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

## MEASURE TYPE:

Process

# **DESCRIPTION:**

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

# **INSTRUCTIONS:**

This measure is to be reported a minimum of <u>once per performance period</u> 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** 

#### 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

#### <u>and</u>

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

#### <u>WITHOUT</u>

Telehealth Modifier: GQ, GT

# NUMERATOR:

Patients or their caregiver(s) who were counseled or referred for counseling regarding safety concerns within a 12 month period

**Numerator Instructions:** Counseling should include a discussion with the patient and their caregiver(s) regarding one or more of the following common safety concerns and potential risks to the patient. When appropriate, it should also include a recommendation or referral for a home safety evaluation. *Note: For nursing home patients, different safety concerns might apply.* 

A number of organizations have developed educational materials that are recommended to aid implementation of the measure. These materials/tools include:

- Alzheimer's Association Safety Topics. Available on the Alzheimer's Association website.
- Alzheimer's Disease Education and Referral Center's Home Safety for the Alzheimer's Patient Available on the National Institute on Aging 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.

Safety Concerns - Safety concerns include, but are not limited to:

- Fall risk
- Gait/balance
- Medication management
- Financial management
- · Home safety risks that could arise from cooking or smoking
- Physical aggression posing threat to self, family caregiver, or others
- Wandering
- Access to firearms or other weapons
- Access to potentially dangerous materials
- Being left alone in home or locked in room
- Inability to respond rapidly to crisis/household emergencies
- Driving

OR

OR

- Operation of hazardous equipment
- Suicidality
- Abuse or neglect

<u>Numerator Options:</u> <i>Performance Met:</i> OR	Safety counseling for dementia provided (6101F)
Performance Met:	Safety counseling for dementia ordered (6102F)
Denominator Exception:	Documentation of medical reason(s) for not providing counseling regarding safety concerns (eg, patient in palliative care, other medical reason) (6101F with 1P)
<u>OR</u> Denominator Exception:	Documentation of medical reason(s) for not ordering safety counseling (eg, patient in palliative care, other medical reason) <b>(6102F</b> with <b>1P)</b>
Performance Not Met:	Safety counseling for dementia not provided, reason not otherwise specified (6101F with 8P)
<u>OR</u>	
Performance Not Met:	Safety counseling for dementia not ordered, reason not otherwise specified (6102F with 8P)

#### **RATIONALE:**

The vast majority (87%) of individuals with Alzheimer's disease are cared for at home by family members.(*Alz Assoc*, 2009) "As the disease progresses however, physical features of the home environment may present as a safety hazard or barrier to performing activities of daily living, particularly at the moderate stage of the disease

process." (Gitlin LN et al. *Disabil Rehabil.* 2002, Vol. 24, No. 1-3, Pages 59-71.) Safety concerns should be addressed with patients and their caregivers throughout the course of the disease.

# **CLINICAL RECOMMENDATION STATEMENTS:**

Recommended assessments include evaluation of suicidality, dangerousness to self and others, and the potential for aggression, as well as evaluation of living conditions, safety of the environment, adequacy of supervision, and evidence of neglect or abuse (Category I). [I]Important safety issues in the management of patients with dementia include interventions to decrease the hazards of wandering and recommendations concerning activities such as cooking, driving, hunting, and the operation of hazardous equipment. Caregivers should be referred to available books [and other materials] that provide advice and guidance about maximizing the safety of the environment for patients with dementia...As patients become more impaired, they are likely to require more supervision to remain safe, and safety issues should be addressed as part of every evaluation. Families should be advised about the possibility of accidents due to forgetfulness (eg, fires while cooking), of difficulties coping with household emergencies, and of the possibility of wandering. Family members should also be advised to determine whether the patient is handling finances appropriately and to consider taking over the paying of bills and other responsibilities. At this stage of the disease [ie, moderately impaired patients], nearly all patients should not drive. (APA, 2007)

