

**Measure #288: Dementia: Caregiver Education and Support – National Quality Strategy Domain: Communication and Care Coordination**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
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

**INSTRUCTIONS:**  
This measure is to be reported a minimum of **once per performance period** for patients with a diagnosis of dementia seen during the performance period. The most recent quality-data code submitted will be used for performance calculation. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Reporting:**  
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**  
All patients with a diagnosis of dementia

**Denominator Criteria (Eligible Cases):**

All patients regardless of age

**AND**

**Diagnosis for dementia (ICD-10-CM):** A52.17, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F05, F06.8, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83

**AND**

**Patient encounter during the performance period (CPT):** 90791, 90792, 90832, 90834, 90837, 96116, 96118, 96119, 96120, 96150, 96151, 96152, 96154, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

**WITHOUT**

**Telehealth Modifier:** GQ, GT

**NUMERATOR:**  
Patients 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

**Numerator Instructions:** There are a number of assessment tools available for the caregiver. These should be considered as an integral component of comprehensive caregiver education and support. The American Medical Association has developed a Caregiver Health Self-assessment Questionnaire to help

caregivers analyze their own behavior and health risks and, with their physician's help, make decisions that will benefit both the caregiver and the patient. This questionnaire is available on the AMA website.

**Definitions:**

**Caregiver(s)** – Person(s) who provide care to those who need supervision or assistance in illness or disability. They may provide the care in the home, in a hospital, or in an institution. Although caregiver(s) include trained medical, nursing, and other health personnel, the concept also refers to parents, spouses, or other family members, friends, members of the clergy, teachers, social workers, fellow patients.

**Education** – Education should also include advising the caregiver that he or she is at “increased risk of serious illness (including circulatory and heart conditions and respiratory disease and hypertension), increased physician visits and use of prescription medications, emotional strain, anxiety, and depression.”

**Numerator Options:**

***Performance Met:***

Caregiver provided with education and referred to additional resources for support **(4322F)**

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not providing the caregiver with education on disease management and health behavior changes or referring to additional sources for support (eg, patient does not have a caregiver, other medical reason) **(4322F with 1P)**

**OR**

***Performance Not Met:***

Caregiver not provided with education and not referred to additional resources for support, reason not otherwise specified **(4322F with 8P)**

**RATIONALE:**

The vast majority (87%) of individuals with Alzheimer's disease are cared for at home by family members. (Alz Assoc, 2009) Chodosh et al. found that greater caregiver knowledge of dementia management was associated with higher care quality. (Chodosh J et al. *J Am Geriatr Soc.* 2007 Aug;55(8):1260-8.) Other studies have indicated that intensive caregiver support in the form of individual and family counseling and on-going telephone counseling results in improved patient health outcomes. (Gaugler JE et al. *J Am Geriatr Soc.* 2005;53:2098–2105., Mittelman MS et al. *Neurology.* 2006;67:1592–1599.) Providing education to caregivers and referring them to additional sources for support is a critically important piece of comprehensive care for patients with dementia.

**CLINICAL RECOMMENDATION STATEMENTS:**

Important aspects of psychiatric management include educating patients and families about the illness, its treatment, and sources of additional care and support (eg, support groups, respite care, nursing homes, and other long-term-care facilities) and advising patients and their families of the need for financial and legal planning due to the patient's eventual incapacity (eg, power of attorney for medical and financial decisions, an up-to-date will, and the cost of long-term care) (Category I)... The family should be educated regarding basic principles of care, including 1) recognizing declines in capacity and adjusting expectations appropriately, 2) bringing sudden declines in function and the emergence of new symptoms to professional attention, 3) keeping requests and demands relatively simple, 4) deferring requests if the patient becomes overly upset or angered, 5) avoiding overly complex tasks that may lead to frustration, 6) not confronting patients about their deficits, 7) remaining calm, firm, and supportive and providing redirection if the patient becomes upset, 8) being consistent and avoiding unnecessary change, and 9) providing frequent reminders, explanations, and orientation cues... In addition to providing families with information on support groups, there are a number of benefits of referral to the local chapter or national office of the Alzheimer's Association (1-800-272-3900; [Alzheimer's Association Website](#)), the Alzheimer's Disease Education and Referral Center (ADEAR) (1-800-438-4380; [Alzheimer's Disease Education and Referral Center Website](#)), and other support organizations. (APA, 2007).

