

Quality ID #155 (NQF: 0101): Falls: Plan of Care – 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 with a history of falls that had a plan of care for falls documented within 12 months

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 is appropriate for use in all non-acute settings (with the exception of emergency departments and acute care hospitals). 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-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 65 years and older with a history of falls (history of falls is defined as 2 or more falls in the past year or any fall with injury in the past year). Documentation of patient reported history of falls is sufficient

Denominator Criteria (Eligible Cases):

Patients aged ≥ 65 years on date of encounter

AND

Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in the past year: 1100F

AND

Patient encounter during the performance period (CPT or HCPCS): 92540, 92541, 92542, 92548, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99211, 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, G0402, G0438, G0439

AND NOT

DENOMINATOR EXCLUSIONS:

Hospice services for patient occurred any time during the measurement period: G9720

NUMERATOR:
Patients with a plan of care for falls documented within 12 months

Numerator Instructions: All components do not need to be completed during one patient visit, but should be documented in the medical record as having been performed within the past 12 months.

Definitions:

Plan of Care – Must include: balance, strength, and gait training

Balance, Strength, and Gait Training – Medical record must include: documentation that balance, strength, and gait training/instructions were provided OR referral to an exercise program, which includes at least one of the three components: balance, strength or gait OR referral to physical therapy

Fall – A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force

Numerator Options:

OR

Performance Met:

Falls plan of care documented **(0518F)**

Denominator Exception:

Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair **(0518F with 1P)**

OR

Performance Not Met:

Falls plan of care not documented, reason not otherwise specified **(0518F with 8P)**

RATIONALE:

Interventions to prevent future falls should be documented for the patient with 2 or more falls or injurious falls.

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends exercise or physical therapy to prevent falls in community-dwelling adults aged 65 years or older who are at increased risk for falls.

Grade: B Recommendation.

The AGS 2010 Clinical Practice Guidelines Recommend:

Multifactorial/Multicomponent Interventions to Address Identified Risk(s) and Prevent Falls

1. A strategy to reduce the risk of falls should include multifactorial assessment of known fall risk factors and management of the risk factors identified. [A]
2. The components most commonly included in efficacious interventions were:
 - a. Adaptation or modification of home environment [A]
 - b. Withdrawal or minimization of psychoactive medications [B]
 - c. Withdrawal or minimization of other medications [C]
 - d. Management of postural hypotension [C]
 - e. Management of foot problems and footwear [C]
 - f. Exercise, particularly balance, strength, and gait training [A]
3. All older adults who are at risk of falling should be offered an exercise program incorporating balance, gait, and strength training. Flexibility and endurance training should also be offered, but not as sole components of the program. [A]
4. Multifactorial/multicomponent intervention should include an education component complementing and addressing issues specific to the intervention being provided, tailored to individual cognitive function and language. [C]
5. The health professional or team conducting the fall risk assessment should directly implement the interventions or should assure that the interventions are carried out by other qualified healthcare professionals. [A]

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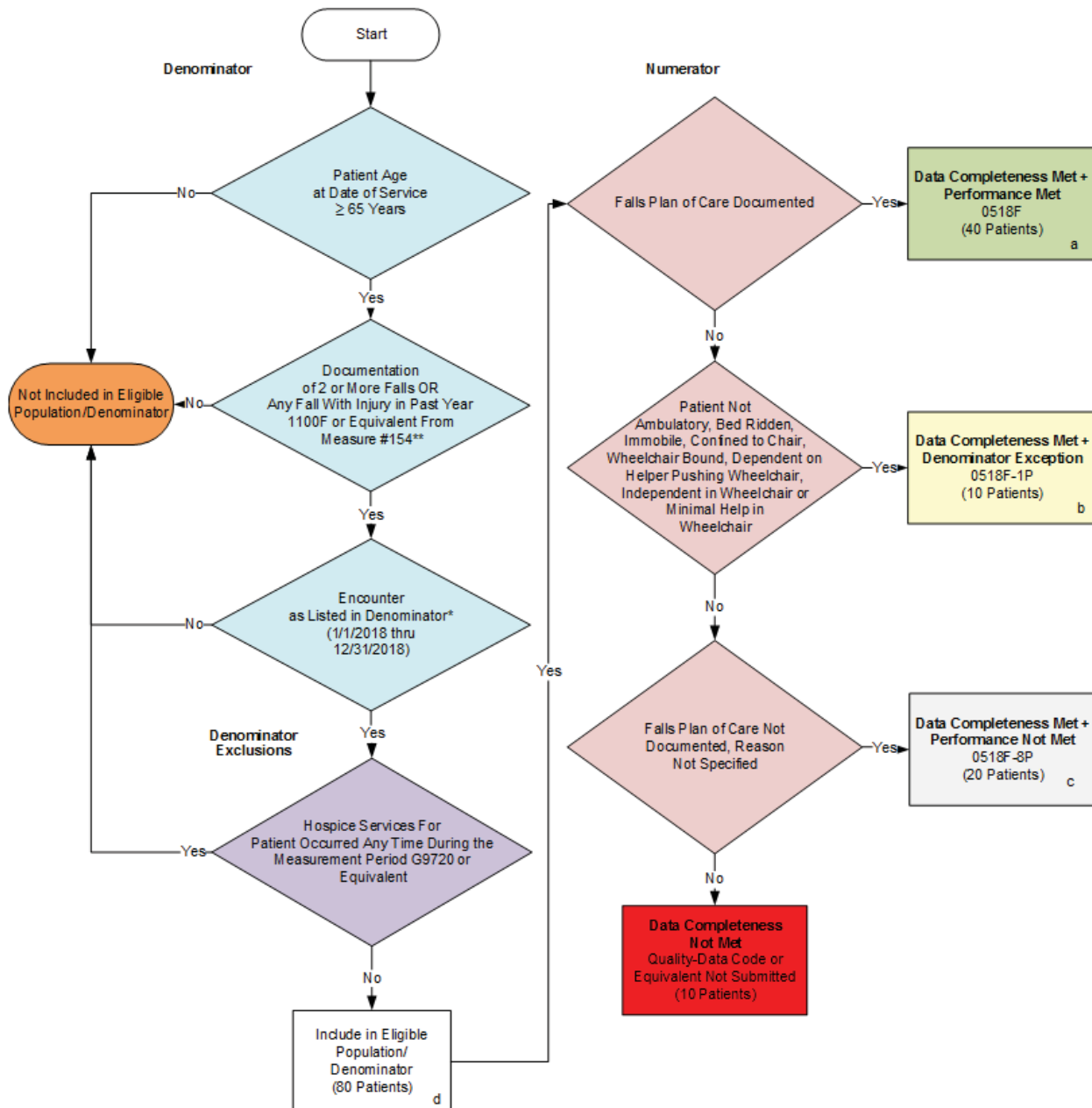
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2018 Registry Flow for Quality ID #155 NQF #0101: Falls: Plan of Care



