Appendix 4

PCMH Distinction in Behavioral Health Integration

APPENDIX 4

PCMH DISTINCTION IN BEHAVIORAL HEALTH INTEGRATION

Distinction Purpose and Background

Behavioral health conditions (mental illnesses and substance use disorders) suffer from under and delayed diagnosis and treatment. For too long, patients and their primary care providers have lacked the integrated behavioral health services and interventions that can create more seamless care, leading to better treatment of behavioral health, better treatment of other chronic medical conditions, leading to overall better health outcomes.[1]

Historically, behavioral health care has been delivered separately from primary care. Evidence shows that this can lead to poorer health outcomes and higher total spending on patients with behavioral health conditions.[2] Behavioral health conditions can often be identified earlier in a primary care setting, and there is growing consensus that behavioral health should be well integrated into primary care.

NCQA's Behavioral Health Integration Distinction recognizes primary care practices that put the right resources, evidence-based protocols, standardized tools and quality measures in place to support the broad needs of patients with behavioral health related conditions within the primary care setting. This enhances the level of care provided in a primary care practice and improves access, clinical outcomes and patient experience for patients with behavioral health conditions.

Distinction in Behavioral Health Integration is a way for practices to highlight where they excel beyond the PCMH standards. This distinction calls for a care team in primary care that can manage the broad needs of patients with behavioral health related conditions and it incorporates criteria deemed meaningful by other programs and care models (e.g., the PCMH PRIME Certification program with the Massachusetts Health Policy Commission, the New York State Delivery System Reform Incentive Payment [DSRIP] Program and the Collaborative Care Model).

Practice Eligibility

All qualifying new and existing NCQA PCMH Recognized practices are eligible to apply for Distinction in Behavioral Health Integration.

Requirements

The Distinction in Behavioral Health Integration includes 18 criteria across 4 competencies related to behavioral health. Distinction criteria are labeled "Core" and "Elective." Their distribution across competencies is outlined below in Table 1.

Of the 18 criteria in the Distinction, 7 are also included in the PCMH Recognition standards. This overlap is specifically noted in the relevant BH criteria that follow. Practices that complete these criteria will receive credit for the aligned criteria in both PCMH Recognition and the Behavioral Health Integration Distinction.

[1] Gerrity, M. Evolving Models of Behavioral Health Integration: Evidence Update 2010-2015. New York, NY: Milbank Memorial Fund; 2016. (Accessed July 27, 2017 https://www.milbank.org/wp-content/uploads/2016/05/Evolving-Models-of-BHI-Exec-Sum.pdf)

[2] Hostetter, M, Klein S. In Focus: Integrating Behavioral Health and Primary Care. New York, NY: The Commonwealth Fund; August 2014. (Accessed July 28, 2017 http://www.commonwealthfund.org/publications/newsletters/quality-matters/2014/august-september/in-focus)

Table 1: Behavioral Health Integration Distinction Criteria Count

Competency	Number of Core Criteria	Number of Elective Criteria
Behavioral Health Workforce. The practice incorporates behavioral health providers at the site, utilizes behavioral health providers outside the practice and trains the care team to address the mental health and substance use concerns of patients.	4	2
Integrated Information Sharing. The practice shares patient information within and outside the practice to support an integrated/coordinated patient treatment plan.	1	3
Evidence Based Care. The practice uses evidence-based protocols to identify and address the behavioral health needs of patients.	4	0
Measuring and Monitoring. The practice utilizes quality measures to monitor the care of patients with behavioral health needs.	2	2
Total	***11***	***7***

Scoring

Practices seeking this Distinction must meet ***all core criteria*** and ***two elective criteria.***

Evaluation

Practices seeking Distinction in Behavioral Health Integration at the same time they are going through the PCMH Transformation process will use their three allotted PCMH Virtual Reviews to demonstrate their Distinction evidence.

Practices that have already achieved NCQA PCMH Recognition and are adding the Distinction in Behavioral Health Integration will have one scheduled Virtual Review to demonstrate evidence.

Behavioral Health Integration

The practice has resources to support the needs of patients with behavioral health related conditions within the primary care practice. It integrates behavioral health trained staff (e.g., care managers, clinical social workers, psychiatrists) within the practice workflow and creates integrated/coordinated treatment plans that can be shared within and outside the practice. The practice identifies and addresses behavioral health needs using evidence-based guidelines and uses quality measures to monitor the care delivered. The intent is to enhance the care provided in a primary care setting and to improve access, clinical outcomes and patient experience.

