

Measure #282: Dementia: Functional Status Assessment – National Quality Strategy Domain: Effective Clinical Care

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
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

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. 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 for whom an assessment of functional status is performed and the results reviewed at least once within a 12 month period

Numerator Instructions: Functional status can be assessed by direct examination of the patient or knowledgeable informant. An assessment of functional status should include, at a minimum, an evaluation of the patient's ability to perform instrumental activities of daily living (IADL) and basic activities of daily living (ADL). Functional status can also be assessed using one of a number of available valid and reliable instruments available from the medical literature. Examples include, but are not limited to:

- Lawton IADL Scale
- Barthel ADL Index
- Katz Index of Independence in ADL

Numerator Options:

Performance Met:

Functional status for dementia assessed and results reviewed (1175F)

OR

Denominator Exception:

Documentation of medical reason(s) for not assessing and reviewing functional status for dementia (eg, patient is severely impaired and caregiver knowledge is limited, other medical reason) (1175F *with* 1P)

OR

Performance Not Met:

Functional status for dementia not assessed and results not reviewed, reason not otherwise specified (1175F *with* 8P)

RATIONALE:

Dementia is characterized by cognitive deficits that cause functional impairment compromising basic and instrumental activities of daily living. Functional decline for dementia patients is progressive and continuous and typically marked by decline in instrumental activities of daily living followed by a slower decline in basic activities of daily living. (Lechowski L et al. Dement Geriatr Cogn Disord. 2010;29(1):46-54.) Functional impairment is the main factor negatively impacting quality of life in patients with dementia including reported links to the development of apathy and depression. (Andersen CK, et al. Health Qual Life Outcomes. 2004, 2:52., Starkstein SE et al. Am J Psychiatry. 2005;162:2086-2093., Boyle PA, et al. Am J Geriatr Psychiatry. 2003 Mar-Apr;11(2):214-21.) In addition, decline in basic activities of daily living is an important risk factor for institutionalization and a strong predictor of decreased survival in dementia patients. (Steeman E, et al. Arch Psychiatr Nurs. 1997;11, 295-303., Bracco L, et al. Arch Neurol. 1994 Dec;51(12):1213-9.) Initial and ongoing assessments of functional status should be conducted to determine baseline level of functioning, monitor changes over time, and to identify strategies to maximize patient's independence.

CLINICAL RECOMMENDATION STATEMENTS:

A detailed assessment of functional status may also aid the clinician in documenting and tracking changes over time as well as providing guidance to the patient and caregivers. Functional status is typically described in terms of the patient's ability to perform instrumental activities of daily living such as shopping, writing checks, basic housework, and activities of daily living such as dressing, bathing, feeding, transferring, and maintaining continence. These regular assessments of recent cognitive and functional status provide a baseline for assessing the effect of any intervention, and they improve the recognition and treatment of acute problems, such as delirium. (APA, 2007)

Conduct and document an assessment and monitor changes in daily functioning, including feeding, bathing, dressing, mobility, toileting, continence, and ability to manage finances and medications...Functional assessment includes evaluation of physical, psychological, and socioeconomic domains. Physical functioning may focus on basic activities of daily living (ADLs) that include feeding, bathing, dressing, mobility, and toileting. Assessment of instrumental (or intermediate) activities of daily living (IADLs) addresses more advanced self-care activities, such as shopping, cooking, and managing finances and medications. Standardized assessment instruments such as the Barthel or Katz indices can provide information on the patient's capacity for self-care and independent living. Proxies or patient surrogates can complete a number of these instruments when necessary. The initial assessment of functional abilities is important to determine a baseline to which future functional deficits may be compared. (California Workgroup on Guidelines for Alzheimer's Disease Management, 2008)

