



Consensus Core Set: Behavioral Health

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. The CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established [measure selection principles](#). Measure specifications and details are linked in the *CBE Number* column, and additional considerations for use are included in the *Notes* section of the table below.

Behavioral Health Measures

The CQMC core set measures focus on ambulatory care measures at the clinician-reporting level. The Behavioral Health core set includes seven measures that have been tested for reliability and validity at the clinician (individual or group/practice) reporting level. The remaining core set measures address important topics related to behavioral healthcare, but they have not been tested at the clinician level of analysis. When using measures specified outside of the clinician level of analysis, core set users should ensure adequate measure denominator size based on their patient population.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Attention Deficit Hyperactivity Disorder	0108	Follow-Up Care for Children Prescribed ADHD Medication (ADD) †	National Committee for Quality Assurance (NCQA)	Health Plan	eCQM available * Telehealth eligible for CMS programs in 2023
Depression	0418 / 0418e	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	Clinician	No longer CBE-endorsed. Developer plans to maintain measure independently. eCQM available* Telehealth eligible for CMS programs in 2023
	1884	Depression Response at Six Months- Progress Towards Remission	Minnesota Community Measurement	Clinician, Facility	Telehealth eligible
	1885	Depression Response at 12 Months- Progress Towards Remission	Minnesota Community Measurement	Clinician, Facility	Telehealth eligible

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Serious Mental Illness	1879	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	CMS	Clinician, Health Plan, Population: Regional and State	-
	2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA	Health Plan	-
	1932	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)†	NCQA	Health Plan, Integrated Delivery System, Population: Regional and State	-
Tobacco, Alcohol, and Other Substance Use	2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling†	NCQA	Clinician	-
	0028 / 0028e	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention†	NCQA	Clinician	eCQM available* Telehealth eligible for CMS programs in 2023 The Workgroup emphasized the importance of assessing tobacco/nicotine use and cessation in patients with mental illness.
	3589	Prescription or Administration of Pharmacotherapy to Treat Opioid Use Disorder (OUD)	RTI International	Clinician	Telehealth eligible
	N/A	Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS)	NCQA	Health Plan	Telehealth eligible
	3590	Continuity of Care After Receiving Hospital or Residential Substance Use Disorder (SUD) Treatment	RTI International	Facility	Telehealth eligible

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Other	0576	Follow-Up After Hospitalization for Mental Illness (FUH)	NCQA	Health Plan	Telehealth eligible
	3489	Follow-Up After Emergency Department Visit for Mental Illness	NCQA	Health Plan	Telehealth eligible

*Separate benchmarks should be used based on the reporting method.

† This measure is a cross-cutting measure that may be highly relevant across multiple core sets.

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Gap Areas for Future Consideration and Measure Development

- Coordinated care, including bidirectional integrated behavioral healthcare and general healthcare, and primary care
- Patient-reported measures, including patient experience with psychiatric care
- Suicide-risk measures independent of a major depressive disorder diagnosis, specific age group, or care setting
- Measures for anxiety disorder, trauma, and other stress-related disorders
- Depression remission measures that span beyond six months, but count remission if it is achieved earlier than 12 months, and measures for prepartum and postpartum depression
- Psychosocial rehabilitation and/or rehabilitation recovery measures
- Autism measures
- Client performance and function (e.g., engaging in an occupation)
- Measure on opioid overdoses in the emergency department created by the Wisconsin Collaborative for Healthcare Quality (WCHQ)
- New Consumer Assessment of Healthcare Providers and Systems (CAHPS) Mental Health Care Survey (once developed)
- American Psychological Association (APA) measures related to measurement-based care (once developed) • NCQA person-centered outcomes measure (once developed)

Core Set Updates for 2022

Updated notes related to telehealth eligibility for all measures

Measures #0108, #0418/#0418e, and #0028/#0028e remain telehealth eligible for CMS programs in 2023; the notes on these measures have been updated to reflect this continued eligibility.

Added measure #3589 Prescription or Administration of Pharmacotherapy to Treat OUD

This measure and the current core set measure *Pharmacotherapy for Opioid Use Disorder (POD)* are complementary. #3589 can be used to understand initiation rates for pharmacotherapy for opioid use disorder (OUD) treatment, while POD can be used to understand maintenance of treatment following treatment initiation.

Added measure #3590 Continuity of Care After Receiving Hospital or Residential SUD Treatment

This measure addresses continuity of care, an important topic area that the Workgroup agreed should be represented in the core set.