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

** Submitting measure #154 is a precursor for submitting this measure. Patients where 1100F without modifier or equivalent (documentation of 2 or more falls or any fall with injury in past year) is submitted in measure #154 are pulled into the denominator for measure #155.

NOTE: Submission Frequency – Patient process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

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2018 Registry Flow for Quality ID #155 NQF #0101: Falls: Plan of Care

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

** Submitting measure #154 is a precursor for submitting this measure. Patients where 1100F without modifier or equivalent (documentation of 2 or more falls or any fall with injury in past year) is submitted in measure #154 are pulled into the denominator for measure #155.

NOTE: Submission Frequency: Patient process

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**2018 Registry Flow For Quality ID
#155 NQF #0101: Falls: Plan of Care**

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 Documentation of Two or More Falls or Any Fall with Injury in the Past Year.
3. Check Documentation of Two or More Falls or Any Fall with Injury in the Past Year:
 - a. If Documentation of Two or More Falls or Any Fall with Injury in the Past Year equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Documentation of Two or More Falls or Any Fall with Injury in the Past Year 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 Hospice Services For Patient Occurred Any Time During the Measurement Period.
5. Check Hospice Services For Patient Occurred Any Time During the Measurement Period:
 - a. If Hospice Services For Patient Occurred Any Time During the Measurement Period equals No, include in Eligible Population.
 - b. If Hospice Services For Patient Occurred Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
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 Falls Plan of Care Documented:
 - a. If Falls Plan of Care Documented 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 equals 40 patients in Sample Calculation.
 - c. If Falls Plan of Care Documented equals No, proceed to Patient is not Ambulatory, Bed Ridden, Immobile, Confined to Chair, Wheelchair Bound, Dependent on Helper Pushing Wheelchair, Independent in Wheelchair or Minimal Help in Wheelchair.
9. Check Patient is not Ambulatory, Bed Ridden, Immobile, Confined to Chair, Wheelchair Bound, Dependent on Helper Pushing Wheelchair, Independent in Wheelchair or Minimal Help in Wheelchair:
 - a. If Patient is not Ambulatory, Bed Ridden, Immobile, Confined to Chair, Wheelchair Bound, Dependent on Helper Pushing Wheelchair, Independent in Wheelchair or Minimal Help in Wheelchair equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in Sample Calculation.
 - c. If Patient is not Ambulatory, Bed Ridden, Immobile, Confined to Chair, Wheelchair Bound, Dependent on Helper Pushing Wheelchair, Independent in Wheelchair or Minimal Help in Wheelchair equals No, proceed to Falls Plan of Care Not Documented, Reason Not Specified.
10. Check Falls Plan of Care Not Documented, Reason Not Specified:
 - a. If Falls Plan of Care Not Documented, Reason Not Specified equals Yes, include in the 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 20 patients in the Sample Calculation.
 - c. If Falls Risk Assessment Not Completed, Reason Not Specified equals No, proceed to Data Completeness Not Met.
11. 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 the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$