

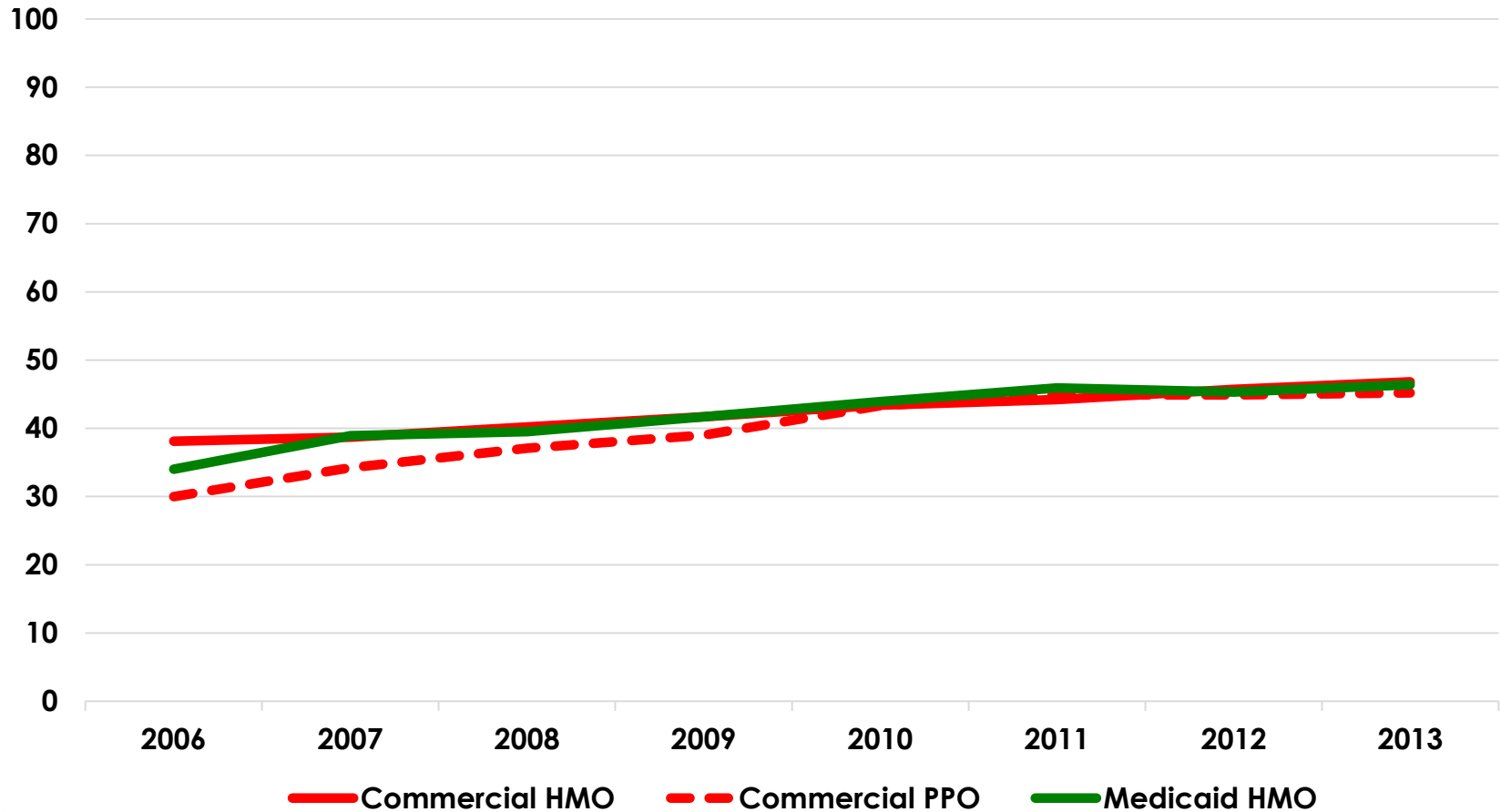
Measurement Systems to Assess Individual- and Population Level Change

