



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 health care, 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 2024.
Depression	0418 / 0418e	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	Clinician	Endorsement removed fall 2020. 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	Telehealth eligible.
	1885	Depression Response at 12 Months- Progress Towards Remission	Minnesota Community Measurement	Clinician	Endorsement removed December 2022. Developer plans to resubmit. 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	Telehealth eligible for CMS programs in 2024.
	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	Telehealth eligible.
Tobacco, Alcohol, and Other Substance Use	2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling †	NCQA	Clinician	Telehealth eligible for CMS programs in 2024
	0028 / 0028e	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention †	NCQA	Clinician	Endorsement Removed for 0028e on October 2022. eCQM available. * Telehealth eligible for CMS programs in 2024. 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.
Other	0576	Follow-Up After Hospitalization for Mental Illness (FUH)	NCQA	Health Plan	Telehealth eligible.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Other	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 health care and general health care 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 6 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)
- Access to a prescriber, access to therapy, and access to peer services
- Patient perspective (e.g., cash-paid visits versus insurance paid visits and the decline of in-network behavioral health providers)

Core Set Updates for 2023

Retained measures #1884 and #1885

The workgroup voted to retain measure #1884: Depression Response at Six Months- Progress Towards Remission and #1885 Depression Response at 12 Months- Progress Towards Remission, the two outcome measures in the core set.