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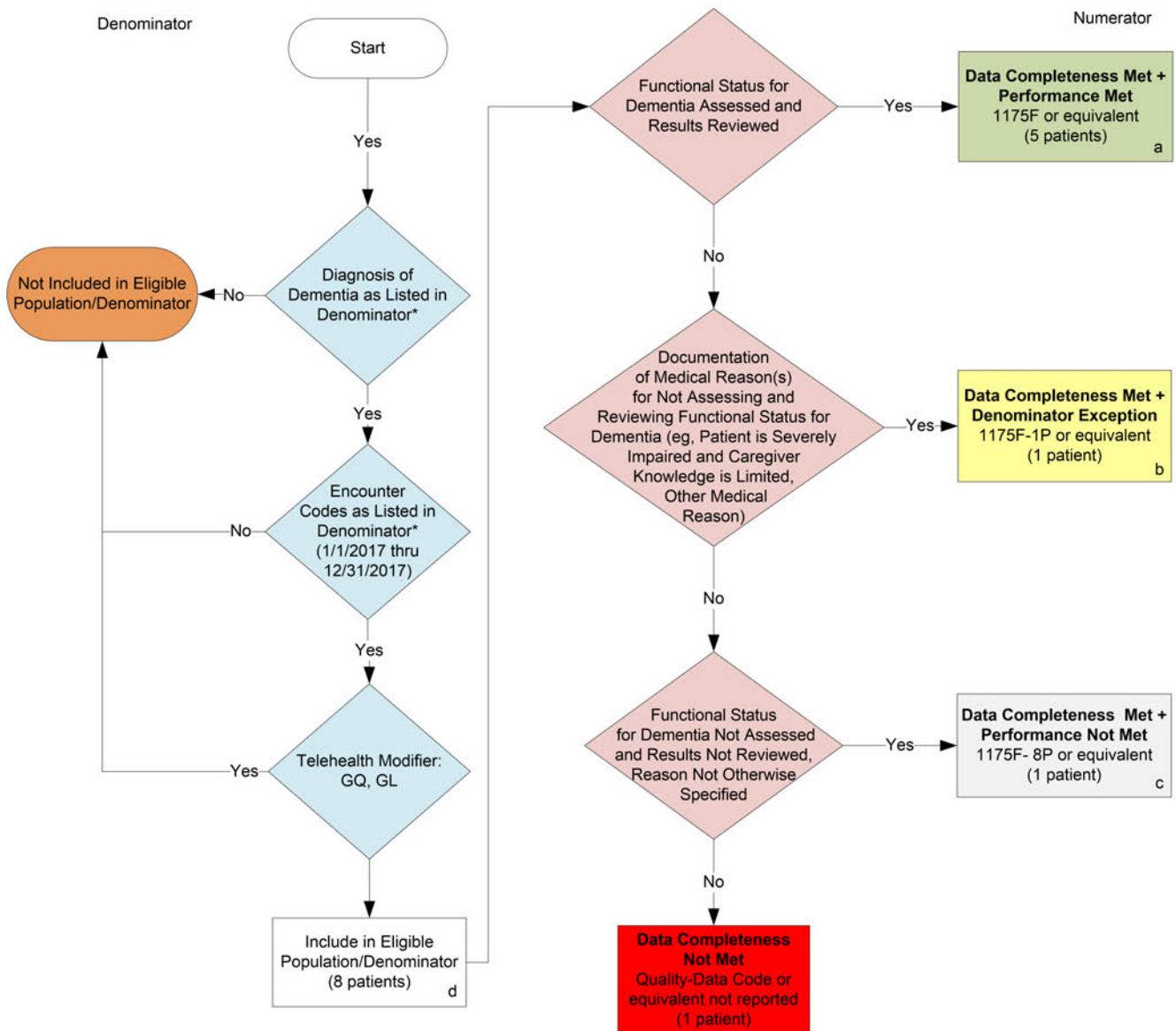
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2017 Registry Individual Measure Flow #282: Dementia: Functional Status Assessment



SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

Performance Met (a=5 patients) = 5 patients = 83.33%
Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patient) = 6 patients

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

NOTE: Reporting Frequency: Patient-process

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v1

2017 Registry Individual Measure Flow
#282: Dementia: Functional Status Assessment

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 Functional Status for Dementia Assessed and Results Reviewed:
 - a. If Functional Status for Dementia Assessed and Results Reviewed 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 Functional Status for Dementia Assessed and Results Reviewed equals No, proceed to Documentation of Medical Reason(s) for Not Assessing and Reviewing Functional Status for Dementia (eg, Patient is Severely Impaired and Caregiver Knowledge is Limited, Other Medical Reason).
8. Check Documentation of Medical Reason(s) for Not Assessing and Reviewing Functional Status for Dementia (eg, Patient is Severely Impaired and Caregiver Knowledge is Limited, Other Medical Reason):

- a. If Documentation of Medical Reason(s) for Not Assessing and Reviewing Functional Status for Dementia (eg, Patient is Severely Impaired and Caregiver Knowledge is Limited, 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 1 patient in Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Assessing and Reviewing Functional Status for Dementia (eg, Patient is Severely Impaired and Caregiver Knowledge is Limited, Other Medical Reason) equals No, proceed to Functional Status for Dementia Not Assessed and Results Not Reviewed, Reason Not Otherwise Specified.
9. Check Functional Status for Dementia Not Assessed and Results Not Reviewed, Reason Not Otherwise Specified:
- a. If Functional Status for Dementia Not Assessed and Results Not Reviewed, 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 Functional Status for Dementia Not Assessed and Results Not Reviewed, 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=

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 Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=5 patients) = 5 patients = 83.33%
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