Studies have shown that education and support for caregivers increases the chances of adherence to treatment recommendations for patients. The PCP should provide information and education about the current stage of the disease process and talk with the patient and family to establish treatment goals. Based on the agreed-upon goals, a discussion regarding the expected effects (positive and negative) of interventions on cognition, mood, and behavior will ensure that the prescribed treatment strategy is appropriate to family values and culture. (California Workgroup on Guidelines for Alzheimer's Disease Management, 2008)

Seamless resource referral and access to critical services for both patients and caregivers are considered essential. The PCP should encourage the caregiver to participate in educational programs, support groups, respite services, and adult day service programs. The local Alzheimer's Association chapter or other local agency support groups and community resources such as the Caregiver Resources Centers should be recommended. (California Workgroup on Guidelines for Alzheimer's Disease Management, 2008).

#### **COPYRIGHT:**

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or the American Academy of Neurology Institute (AANI) and the American Psychiatric Association (APA). Neither the AMA, AANI, APA, PCPI, nor its members shall be responsible for any use of the Measures.

**The AMA's and PCPI's significant past efforts and contributions to the development and updating of the Measures is acknowledged. AANI and APA are solely responsible for the review and enhancement ("Maintenance") of the Measures as of August 13, 2014.**

AANI and APA encourage use of the Measures by other health care professionals, where appropriate.

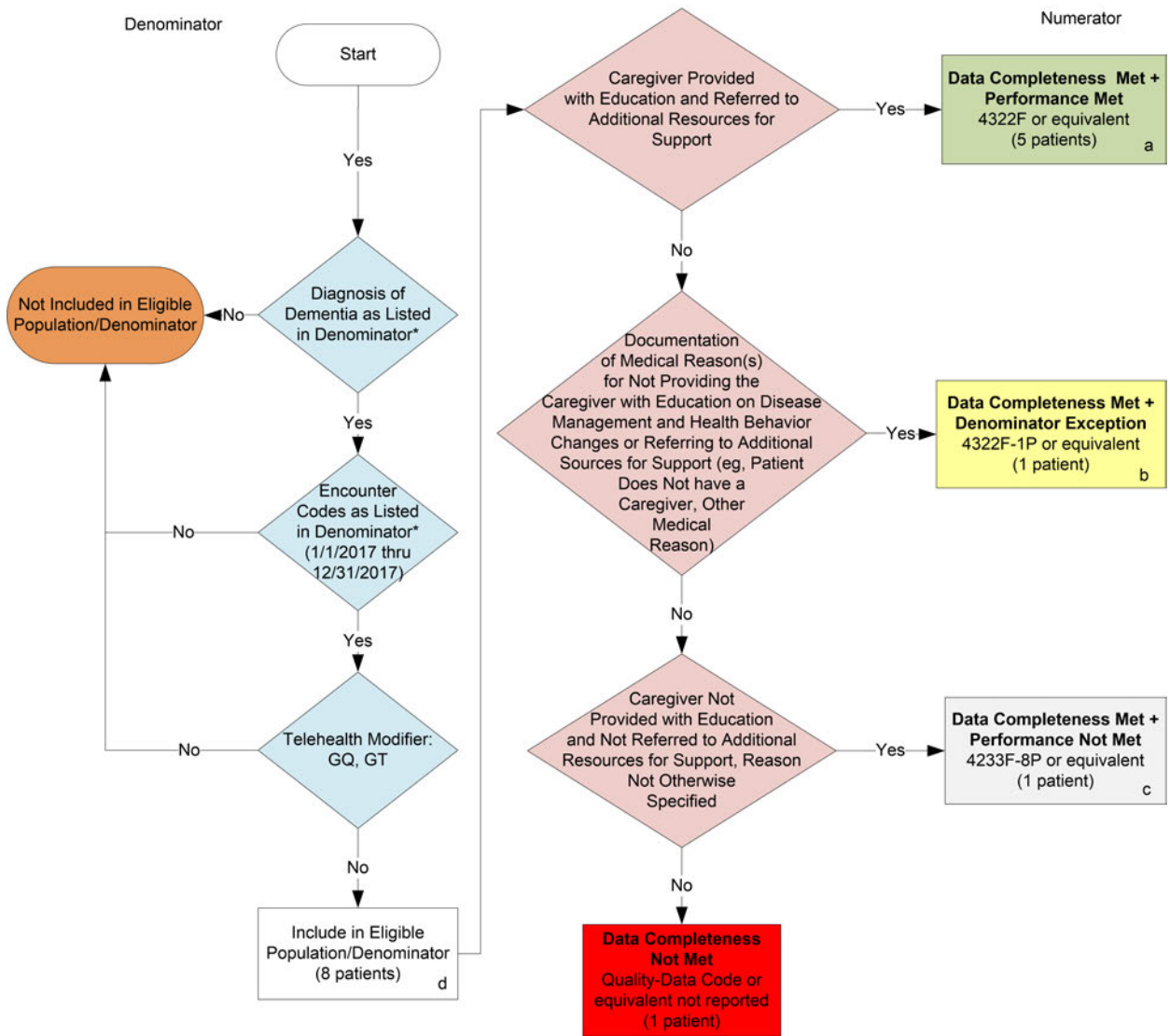
**THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.**

