

# Title: Risky Behavior Assessment or Counseling by Age 18 Years

CMS ID: PP4

NQF #: N/A

Source(s)

National Committee for Quality Assurance

Measure Domain

Community/Population Health: Process

## Brief Abstract

### Description

The percentage of adolescents with documentation of assessment or counseling for risky behavior by the age of 18 years. Four rates are reported: Risk Assessment or Counseling for Alcohol Use, Risk Assessment or Counseling for Tobacco Use, Risk Assessment or Counseling for Other Substance Use, and Risk Assessment or Counseling for Sexual Activity.

### Rationale

- Risky behaviors are the primary causes of morbidity and mortality in adolescent patients (ages 12 to 21). (1)
- Only 15-50% of adolescents/young adults receive recommended screening and counseling for risky behaviors. (2,3)
- Gender differences in prevalence of risk behaviors exists, such that girls report greater engagement in tobacco smoking, self-harm, and lack of physical activity. Alternatively, boys report greater engagement in anti-social and criminal behaviors, cannabis use, and vehicle-related risk behaviors. (4)
- As adolescents progress toward adulthood, engagement in risky behavior tends to increase and co-occurrence of risky behaviors is common. A staggering 80% of lifetime smoking and alcohol use begins during adolescence. (4, 5)
- Risky behaviors in adolescence have been associated with various mental health conditions, including depressive disorders, anxiety disorders, bipolar and related disorders, attentional disorders, behavior disorders, substance use disorders, trauma and other related disorders, and eating disorders. (6,7,8)
- The majority of pediatricians report always screening for high-risk adolescents and typically provide education on risky sexual behavior and substance use. Additionally, they report making referrals to specialists, such as psychiatrists or other mental health providers, when necessary. (9)

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## Evidence for Rationale

1. US Congress, Office of Technology Assessment. Adolescent Health: Summary and Policy Options. Washington DC: US Government Printing Office, 1991. OTA-H-468.
2. Bethell C, Klein J, Peck C. Assessing health system provision of adolescent preventive services: the Young Adult Healthcare Survey. *Med Care*, 2001. 39(5):478-490.
3. Blum RW, Beuhring T, Wunderlich M, Resnick MD. Don't ask, they won't tell: the quality of adolescent health screening in five practice settings. *Am J Public Health*, 1996. 86:1767-1772.
4. MacArthur GJ, Smith MC, Melotti R, Heron J, Macleod J, Hickman M, Kipping RR, Campbell R, Lewis G. Patterns of alcohol use and multiple risk behaviour by gender during early and late adolescence: the ALSPAC cohort. *J Public Health*, 2012. 34:i20-i30.
5. Hale DR, Viner RM. The correlates and course of multiple health risk behaviour in adolescence. *BMC Public Health*, 2016. 16:458.
6. Brooks TL, Harris SK, Thrall JS, Woods ER. Association of adolescent risk behaviors with mental health symptoms in high school students. *J Adolesc Health*, 2002. 31:240-246.
7. The American College of Obstetricians and Gynecologists. Mental Health Disorders in Adolescents. ACOG Committee Opinions, 2017. 705:1-10.
8. Brown LK, Hadley W, Stewart A, Lescano C, Whiteley L, Donenberg G, DiClemente R. Psychiatric disorders and sexual risk among adolescents in mental health treatment. *J Consult Clin Psychol*, 2010. 78:590-597.
9. Diaz A, Fox H, McManus M, O'Connor KG, Klein JD. Screening adolescents for high risk behaviors: a national survey. Presented at the May 2010 Pediatric Academic Societies Annual Meeting.

## Primary Health Components

Children and Adolescents; Prevention; Screening

## Denominator Description

- Adolescents age 12 to 18 years old.

See the related "Denominator Inclusions/Exclusions" field.

## Numerator Description

- Adolescents age 12 to 18 years old who had documentation of a Risky Behavior Assessment or Counseling.

See the related "Numerator Inclusions/Exclusions" field.

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## Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

- N/A

Extent of Measure Testing

- N/A

Refer to the references listed below for further information.

Evidence for Extent of Measure Testing

N/A

## Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Patient/Individual (Consumer) Characteristic

Denominator Inclusions/Exclusions/Exceptions

Inclusions

- Adolescents age 12 to 18 years old with a visit in the measurement year.

Exclusions

Unspecified

Exceptions

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## Numerator Inclusions/Exclusions

### Inclusions

- Adolescents age 12 to 18 years old with a visit in the measurement year who had documentation of a Risky Behavior Assessment or Counseling.
- Risky behavior assessment includes the assessment for alcohol use, tobacco use, other substance use, and sexual activity with a validated measurement tool.

### Exclusions

Unspecified

Instruments that may be used and/or associated with the measure

- AUDIT, Self-report CRAFFT, Modified NIDA-ASSIST, ARBS, or DAST-10.

## Computation of the Measure

### Scoring

Rate/Proportion

### Interpretation of Score

Desired value is a higher score

### Risk Adjustment

No