Competency A: Behavioral Health Workforce. The practice incorporates behavioral health providers at the site, utilizes behavioral health providers outside the practice and trains the care team to address the mental health and substance use concerns of patients.

BH 01 (Core) Behavioral Health Care Manager: Has at least one care manager qualified to identify and coordinate behavioral health needs.

Same *as PCMH TC 08.*

Guidance	Evidence
The practice identifies the behavioral health care manager and provides qualifications. The care manager has the training to support behavioral health needs in the primary care office and coordinates referrals to specialty behavioral health services outside the practice. The practice demonstrates that it is working to provide meaningful behavioral health services to its patients by employing a care manager who is qualified to address patients' behavioral health needs. The behavioral healthcare manager may conduct duties through telehealth. ***Note:*** *The care manager may be a clinician, but is not required to be. The person in this position must possess the training, as defined by the practice, to support behavioral health needs in the primary care setting and coordinate care to behavioral health services.*	• **Identified behavioral health care manager**

BH 02 (Elective) Care Team Behavioral Health Resources and Training:

Provides resources and training for the care team to enhance its capacity to address the behavioral health needs of patients using: (Practices may miss only one applicable item.)

A. Skill development and support systems for care team members.

B. Clinical protocols to determine when to contact a consulting specialist to advise on cases.

C. Training to conduct screening and brief interventions for alcohol. (NA for practices that do not serve patients over the age of 12).

D. Training to conduct screening and brief interventions for depression. (NA for practices that do not serve patients over the age of 12).

E. Training on when to access a clinician for medication-assisted treatment (MAT) prescribing. (NA for pediatric practices).

F. CME opportunities or library of resources.

Guidance	Evidence
The practice trains primary care staff to use evidence-based practices in screening for and treating depression, alcohol use or abuse and other behavioral health conditions that can be effectively managed in primary care settings. Developing an infrastructure to support behavioral healthcare requires initial training and continued support and supervision. ***Note:*** *Practices must demonstrate all applicable options, less 1, to receive credit. Practices with adult patients are expected to meet 5 of 6 options while pediatric practices are expected to meet 4 of 5 options. Practices that treat only young children (under age 12) are expected to meet at least 2 of 3.* **A.** The practice supports staff skill development to enhance the behavioral health services and care systems it provides to patients. The practice defines the frequency of initial and subsequent retraining and establishes support and monitoring protocols to offer feedback on performance. **B.** The practice trains staff to use clinical protocols to determine when consulting with or referral to a behavioral health specialist may be appropriate to determine a patient's scope of treatment or care. Training includes when to seek expert counsel and the appropriate resource. **C.** The practice enhances staff capabilities to screen for alcohol and provide an evidence-based approach to treatment. Training may include the application of validated screening tools such as Alcohol Use Disorders Identification Test (AUDIT), a screening for excessive drinking, the Drug Abuse Screening	• **A–F: Documented process** ***AND*** • **A–F: Evidence of implementation**

BH 02 (Elective) Care Team Behavioral Health Resources and Training: *continued*	
Guidance	**Evidence**
Test (DAST), or Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers Questionnaire (CAGE). The American Academy of Pediatrics' (AAP) Bright Futures recommends clinicians screen all adolescents for alcohol and drug use during all appropriate acute care visits using developmentally appropriate screening tools. (e.g., CRAFFT or Alcohol Screening and Brief Intervention for Youth). **D.** The practice enhances staff capabilities to screen for depression and provide an evidence-based approach to treatment. Training may include the application of validated screening tools such as PHQ-9. **E.** The practice trains staff to know when to contact a clinician to access MAT prescribing services. The prescribing clinician may be external to the practice. **F.** The practice has available or funds educational courses, resources and tools to enhance staff knowledge and skills. Such training must provide to the ability to obtain CME credit to qualify.	• **A–F: Documented process** ***AND*** • **A–F: Evidence of implementation**
BH 03 (Core) Behavioral Health Clinician in the Practice: Has at least one clinician located in the practice who can directly provide brief interventions on an urgent basis for patients identified with a behavioral health condition.	
Guidance	**Evidence**
A clinician within the practice has the training to provide brief interventions based on evidence-based guidelines. This clinician must be integrated into the workflow to be accessible when the need arises. Simple co-location does not meet the requirement. A clinician that is integrated into the practice workflow with telehealth capabilities would meet this criterion. Feedback provided during brief interventions focuses on explicit advice to change, emphasizes the patient's responsibility for change, and provides a variety of ways to enhance motivation toward healthy behavioral change. It also helps identify individuals who could benefit from specialty care referrals. The evidence identifies the name/title and qualifications of clinician(s) responsible for the brief intervention and describes how staff access the services when needed.	• **Evidence of Implementation**

