Measure #435: Quality of Life Assessment For Patients With Primary Headache Disorders – National Quality Strategy Domain: Effective Clinical Care

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients with a diagnosis of primary headache disorder whose health related quality of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved

INSTRUCTIONS:
This measure is to be reported at least **once per reporting period** for patients with a diagnosis of primary headache during the reporting period. 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 and CPT codes 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. Review the individual specification single source for the denominator coding related to this measure.

DENOMINATOR:
All patients with a diagnosis of primary headache disorder

Denominator Criteria (Eligible Cases):
Diagnosis for Primary Headache (ICD-10-CM): G43.001, G43.009, G43.011, G43.019, G43.101, G43.109, G43.111, G43.119, G43.401, G43.409, G43.411, G43.419, G43.501, G43.509, G43.511, G43.519, G43.701, G43.709, G43.711, G43.B0, G43.B1, G43.C0, G43.C1, G43.801, G43.809, G43.811, G43.819, G43.901, G43.909, G43.911, G43.919, G44.001, G44.009, G44.011, G44.019, G44.021, G44.029, G44.031, G44.039, G44.041, G44.049, G44.051, G44.059, G44.091, G44.099, G44.1, G44.201, G44.209, G44.211, G44.219, G44.221, G44.229, G44.51, G44.52, G44.53, G44.59, G44.81, G44.83, G44.84, G44.85, G44.89
AND
Encounter during the reporting period: (CPT): 99201, 99202, 99203, 99204, 99205, 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
AND
At Least Two Visits during the Reporting Period

NUMERATOR:
Patient whose health related quality of life was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved

Numerator Options:
Performance Met: Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved **(G9634)**

OR

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Other Performance Exclusion:	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQoL survey, patient has the inability to read and/or write in order to complete the HRQoL questionnaire) **(G9635)**

OR

Performance Not Met:	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined **(G9636)**

RATIONALE:

This measure establishes an initial or baseline QoL score from which the patient should use the same QoL tool/questionnaire at least one additional time during the measurement period. The two assessments must be separated by at least 90 days for MIDAS and at least 4 weeks for any other tool.3 It is expected that the QoL score or ranking will stay the same or improve in order for this measure to be successfully completed.

Gap in Care

Migraine impacts a person's function sin different activity domains during attacks. HRQoL is affected both during and after attacks.1 Migraine reduces HRQoL more than osteoarthritis or diabetes.2 In the US and UK, subjects with migraine had lower scores ($p < 0.001$) on both the Mental Component Score (MCS-12) and Physical Component Score (PCS-12) than their non-migraine counterparts. Significant differences were maintained after controlling for gender, age, and education. Migraine and depression were highly correlated (adjusted prevalence ratio 2.7, 95% CI 2.1 to 3.5). Further, migraine and depression are highly associated with attack frequency (for MCS-12 and PCS-12) and disability (MCS-12). Subjects with migraine selected from the general population have lower HRQoL as measured by the Short Form (SF-morbid) and each exerts a significant and independent influence on HRQoL.3

Opportunity for Improvement

This is the first clinician level patient reported outcome measure (PROM) focused on maintaining or improving the QoL of patients with primary headache disorders. The Work Group felt that even though the majority evidence is focused on migraine that patients with other primary headache disorders could greatly benefit from the utilization of this measure.

The use of PROMs to investigate levels of disability and HRQoL are increasingly being used in headache services research. HRQoL and disability are positively impacted by treatment interventions.4 Health care professionals often do not recognize the degree and the scope of functional impairment imposed by migraines. There is a missed opportunity for clinicians to effectively communicate with the patient to understand their headache-related disability and appropriately prescribe acute, prophylactic, or biobehavioral treatments. This measure has the potential to reduce personal and societal costs of headache disorders offering a continuity of care.

