

PsychPRO Quality Measures 2022

MEASURE NAME	MEASURE DESCRIPTION	QPP QUALITY ID*	CQM	eCQM	QCDR Measures
MDD: Antidepressant Medication Management	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	9		Yes (ECQM128)	
Care Plan	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan	47	Yes		
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.	107		Yes (ECQM161)	
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 65 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 65 years and older BMI => 23 and < 30 kg/m2 Normal Parameters: Age 18 – 64 years BMI ≥ 18.5 and < 25 kg/m2.	128	Yes	Yes	
Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	130	Yes	Yes	
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	134	Yes	Yes	
Falls: Plan of Care	Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months.	155	Yes		
Elder Maltreatment Screen and Follow-Up Plan	Percentage of patients aged 65 years and older with a documented elder maltreatment screen using an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan on the date of the positive screen.	181	Yes		
Functional Outcome Assessment	Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.	182	Yes		
Preventive Care and Screening-Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	226	Yes	Yes	
Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.	238	Yes	Yes	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity.	239		Yes (ECQM155)	

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Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.	281		Yes (ECQM149)	
Dementia: Functional Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period.	282	Yes		
Dementia: Counseling Regarding Safety Concerns	Percentage of patients, regardless of age, with a diagnosis of dementia or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period.	286	Yes		
Dementia: Caregiver Education and Support	Percentage of patients, regardless of age, with a diagnosis of dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND referred to additional resources for support within a 12 month period.	288	Yes		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	305		Yes	
Attention-Deficit/Hyperactivity Disorder (ADHD): Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	366		Yes	
Depression Remission at 12 Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	370	Yes	Yes	
Closing the Referral Loop: Receipt of Specialist Report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	374	Yes	Yes	
Child and Adolescent MDD: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	382		Yes (ECQM 177)	
Adherence to Antipsychotics Medications for Individuals with Schizophrenia	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescriptions filled for any antipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).	383	Yes		
Follow-up After Hospitalization for Mental Illness (FUH)	The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: The percentage of discharges for which the patient received follow-up within 30 days of discharge. The percentage of discharges for which the patient received follow-up within 7 days of discharge.	391	Yes		
Tobacco use and help with quitting among adolescents	The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	402	Yes		
Preventive Care and Screening: Unhealthy Alcohol Use – Screening & Brief Counseling	Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.	431	Yes		

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Measurement-Based Care Processes: Index Assessment, Monitoring and Care Plan Review	<p>Percentage of individuals 18 years of age and older with a mental and/or substance use disorder, who had a comprehensive index assessment in the measurement period, with monitoring and care plan review. Three rates are reported.</p> <p>1. Percentage of individuals who had a comprehensive index assessment using standardized tools to assess at least 3 of the following 6 domains:</p> <ul style="list-style-type: none"> - Functioning - Recovery - Depression symptom severity - Anxiety symptom severity - Substance use symptom severity - Suicidal ideation and behavior symptom severity <p>2. Percentage of individuals who were monitored 90 days (+/- 30 days) from the comprehensive index assessment using standardized tools to assess functioning, recovery, or symptom severity in depression, anxiety, substance use, or suicidal ideation and behavior.</p> <p>3. Percentage of individuals with documentation of a clinical decision to adjust or maintain their care within 180 days from the comprehensive index assessment using standardized tools to assess functioning, recovery, and symptom severity in depression, anxiety, substance use, or suicidal ideation and behavior.</p>	N/A			Yes
Improvement Or Maintenance In Recovery For All Individuals Seen For Mental Health And/Or Substance Use Care	The MBC outcome measure assesses the percentage of adults, aged 18 years or older, with a mental health and/or substance use disorder, who demonstrate improvement or maintenance in recovery (as defined, prioritized, and/or reported by the individual) based on results from the 24-item Recovery Assessment Scale (RAS-R) in 150 to 210 days after an index assessment. The presence of a mental health and/or substance use disorder will be defined using diagnostic codes documented during the measurement period.	N/A			Yes
Reduction In Suicidal Ideation Or Behavior Symptoms	The percentage of individuals aged 18 and older who demonstrated a reduction in suicidal ideation and/or behavior symptoms based on results from the Columbia-Suicide Severity Rating Scale 'Screen Version (CSSRS), within 120 days after an index assessment.	N/A			Yes
Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk	<p>This measure assesses the percentage of adult aged 18 and older with suicidal ideation or behavior symptoms (based on results of a standardized assessment tool) or increased suicide risk (based on the clinician's evaluation) for whom a suicide safety plan is initiated, reviewed, and/or updated in collaboration between the patient and their clinician. Two rates are reported:</p> <p>1. The percentage of individuals for whom a suicide safety plan is initiated, reviewed, or updated in collaboration between the individual and their clinician (concurrent or within 24 hours of the index clinical encounter).</p> <p>2. The percentage of individuals for whom a suicide safety plan is initiated, reviewed, or updated (Numerator 1) AND reviewed and updated in collaboration between the individual and their clinician within 120 days after the index clinical encounter.</p>	N/A			Yes