BH 04 (Elective) Clinician Practicing Medication-Assisted Treatment: Has at least one clinician located in the practice who can support medication-assisted treatment (MAT) and provide behavioral therapy directly, or via referral, for substance use disorders.	
Guidance	**Evidence**
The practice has at least one clinician who provides treatment for substance use disorders with medication-assisted treatment (MAT) at the practice site. The practice shows an example of at least one patient prescribed relevant medication for opioid or alcohol use disorder and under behavioral therapy. Behavioral therapy may be provided either directly or via referral. The practice may meet this criterion by having a prescribing clinician who is accessible through telehealth, if the clinician is integrated into the practice's workflow for MAT (e.g., can exchange patient information with the practice site as appropriate). MAT combines FDA-approved pharmacological interventions (naltrexone, buprenorphine and/or methadone) with evidence-based behavioral therapies and social support to treat substance use disorders, including alcohol and opioid use disorders.	• **Evidence of implementation**

BH 05 (Core) Behavioral Health Referral Expectations: Works with behavioral healthcare providers to whom the practice frequently refers, to set expectations for information sharing and patient care. ***Same as PCMH CC 09.***	
Guidance	**Evidence**
Relationships between primary care practitioners and specialists support consistency of information shared across practices. The practice has established relationships with behavioral healthcare providers through formal or informal agreements that establish expectations for exchange of information (e.g., frequency, timeliness, content). A notification demonstrating legal inability to receive a report that includes confirmation a behavioral health visit occurred meets the content requirement. A practice needs an agreement if it shares the same facility or campus as behavioral healthcare professionals but has separate systems (basic onsite collaboration) or uses a contracted behavioral telehealth provider. The practice may present existing internal processes if there is partial integration of behavioral healthcare services.	• **Documented process *and*** • **Evidence of implementation** ***OR*** • **Agreement**

BH 06 (Core) Behavioral Health Referral Relationship: Has a formal agreement/consultative relationship with a licensed behavioral health provider or practice group that acts as a resource for patient treatment, referral guidance and medication management.	
Guidance	**Evidence**
The practice maintains at least one formal agreement with a behavioral health specialist/ practice group for providing non-visit consultation including referral guidance and medication management. The agreement articulates the arrangements and availability of the behavioral health specialist/practice group to provide ad hoc discussions with the primary care provider. These non-visit consultations are intended to provide the primary care clinician with insight on how to address patient behavioral health needs. This may include, but is not limited to, when a referral to a behavioral health specialist is needed, available community resources serving patients with behavioral health needs, medication dosage advice or patient safety issues. Proper treatment or referral advice can ensure that patients receive timely and appropriate care with access to the “right care, at the right time, in the right place.”	• **Documented process *and*** • **Evidence of implementation** ***OR*** • **Agreement**

Competency B: Integrated Information Sharing. The practice shares patient information within and outside the practice to support an integrated/coordinated patient treatment plan.

BH 07 (Core) Behavioral Health Referrals Tracking and Monitoring: Tracks referrals to behavioral health specialists and has a process to monitor the timeliness and quality of the referral response.	
Guidance	**Evidence**
It is important that the practice track patient behavioral health referrals and communicate patient information to specialists. Tracking and following up on referrals is a way to support patients who obtain services outside the practice. Poor referral communication and lack of follow-up (e.g., to see if a patient kept an appointment with a specialist, to learn about recommendations or test results) can lead to uncoordinated and fragmented care, which is unsafe for the patient and can cause duplication of care and services, as well as frustration for providers. A tracking report includes the date when a referral was initiated and the timing indicated for receiving the report. If the specialist does not send a report, the practice contacts the specialist's office and documents its effort to retrieve the report in a log or an electronic system. This criterion aligns with the requirements of PCMH 2017 CC 11 which assess how the practices monitors the timeliness and quality of all referrals at the practice. The practice assesses the response received from the consulting/ specialty provider and evaluates whether the response was timely and provided appropriate information about the patient's diagnosis and treatment plan. The practice bases its definition of "timely" on patient need.	• **Documented process** ***AND*** • **Evidence of implementation** 
BH 08 (Elective) Integrated Health Record: The practice has a single integrated health record for a patient's physical and behavioral health information or has a protocol for exchanging information.	
Guidance	**Evidence**
The practice demonstrates implementation of a single health record containing shared physical and behavioral health information or documents all behavioral health information in the patient record, whether it is entered directly or received through various means of information exchange. If the practice and all referring behavioral health clinicians share access to the same EHR system, the practice has a method to ensure timely communication of information between the	• **Evidence of implementation** 

