Measure #270: Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy
– National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of inflammatory bowel disease who have been managed by corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills that have been prescribed corticosteroid sparing therapy within the last twelve months.

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period. The performance period for this measure is 12 months from the date of service. 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.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT codes, quality-data codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options 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 aged 18 and older with a diagnosis of inflammatory bowel disease.

Definition:
Corticosteroids – Prednisone equivalents used expressly for the treatment of IBD and not for other indications (including premedication before anti-TNF therapy, non-IBD indications) can be determined 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.

Denominator Criteria ( Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99406, 99407
AND
Patient who has received or is receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills within the last twelve months: G9467

NUMERATOR:
Prescribed a corticosteroid sparing therapy (e.g., thiopurines, methotrexate, or biologic agents)

Numerator Options:
Performance Met: Corticosteroid sparing therapy prescribed (4142F)

OR

Medical Performance Exclusion: Documentation of medical reason(s) for not treating with corticosteroid sparing therapy (e.g., benefits of continuing steroid therapy outweigh the risk of continuing steroid therapy or initiating steroid sparing therapy, patient is receiving the first course of corticosteroids for the treatment of IBD) (4142F with 1P)

OR

Patient Performance Exclusion: Documentation of patient reason(s) for not treating with corticosteroid sparing therapy (e.g., patient refuses to initiate steroid sparing therapy) (4142F with 2P)

OR

Performance Not Met: Corticosteroid sparing therapy not prescribed, reason not otherwise specified (4142F with 8P)

RATIONALE:
Thirty to forty percent of patients with moderate to severe IBD have steroid dependent disease. That means that they are unable to taper off steroids without experiencing a flare up. (Crohn’s and Colitis Foundation of America, Corticosteroids, Special Considerations. Crohn's and Colitis Foundation of America, Jan. 16, 2009). A retrospective study examined whether the treatment of Crohn’s disease (CD) and ulcerative colitis (UC) with immunosuppressant medications was associated with an increased risk of death prior to antitumor necrosis factor therapies. The authors found that patients with both CD and UC are at increased risk of death during periods of current corticosteroid use. In contrast, current treatment with thiopurines was not associated with an increased risk of death. (Lewis J et al. Immunosuppressant Medications and Mortality in Inflammatory Bowel Disease. Am J Gastro.2008; 103:1428-1435). Similar findings were reached after an additional 5 years of follow-up in this patient population using multivariate logistic regression analyses which demonstrated a significant increase in mortality risk associated with chronic corticosteroid therapy, Hazard Ratio-2.14. (Lichtenstein G et al. Serious Infection and Mortality in Patients with Crohn’s Disease: More Than 5 Years of Follow-up in the TREAT Registry. Am J Gastro. 2012: 107:1409-1422.)

CLINICAL RECOMMENDATION STATEMENTS:
Long-term treatment with corticosteroids is undesirable. Patients with chronic active corticosteroid-dependent disease (either CD or UC) should be treated with AZA [azathioprine] 2.0 to 3.0 mg/kg/day or 6-MP [6-mercaptopurine] 1.0 to 1.5 mg/kg/day in an effort to lower or preferably eliminate corticosteroid use. Infliximab is another option in this situation, as is combination infliximab/antimetabolite therapy. (Grade A) (American Gastroenterological Association Institute. American Gastroenterological Association Institute Medical Position Statement on Corticosteroids, Immunomodulators, and Infliximab in Inflammatory Bowel Disease. Gastroenterology. 2006; 130:935–939.)

Individual patients with either CD or UC who experience a severe flare of disease requiring corticosteroid treatment or require retreatment during the year with another course of corticosteroids should be considered for initiation of therapy with AZA 2.0 to 3.0 mg/kg/day or 6-MP 1.0 to 1.5 mg/kg/day in an effort to avoid future corticosteroid use. Infliximab is another option in this situation, as is combination infliximab/antimetabolite therapy. (Grade C) (American Gastroenterological Association Institute. American Gastroenterological Association Institute Medical Position Statement on Corticosteroids, Immunomodulators, and Infliximab in Inflammatory Bowel Disease. Gastroenterology. 2006; 130:935–939.)

