

Clinical Quality Reporting:

A tool to improve receipt of adolescent mental health screening

■ **Depression screening is the standard of care at all adolescent well-visits.**

There is overwhelming consensus that this service should be offered at all adolescent well-child visits. The U.S. Preventive Services Task Force, the American Academy of Pediatrics, the American Academy of Family Physicians, and numerous other medical professional groups have issued statements recommending routine adolescent depression screening using an evidence-based tool.

■ **Medicaid requires that a mental health assessment be offered at all well-child visits.**

The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit requires that all beneficiaries younger than 21 years of age receive regular well-child visits that include an assessment of mental health.

■ **Yet, available data indicate that few youth currently receive an evidence-based depression or mental health screen, regardless of insurance status or plan type.**

A survey of both pediatricians and family physicians found that just 23 percent routinely screen their adolescent patients for mental disorders (Frankenfield et al., 2000). Similarly, a 2010 report from the Department of Health and Human Services Office of Inspector General found that nearly 60 percent of children across nine states who attended a Medicaid well-child visit were not offered a complete screening. Further, a survey of state Medicaid programs found that 23 states did not include a single prompt or question addressing mental health in their EPSDT tools for primary care providers (Semansky et al. 2003).

■ **Quality reporting on the rate at which adolescent depression or mental health screening is offered at well-child visits will emphasize the importance of this service and can improve prevention and early identification.** In its recently released report *Child and Adolescent Health and Health Care Quality: Measuring What Matters*, the Institute of Medicine (IOM) notes that “Quality measures for preventive services deserve particular attention for children and adolescents because most individuals in these age groups are generally healthy and because early interventions may prevent the onset of serious health disorders.” The report also states that the standardized quality measures now used to assess Medicaid programs do not adequately address several important areas, including mental health.

Recommendations:

- A quality measure of the percentage of patients 12 years and older screened for clinical depression using an age appropriate, standardized tool should be included in the following quality measurement sets:
 - the **CHIPRA** core set of pediatric quality measures for Medicaid and CHIP programs;
 - the “**Meaningful Use**” quality measure set for the electronic health record (EHR) incentive program;
 - measures of healthy living and well-being through receipt of effective clinical preventive services within the **National Quality Strategy**;
 - additional quality measure sets under development, such as those used in defining a pediatric **accountable care organization** or a pediatric **medical home**.
- **Medicaid-specific recommendation:** The rate at which a mental health assessment using an age-appropriate, standardized screening tool is offered at EPSDT screenings should be a required reporting component on the Centers for Medicaid and Medicaid Services (**CMS**) **Form 416**.