BH 08 (Elective) Integrated Health Record *continued*	
primary and specialty practices. This may include automated alerts when new information has been shared. ***Note:*** *Psychotherapy notes may be maintained in a separate system or housed in the integrated system with restricted access.*	• **Evidence of implementation**

BH 09 (Elective) Integrated Care Plan: Care plan is integrated and accessible by both primary care and specialty behavioral health providers.	
Guidance	**Evidence**
The practice provides examples demonstrating implementation of an integrated care plan and exchange or sharing of the plan between primary care and behavioral health providers in and external to the practice site. The single care plan is developed in collaboration with the patient/ family/caregiver. A care plan considers and/or specifies areas related to a patient's care, which could include: • Patient preferences and functional/lifestyle goals. • Treatment goals. • Assessment of potential barriers to meeting goals. • Strategies for addressing potential barriers to meeting goals. • Care team members, including the primary care provider of record and team members outside the referring or transitioning provider and the receiving provider. • Current problems (may include historical problems, at the practice's discretion). • Current medications. • Medication allergies. Maintaining a single, integrated care plan between practices, in addition to exchanging test results/ procedures, can reduce duplication of services, tests or treatments and encourage integrated care for the whole person. The practice demonstrates details of the care plan are outlined in the same documents that both the primary care and behavioral health provider can update and manage. This plan will address both the physical and behavioral health needs of the patient.	• **Evidence of implementation**

BH 10 (Elective) Controlled Substance Database Review: Reviews controlled substance database when prescribing relevant medications. *Same as PCMH KM 18.*	
Guidance	**Evidence**
The practice consults a state controlled-substance database—also known as a Prescription Drug Monitoring Program (PDMP) or Prescription Monitoring Program (PMP)—before dispensing Schedule II, III, IV and V controlled substances. The practice follows established guidelines or state requirements to determine frequency of review. This can prevent overdoses and misuse and can support referrals for pain management and substance use disorders. For a list of PDMPs by state: http://www.pdmpassist.org/content/state-pdmp-websites	• **Evidence of implementation**

Competency C: Evidence-Based Care. The practice uses evidence-based protocols to identify and address the behavioral health needs of patients.

BH 11 (Core) Depression Screening: Conducts depression screenings for adults and adolescents using a standardized tool. *Same as PCMH KM 03.*	
Guidance	**Evidence**
The documented process includes the practice's screening process and approach to follow-up for positive screens. The practice reports the screening rate and identifies the standardized screening tool. **Screening for adults.** Screening adults for depression with systems in place to ensure accurate diagnosis, effective treatment and follow-up. **Screening for adolescents (12–18 years).** Screening adolescents for depression with systems in place to ensure accurate diagnosis, effective treatment and follow-up. A **standardized tool** collects information using a current, evidence-based approach that was developed, field-tested and endorsed by a national or regional organization. In caring for the whole person, the medical home recognizes the impact depression can have on a patient's physical and emotional health. The practice uses a standardized screening tool (e.g., PHQ-9) and acts on the results.	• **Documented process *or*** • **Report** **AND** • **Evidence of implementation**

BH 12 (Core) Behavioral Health Screenings: Conducts behavioral health screenings and/or assessments using a standardized tool. (Implement two or more.) **A. Anxiety.** **B. Alcohol use disorder.** **C. Substance use disorder.** **D. Pediatric behavioral health screening.** **E. Post-traumatic stress disorder.** **F. Attention deficit/hyperactivity disorder.** **G. Postpartum depression.** *Same as PCMH KM 04.*	
Guidance	**Evidence**
Many patients go undiagnosed and untreated for mental health and substance use disorders. The medical home can play a major role in early identification of these conditions. Practice staff have been trained on the use of standardized tools to ensure accurate diagnosis, treatment and follow-up.	• **Documented process** **AND** • **Evidence of implementation**