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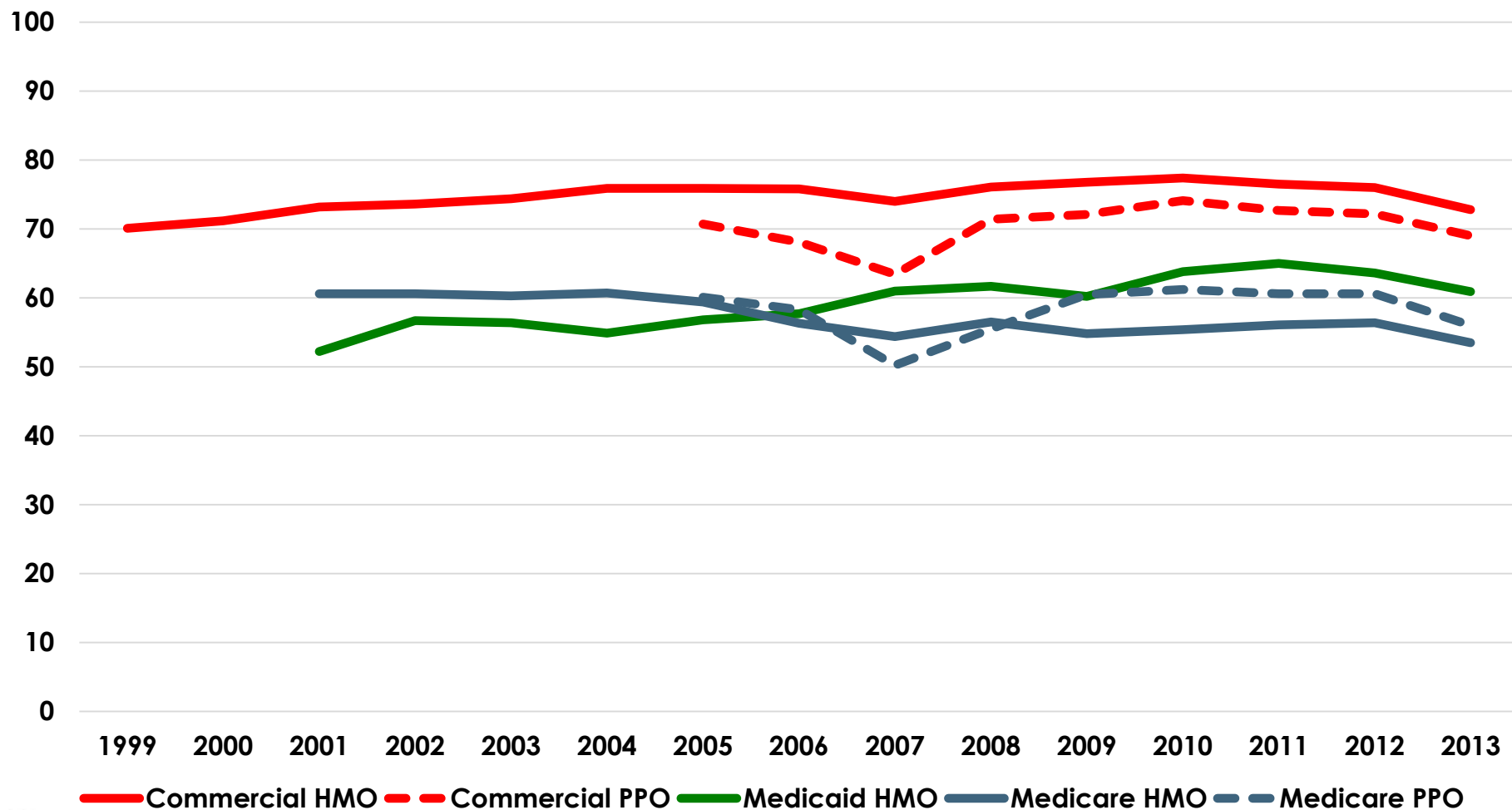
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Follow-Up Care for Children Prescribed ADHD Medication: Continuation



