Quality ID #47 (NQF 0326): Care Plan – National Quality Strategy Domain: Communication and Care Coordination

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

INSTRUCTIONS:
This measure is to be submitted a minimum of once per performance period for patients seen during the performance period. There is no diagnosis associated with this measure. 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.

NOTE: *This measure is appropriate for use in all healthcare settings (e.g., inpatient, nursing home, ambulatory) except the emergency department. For each of these settings, there should be documentation in the medical record(s) that advance care planning was discussed or documented.*

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-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 65 years and older

> *DENOMINATOR NOTE: Eligible clinicians indicating the Place of Service as the emergency department will not be included in this measure.*
>
> Denominator Criteria (Eligible Cases):
> Patients aged ≥ 65 years on date of encounter
> AND
> Patient encounter during the performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99291, 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, G0402, G0438, G0439
> AND NOT
> DENOMINATOR EXCLUSION:
> Hospice services received by patient any time during the measurement period: G9692

NUMERATOR:
Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan

Numerator Instructions: If patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, submit 1124F.

NUMERATOR NOTE: The CPT Category II codes used for this measure indicate: Advance Care Planning was discussed and documented. The act of using the Category II codes on a claim indicates the provider confirmed that the Advance Care Plan was in the medical record (that is, at the point in time the code was assigned, the Advance Care Plan in the medical record was valid) or that advance care planning was discussed. The codes are required annually to ensure that the provider either confirms annually that the plan in the medical record is still appropriate or starts a new discussion.

The provider does not need to review the Advance Care Plan annually with the patient to meet the numerator criteria; documentation of a previously developed advanced care plan that is still valid in the medical record meets numerator criteria.

Services typically provided under CPT codes 99497 and 99498 satisfy the requirement of Advance Care Planning discussed and documented, minutes. If a patient received these types of services, submit CPT II 1123F or 1124F.

Definition:
Documentation that Patient did not Wish or was not able to Name a Surrogate Decision Maker or Provide an Advance Care Plan – May also include, as appropriate, the following:

- That the patient's cultural and/or spiritual beliefs preclude a discussion of advance care planning, as it would be viewed as harmful to the patient's beliefs and thus harmful to the physician-patient relationship.

Numerator Options:

Performance Met:	Advance Care Planning discussed and documented; advance care plan or surrogate decision maker documented in the medical record (1123F)
OR	
Performance Met:	Advance Care Planning discussed and documented in the medical record; patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (1124F)
OR	
Performance Not Met:	Advance care planning not documented, reason not otherwise specified (1123F *with* 8P)

RATIONALE:
It is essential that the patient's wishes regarding medical treatment be established as much as possible prior to incapacity. The Work Group has determined that the measure should remain as specified with no required timeframe based on a review of the literature. Studies have shown that people do change their preferences often with regard to advanced care planning, but it primarily occurs after a major medical event or other health status change. In the stable patient, it would be very difficult to define the correct interval. It was felt by the Work Group that the error rate in simply not having addressed the issue at all is so much more substantial (Teno, 1997) than the risk that an

established plan has become outdated that we should not define a specific timeframe at this time. As this measure is tested and reviewed, we will continue to evaluate if and when a specific timeframe should be included.

CLINICAL RECOMMENDATION STATEMENTS:
Advance directives are designed to respect patient's autonomy and determine his/her wishes about future life-sustaining medical treatment if unable to indicate wishes. Key interventions and treatment decisions to include in advance directives are: resuscitation procedures, mechanical respiration, chemotherapy, radiation therapy, dialysis, simple diagnostic tests, pain control, blood products, transfusions, and intentional deep sedation.

Oral statements:

- Conversations with relatives, friends, and clinicians are most common form; should be thoroughly documented in medical record for later reference.
- Properly verified oral statements carry same ethical and legal weight as those recorded in writing.

Instructional advance directives (DNR orders, living wills):

- Written instructions regarding the initiation, continuation, withholding, or withdrawal of particular forms of life-sustaining medical treatment.
- May be revoked or altered at any time by the patient.
- Clinicians who comply with such directives are provided legal immunity for such actions.