Conventional corticosteroids are not efficacious in maintenance treatment of patients with CD (Grade A) or patients with UC (Grade B). (American Gastroenterological Association Institute. American Gastroenterological Association Institute Medical Position Statement on Corticosteroids, Immunomodulators, and Infliximab in Inflammatory Bowel Disease. Gastroenterology, 2006; 130:935–939.)

Corticosteroids should not be used to maintain remission (EL1a, RG A) (European Crohn’s and Colitis Organization [ECCO, 2006]. European evidence based consensus on the diagnosis and management of Crohn’s disease: current management. Gut. 2006 Mar; 55 Suppl 1:i16-35.)

Conventional corticosteroids should not be used as long-term agents to prevent relapse of CD (Grade A). Budesonide at a dose of 6 mg/day reduces the time to relapse in ileal and/or right colonic disease, but does not provide significant maintenance benefits after 6 months (Grade A). Azathioprine/6-mercaptopurine (Grade B) and methotrexate (Grade B) have demonstrable maintenance benefits after inductive therapy with corticosteroids. (Lichtenstein, GR et al. Management of Crohn’s Disease in Adults. Am J Gastro. 2009.)

This is the first report from the TREAT Registry, a large, prospective, observational research program designed to address the long term safety of medications, including infliximab, for the treatment of CD. After adjustment for confounding factors including disease severity and the use of other medications, the risk for serious infection or death with infliximab use was similar to that observed with the use of conventional immunomodulators, and was not higher than the overall incidence of serious infections among all CD patients.


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2016 Registry Individual Measure Flow
PQRS #270 Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Sparing Therapy

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 Age:
   a. If the Age is greater than or equal to 18 years of age on Date of Service 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 equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Inflammatory Bowel Disease as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Inflammatory Bowel Disease as Listed in the Denominator equals Yes, proceed to check Patient Who is Receiving or had Received Prednisone Therapy ≥ 10 mg/day 60 Consecutive Days OR Single Prescription ≥ 600mg for All Fills.

4. Check Patient Who is Receiving or had Received Prednisone Therapy ≥ 10 mg/day 60 Consecutive Days OR Single Prescription ≥ 600mg for All Fills:
   a. If Patient Who is Receiving or had Received Prednisone Therapy ≥ 10 mg/day 60 Consecutive Days OR Single Prescription ≥ 600mg for All Fills equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If check Patient Who is Receiving or had Received Prednisone Therapy ≥ 10 mg/day 60 Consecutive Days OR Single Prescription ≥ 600mg for All Fills equals Yes, proceed to check Encounter Performed.

5. 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 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 8 patients in the sample calculation.

7. Start Numerator

8. Check Corticosteroid Sparing Therapy Prescribed:
   a. If Corticosteroid Sparing Therapy Prescribed 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 4 patients in Sample Calculation.

c. If Corticosteroid Sparing Therapy Prescribed equals No, proceed to Check Corticosteroid Sparing Therapy Not Prescribed for Medical Reasons.

9. Check Corticosteroid Sparing Therapy Not Prescribed for Medical Reasons:

a. If Corticosteroid Sparing Therapy Not Prescribed for Medical Reasons equals Yes, include in Reporting Met and Performance Exclusion.

b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Exclusion in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.

c. If Corticosteroid Sparing Therapy Not Prescribed for Medical Reasons equals No, proceed to Corticosteroid Sparing Therapy Not Prescribed for Patient Reasons.

10. Check Corticosteroid Sparing Therapy Not Prescribed for Patient Reasons:

a. If Corticosteroid Sparing Therapy Not Prescribed for Patient Reason 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 b2 equals 0 patients in the Sample Calculation.

c. If Corticosteroid Sparing Therapy Not Prescribed for Patient Reasons equals No, proceed to Check Corticosteroid Sparing Therapy Not Prescribed Reason Not Otherwise Specified.

11. Check Corticosteroid Sparing Therapy Not Prescribed Reason Not Otherwise Specified:

a. If Corticosteroid Sparing Therapy Not Prescribed Reason Not Otherwise Specified equals 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 Corticosteroid Sparing Therapy Not Prescribed Reason Not Otherwise Specified equals No, proceed to Reporting Not Met.

12. Check Reporting Not Met

a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from reporting numerator in the sample calculation.