Quality ID #179: Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis – National Quality Strategy Domain: Effective Clinical Care

<u>2018 OPTIONS FOR INDIVIDUAL MEASURES:</u>
REGISTRY ONLY

<u>MEASURE TYPE:</u>
Process

<u>DESCRIPTION:</u>
Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment and classification of disease prognosis at least once within 12 months

<u>INSTRUCTIONS:</u>
This measure is to be submitted a minimum of <u>once per performance period</u> for patients with a diagnosis of RA seen during the performance period. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission:
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 submissions; however, these codes may be submitted for those registries that utilize claims data.

<u>DENOMINATOR:</u>
Patients aged 18 years and older with a diagnosis of RA

> <u>Denominator Criteria (Eligible Cases):</u>
> Patients aged ≥ 18 years on date of encounter
> AND
> **Diagnosis for rheumatoid arthritis (RA) (ICD-10-CM):** M05.00, M05.011, M05.012, M05.019, M05.021, M05.022, M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.20, M05.211, M05.212, M05.219, M05.221, M05.222, M05.229, M05.231, M05.232, M05.239, M05.241, M05.242, M05.249, M05.251, M05.252, M05.259, M05.261, M05.262, M05.269, M05.271, M05.272, M05.279, M05.29, M05.30, M05.311, M05.312, M05.319, M05.321, M05.322, M05.329, M05.331, M05.332, M05.339, M05.341, M05.342, M05.349, M05.351, M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.40, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.431, M05.432, M05.439, M05.441, M05.442, M05.449, M05.451, M05.452, M05.459, M05.461, M05.462, M05.469, M05.471, M05.472, M05.479, M05.49, M05.50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.70, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.771, M05.772, M05.779, M05.79, M05.80, M05.811, M05.812, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022,

M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.9

<u>AND</u>

Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0402

<u>WITHOUT</u>

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:

Patients with at least one documented assessment and classification (good/poor) of disease prognosis utilizing clinical markers of poor prognosis within 12 months

Numerator Instructions: This measure evaluates if physicians are assessing and classifying disease prognosis using a standardized, systematic approach. Disease prognosis should be classified as either poor or good.

Definitions:

Poor Prognosis – RA patients with features of poor prognosis have active disease with high tender and swollen joint counts, often have evidence of radiographic erosions, elevated levels of rheumatoid factor (RF) and/or anti-cyclic citrullinated peptide (anti-CCP) antibodies, and an elevated erythrocyte sedimentation rate, and an elevated C-reactive protein level.

Clinically Important Markers of Poor Prognosis – Classification should be based upon at a minimum the following: functional limitation (e.g., HAQ Disability Index), extra articular disease (e.g., vasculitis, Sjorgen's syndrome, RA lung disease, rheumatoid nodules), RF positivity, positive anti-CCP antibodies (both characterized dichotomously, per CEP recommendation), and/or bony erosions by radiography.

Numerator Options:
Performance Met: Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented **(3475F)**

<u>OR</u>
Performance Met: Disease prognosis for rheumatoid arthritis assessed, good prognosis documented **(3476F)**

<u>OR</u>

Performance Not Met: Disease prognosis for rheumatoid arthritis not assessed and classified, reason not otherwise specified **(3475F with 8P)**

RATIONALE:

After establishing a diagnosis of RA, risk assessment is crucial for guiding optimal treatment. For the purposes of selecting therapies, physicians should consider the presence of these prognostic factors at the time of the treatment decisions.

CLINICAL RECOMMENDATION STATEMENTS:

Poor prognosis is suggested by earlier age at disease onset, high titer of RF, elevated ESR, and swelling of > 20 joints. Extra articular manifestations of RA, such as rheumatoid nodules, Sjogren's syndrome, episcleritis and scleritis, interstitial lung disease, pericardial involvement, systemic vasculitis, and Felty's syndrome, may also

indicate a worse prognosis. Since studies have demonstrated that treatment with DMARDs may alter the disease course in patients with recent-onset RA, particularly those with unfavorable prognostic factors, aggressive treatment should be initiated as soon as the diagnosis has been established. (Level C Evidence) (ACR, 2008)

