Quality ID #390: Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options – National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient. To meet the measure, there must be documentation in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all patients with a diagnosis of chronic hepatitis C seen during the performance period. This measure is intended to reflect the quality of services provided for patients with chronic hepatitis C who are undergoing evaluation for antiviral treatment. 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.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of chronic hepatitis C

> Denominator Criteria (Eligible Cases):
> Patients aged ≥ 18 years on date of encounter
> AND
> Diagnosis for chronic hepatitis C (ICD-10-CM): B18.2, B19.20, B19.21
> AND
> Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

NUMERATOR:
Patients with whom a physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the patient

> Numerator Options:

Performance Met:	Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment **(G9399)**

OR

Denominator Exception:	Documentation of medical or patient reason(s) for not discussing treatment options. Medical reasons: Patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons. Patient reasons: Patient unable or unwilling to participate in the discussion or other patient reasons **(G9400)**

OR

Performance Not Met:	No documentation of a discussion in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment **(G9401)**

RATIONALE:
Shared decision making has the potential to provide numerous benefits for patients, clinicians, and the health care system, including increased patient knowledge, less anxiety over the care process, improved health outcomes, reductions in unwarranted variation in care and costs, and greater alignment of care with patients' values (Lee, E., & Emanuel, E., 2013). In hepatitis C, the decision about whether to initiate treatment is sensitive to patient preferences about achieving cure and limiting symptoms versus tolerating side effects of medications (Colter, et. al., 2001). It is also intuitive that patients are more likely to be adherent to treatment if they are engaged in the decision to start.

Numerous studies have documented problems with patient-physician communication in this population (Zickmund, et. al., 2004), and patient misperceptions and lack of education have been implicated as barriers to treatment (Zickmund & Bielefeldt, 2007; Richmond, et. al., 2007; McNally's, et. al., 2006). For these reasons, it is likely that shared decision making would improve decision quality, result in more effective antiviral therapy, and better patient health outcomes.

CLINICAL RECOMMENDATION STATEMENTS:
The decision to defer treatment for a specific patient should consider the patient's preferences and priorities, the natural history and risk of progression, the presence of co-morbidities, and the patient's age. (EASL, 2014).

Treatment decisions should be individualized based on the severity of liver disease, the potential for serious side effects, the likelihood of treatment response, the presence of comorbid conditions, and the patient's readiness for treatment (Class IIa, Level C). (AASLD, 2009)

The Institute of Medicine endorses shared decision-making and the strongly recommends use of decision aids as a way to foster patient-centered care (Committee on Quality of Health Care in American Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press; 2001)