Follow-Up After Hospitalization for Mental Illness: Within 30 Days Post-Discharge



Behavioral Health Quality Measures

- **496 quality measures – many variations on a theme**
- **12% are nationally endorsed**
- **10% address children/adolescents as a focus**

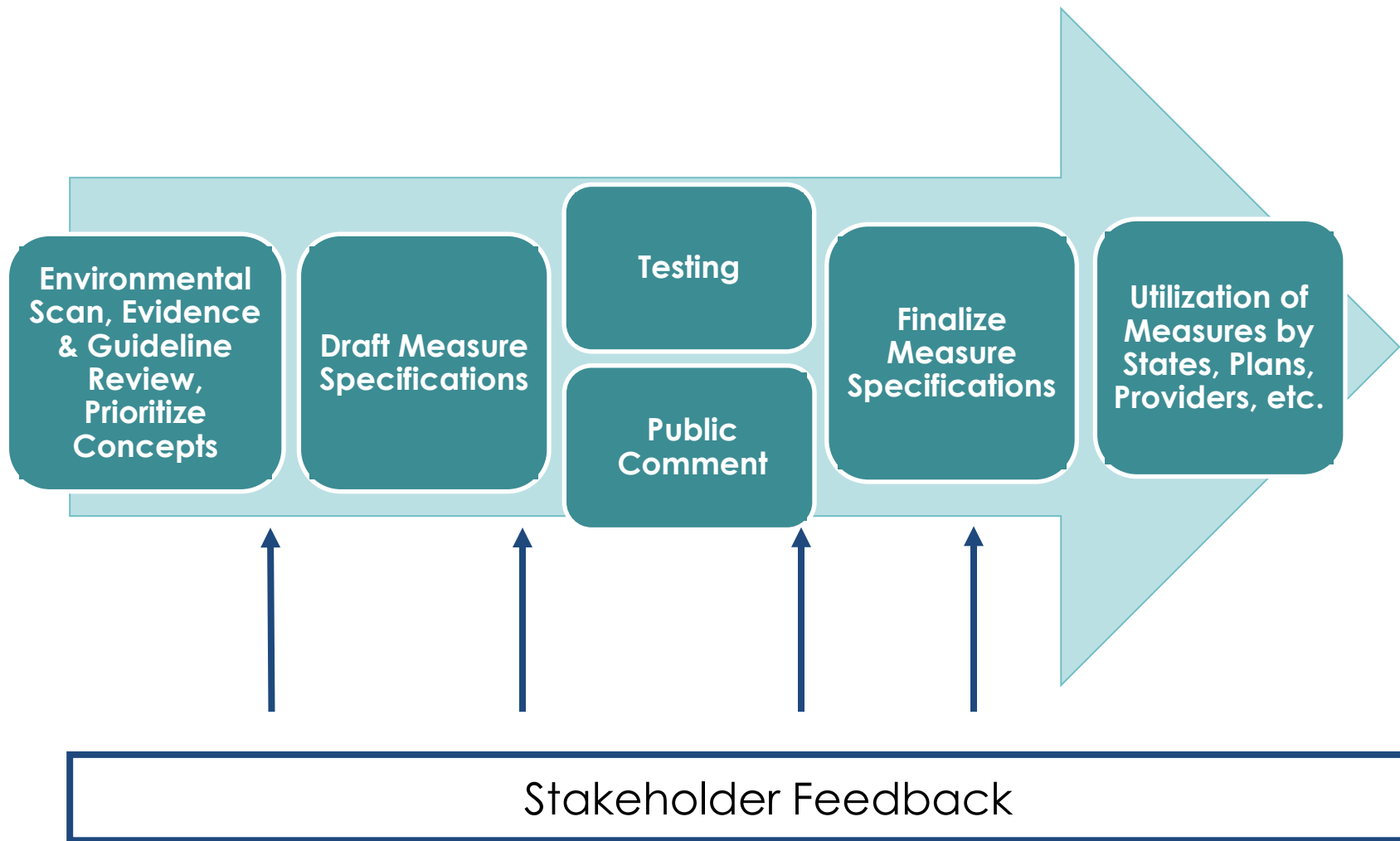
Measures used in Federal Programs

- Screening for clinical depression
- Antidepressant medication management
- Major depressive disorder: Diagnostic evaluation
- Major depressive disorder: Suicide risk assessment
- Child and adolescent major depressive disorder: Suicide risk assessment
- Maternal depression screening
- Depression utilization of PHQ-9 tool
- Depression remission at twelve months
- Bipolar disorder and major depression: Appraisal for alcohol or chemical substance use
- Adult major depressive disorder (MDD): Coordination of care of patients with specific comorbid conditions
- Follow-up After hospitalization for mental illness
- ADHD: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication
- Adherence to antipsychotics for individuals with schizophrenia
- Preventive care and screening: Unhealthy alcohol use: Screening and brief counseling
- Preventive care and screening: Tobacco screening and cessation intervention
- Medical assistance with smoking and tobacco use cessation
- Initiation of alcohol and other drug (AOD) treatment
- Engagement of alcohol and other drug (AOD) treatment