Safety issues such as driving, fall risk, medication management, environmental hazards, wandering, and access to firearms need to be discussed periodically with the patient and caregiver. Safety concerns typically focus on three risks in particular: falling, wandering, and driving. (California Workgroup on Guidelines for Alzheimer's Disease Management, 2008)

# For mild to moderate Alzheimer's disease

Assess for safety risks (eg, driving, financial management, medication management, home safety risks that could arise from cooking or smoking, potentially dangerous behaviours such as wandering). (Canadian Consensus Conference on Diagnosis and Treatment of Dementia, 2008)

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# 2017 Registry Individual Measure Flow #286: Dementia: Counseling Regarding Safety Concerns

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

NOTE: Report Frequency: Patient-Process

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## **2017 Registry Individual Measure Flow** #286: Dementia: Counseling Regarding Safety Concerns

#### **SAMPLE CALCULATIONS:**

Data Completeness= Performance Met ( $a^1+a^2=3$  patients) + Denominator Exception ( $b^1+b^2=2$  patients) + Performance Not Met ( $(c^1+c^2=2$  patients) = 7 patients = 87.50%Eligible Population / Denominator (d=8 patients)

#### Performance Rate=

 $\frac{\text{Performance Met } (a^1+a^2=3 \text{ patients})}{\text{Data Completeness Numerator (7 patients)} - \text{Denominator Exception } (b^1+b^2=2 \text{ patients})} = 5 \text{ patients}} = 60.00\%$ 

NOTE: Report Frequency: Patient-Process

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v1

# 2017 Registry Individual Measure Flow #286: Dementia: Counseling Regarding Safety Concerns

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 Safety Counseling for Dementia Provided:
  - a. If Safety Counseling for Dementia Provided 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 a1 equals 2 patients in Sample Calculation.
  - c. If Safety Counseling for Dementia Provided equals No, proceed to Safety Counseling for Dementia Ordered.
- 8. Check Safety Counseling for Dementia Ordered:
  - a. If Safety Counseling for Dementia Ordered 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 a2 equals 1patient in Sample Calculation.
- c. If Safety Counseling for Dementia Ordered equals No, proceed to Documentation of Medical Reason(s) for Not Providing Counseling Regarding Safety Concerns (eg, Patient in Palliative Care, Other Medical Reason).
- 9. Check Documentation of Medical Reason(s) for Not Providing Counseling Regarding Safety Concerns (eg, Patient in Palliative Care, Other Medical Reason):
  - a. If Documentation of Medical Reason(s) for Not Providing Counseling Regarding Safety Concerns (eg, Patient in Palliative Care, 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 b1 equals 1 patient in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for Not Providing Counseling Regarding Safety Concerns (eg, Patient in Palliative Care, Other Medical Reason) equals No, proceed to Documentation of Medical Reason(s) for Not Ordering Safety Counseling (eg, Patient in Palliative Care, Other Medical Reason).
- 10. Check Documentation of Medical Reason(s) for Not Ordering Safety Counseling (eg, Patient in Palliative Care, Other Medical Reason):
  - a. If Documentation of Medical Reason(s) for Not Ordering Safety Counseling (eg, Patient in Palliative Care, 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 b2 equals 1 patient in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for Not Ordering Safety Counseling (eg, Patient in Palliative Care, Other Medical Reason) equals No, proceed to Safety Counseling for Dementia Not Provided, Reason Not Otherwise Specified.
- 11. Check Safety Counseling for Dementia Not Provided, Reason Not Otherwise Specified:
  - a. If Safety Counseling for Dementia Not Provided, 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 c1 equals 2 patients in the Sample Calculation.
  - c. If Safety Counseling for Dementia Not Provided, Reason Not Otherwise Specified equals No, proceed to Safety Counseling for Dementia Not Ordered, Reason Not Otherwise Specified.
- 12. Check Safety Counseling for Dementia Not Ordered, Reason Not Otherwise Specified:
  - a. If Safety Counseling for Dementia Not Ordered, 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 c2 equals 0 patients in the Sample Calculation.
- c. If Safety Counseling for Dementia Not Provided, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met
- 13. 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.

