

**Quality ID #288: Dementia: Education and Support of Caregivers for Patients with Dementia**  
– National Quality Strategy Domain: Communication and Care Coordination  
– Meaningful Measure Area: Prevention, Treatment, and Management of Mental Health

**2019 COLLECTION TYPE:**  
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Process – High Priority

**DESCRIPTION:**  
Percentage of patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months

**INSTRUCTIONS:**  
This measure is to be submitted a minimum of **once per performance period** for patients with a diagnosis of dementia seen during the performance period. This measure may be submitted by that Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission Type:**  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**  
All patients with dementia

**Denominator Criteria (Eligible Cases):**

All patients regardless of age

**AND**

**Diagnosis for dementia (ICD-10-CM):** A52.17, A81.00, A81.01, A81.89, B20, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F05, F10.27, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G31.85, G31.89, G94

**AND**

**Patient encounter during the performance period (CPT):** 90791, 90792, 90832, 90834, 90836, 90837, 90838, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 96152, 96153, 96154, 96155, 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, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99487, 99489, 99490, 99497, 99498

**WITHOUT**

**Telehealth Modifier:** GQ, GT, 95, POS 02

**NUMERATOR:**

Patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional resources for support in the last 12 months

**Definitions:**

**Caregiver** - Is broadly defined and the Work Group adopted the definition utilized by the National Quality Forum and Feinberg.(1) Caregiver refers to any relative, partner, friend, or neighbor who has a significant relationship with, and who provides a broad range of assistance for, an older adult or an adult with chronic or disabling conditions.(1)

**Education** - Requires learning and processing information about disease management and health behavior changes. This should also include advising the caregiver that, *as a caregiver*, he or she is at “increased risk of serious illness (including circulatory and heart conditions and respiratory disease and hypertension), increased physician visits and use of prescription medications, emotional strain, anxiety, and depression.”(2) Providers are encouraged to review state specific guidelines to ensure education is being provided as required.

**Additional Resources** - are defined as situation-specific, tailored programs to assist the caregiver; these included national organizations such as the Alzheimer’s Association, but also include local resources, such as community, senior center and religion-based support groups.

**Numerator Instructions:**

There are a number of assessment tools available for the caregiver. These should be considered as an integral component of comprehensive caregiver education and support. The American Medical Association has developed a Caregiver Health Self-assessment Questionnaire to help caregivers analyze their own behavior and health risks and, with their physician's help, make decisions that will benefit both the caregiver and the patient. This questionnaire is available on the AMA website.

**NUMERATOR NOTE:** *The 12 month look back period is defined as 12 months from the date of the denominator eligible encounter. Denominator Exception(s) are determined on the date of the denominator eligible encounter.*

**Numerator Options:**

***Performance Met:***

Caregiver provided with education and referred to additional resources for support **(4322F)**

**OR**

***Denominator Exception:***

Documentation of medical reason(s) for not providing the caregiver with education on disease management and health behavior changes or referring to additional sources for support (eg, patient does not have a caregiver, other medical reason) **(4322F with 1P)**

**OR**

***Performance Not Met:***

Caregiver not provided with education and not referred to additional resources for support, reason not otherwise specified **(4322F with 8P)**

**RATIONALE:**

By providing education as well as resources to caregivers it is anticipated that caregiver will act on information received connecting to support networks and gain a greater understanding of dementia. As a result, caregiver burden will decrease, caregiver and patient Quality of Life will improve, and caregiver and patient physical health will improve.

**CLINICAL RECOMMENDATION STATEMENTS:**

“Important aspects of psychiatric management include educating patients and families about the illness, its treatment, and sources of additional care and support (e.g., support groups, respite care, nursing homes, and other long-term-

care facilities) and advising patients and their families of the need for financial and legal planning due to the patient's eventual incapacity (e.g., power of attorney for medical and financial decisions, an up-to-date will, and the cost of long-term care) (Category I)... The family should be educated regarding basic principles of care, including