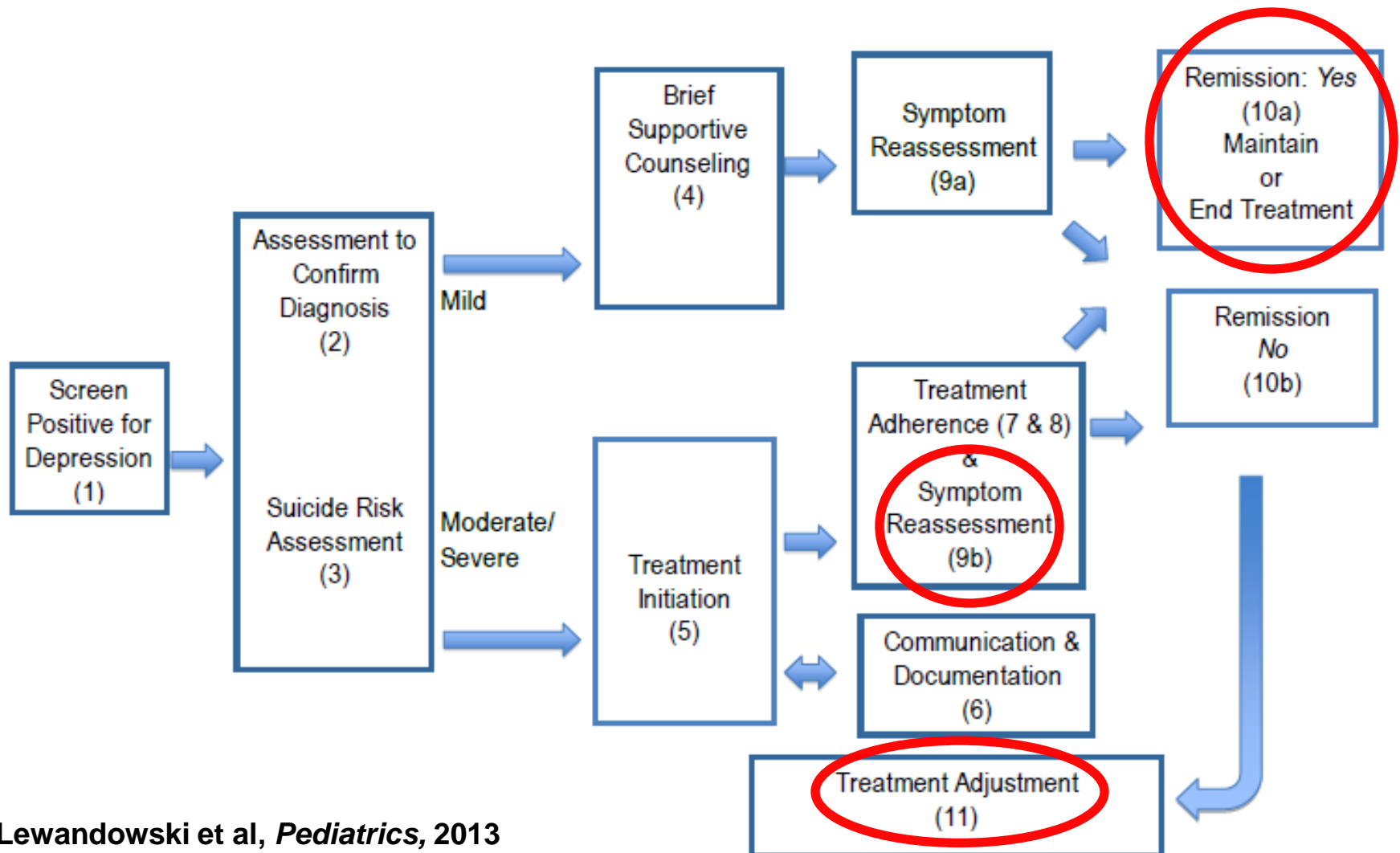
What Makes a Good Quality Measure

- **Importance**
- **Usability**
- **Feasibility**
- **Scientific Soundness**

Steps in Measure Development



Depression Clinical Logic



Lewandowski et al, *Pediatrics*, 2013

Draft NCINQ Measures vs. Existing Adult Measures

| Measure | NCINQ | Minnesota Community Msmt |
|-----------------------------|---|--|
| Monitoring | Percentage of patients 12 to 17 years of age who had a visit or other contact for major depression or dysthymia who have a PHQ-9 or PHQ-A tool administered at least once during a four month period. | % of 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. |
| Remission | Percentage of patients 12 to 17 years of age with the diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-A score greater than 9 who achieved remission or response within four to eight months. | % of patients who have reached remission at six months (+/- 30 days) after being identified as having an initial PHQ-9 score > nine. Remission is defined as a PHQ-9 score less than five. |
| Treatment adjustment | % of adolescents ≥ 12 and < 18 years of age with a depression diagnosis who have not achieved remission within 6 months of initial diagnosis and for whom treatment was adjusted. | None |

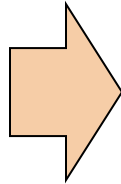
Low Rates of Symptom Monitoring for Depressed Adolescents

| | |
|---|-----------|
| Follow up at 4-8 months using PHQ among Adolescents with Depression diagnosis and PHQ > 9 at baseline | N=684 |
| No PHQ | 565 (83%) |
| Remission | 34 (5%) |
| Response Without Remission | 29 (4%) |
| No Response | 56 (8%) |

