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| Overarching Principles and Definitions |
| Active Patients: | Outpatients seen by a primary care clinician of the PCMH anytime within the last 12 monthsDefinition of primary care clinician includes the following: MD/DO, Physician’s Assistant (PA), and Certified Nurse Practitioner (CNP). The following are the eligible CPT/HCPCS office visit codes for determining Active Patient status: 99201-99205; 99212-99215; 99324-99337; 99341-99350; 99381 – 99387; 99391-99397; 99490, 99495-99496, G0402; G0438-G0439Acceptable Exclusions: Patients who have left the practice, as determined by one or more of the following:1. Patient/Parent has asked for records to be transferred or otherwise indicated that they are leaving the practice
2. Patient has passed away
3. Patient/Parent cannot be reached on 3 consecutive occasions via phone or emergency contact person
4. Patient has been discharged according to practice’s discharge policy
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| Outpatient Visit Criteria: | The following are the eligible CPT/HCPCS office visit codes for determining if a patient was seen during the measurement year. These codes are identical to those identifying active patients, with the exception of 99490 (CCM code) used in the active patient list, but not outpatient visit codes. 99201-99205; 99212-99215; 99324-99337; 99341-99350; 99381 – 99387; 99391-99397; 99495-99496, G0402; G0438-G0439 |
| Encounter Types: | In addition to following CPT/HCPCS code level of service guidelines to establish an eligible population, report writers should ensure encounter types are limited to include only face to face encounter types for those measures requiring a face to face encounter. Example: Middle Childhood Psychosocial Screening: Patient turns 4 in July 2019. In the record they have two “encounters” in 2019 – a well visit in April (age 3) and a nurse care manager phone call in August (age 4). Failure to limit encounter types correctly could result in the nurse care manager visit erroneously triggering this patient in the eligible population. |
| Practices using shared EHR systems: | Denominator calculation are based upon encounters in the PCMH unless otherwise specified. Numerator events may be from any source (e.g. a recorded BMI or lab value). |
| Additional Guidance: | Screens completed outside the practice (e.g. at post-partum OBGYN appointment) may be counted in the numerator if results are documented in PCP record. |
| Value Set Information: | HEDIS® measures reference Value Sets are available for download at store.ncqa.org under the search term: “2019 Quality Rating System (QRS) HEDIS® Value Set Directory.” Update for 2019 can be found here: <https://www.ncqa.org/wp-content/uploads/2018/08/20190000_HEDIS_Measures_SummaryofChanges.pdf> Note, e.g., updates on Depression Screening and Follow Up for Adolescents; Utilization of PHQ to Monitor Depressive Symptoms; and Depression Remission or Response for Adolescents |

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| Measure: | Screening for Psychosocial Functioning in Middle Childhood |
| Description: | The percentage of active patients 4-11 years of age on the date of the encounter screened for social emotional functioning using an age appropriate standardized tool  |
| Age criteria: | Eligible population is determined as 4 years, 0 days through 11 years, 11 months, 364 days at the date of encounter.**Example 1:** Patient turns 12 on 4/12/2019Date of encounter 4/15/2019Patient is NOT IN denominator**Example 2:** Patient turns 12 on 6/12/2019Date of encounter 4/12/2019Patient is IN denominator |
| Numerator Statement: | Active patients 4-11 years of age on the date of encounter screened for psychosocial functioning at least once during the measurement period using an age appropriate standardized tool  |
| Denominator Statement: | Active patients 4-11 years of age on the date of encounter. Encounter must meet the outpatient visit criteria. |
| Acceptable Exclusions:  | 1. Patient has a diagnosed psychotic disorder (ICD-10 F20-F29)
2. Patient has a moderate, severe, or profound developmental disorder (e.g. autism F84.0, intellectual disability F70-F79)
3. Pediatrician determines it is clinically inappropriate to administer
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| Child Screening Tools: | Acceptable tools include the 35-item Pediatric Symptom Checklist (PSC) or the 17-item PSC-17.  |
| Look back Period: | Denominator: 3 months from end of the measurement period; Numerator: 12 months from end of measurement period |
| Identification of High-Risk Population for follow-up: | PSC: Patients aged 6-17 who score >28; patients aged 4-5 who score > 24PSC-17: Patients who score > 15 |
| Source: | CTC-RI |

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| Measure: | Screening for Depression in Adolescents |
| Description: | The percentage of active patients 12-17 years of age on the date of the encounter screened for clinical depression using an age appropriate standardized tool  |
| Age criteria: | Eligible population is determined as 12 years, 0 days through 17 years, 11 months, 364 days at the date of encounter.**Example 1:** Patient turns 18 on 4/12/2019Date of encounter 4/15/2019Patient is NOT IN denominator**Example 2:** Patient turns 18 on 6/12/2019Date of encounter 4/12/2019Patient is IN denominator |
| Numerator Statement: | Active patients 12-17 years of age on the date of encounter screened for clinical depression at least once during the measurement period using an age appropriate standardized tool  |
| Denominator Statement: | Active patients 12-17 years of age on the date of encounter. Encounter must meet the outpatient visit criteria. |
| Acceptable Exclusions:  | 1. Patient has a diagnosed bipolar disorder (ICD-10 F30.1-F31.9)
2. Patient has a diagnosed psychotic disorder (ICD-10 F20-F29)
3. Patient has a moderate, severe, or profound developmental disorder (e.g. autism F84.0, intellectual disability F70-F79)
4. Pediatrician determines it is clinically inappropriate to administer
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| Adolescent Screening Tools: | Acceptable tools include the Patient Health Questionnaire, modified for Adolescents (PHQ-A), or PHQ-9  |
| Look back Period: | Denominator: 3 months from end of the measurement period; Numerator: 12 months from end of measurement period |
| Identification of High-Risk Population for follow-up: | Patients with a PHQ score >10  |
| Source: | CTC-RI |