BH 12 (Core) Behavioral Health Screenings: *continued*	
Guidance	**Evidence**
The documented process includes the practice's screening process and approach to follow-up for positive screens. A **standardized tool** collects information using a current, evidence-based approach that was developed, field-tested and endorsed by a national or regional organization. The National Institute on Drug Abuse created a chart of Evidence Based Screening Tools for Adults and Adolescents for opioid screening, as well as alcohol and substance use tools. **A.** The practice conducts assessment for the presence of emotional distress and symptoms of anxiety using any validated tool (e.g., GAD-2, GAD-7). Anxiety disorders (generalized anxiety disorder, panic disorder and social anxiety disorder) are common, often undetected and misdiagnosed, associated with other psychiatric conditions and linked to chronic medical conditions (e.g., heart disease, chronic pain disorders). **B.** The USPSTF recommends screening adults 18 years or older for alcohol misuse. Practices may use the Alcohol Use Disorders Identification Test (AUDIT), a screening for excessive drinking; the Drug Abuse Screening Test (DAST); Cutting down, Annoyance by criticism, Guilty feeling and Eye-openers Questionnaire (CAGE), CAGE AID for substance abuse; or another validated screening tool. The American Academy of Pediatrics' (AAP) Bright Futures recommends clinicians screen all adolescents for alcohol use during all appropriate acute care visits using developmentally appropriate screening tools. (e.g., CRAFFT or Alcohol Screening and Brief Intervention for Youth). **C.** Assessing for substance use can assist the practice to provide needed treatment, referrals and abstinence tools to address the patient's substance use concerns. Substance use is a growing issue that is impacting all types of patients. Screening supports early intervention and facilitating patients' access to the necessary treatments toward sobriety. Available screening tools may include the CAGE AID or DAST-10 instruments, which assess a variety of substance use conditions. Bright Futures recommends clinicians screen	• **Documented process** **AND** • **Evidence of implementation**

BH 12 (Core) Behavioral Health Screenings: *continued*	
Guidance	**Evidence**
all adolescents for substance use during all appropriate acute care visits using developmentally appropriate screening tools. (e.g., CRAFFT or DAST-20). **D.** Pediatric screening for behavioral health is distinct from adult screening and provides opportunities for early interventions that can have lasting effects over a lifetime. This may include tools such as the Behavioral Assessment System for Children (BASC). **E.** The practice uses standardized tools to determine if patients have developed post-traumatic stress disorder (PTSD). This condition develops in patients who have experienced a severe and distressing event. This event causes the patient to subsequently re-live the traumatic experience, causing mental distress. Assessments for PTSD support the practice in recognizing the ailment, so it can either provide treatment or referrals to appropriate specialists. **F.** Attention deficit/hyperactivity disorder (ADHD) makes it challenging for a person to pay attention and/or control impulsive behaviors. This condition is most commonly diagnosed during childhood, but symptoms can persist through adolescence and adulthood. The Vanderbilt Assessment Scale or the DSM V ADHD checklist for adults or children/ adolescents are examples of screening tools used to determine if a patient has ADHD. Screening to identify patients with ADHD can lead to earlier diagnosis and treatment and may and reduce its impact on patients/families/ caregivers. **G.** The USPSTF recommends screening of adults, including pregnant and postpartum women, for depression. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. The USPSTF guidelines suggest screening during and after pregnancy. The AAP's Bright Futures acknowledges that primary care practices that see both infants and their families have a unique opportunity to integrate postpartum depression screening into the well-child care schedule. Validated screening tools may include PHQ-2, PHQ-9 or Edinburgh Postnatal Depression Scale	• **Documented process** **AND** • **Evidence of implementation**

BH 12 (Core) Behavioral Health Screenings: *continued*	
Guidance	**Evidence**
(EPDS) or other validated screening tools and may be conducted 4–6 weeks postpartum or during the 1-, 2-, 4- or 6-month well-child visits. For a list of screening tools, visit drugabuse.gov, or for a list of pediatric screening tools, visit the American Academy of Pediatrics website.	• **Documented process** **AND** • **Evidence of implementation** 
BH 13 (Core) Evidence Based Decision Support—Mental Health Condition: Implements clinical decision support following evidence-based guidelines for care of mental health conditions. ***Same as PCMH KM 20A.***	
Guidance	**Evidence**
The practice integrates evidence-based guidelines in its day-to-day operations (frequently referred to as "clinical decision support" [CDS]). **CDS** is a systematic method of prompting clinicians to consider evidence-based guidelines at the point of care. CDS encompasses a variety of tools, including, but not limited to: • Computerized alerts and reminders. • Condition-specific order sets. • Documentation template. • Reference information (i.e., info buttons). Although CDS may relate to clinical quality measures, measures alone do not achieve the broader goals of CDS. **Mental health** The practice uses evidence-based guidelines to support clinical decisions related to at least one mental health issue (e.g., depression, anxiety, bipolar disorder, ADHD, ADD, dementia, Alzheimer's) in the care of patients.	• **Identifies conditions, source of guidelines** **AND** • **Evidence of implementation** 

