



September 16, 2009

Honorable Kathleen Sebelius
Secretary, U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Establishing Core Pediatric Quality Measures for Medicaid & CHIP

Dear Secretary Sebelius:

Thank you for the opportunity to comment on the establishment of a core set of pediatric quality measures for care provided by Medicaid and the Children's Health Insurance Program (CHIP). This is an important undertaking with the potential to improve the quality of care provided to more than a quarter of all children in the United States.

The mission of the TeenScreen National Center for Mental Health Checkups at Columbia University is to expand access to mental health screening for adolescents and to improve outcomes through the early identification and treatment of mental illness. As you consider the establishment of core pediatric quality measures, we urge you to include a measure that will allow us to assess the rate of mental health screening performed using a standardized, evidence-based tool during adolescent well-visits.

Quality measures should reflect current professional knowledge, and there is now an overwhelming consensus among medical professional groups and scientific review panels that comprehensive preventive services for adolescents should include mental health screening. Groups endorsing mental health screening for adolescents include: the United States Preventive Services Task Force, which recently recommended screening adolescents aged 12 to 18 for depression; the Institute of Medicine, which highlighted screening as a preventive measure in its report this spring; the American Academy of Pediatrics, the American Medical Association, the American Academy of Family Physicians, the Society for Adolescent Medicine, the American Academy of Child and Adolescent Psychiatry, and the American Psychological Association.

Unfortunately, a significant gap exists between the recognition of the value of providing mental health screenings and the translation of this recommendation into clinical practice. Epidemiological studies have estimated that approximately 20 percent of adolescents suffer from a diagnosable mental disorder, with approximately ten percent suffering from serious functional impairment.ⁱ However, right now, despite the existence of scientifically-proven screening methods and effective treatment options, only about one-fifth of all mentally ill youth are identified and receive services, resulting in a missed

opportunity to improve outcomes.ⁱⁱ This jarring disconnect between the consensus on the need to screen and the low rate at which adolescent mental health screening actually occurs highlights a need for quality improvement, and provides a compelling rationale for including this measure in the core set of pediatric quality measures for Medicaid and CHIP.

To be truly effective, a quality measure also requires the ability to collect and report valid data. Fortunately, the Child and Adolescent Health Measurement Initiative has developed detailed guidance on how to best measure the rate of developmental or mental health screening performed using a standardized tool, and a number of state and local programs are already collecting data to assess the rate of mental health screening. For example, the Massachusetts Medicaid Program, MassHealth, is currently measuring the rate of mental health screening using the 96110 billing code, which denotes limited developmental screening, and smaller programs have measured screening rates using chart review and patient surveys. Not surprisingly, these measurement efforts have helped to improve quality and have demonstrated increased rates of adolescent mental health screening over time.

In conclusion, the TeenScreen National Center for Mental Health Checkups urges you to include a quality measure assessing the rate of adolescent mental health screening performed using a standardized, evidence-based tool in the core set of pediatric quality measures for Medicaid and CHIP. Doing so will improve quality and reduce the burden of untreated mental illness by reinforcing the importance of adolescent mental health screening to clinicians, public programs, private health plans and others involved in the provision of care.

We appreciate the opportunity to comment. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Laurie Heyer".

Executive Director
TeenScreen National Center for Mental Health Checkups

ⁱ U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

ⁱⁱ U.S. Department of Health and Human Services. (2000). *U.S. Public Health Service, Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC.