

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**.

These recommendations have been endorsed by several members of the **CheckUpNow Coalition**.





The **CheckUpNow Coalition** is a mental health initiative convened by the TeenScreen National Center for Mental health Checkups at Columbia University and The Jed Foundation. The Coalition is focused on expanding mental health checkups for youth and preventing suicide, and the following members have endorsed these recommendations on clinical quality reporting:

- **American Foundation for Suicide Prevention/SPAN USA**
- **First Focus**
- **The Jed Foundation**
- **Mental Health America (MHA)**
- **National Alliance on Mental Illness (NAMI)**

U.S. Department of Health and Human Services: Recommendations to Measure the Rate of Depression Screening

- The 2011 ***National Strategy for Quality Improvement in Health Care*** identified increasing the adoption of clinical preventive services for children and adults, including depression screening, as a specific opportunity to improve health through prevention and early identification. It also stated that to achieve quality improvements like this and others envisioned in the document, “data on care-delivery and outcomes should be measured using consistent, nationally-endorsed measures in order to provide information that is timely, actionable and meaningful to both providers and patients.”
- The 2011 ***National Prevention and Health Promotion Strategy***, which is designed to increase the number of Americans who are healthy at every stage of life, identified the “proportion of primary care physician office visits that screen adults and youth for depression” as a key indicator, serving as one measure of the nation’s yearly progress in improving our health. The Prevention Strategy also called for state, local, and territorial governments to “Enhance data collection systems to better identify and address mental and emotional health needs.”
- ***Healthy People 2020*** established science-based, 10-year national objectives and measures designed to improve the health of all Americans. Reducing the proportion of persons who experience major depressive episode (MDE) is one of the mental health objectives it established. To assess progress against this goal, the plan identified a ten percent increase in the proportion of primary care physician office visits that screen adults and adolescents for depression as a goal.