Assessment of prognosis should be performed at baseline, before starting medications, to assess organ dysfunction due to comorbid diseases. The literature agrees that a thorough assessment includes recording a complete blood cell count, electrolyte levels, creatinine levels, hepatic enzyme levels (AST – aspartate aminotransferase, ALT – alanine aminotransferase, and albumin), and performing a urinalysis and stool guaiac. If necessary prognosis at baseline should rule out other diseases; this may be repeated during disease flares to rule out septic arthritis through synovial fluid analysis. (Level C Evidence) (ACR, 2008)

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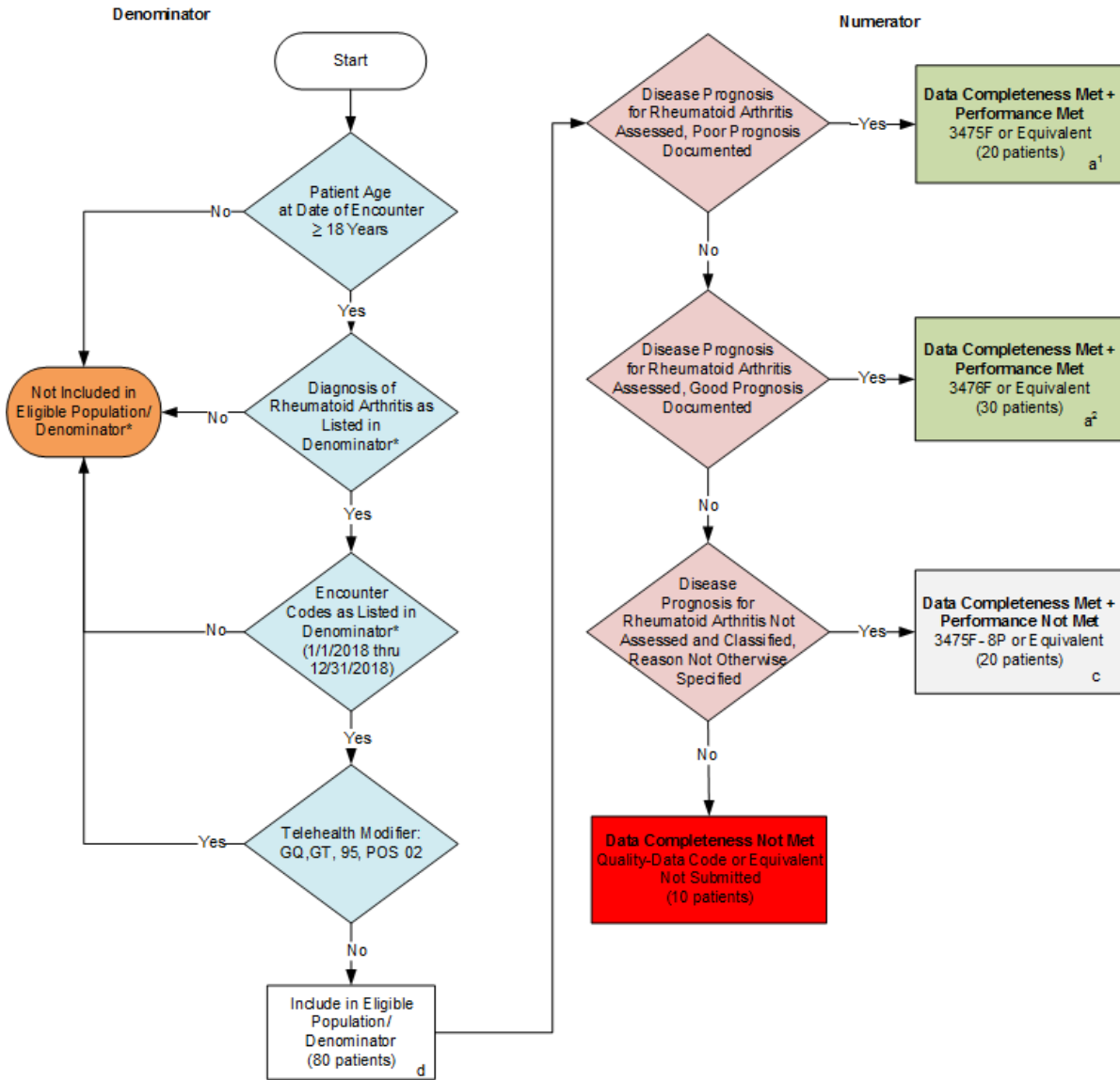
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2018 Registry Flow for Quality ID #179:
Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis

Denominator

Numerator

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Start
  │
  ▼
Patient Age at Date of Encounter ≥ 18 Years ──No──► Not Included in Eligible Population/ Denominator*
  │ Yes
  ▼
Diagnosis of Rheumatoid Arthritis as Listed in Denominator* ──No──► Not Included in Eligible Population/ Denominator*
  │ Yes
  ▼
Encounter Codes as Listed in Denominator* (1/1/2018 thru 12/31/2018) ──No──► Not Included in Eligible Population/ Denominator*
  │ Yes
  ▼
Telehealth Modifier: GQ, GT, 95, POS 02 ──Yes──► Not Included in Eligible Population/ Denominator*
  │ No
  ▼
Include in Eligible Population/ Denominator (80 patients)   d
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Disease Prognosis for Rheumatoid Arthritis Assessed, Poor Prognosis Documented ──Yes──► Data Completeness Met + Performance Met 3475F or Equivalent (20 patients)   a¹
  │ No
  ▼
Disease Prognosis for Rheumatoid Arthritis Assessed, Good Prognosis Documented ──Yes──► Data Completeness Met + Performance Met 3476F or Equivalent (30 patients)   a²
  │ No
  ▼
Disease Prognosis for Rheumatoid Arthritis Not Assessed and Classified, Reason Not Otherwise Specified ──Yes──► Data Completeness Met + Performance Not Met 3475F - 8P or Equivalent (20 patients)   c
  │ No
  ▼
Data Completeness Not Met Quality-Data Code or Equivalent Not Submitted (10 patients)
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SAMPLE CALCULATIONS:

Data Completeness =

$$\frac{\text{Performance Met } (a^1+a^2=50 \text{ patients}) + \text{Performance Not Met } (c=20 \text{ patients})}{\text{Eligible Population / Denominator } (d=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate =

$$\frac{\text{Performance Met } (a^1+a^2=50 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients})} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.42\%$$

* See the posted Measure Specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

#179: Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry-data submission.

1. Start with Denominator

2. Check Patient Age:

    a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.

    b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:

    a. If Diagnosis of Rheumatoid Arthritis as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If Diagnosis of Rheumatoid Arthritis as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. 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.

5. 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 the Eligible Population.

6. 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 80 patients in the Sample Calculation.

7. Start Numerator

8. Check Disease Prognosis for Rheumatoid Arthritis Assessed, Poor Prognosis Documented:

    a. If Disease Prognosis for Rheumatoid Arthritis Assessed, Poor Prognosis Documented equals Yes, include in Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 20 patients in the Sample Calculation.

c. If Disease Prognosis for Rheumatoid Arthritis Assessed, Poor Prognosis Documented equals No, proceed to Disease Prognosis for Rheumatoid Arthritis Assessed, Good Prognosis Documented.

9. Check Disease Prognosis for Rheumatoid Arthritis Assessed, Good Prognosis Documented.

a. If Disease Prognosis for Rheumatoid Arthritis Assessed, Good Prognosis Documented equals Yes, include in Data Completeness Met and Performance Met.

b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 30 patients in the Sample Calculation.

c. If Disease Prognosis for Rheumatoid Arthritis Assessed, Good Prognosis Documented equals No, proceed to Disease Prognosis for Rheumatoid Arthritis Not Assessed and Classified, Reason Not Otherwise Specified.

10. Check Disease Prognosis for Rheumatoid Arthritis Not Assessed and Classified, Reason Not Otherwise Specified:

a. If Disease Prognosis for Rheumatoid Arthritis Not Assessed and Classified, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.

b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

c. If Disease Prognosis for Rheumatoid Arthritis Not Assessed and Classified, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.

11. Check Data Completeness Not Met

a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met } (a^1+a^2=50 \text{ patients}) + \text{Performance Not Met } (c=20 \text{ patients})}{\text{Eligible Population / Denominator } (d=80 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1+a^2= 50 \text{ patients})}{\text{Data Completeness Numerator } (70 \text{ patients})} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.42\%$$