© 2014 American Medical Association, American Academy of Neurology Institute and American Psychiatric Association. All Rights Reserved. Applicable FARS/DFARS Restrictions Apply to Government Use.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, AANI, APA, the PCPI and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2016 American Medical Association. LOINC® copyright 2004-2016 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2016 College of American Pathologists. All Rights Reserved.

## 2017 Registry Individual Measure Flow #288: Dementia: Caregiver Education and Support



### SAMPLE CALCULATIONS:

**Data Completeness=**

$$\frac{\text{Performance Met (a=5 patients) + Denominator Exception (b=1 patient) + Performance Not Met (c=1 patient)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=5 patients)}}{\text{Data Completeness Numerator (7 patients) - Denominator Exception (b=1 patient)}} = \frac{5 \text{ patients}}{6 \text{ patients}} = 83.33\%$$

\* See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

CPT only copyright 2016 American Medical Association. All rights reserved. The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v1

**2017 Registry Individual Measure Flow**  
**#288: Dementia: Caregiver Education and Support**

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Diagnosis:
  - a. If Diagnosis of Dementia as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Dementia as Listed in the Denominator equals Yes, proceed to check Current Encounter Performed.
3. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
  - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Telehealth Modifier equals No, include in Eligible Population.
5. Denominator Population:
  - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
6. Start Numerator
7. Check Caregiver Provided with Education and Referred to Additional Resources for Support:
  - a. If Caregiver Provided with Education and Referred to Additional Resources for Support equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 5 patients in Sample Calculation.
  - c. If Caregiver Provided with Education and Referred to Additional Resources for Support equals No, proceed to Documentation of Medical Reason(s) for Not Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason).
8. Check Documentation of Medical Reason(s) for Not Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason):

- a. If Documentation of Medical Reason(s) for Not Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason) equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1patient in Sample Calculation.
  - c. If Documentation of Medical Reason(s) for Not Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason) equals No, proceed to Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, Reason Not Otherwise Specified.
9. Check Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, Reason Not Otherwise Specified:
- a. If Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 1 patient in the Sample Calculation.
  - c. If Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=5 patients) + Denominator Exception (b=1 patient) + Performance Not Met (c=1 patient)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=5 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patient)}} = \frac{5 \text{ patients}}{6 \text{ patients}} = 83.33\%$$