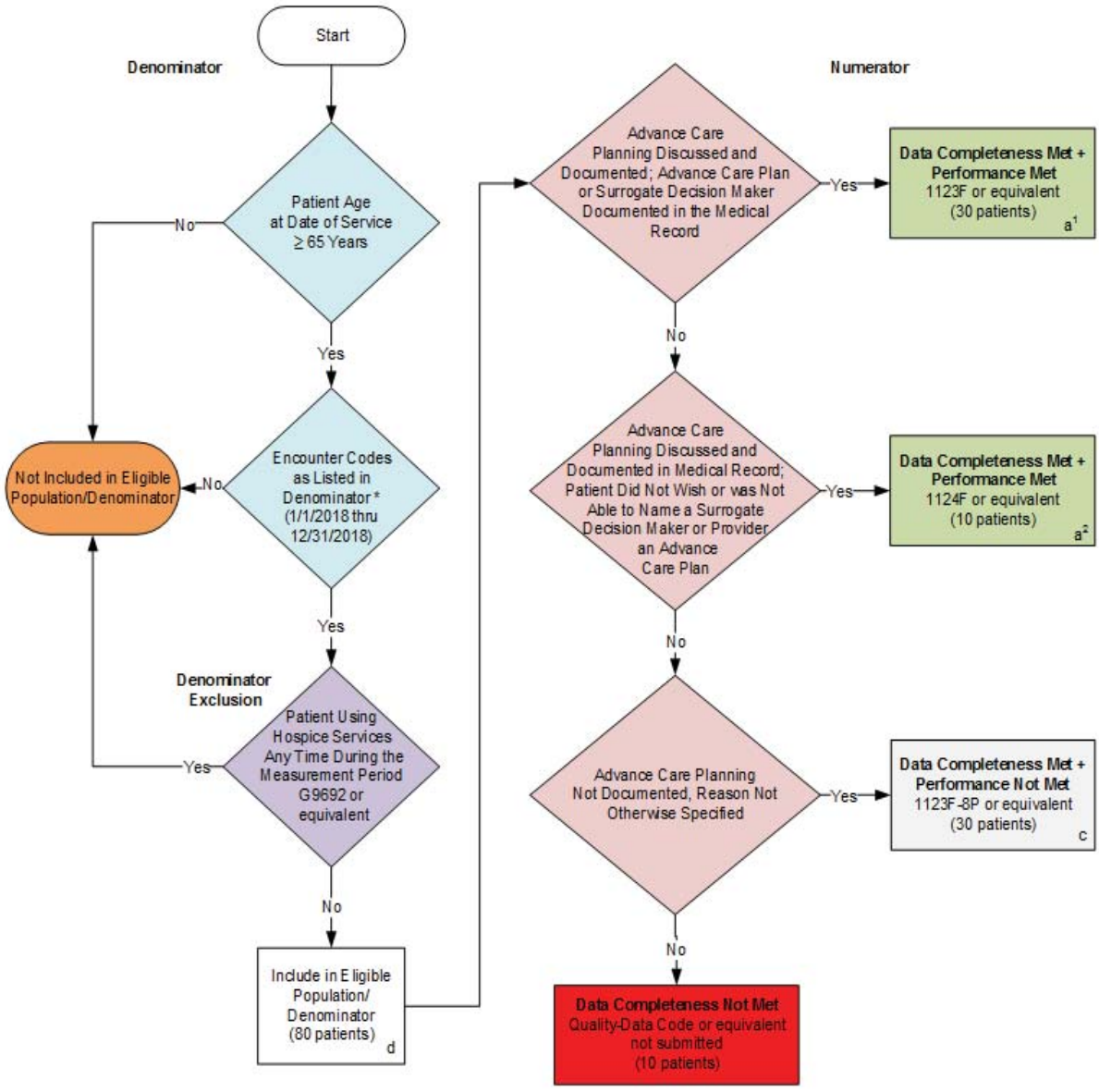
Durable power of attorney for health care or health care proxy:

- A written document that enables a capable person to appoint someone else to make future medical treatment choices for him or her in the event of decisional incapacity. (AGS)

The National Hospice and Palliative Care Organization provides the Caring Connection web site, which provides resources and information on end-of-life care, including a national repository of state-by-state advance directives.

The performance Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications. THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

2018 Registry Flow for Quality ID #47 NQF #0326: Care Plan



SAMPLE CALCULATIONS:

Data Completeness=

Performance Met (a^1+a^2=40 patients) + Performance Not Met (c=30 patients) = 70 patients = **87.50%**

Eligible Population / Denominator (d=80 patients) = 80 patients

Performance Rate=

Performance Met (a^1+a^2=40 patients) = 40 patients = **57.14%**

Data Completeness Numerator (70 patients) = 70 patients

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

NOTE: Submission Frequency: Patient-process

v2

2018 Registry Flow for Quality ID
#47 NQF #0326: Care Plan

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 65 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 65 years of age on Date of Service and equals Yes during the Measurement Period, 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, proceed to check Hospice Services Received by Patient Any Time During the Measurement Period.

4. Check Hospice Services Received by Patient Any Time During the Measurement Period:

    a. If Hospice Services Received by Patient Any Time During the Measurement Period equals No, include in the Eligible Population.

    b. If Hospice Services Received by Patient Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.

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 Advanced Care Planning Discussed and Documented; Advance Care Plan or Surrogate Decision Maker Documented in the Medical Record:

    a. If Advanced Care Planning Discussed and Documented; Advance Care Plan or Surrogate Decision Maker Documented in the Medical Record equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 30 patients in the Sample Calculation.

    c. If Advanced Care Planning Discussed and Documented; Advance Care Plan or Surrogate Decision Maker Documented in the Medical Record equals No, proceed to Advanced Care Planning Discussed

and Documented in Medical Record; Patient Did Not Wish or was Not Able to Name a Surrogate Decision Maker or Provide an Advance Care Plan.

8. Check Advanced Care Planning Discussed and Documented in Medical Record; Patient Did Not Wish or was Not Able to Name a Surrogate Decision Maker or Provide an Advance Care Plan:

    a. If Advanced Care Planning Discussed and Documented in Medical Record; Patient Did Not Wish or was Not Able to Name a Surrogate Decision Maker or Provide an Advance Care Plan equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 10 patients in the Sample Calculation.

    c. If Advanced Care Planning Discussed and Documented in Medical Record; Patient Did Not Wish or was Not Able to Name a Surrogate Decision Maker or Provide an Advance Care Plan equals No, proceed to Advance Care Planning Not Documented, Reason Not Otherwise Specified.

9. Check Advance Care Planning Not Documented, Reason Not Otherwise Specified:

    a. If Advance Care Planning Not Documented, 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 as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.

    c. If Advance Care Planning Not Documented, Reason Not Otherwise Specific 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 submitted. 10 patients have been subtracted from the Data Completeness Numerator in Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

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