brief Counseling** (NQF 2152, AMA Physician Consortium Steward)
3. **Antipsychotic Use in Older Persons with Dementia** (NQF 2111, Pharmacy Quality Alliance Steward)

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following measures were reviewed by the workgroup and were **removed from further consideration**:

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Mental Health Service Penetration (Narrow Version)	Access to Care	No	NA	WA State Department of Social and Health Services	Percentage of Medicaid members with an identified mental health need who received mental health services in the reporting period through DSHS-funded behavioral health care delivery systems.	Claims and Encounters	Narrow version measuring access to DSHS behavioral health carve out services and analogous services delivered through integrated Medicaid physical and behavioral health plans. Implemented for DSHS service contracting entities under 5732/1519 legislative requirements
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Prevention	Yes	0104	AMA Physician Consortium for Performance Improvement	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Clinical	Small N
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Prevention	Yes	1365	AMA Physician Consortium for Performance Improvement	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	Clinical	Small N
Youth Depressive Feelings	Prevention	No	NA	WA State Department of Health	Percentage of youth who self-report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activity (8th, 10th and 12th graders).	Patient-Reported Survey	Healthy Youth Survey, deployed every two years (even years); data at state and county level only
Suicide Death Rate	Prevention	No	NA	WA State Department of Health	Number of people who die of suicide per 100,000 Washingtonians.	Death Certificate	Data at county and state level; need to combine multiple years of data to stabilize results; small N
Adults Who Had At Least One Major Depressive Episode in the Past Year	Prevention	No	NA	National Substance Abuse & Mental Health Services Administration	Percentage of adults who had at least one major depressive episode in the past year.	Patient-Reported Survey	National Survey on Drug Use and Health -- Small Sample in WA to produce results; results include mix of WA state respondents with respondents from other states
Adults Who Had Serious Thoughts of Suicide in the Past Year	Prevention	No	NA	National Substance Abuse & Mental Health Services Administration	Percentage of adults who had serious thoughts of suicide in the past year.	Patient-Reported Survey	
Depression Assessment Conducted (Home Health Care)	Screening	Yes	0518	CMS	Percentage of patients who were screened for depression (using a standardized depression screening tool) at start or resumption of home health care	Clinical	
Developmental Screening Using a Parent-Completed Screening Tool	Screening	Yes	1385	Child and Adolescent Health Measurement Initiative	Assesses whether the parent or caregiver completed a developmental screening tool at a health care visit during previous 12 months; tool meant to identify children at-risk for developmental, behavioral and social delays.	Clinical/ Patient-Reported Survey	Focus: Children age 10 months - 5 years

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The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Hospital-Based Inpatient Psychiatric Setting (HBIPS-1) - Admission Screening	Screening	Yes	1922	The Joint Commission	Proportion of patients admitted to a HBIPS who are screened within the first three days of hospitalization for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths. Measure is part of a set of 7; others focus on use of physical restraint (HBIPS-2), seclusion (HBIPS-3), multiple antipsychotic medications at discharge with appropriate justification (HBIPS-5), post discharge continuing care plan (HBIPS-6), post discharge continuing care plan transmitted (HBIPS-7). HBIPS-4 no longer NQF-endorsed (multiple antipsychotic medications at discharge).	Clinical	
Promoting Healthy Development Survey (PHDS)	Screening	Yes	0011	Oregon Health & Science University	Assesses national recommendations for preventive and developmental services for young children ages 3-48 months of age; information gathered on multiple topics including assessment of psychosocial well-being and safety in the family and assessment of smoking, drug and alcohol use in the family.	Patient-Reported Survey	
Bipolar Disorder and Major Depression: Assessment for Manic or Hypomanic Behaviors	Screening	No	0109	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for depression who were assessed, prior to treatment, for the presence of current and/or prior manic or hypomanic behaviors.	Claims and Clinical	CQAIMH is based at the Department of Psychiatry at Harvard Medical School. Unclear whether detailed and current measure specifications are available.
Bipolar Disorder and Major Depression: Appraisal for Alcohol or Chemical Substance Abuse	Screening	No	0110	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance abuse.	Claims and Clinical	
Bipolar Disorder: Appraisal for Risk of Suicide	Screening	No	0111	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients with bipolar disorder with evidence of an initial assessment that includes an appraisal for risk of suicide.	Claims and Clinical	
Bipolar Disorder: Appraisal for Diabetes	Screening	No	0003	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for bipolar disorder who are assessed for diabetes within 16 weeks after initiating treatment with an atypical antipsychotic agent.	Claims and Clinical	
Bipolar Disorder: Level-of-function Evaluation	Screening	No	0112	Center for Quality Assessment and Improvement in Mental Health	Percentage of patients treated for bipolar disorder with evidence of level-of-function evaluation at the time of the initial assessment and again within 12 weeks of initiating treatment.	Claims and Clinical	

