

**Quality ID #180: Rheumatoid Arthritis (RA): Glucocorticoid Management – National Quality Strategy
Domain: Effective Clinical Care**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY**

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone ≥ 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of RA who are 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.

DENOMINATOR:

Patients aged 18 years and older with a diagnosis of RA

Denominator Criteria (Eligible Cases):

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

AND

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

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:

Patients who have been assessed for glucocorticoid use and for those on prolonged doses of prednisone \geq 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of a glucocorticoid management plan within 12 months

Definitions:

Prolonged Dose – Doses > 6 months in duration.

Prednisone Equivalents – Determine using the following:

1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone.

Glucocorticoid Management Plan – Includes documentation of attempt to taper steroids OR documentation of a new prescription for a non-glucocorticoid disease-modifying anti-rheumatic drug (DMARD) OR increase in dose of non-glucocorticoid DMARD dose for persistent RA disease activity at current or reduced dose.

Numerator Options:

Performance Met:

Patient not receiving glucocorticoid therapy (4192F)

OR

Performance Met:

Patient receiving < 10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (4193F)

OR

Performance Met:

Patient receiving \geq 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (4194F)

AND

Glucocorticoid Management Plan documented (0540F)

OR

Denominator Exception:

Documentation of medical reason(s) for not documenting glucocorticoid management plan (i.e., glucocorticoid prescription is for a medical condition other than RA) (0540F with 1P)

AND

OR

Performance Not Met:

Patient receiving ≥ 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (4194F)

Glucocorticoid dose was not documented, reason not otherwise specified (4194F with 8P)

OR

Performance Not Met:

Glucocorticoid management plan not documented, reason not otherwise specified (0540F with 8P)

AND

Patient receiving ≥ 10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (4194F)

RATIONALE:

Glucocorticoids are an important part of RA treatment as they inhibit inflammation and may control synovitis. However, long-term use of glucocorticoids, especially at high doses, should be avoided, due to the potential health complications. Monitoring length and dose of glucocorticoid treatment for patients with RA is integral to making other clinical decisions.

CLINICAL RECOMMENDATION STATEMENTS:

Low-dose oral glucocorticoids and local injections of glucocorticoids are highly effective for relieving symptoms in patients with active RA. The benefits of low-dose systemic glucocorticoids, however, should always be weighed against their adverse effects. The adverse effects of long-term oral glucocorticoids at low doses are protean and include osteoporosis, hypertension, weight gain, fluid retention, hyperglycemia, cataracts, and skin fragility, as well as the potential for premature atherosclerosis. These adverse effects should be considered and should be discussed in detail with the patient before glucocorticoid therapy is begun. For long term disease control, the glucocorticoid dosage should be kept to a minimum. For the majority of patients with RA, this means equal or less than 10 mg of prednisone per day. (ACR, 2002)

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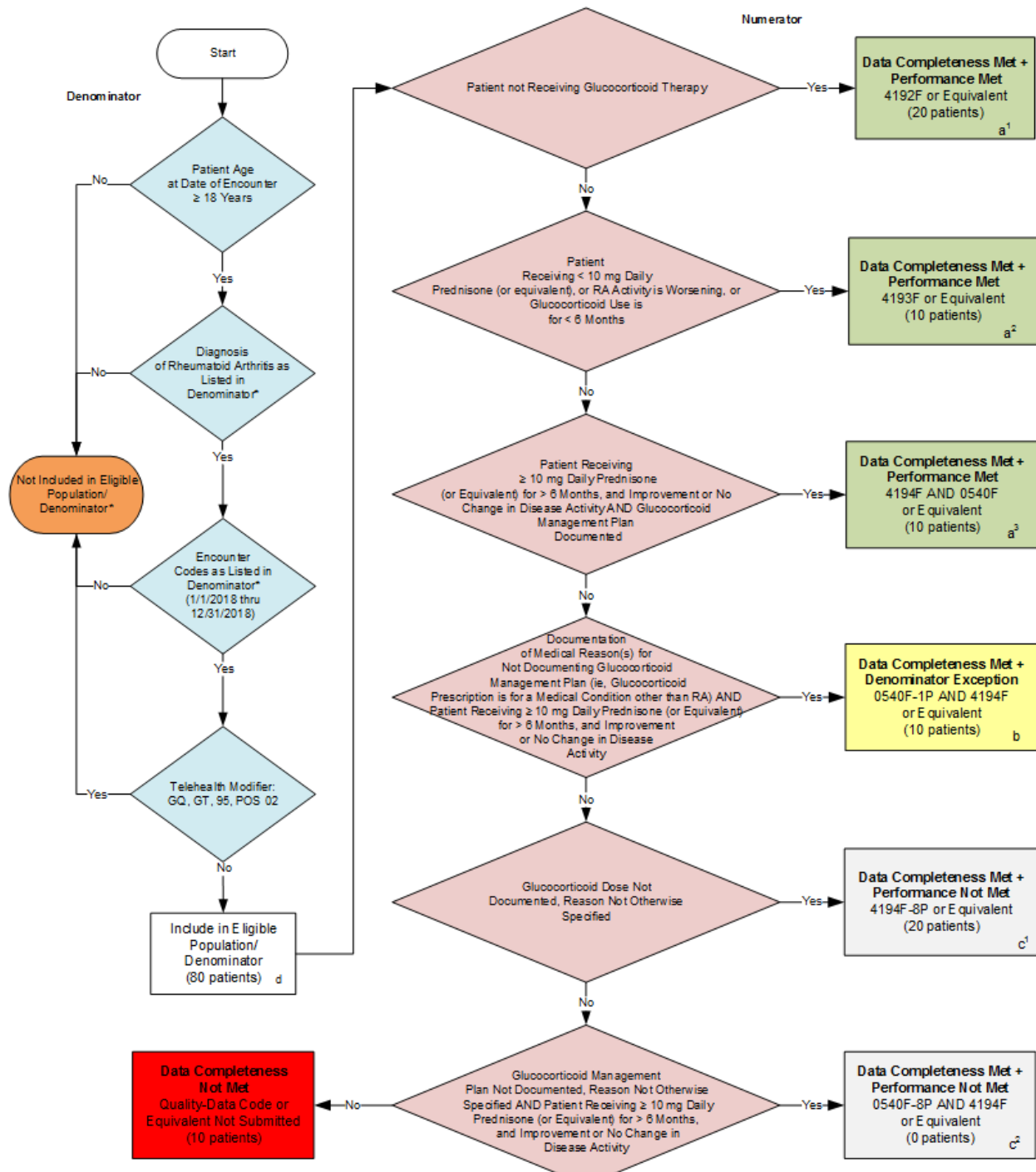
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2018 Registry Flow for Quality ID #180: Rheumatoid Arthritis (RA): Glucocorticoid Management