1Buse Dc, Rupnow MF, Lipton Rb. Assessing and managing all aspects of migraine: migraine attacks, migraine related functional impairment, common comorbidities, and quality of life. Mayo Clin Proc 2009; 84: 422-435

2Buse DC, Manack AN, Fanning KM, et al. Chronic Migraine Prevalence, Disability, and Sociodemographic Factors: Results From the American Migraine Prevalence and Prevention Study. Headache. 2012 Jun 22. doi: 10.1111/j.1526-4610.2012.02223.x. [Epub ahead of print]

3Lipton RB, Hamelsky SW Kolodner KB et al. Migraine, quality of life, and depression A population-based case–control study Neurology, 2000 vol. 55 no. 5 629-635

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4D'Amico D, Grazzi L, Usai S, Leonardi M. Disability and quality of life in headache: where are we not and where we are heading. Neurol Sci 2013 34(S1):S1-S5

CLINICAL RECOMMENDATION STATEMENTS:

Discuss the benefits and risks of prophylactic treatment for migraine with the person, taking into account the person's preference, comorbidities, risk of adverse events and the impact of the headache on their QoL. (No level of evidence)1

Compared with people without headache and to people with other chronic conditions, people with headache report compromised physical, mental, and social functioning, particularly those with a high frequency of attack. People with headache reported diminished functioning and well-being on all eight domains as compared with people without headache .2

1 NICE Headaches: Diagnosis and management of headaches in young people and adults. National Clinical Guideline Centre on behalf of the National Institute for Health and Clinical Excellence (NICE) September 2012; NICE clinical guideline 150

2Terwindt GM, Ferrari MD, Tihuis M et al. The impact of migraine on quality of life in the general population: The GEM study Neurology 2000 55:624-629

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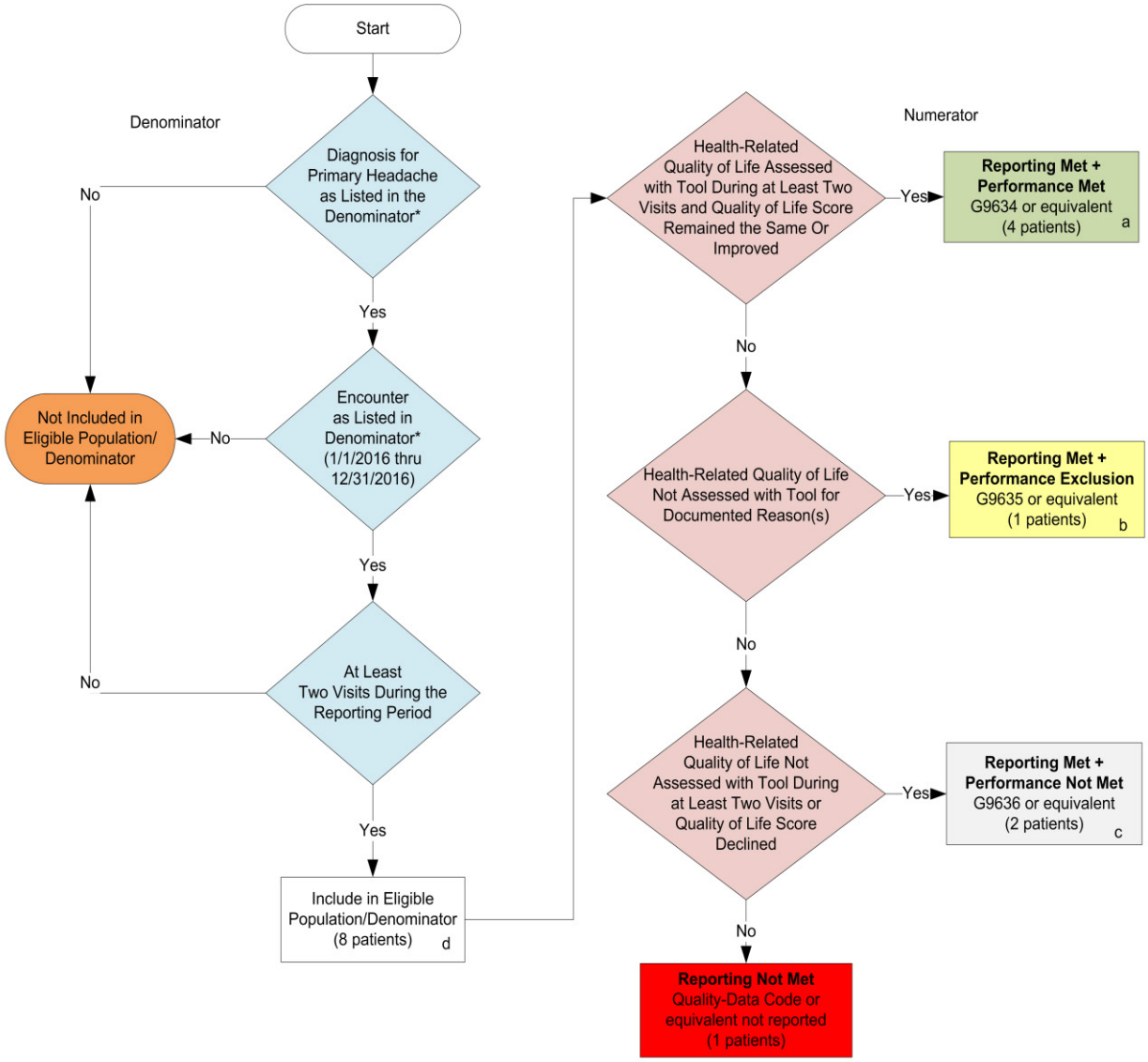
2016 Claims/Registry Individual Measure Flow
PQRS #435: Quality of Life Assessment For Patients With Primary Headache Disorders



SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = **66.66%**
Reporting Numerator (7 patients) - Performance Exclusion (b=1 patient) = 6 patients

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

NOTE: Reporting 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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2016 Claims/Registry Individual Measure Flow
PQRS #435: Quality of Life Assessment For Patients With Primary Headache Disorders

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 Diagnosis:
    a. If Diagnosis for Primary Headache as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If Diagnosis for Primary Headache as Listed in the Denominator equals Yes, proceed to check Current 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, proceed to check At Least Two Visits During the Reporting Period.
4. Check Encounter Performed:
    a. If At Least Two Visits During the Reporting Period equals No, do not include in Eligible Patient Population. Stop Processing.
    b. If At Least Two Visits During the Reporting Period equals Yes, include in Eligible Population.
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 8 patients in the sample calculation.
6. Start Numerator
7. Check Health-Related Quality of Life Assessed With Tool During at Least Two Visits And Quality of Life Score Remained the Same Or Improved:
    a. If Health-Related Quality of Life Assessed With Tool During at Least Two Visits And Quality of Life Score Remained the Same Or Improved 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 Health-Related Quality of Life Assessed With Tool During at Least Two Visits And Quality of Life Score Remained the Same Or Improved equals No, proceed to Health-Related Quality of Life Not Assessed With Tool for Documented Reason(s).
8. Check Health-Related Quality of Life Not Assessed With Tool for Documented Reason(s):

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a. If Health-Related Quality of Life Not Assessed With Tool for Documented Reason(s) 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 b equals 1 patient in the Sample Calculation.

c. If Health-Related Quality of Life Not Assessed With Tool for Documented Reason(s) equals No, proceed to Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined.

9. Check Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined:

   a. If Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined equals Yes, include in Reporting Met and Performance Not Met.

   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.

   c. If Health-Related Quality of Life Not Assessed with Tool During at Least Two Visits or Quality of Life Score Declined equals No, proceed to Reporting Not Met

10. Check Reporting Not Met:

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

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=2 patients) = 7 patients = **87.50%**
Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = **66.66%**
Reporting Numerator (7 patients) - Performance Exclusion (b=1 patient) = 6 patients

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