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The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Depression Screening by 13 Years of Age	Screening	No	1394	NCQA	Percentage of adolescents 13 years of age who had a screening for depression using a standardized tool.	Clinical	Unclear whether detailed and current measure specifications are available.
Depression Screening by 18 Years of Age	Screening	No	1515	NCQA	Percentage of adolescents 18 years of age who had a screening for depression using a standardized tool.	Clinical	Depression screening felt to be very important but recognize no current way to measure. Please topic on "parking lot" list for future consideration.
Adult Major Depressive Disorder (MDD): Comprehensive Depression Evaluation: Diagnosis and Severity	Screening	No	0103	AMA Physician Consortium for Performance Improvement	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder with evidence that they met the DSM-IV TR criteria for MDD AND for whom there is an assessment of depression severity during the visit in which a new diagnosis or recurrent episode was identified.	Clinical	Unclear whether detailed and current measure specifications are available.
Maternal Depression Screening	Screening	No	1401	NCQA	Percentage of children 6 months of age who had documentation of a maternal depression screening for the mother.	Clinical	Unclear whether detailed and current measure specifications are available.
Risky Behavior Assessment or Counseling by Age 13 Years	Screening	No	1406	NCQA	Percentage of children with documentation of a risk assessment or counseling for risky behaviors by 13 years of age. Four rates reported: Risk Assessment or Counseling for (1) Alcohol Use (2) Tobacco Use (3) Substance Abuse (4) Sexual Activity.	Clinical	Unclear whether detailed and current measure specifications are available.
Risky Behavior Assessment or Counseling by Age 18 Years	Screening	No	1507	NCQA	Percentage of adolescents with documentation of a risk assessment or counseling for risky behaviors by 13 years of age. Four rates reported: Risk Assessment or Counseling for (1) Alcohol Use (2) Tobacco Use (3) Substance Abuse (4) Sexual Activity.	Clinical	Unclear whether detailed and current measure specifications are available.
BMI Screening and Follow-up for People with Serious Mental Illness	Screening/ Intervention	Yes	2601	NCQA	Percentage of patients 18 years and older with a serious mental illness who received a screening for BMI and follow-up for those people who were identified as obese (BMI \geq 30)	Claims and Clinical	
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	Screening/ Intervention	Yes	2152	AMA Physician Consortium for Performance Improvement	Percentage of patients 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.	Clinical	Screening tools included: AUDIT Screening Instrument, AUDIT-C Screening Instrument, Single Question Screening: How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65) or more drinks in a day? (response \geq 2). Focus area very important; unable to measure at this time. Place topic on "parking lot."

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
SUB- 1 Alcohol Use Screening	Screening/ Intervention	Yes	1661	The Joint Commission	Hospitalized patients 18 years of age and older who are screening within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use. (part of a set of 4-linked measures)	Clinical	Lack of strong evidence to support efficacy of hospital-based brief intervention. Small N.
SUB-2 Alcohol Use Brief Intervention Provided or Offered and SUB 2a Alcohol Use Brief Intervention	Screening/ Intervention	Yes	1663	The Joint Commission	Hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate (subset of first) which includes only those patients who received a brief intervention. (part of a set of 4-linked measures)	Clinical	
SUB-3 and SUB 3a Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge	Screening/ Intervention	Yes	1664	The Joint Commission	Hospitalized patients 18 years of age and older to whom a brief intervention was provided, or offered and refused, and a second rate (subset of first) which includes only those patients who received alcohol or drug use disorder treatment at discharge. (part of a set of 4-linked measures)	Clinical	
Substance Use Screening and Intervention Composite	Screening/ Intervention	Yes	2597	American Society of Addiction Medicine	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.	Clinical	Limited access to data for measure.
Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	Screening/ Intervention	Yes	2600	NCQA	Percentage of adults 18 years and older with a serious mental illness <u>or</u> alcohol or drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user.	Claims and Clinical	Two rates: (1) Diagnosis of serious mental illness and screening for tobacco use and follow-up; (2) diagnosis of alcohol or other drug dependence and screening for tobacco use and follow-up
Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	Screening/ Intervention	Yes	0418	CMS	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.	Claims and Clinical	Important topic; combine with other depression-related measures on "parking lot"
Bipolar antimanic agent	Screening/ Intervention	No	0580	Resolution Health	Percentage of patients with newly diagnosed bipolar disorder who have received at least 1 prescription for a mood-stabilizing agent during the measurement year.	Claims (inc Pharmacy)	Some antimanic medication used for anti-seizure; concerns re: misuse of bipolar diagnosis. Resolution Health is a personal health care guidance company and a subsidiary of Wellpoint. Unclear whether detailed and current measure specifications are available.