2018 Registry Flow for Quality ID #390:
Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options
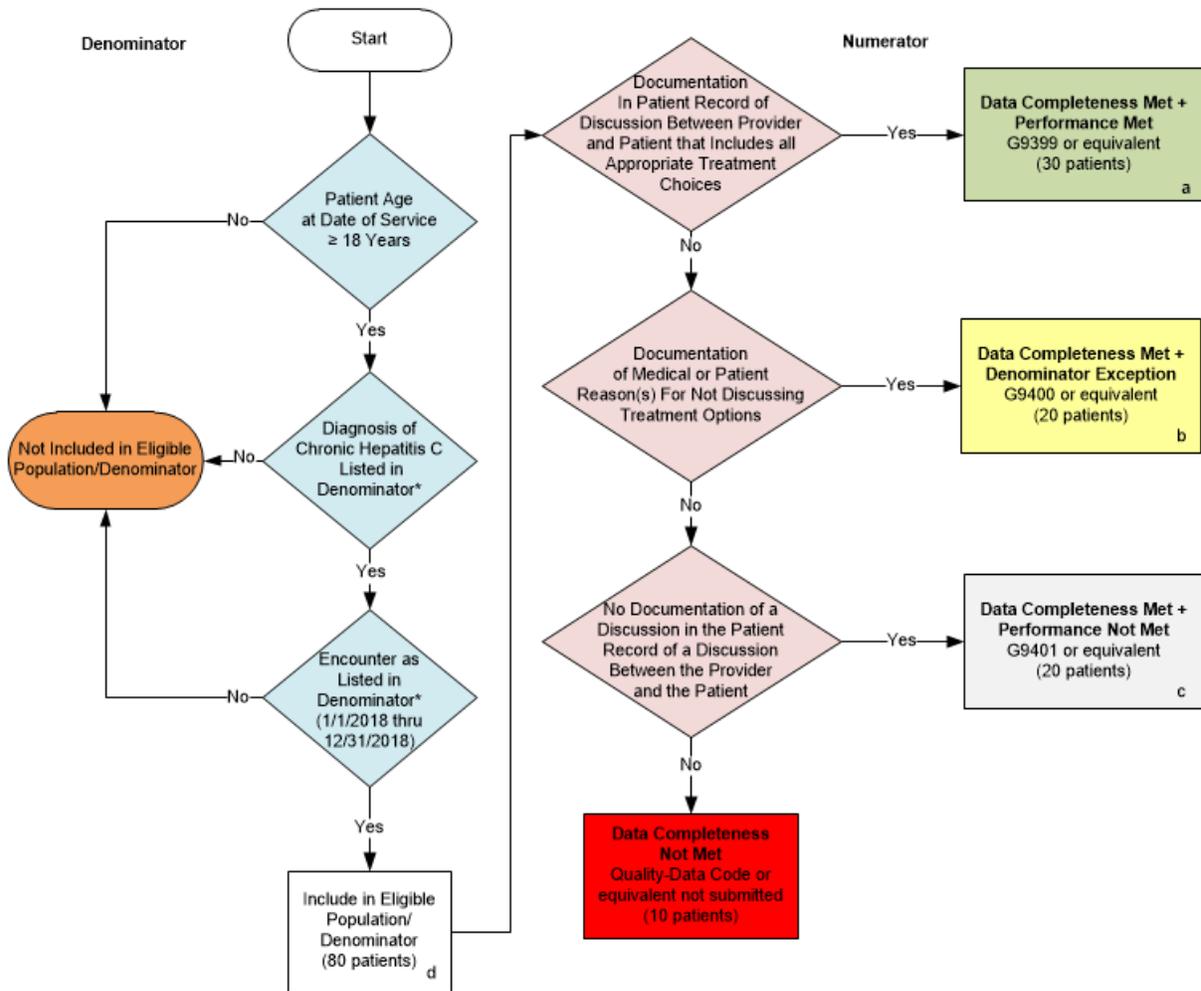
SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=30 patients) + Denominator Exception (b = 20 patients) + Performance Not Met (c = 20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=30 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b =20 patients)}} = \frac{30 \text{ patients}}{50 \text{ patients}} = 60.00\%$$

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

NOTE: Submission Frequency: Patient - process

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Please refer to the specific section of the Measure 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 Patient Age is greater than or equal to 18 Years on the Date of Service equals No, do not include in Eligible Patient Population. Stop Processing.

   b. If Patient Age is greater than or equal to 18 Years on the Date of Service equals Yes, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:

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

   b. If Diagnosis of Chronic Hepatitis C 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, include in the 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 80 patients in the sample calculation.

6. Start Numerator

7. Check Documentation in Patient Record of Discussion Between Provider and Patient That Includes All Appropriate Treatment Choices:

   a. If Documentation in Patient Record of Discussion Between Provider and Patient that Includes All Appropriate Treatment Choices 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 30 patients in Sample Calculation.

   c. If Documentation in Patient Record of Discussion Between Provider and Patient that Includes All Appropriate Treatment Choices equals No, proceed to check Documentation of Medical Or Patient Reason for Not Discussing Treatment Options.

8. Check Documentation of Medical or Patient Reason for Not Discussing Treatment Options:

a. If Documentation of Medical or Patient Reason for Not Discussing Treatment Options 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 20 patients in the Sample Calculation.

c. If Documentation of Medical or Patient Reason for Not Discussing Treatment Options equals No, proceed to check No Documentation of a Discussion in the Patient Record of a Discussion Between the Provider and the Patient.

9. Check No Documentation of a Discussion in the Patient Record of a Discussion Between the Provider and the Patient:

a. If No Documentation of a Discussion in the Patient Record of a Discussion Between the Provider and the Patient equals Yes, include in the 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 20 patients in the Sample Calculation.

c. If No Documentation of a Discussion in the Patient Record of a Discussion Between the Provider and the Patient equals No, proceed to check Data Completeness Not Met.

10. Check Data Completeness Not Met:

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

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=30 patients) + Denominator Exception (b = 20 patients) + Performance Not Met (c = 20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=30 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b =20 patients)}} = \frac{30 \text{ patients}}{50 \text{ patients}} = 60.00\%$$