1. recognizing declines in capacity and adjusting expectations appropriately,
  2. bringing sudden declines in function and the emergence of new symptoms to professional attention,
  3. keeping requests and demands relatively simple,
  4. deferring requests if the patient becomes overly upset or angered,
  5. avoiding overly complex tasks that may lead to frustration,
  6. not confronting patients about their deficits,
  7. remaining calm, firm, and supportive and providing redirection if the patient becomes upset,
  8. being consistent and avoiding unnecessary change, and
  9. providing frequent reminders, explanations, and orientation cues... In addition to providing families with information on support groups, there are a number of benefits of referral to the local chapter or national office of the Alzheimer's Association (1-800-272-3900; <http://www.alz.org>), the Alzheimer's Disease Education and Referral Center (ADEAR) (1-800-438-4380; <http://www.nia.nih.gov/Alzheimers/>), and other support organizations."(3)
- "Short-term programs directed toward educating family caregivers about AD should be offered to improve caregiver satisfaction" (4).
  - "Intensive long-term education and support services (when available) should be offered to caregivers of patients with AD to delay time to nursing home placement" (4).
  - "Staff of long-term care facilities should receive education about AD to reduce the use of unnecessary antipsychotics" (4)
  - "Support programs for caregivers and patients with dementia significantly decreased the odds of institutionalization and improved caregiver well-being." (5)
  - "A dementia diagnosis mandates an inquiry to the community for available public health care support programmes (Good Practice Point). Counselling and case/care management amongst caring family members have positive effects on burden and satisfaction for caregivers of people with dementia (Good Practice Point)." (6)
  - "Following a diagnosis of dementia, health and social care professionals should, unless the person with dementia clearly indicates to the contrary, provide, them and their family with written information about
    1. The signs and symptoms of dementia
    2. The course and prognosis of the condition
    3. Treatments
    4. Local care and support services
    5. Support groups
    6. Sources of financial and legal advice, and advocacy
    7. Medico-legal issues, including driving
    8. Local information sources, including libraries and voluntary organisations." (7)

"...emphasise that professional support should have a wide focus that includes helping family and friends to support the person with dementia, rather than being limited to an exclusive and direct focus on the person with dementia."(8)