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Lipid profile (screening for dyslipidemia) for bipolar or schizophrenia on second generation antipsychotic medication	Screening/ Intervention	No	NA	APA-ADA consensus recommendations: UK NICE Guidelines for treatment of schizophrenia	The percentage of patients 18 – 64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a fasting lipid profile test during the measurement year.	Unclear: claims or clinical	Small N; specialty population. Unclear whether detailed and current measure specifications are available.
Controlling High Blood Pressure for People with Serious Mental Illness	Chronic Disease	Yes	2602	NCQA	Percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year	Claims and Clinical	Excludes patients with ESRD or a diagnosis of pregnancy
Depression Response at 6 months - Progress Towards Remission	Chronic Disease	Yes	1884	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at 6 months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score.	Clinical/ Patient-Reported Survey	Applies to newly diagnosed and existing depression; diagnosis of bipolar or personality disorder excluded. Combine with other depression-related measures on "parking lot."
Depression Response at 12 months - Progress Towards Remission	Chronic Disease	Yes	1885	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at 12 months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score.	Clinical/ Patient-Reported Survey	
Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90)	Chronic Disease	Yes	2606	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) whose most recent blood pressure reading during the measurement year is <140/90 mm Hg.	Claims and Clinical	Serious mental illness defined as schizophrenia, bipolar I disorder, major depression. While some of these measures are do-able with claims data, they are a subset of items already included in the Common Measure Set. Control measures will have small N.
Diabetes Care for People with Serious Mental Illness: Eye Exam	Chronic Disease	Yes	2609	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) who had an eye exam during the measurement year.	Claims and Clinical	
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)	Chronic Disease	Yes	2608	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) whose most rHbA1c level during the measurement year is <8.0%.	Claims and Clinical	
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Chronic Disease	Yes	2607	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) whose most rHbA1c level during the measurement year is >9.0%.	Claims and Clinical	
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Chronic Disease	Yes	2603	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) who had HbA1c testing during the measurement year.	Claims and Clinical	
Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	Chronic Disease	Yes	2604	NCQA	Percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and 2) who received nephropathy screening test or had evidence of nephropathy during the measurement year.	Claims and Clinical	

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Depression Remission at Six Months	Chronic Disease	Yes	0711	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as 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 six months (+/- 30 days) are also included in the denominator.	Clinical	Really important topic - combine with other depression-related measures on "parking lot" list.
Depression Remission at Twelve Months	Chronic Disease	Yes	0710	MN Community Measurement	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as 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.	Clinical	
Depression Utilization of the PHQ-9 Tool	Chronic Disease	Yes	0712	MN Community Measurement	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four 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.	Clinical	
Serious Mental Illness Among Adults in the Past Year	Chronic Disease	No	NA	National Substance Abuse & Mental Health Services Administration	Percentage of adults who have a serious mental illness.	Patient-Reported Survey	National Survey on Drug Use and Health -- Small sample in WA; WA results combined with other states to produce results.

Summary of Workgroup Actions through September 14, 2015; Behavioral Health Measures Selection Workgroup

The following measures were reviewed by the workgroup and were **removed from further consideration** (continued):

Measure Name	Category	NQF-Endorsed	NQF #	Measure Steward	Description	Data Required for Measure	Notes
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Continuity of Care	Yes	0108	NCQA	Percentage of children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed.	Claims (inc Pharmacy)	Two rates: (1) Initiation Phase = visit within 30 days, (2) Continuation/Maintenance Phase = stayed on medication for at least 210 days and 2 additional visits during 9 months subsequent to Initiation Phase
Antipsychotic Use in Children Under 5 Years Old	Safety	Yes	2337	Pharmacy Quality Alliance	Percentage of children under age 5 who were dispensed antipsychotic medications during the measurement year	Claims	Small N
Antipsychotic Use in Persons with Dementia	Safety	Yes	2111	Pharmacy Quality Alliance	Percentage of individuals 65 years of age and older with dementia who are receiving antipsychotic medication without evidence of a psychotic disorder or related condition	Claims	Important topic; limited access to data for older population. Related conditions = schizophrenia, bipolar disorder, Huntington's disease or Tourette's Syndrome
Lithium Annual Creatinine Test in Ambulatory Setting	Safety	No	0609	Resolution Health	Percentage of patients taking lithium who have had at least one creatinine test after the earliest observed lithium prescription during the measurement year.	Claims (inc Pharmacy)	Resolution Health is a personal health care guidance company and a subsidiary of Wellpoint. Unclear whether detailed and current measure specifications are available.
Use and Adherence to Antipsychotics among Members with Schizophrenia	Safety	No	0544	Health Benchmarks-IMS Health	Assesses the use of and the adherence of antipsychotics among members with schizophrenia during the measurement year.	Claims (inc Pharmacy)	Unclear whether detailed and current measure specifications are available.
Experience of Care and Health Outcomes (ECHO) Survey - Behavioral Health Version	Patient Experience	Yes	0008	AHRQ	52-question survey measures patient experiences with behavioral health care (mental health and substance abuse treatment) and the organization that provides or manages the treatment and health outcomes.	Patient-Reported Survey	Unaware if this survey is being deployed in Washington and, if so, by whom
Patient Experience of Psychiatric Care as Measured by the Inpatient Consumer Survey (ICS)	Patient Experience	Yes	0726	National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)	The patient experience of psychiatric care as measured by the Inpatient Consumer Survey (ICS) which was developed to gather patient's evaluation of their inpatient psychiatric care. The survey includes 28 questions in the following six domains: (1) Outcomes of Care; (2) Dignity; (3) Rights; (4) Participation in Treatment; (5) Hospital Environment; (6) Empowerment.	Patient-Reported Survey	Unaware if this survey is being deployed in Washington and, if so, by whom