### Description
Percentage of pediatric patients ages 12 to 17 who have a documented mental health and/or depression screening using one of the listed validated tools at a well-child visit during the measurement period.

### Methodology
Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review. Clinics that had an EMR in place by mm/dd/yyyy are required to submit data on their full population.

### Rationale
2.0 million US adolescents ages 12-17 had a major depressive episode in 2008.\(^1\)

The annual estimate for the percentage of children and adolescents with mental, emotional and behavioral disorders is between 14 and 20%.\(^2\)

National mental health treatment expenditures were estimated at more than $11 billion in 1998.\(^3\)

The American Academy of Pediatrics' Bright Futures guidelines report:
- Half of all the lifetime cases of mental illness begin by the age of 14 years, which means that mental disorders are chronic diseases of the young.
- An estimated 21% of U.S. children and adolescents ages 9 to 17 years have a diagnosable mental health disorder that causes at least some impairment. The under-detection of mental health problems in pediatric practice has been well documented and recognized.
- One of the most efficient ways for health care professionals to improve the recognition and treatment of psychosocial problems in children and adolescents is by using a mental health screening tool.

US Preventive Services Task Force conducted a study in April 2009 assessing the health effects of routine primary care screening for Major Depressive Disorder (MDD) among children and adolescents ages 7 to 18 years, including evaluating the accuracy of screening tests. The study concluded primary care feasible screening tools may be accurate in identifying depressed adolescents.

### Measurement Period
Measurement period will be a fixed 12 month period: mm/dd/yyyy to mm/dd/yyyy

### Denominator
Established patient who meets each of the following criteria is included in the population:
- Patient was age 12 to 17 at the start of the measurement period (date of birth was on or between dd/mm/yyyy to dd/mm/yyyy).
- Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period (mm/dd/yyyy to mm/dd/yyyy) for a well-child visit as identified using the CPT codes listed below.

Well child visits:
- CPT Codes:
  - 99384 Initial comprehensive preventive medicine adolescent (age 12 through 17)
  - 99394 Periodic comprehensive preventive medicine adolescent (age 12 through 17)

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Eligible Clinics: Clinics that provide well child visit services
Eligible specialties: Family Medicine (Includes General Practice), Internal Medicine, and Pediatric/Adolescent Medicine
Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP)

<table>
<thead>
<tr>
<th>Allowable Exclusions</th>
<th>Measure Mental Health and/or Depression Screening Patients ages 12 to 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9 Code Range</td>
<td>ICD-9 Description of Range</td>
</tr>
<tr>
<td>295.00 to 295.95</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>296.00 to 296.99, 311</td>
<td>Bipolar disorder, major depression, depression NOS</td>
</tr>
<tr>
<td>301.0 to 301.9</td>
<td>Personality disorders</td>
</tr>
</tbody>
</table>

Rationale for excluded diagnoses: The work group desired to strike an appropriate balance for screening this age range. Excluding all diagnoses that the tools could identify (anxiety, risky behavior, academic difficulties, etc.) could prevent screening for other conditions, like depression, that may develop.

Percentage of patients age 12 to 17 with a mental health and/or depression screening documented in the medical record. Mental health and/or depression screening includes the use of any one of the following list of validated tools. List of tools was meant to be inclusive of current validated, age appropriate tools that will address screening of this population. Both publicly available and proprietary tools were included to allow options for provider preference. Please refer to the data collection guide for more information on age appropriateness and availability (public domain vs. proprietary).

For groups that are currently not screening their adolescent patients for mental health, it is strongly recommended to select a tool that is available in the public domain and can be administered using electronic means of capture.

**Tools that Screen Specifically for Depression:**
- Beck Depression Inventory - primary care version (BCDI-PC)
- Beck Depression Inventory - 21 Q
- Beck Depression Inventory Fast Screen (BDI-FS) -7Q
- Child Depression Inventory (CDI)
- Columbia Depression Scale
- Kutcher Depression Scale
- Patient Health Questionnaire - PHQ-9M
- Patient Health Questionnaire - PHQ-9
- Patient Health Questionnaire - PHQ-2
- Short Mood Feeling Questionnaire (SMFQ)

**Tools that Screen for Other Mental Health Conditions:**
- Brief Impairment Scale (BIS)
- Children's Global Assessment Scale (C-GAS)
- Connors Rating Scales
- GAIN-SS depression and substance abuse screening tool
- Pediatric Symptom Checklist- 17
- Pediatric Symptom Checklist- 35 parent version
- Pediatric Symptom Checklist- 35 youth self-report (Y-SR)
<table>
<thead>
<tr>
<th>Risk Adjustment Recommendations</th>
<th>Clinical risk adjustment variables are not appropriate for this process(^4) measure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Considerations</td>
<td>During the measure development process, there was some discussion about having a measure that additionally included an action being taken based on the score of the tool administered (counseling, referral, treatment, etc.) As a first step, the measure is specified for the administration of the tool and will include an optional field (not required) for reporting the score of the assessment. Additionally, the measure development work group strongly encourages mental health screening at ages younger than 12, and would recommend that screening additionally occur starting at age 5 with validated age appropriate tools. The work group also supports and encourages social-emotional developmental screening for children from 6 months to five years. Future measure development activities may include measure enhancements in these two areas.</td>
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