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

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v2

**2018 Registry Flow for Quality ID #180:
Rheumatoid Arthritis (RA): Glucocorticoid Management**

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{+a}^3\text{=40 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c}^1\text{+ c}^2\text{=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{+a}^3\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

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 substitution for the measure specification.

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2018 Registry Flow For Quality ID
#180: Rheumatoid Arthritis (RA): Glucocorticoid Management

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 Patient Not Receiving Glucocorticoid Therapy:
 - a. If Patient Not Receiving Glucocorticoid Therapy 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 Patient Not Receiving Glucocorticoid Therapy equals No, proceed to Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months.
9. Check Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months:
- a. If Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months 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 10 patients in the Sample Calculation.
 - c. If Patient Receiving Greater Than 10 mg Daily Prednisone (or equivalent), or RA Activity is Worsening, or Glucocorticoid Use is for Less than 6 Months equals No, proceed to Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan Documented.
10. Check Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan Documented:
- a. If Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan 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 a3 equals 10 patients in the Sample Calculation.
 - c. If Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or equivalent) for Longer than 6 Months, and Improvement or No Change in Disease Activity AND Glucocorticoid Management Plan Documented equals No, proceed to Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (i.e., Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity
11. Check Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (i.e., Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity:
- a. If Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (i.e., Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity equals Yes, include in Data Completeness Met and Denominator Exception.

- b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for not Documenting Glucocorticoid Management Plan (i.e., Glucocorticoid Prescription is for a Medical Condition other than RA) AND Patient Receiving Greater than or equal to 10 mg Daily Prednisone (or Equivalent) for More than 6 Months, and Improvement or no Change in Disease Activity equals No, proceed to Glucocorticoid Dose not Documented, Reason not Otherwise Specified.
12. Check Glucocorticoid Dose not Documented, Reason not Otherwise Specified:
- a. If Glucocorticoid Dose 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 in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c1 equals 20 patients in the Sample Calculation.
 - c. If Glucocorticoid Dose not Documented, Reason not Otherwise Specified equals No, proceed to Glucocorticoid Management Plan not Documented, Reason not Otherwise Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity
13. Check Glucocorticoid Management Plan not Documented, Reason not Otherwise Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity:
- a. If Glucocorticoid Management Plan not Documented, Reason not Otherwise Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity 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 c2 equals 0 patients in the Sample Calculation.
 - c. If Glucocorticoid Management Plan not Documented, Reason not Otherwise Specified AND Patient Receiving Greater Than or Equal to 10 mg Daily Prednisone (or Equivalent) for Greater Than 6 Months and Improvement or no Change in Disease Activity equals No, proceed to Data Completeness Not Met.
14. 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=

$$\frac{\text{Performance Met (a}^1+\text{a}^2+\text{a}^3=40 \text{ patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c}^1+ \text{c}^2=20 \text{ patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^1+\text{a}^2+\text{a}^3=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$