Logic Model for Quality Measurement

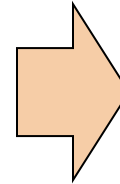
STRUCTURE

- Training and ongoing supervision in evidence-based therapy
- Infrastructure for collection of patient reported data
- System for sharing information across care team



PROCESS

- Access to and use of behavioral health services
- Receipt of evidence-based therapy
- Monitoring of symptoms and functioning using standardized tools



OUTCOME

- Decrease risk of harmful events
- Decrease symptoms
- Maintain or improve functioning
- Participate in school

Evidence-Based Therapy

- **Which therapies, target populations?**
- **Criteria for determining whether the evidence based treatment is carried out**
- **Data sources for capturing treatment**
- **Access to confidential records**

Building to Outcomes: Using Data from Patients to Build Performance Measures

Assess using standardized outcome measures and collect data for benchmarking



Target/goal setting



Progress towards target/goal



***Improvement
across a
population***

Functional Status

- **Which tools?**
- **Methods for data collection**
- **Expectation for improvement/maintenance over time**
- **Accountability**

Summary

- Existing quality measures for mental health and substance use show only limited improvement
- Measures assessing psychosocial interventions are lacking
- Efforts to develop outcomes measures for children and adolescents are under way but face challenges
- Given new data sources and workflows required, new efforts to develop quality measures should focus on demonstrating how measures can inform clinical care and provide opportunities to monitor meaningful aspects of quality