BH 14 (Core) Evidence Based Decision Support—Substance Use Disorder: Implements clinical decision support following evidence-based guidelines for care of substance use disorders. ***Same as PCMH KM 20B.***	
Guidance	**Evidence**
The practice integrates evidence-based guidelines in its day-to-day operations (CDS). **Substance use disorder treatment** The practice uses evidence-based guidelines to support clinical decisions related to at least one substance misuse issue (e.g., illegal drug use, prescription drug addiction, alcoholism) in the care of patients.	• **Identifies conditions, source of guidelines** **AND** • **Evidence of implementation** 

Competency D: Measuring and Monitoring. The practice utilizes quality measures to monitor the care of patients with behavioral health needs.

BH 15 (Core) Monitor and Adjust—Mental Health or Substance Use Disorder: Monitors and assesses symptoms over time for patients identified with a mental health or substance use condition and adjusts the treatment plan for patients who do not demonstrate improvement.	
Guidance	**Evidence**
The practice provides a report demonstrating routine monitoring of patients screened and actions taken when they are not getting better for either mental health or substance use. Successful treatments for patients with mental health or substance use conditions may require follow-up to find the best treatment regimen. The practice recognizes the need to assess treatment efficacy for patients and to adjust the treatment plan, as needed. Adjusting treatment plans allows a greater chance of long-term success and remission and may include changes to therapies or medications applicable to the condition. Tools to consider for monitoring of symptoms are the PHQ-9 for depression or the AUDIT for alcohol use.	• **Identifies conditions, source of guidelines, *and*** • **Evidence of implementation** **OR** • **BH 16**

BH 16 (Elective) Monitor and Adjust—Mental Health and Substance Use Disorder: Monitors and assesses symptoms over time for patients identified with a mental health or substance use condition and adjusts the treatment plan for patients who do not demonstrate improvement. The practice monitors and assesses for both: **A. A mental health condition.** **B. A substance use disorder.**	
Guidance	**Evidence**
The practice provides a report for each condition. Conditions include at least 1 mental health condition and at least 1 substance use disorder. The practice demonstrates that it assesses treatment efficacy for patients and adjusts the treatment plan, as needed. Adjusting treatment plans allows a greater chance of long-term success and remission and may include changes to therapies or medications applicable to the condition.	• **Identifies conditions, source of guidelines** **AND** • **Evidence of implementation**

BH 17 (Core) Monitors Performance—Behavioral Health Measures: Monitors performance using at least two behavioral health clinical quality measures.	
Guidance	**Evidence**
The practice seeks to understand the outcome of the behavioral health services it provides to patients. Quality measurement provides an objective way to understand where the practice may be excelling in clinical care and potential gap areas for it to improve how it provides comprehensive, safe and effective behavioral healthcare. Data include the measurement period, the number of patients represented, the rate and the measure source (e.g., HEDIS, NQF#, measure guidance).	• **Report** **FUTURE STATE: Entering Measures Data** Enter Measures data from the Measures Reporting tile on the Organization Dashboard. The practice may choose to report in two ways: • If the practice is utilizing a standardized measure outlined in Appendix 5, it may choose the measure from the drop-down menu in Q-PASS and the measure parameters (e.g., numerator description) will populate. • If the practice is utilizing a measure not listed in the standardized measures table, enter text in fields manually. 
BH 18 (Elective) Goals and Actions to Improve Behavioral Health Clinical Quality Measures: Sets goals and acts to improve upon at least two behavioral health clinical quality measures.	
Guidance	**Evidence**
The practice demonstrates a commitment to continued improvement in behavioral health by seeking ways to improve performance in clinical care. After assessing its performance on least 2 performance measures (BH 17), the practice demonstrates that it sets goals for improving care, based on its identified standards of care, and is working to meet stated goals. The practice may participate in or implement a rapid-cycle improvement process, such as Plan-Do-Study-Act (PDSA), that represents a commitment to ongoing quality improvement. The Institute for Healthcare Improvement is a resource for the PDSA cycle (http://www.ihi.org/resources/Pages/HowtoImprove/ default.aspx).	• **Report** **OR** • **Quality Improvement Worksheet**