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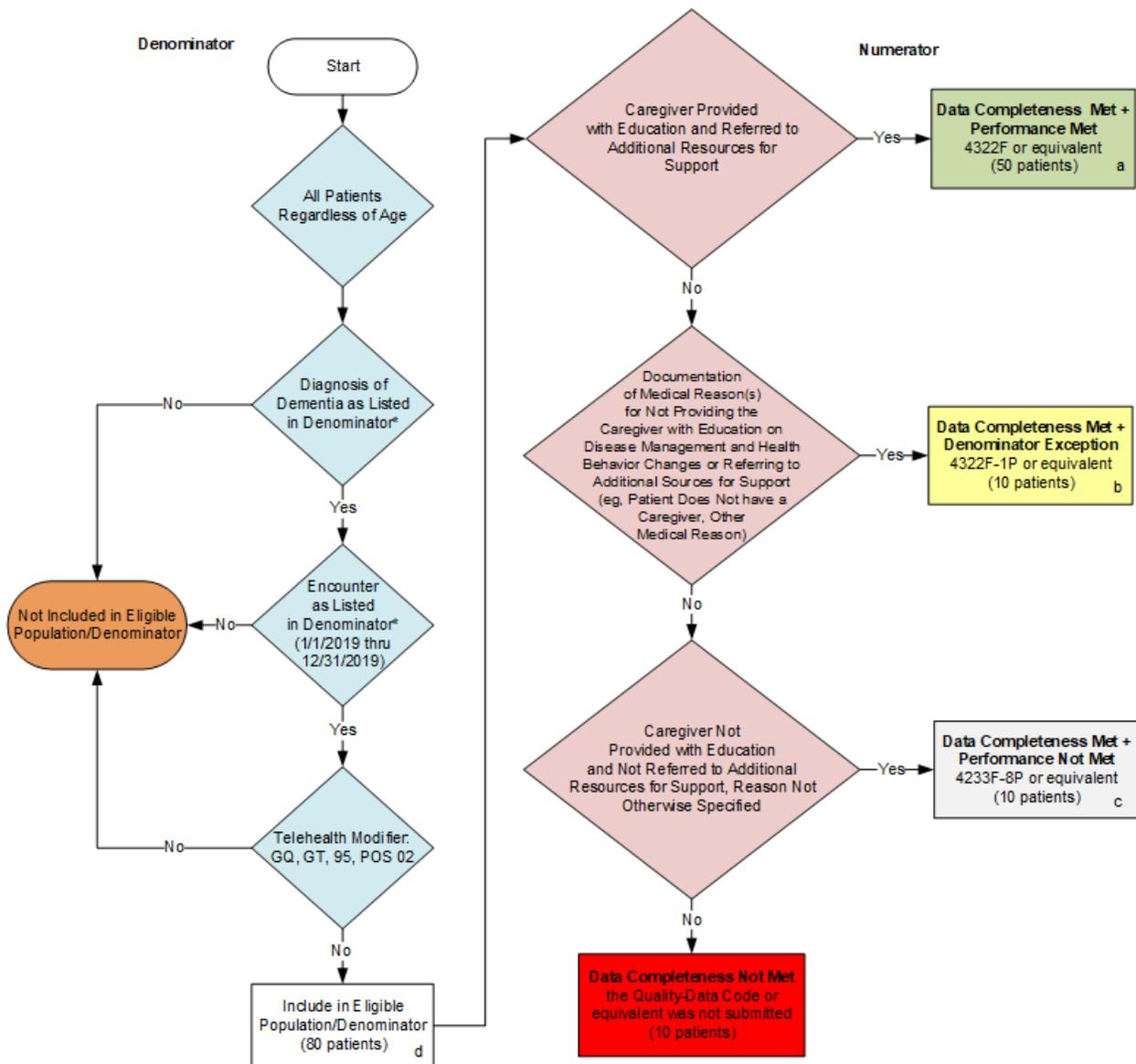
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**2019 Clinical Quality Measure Flow for Quality ID #288:  
Dementia: Education and Support of Caregivers for Patients with Dementia**



**SAMPLE CALCULATIONS:**

**Data Completeness=**

Performance Met (a=50 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients) = 70 patients = 87.50%  
Eligible Population / Denominator (d=80 patients) = 80 patients

**Performance Rate=**

Performance Met (a=50 patients) = 50 patients = 83.33%  
Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients) = 60 patients

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

NOTE : Submission Frequency: Patient-process

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**2019 Clinical Quality Measure Flow Narrative for Quality ID #288:  
Dementia: Education and Support of Caregivers for Patients with Dementia**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification.

1. Start with Denominator
2. All Patients Regardless of Age
3. Check Patient Diagnosis:
  - a. If Diagnosis of Dementia as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Diagnosis of Dementia 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 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 Population. Stop Processing.
  - b. If Telehealth Modifier equals No, include in 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 Caregiver Provided with Education and Referred to Additional Resources for Support:
  - a. If Caregiver Provided with Education and Referred to Additional Resources for Support 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 a equals 50 patients in the Sample Calculation.
  - c. If Caregiver Provided with Education and Referred to Additional Resources for Support equals No, proceed to check Documentation of Medical Reason(s) for Not Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason).

9. Check Documentation of Medical Reason(s) for Not Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason):
  - a. If Documentation of Medical Reason(s) for Not Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason) 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 Providing the Caregiver with Education on Disease Management and Health Behavior Changes or Referring to Additional Sources for Support (eg, Patient Does Not have a Caregiver, Other Medical Reason) equals No, proceed to check Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, Reason Not Otherwise Specified.
10. Check Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, Reason Not Otherwise Specified:
  - a. If Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, 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 c equals 10 patients in the Sample Calculation.
  - c. If Caregiver Not Provided with Education and Not Referred to Additional Resources for Support, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.
11. 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=**

$$\frac{\text{Performance Met (a=50 patients)} + \text{Denominator Exception (b=10 patients)} + \text{Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients) - Denominator Exception (b=10 patients)}} = \frac{50 \text{ patients}}{60 \text{ patients}} = 83.33\%$$