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| Measure: | Screening for Anxiety in Adolescents |
| Description: | The percentage of active patients 12-17 years of age on the date of the encounter screened for anxiety disorders using an age appropriate standardized tool |
| Age criteria: | Eligible population is determined as 12 years, 0 days through 17 years, 11 months, 364 days at the date of encounter.**Example 1:** Patient turns 18 on 4/12/2019Date of encounter 4/15/2019Patient is NOT IN denominator**Example 2:** Patient turns 18 on 6/12/2019Date of encounter 4/12/2019Patient is IN denominator |
| Numerator Statement: | Active patients 12-17 years of age on the date of encounter screened for clinical anxiety at least once during the measurement period using an age appropriate standardized tool |
| Denominator Statement: | Active patients 12-17 years of age on the date of encounter. Encounter must meet the outpatient visit criteria. |
| Acceptable Exclusions: | 1. Patient has a diagnosed psychotic disorder (ICD-10 F20-F29)2. Patient has a moderate, severe, or profound developmental disorder (e.g. autism F84.0, intellectual disability F70-F79)3. Pediatrician determines it is clinically inappropriate to administer |
| Adolescent Screening Tools: | Acceptable tools include the GAD7 |
| Look back Period: | Denominator: 3 months from end of the measurement period; Numerator: 12 months from end of measurement period |
| Identification of High-Risk Population for follow-up: | Patients with a GAD7 score >10  |
| Source: | CTC-RI |

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| Measure: | Screening for Substance Abuse in Adolescents |
| Description: | The percentage of active patients 12-17 years of age on the date of the encounter screened for anxiety disorders using an age appropriate standardized tool |
| Age criteria: | Eligible population is determined as 12 years, 0 days through 17 years, 11 months, 364 days at the date of encounter.**Example 1:** Patient turns 18 on 4/12/2019Date of encounter 4/15/2019Patient is NOT IN denominator**Example 2:** Patient turns 18 on 6/12/2019Date of encounter 4/12/2019Patient is IN denominator |
| Numerator Statement: | Active patients 12-17 years of age on the date of encounter screened for substance use at least once during the measurement period using an age appropriate standardized tool |
| Denominator Statement: | Active patients 12-17 years of age on the date of encounter. Encounter must meet the outpatient visit criteria. |
| Acceptable Exclusions: | 1. Patient has a diagnosed psychotic disorder (ICD-10 F20-F29)2. Patient has a moderate, severe, or profound developmental disorder (e.g. autism F84.0, intellectual disability F70-F79)3. Pediatrician determines it is clinically inappropriate to administer |
| Adolescent Screening Tools: | CRAFFT (preferred) or CAGE-AID |
| Look back Period: | Denominator: 3 months from end of the measurement period; Numerator: 12 months from end of measurement period |
| Identification of High-Risk Population for follow-up: | Patients with CRAFFT Score > 2Patients with a CAGE-AID Score > 1 |
| Source: | CTC-RI |

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| Measure: | Screening for Postpartum Depression in New Mothers |
| Description: | The percentage of patients who turned 7 months of age during the measurement period, whose mother had a maternal depression screening at least 3 times (at 3 separate visits) prior to turning 7 months. |
| Age criteria: | Eligible population is determined as < 7 at the end of the measurement period**Example 1:** Patient turns 7 months on 4/12/2019End of measurement period 3/31/2019Patient is NOT IN denominator**Example 2:** Patient turns 7 months on 6/12/2019End of measurement period 6/30/2019Patient is IN denominator |
| Numerator Statement: | The number of active patients who turned 7 months of age during the measurement period, whose mother had a maternal depression screening at least 3 times (at 3 separate visits) prior to turning 7 months. |
| Denominator Statement: | The number of active patients who turned 7 months of age during the measurement period.  |
| Acceptable Exclusions: | 1. Mother has already been diagnosed with Depression and is receiving appropriate and ongoing care in the community2. Pediatrician determines it is clinically inappropriate to administer |
| PPD Screening Tool: | Edinburgh Postpartum Depression Scale (EPDS) |
| Look back Period: | Denominator: 3 months from the end of the measurement periodNumerator: 10 months prior to the end of the measurement period (to allow for patients turning 7 months at the very beginning of the measurement period) |
| Identification of High-Risk Population for follow-up: | Patients with EPDS Score > 10Patient who endorses Item #10 (Suicide Questions) regardless of total score |
| Source: | CTC-RI |