Measure #386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences – National Quality Strategy Domain: Person and Caregiver-Centered Experience and Outcomes

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end of life issues (e.g., advance directives, invasive ventilation, hospice) at least once annually

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for patients with a diagnosis of ALS during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. This measure is appropriate for use in outpatient and long term care (e.g., nursing home, ambulatory). For each of these settings, there should be documentation in the medical record(s) that advance care planning was discussed or documented.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes and CPT codes are used to identify patients who are included in the measure’s denominator. The numerator options as described in the quality-data codes are used to report the numerator of 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 Amyotrophic Lateral Sclerosis (ALS)

Denominator Criteria (Eligible Cases):
Diagnosis for Amyotrophic Lateral Sclerosis (ICD-10-CM): G12.21
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99338, 99339, 99354, 99355

NUMERATOR:
Patients who were offered assistance in planning for end of life issues (e.g., advance directives, invasive ventilation, or hospice) at least once annually

Definition:
Assistance with end of life issues – assessment of patient concerns, desires and needs relating to end of life issues. Bases on patient’s disease progression this may include discussions regarding invasive ventilation, advance directives and hospice.

Numerator Options:
Performance Met: Patient offered assistance with end of life issues during the measurement period (G9380)
OR
Medical Performance Exclusion: Documentation of medical reason(s) for not offering assistance with end of life issues (e.g., patient in hospice and in terminal phase) during the measurement period (G9381)
OR

Performance Not Met: Patient not offered assistance with end of life issues during the measurement period (G9382)

RATIONALE:
Palliative care should be adopted from the time of diagnosis. Many patients are not adequately informed about advance directives and end of life decision making and many hospice workers are not familiar with ALS. Management of the terminal phase of ALS is unsatisfactory in 33% - 61% of cases in Europe and only 8% of palliative care units are involved from the time of diagnosis. The current system of palliative care in the USA is highly decentralized. Between 60-88% of patients die in a medical facility in some countries and not at home, while over 58% of seriously ill ALS patients do not have hospice care. Approaches to end of life care vary widely and are not standardized either in timing or content.

CLINICAL RECOMMENDATION STATEMENTS:
No clinical recommendation statements provided.

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2016 Registry Individual Measure Flow
PQRS #386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences

Sample Calculations:

**Reporting Rate**

\[
\text{Performance Met (a=3 patients) + Performance Exclusion (b=2 patients) + Performance Not Met (c=2 patients) = 7 patients} = \frac{87.50\%}{8 \text{ patients}}
\]

**Performance Rate**

\[
\text{Reporting Numerator (7 patients) - Performance Exclusion (b=2 patients) = 5 patients} = \frac{60.00\%}{3 \text{ patients}}
\]

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

NOTE: Reporting Frequency: Patient-process
2016 Registry Individual Measure Flow
PQRS #386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences

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 Amyotrophic Lateral Sclerosis (ALS) as Listed in Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

b. If Diagnosis of Amyotrophic Lateral Sclerosis (ALS) as Listed in the Denominator equals Yes, proceed to check 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, include in the Eligible population.

4. 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.

5. Start Numerator

6. Check Patient Offered Assistance with End of Life Issues During Measurement Period:
   
a. If Patient Offered Assistance with End of Life Issues During Measurement Period equals Yes, include in Reporting Met and Performance Met.

b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 3 patients in Sample Calculation.

c. If Patient Offered Assistance with End of Life Issues During Measurement Period equals No, proceed to Documentation of Medical Reason(s) for Not Offering Assistance with End of Life Issues During Measurement Period.

7. Check Documentation of Medical Reason(s) for Not Offering Assistance with End of Life Issues During Measurement Period:
   
a. If Documentation of Medical Reason(s) for Not Offering Assistance with End of Life Issues During Measurement Period equals Yes, include in Reporting Met and Performance Exclusion.

b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 2 patients in the Sample Calculation.
c. If Documentation of Medical Reason(s) for Not Offering Assistance with End of Life Issues During Measurement Period equals No, proceed to Patient Not Offered Assistance with End of Life Issues During Measurement Period.

8. Check Patient Not Offered Assistance with End of Life Issues During Measurement Period:

a. If Patient Not Offered Assistance with End of Life Issues During Measurement Period Yes, include in the Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.

c. If Patient Not Offered Assistance with End of Life Issues During Measurement Period equals No, proceed to Reporting Not Met.

9. Check Reporting Not Met:

a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

### SAMPLE CALCULATIONS:

<table>
<thead>
<tr>
<th>Equation</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Rate</td>
<td>Performance Met (a=3 patients) + Performance Exclusion (b=2 patients) + Performance Not Met (c=2 patients) = Eligible Population / Denominator (d=8 patients)</td>
<td>7 patients = 87.50%</td>
</tr>
<tr>
<td>Performance Rate</td>
<td>Performance Met (a=3 patients)</td>
<td>3 patients = 60.00%</td>
</tr>
<tr>
<td></td>
<td>Reporting Numerator (7 patients) – Performance Exclusion (b=2 patients)</td>
<td>5 patients</td>
</tr>
</tbody>
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