Multiple Sclerosis (MS)

Focus Study Training

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MS Focus Study

- **Purpose of the study**: To understand the current Neurology, Physical Medicine and Rehabilitation (PM&R), and Spinal Cord Injury Physician/APN/PA documentation for patient's with a diagnosis of Multiple Sclerosis (MS)
  - Determine Physician/APN/PA Progress Notes and Problem list documentation of MS (ICD-10 Code G35) patients
  - Determine whether MS subtypes and relevant codes are documented in Progress Notes and/or the Problem list
  - Conclude whether Disease Modifying Therapies (DMT) or treatments for MS are documented in notes as discussed with the patient
- **Study timeframe:** Encounters during the timeframe 10/01/2020 to 09/30/2021

Encounter & Diagnosis of MS

- As with other tools and studies, the encounter date and diagnosis code(s) will be pre-filled from the pull list and validated
- **(Q1) msencdt**: Pre-filled date of the earliest *outpatient Neurology, Physical Medicine & Rehabilitation (PM&R) or Spinal Cord Injury (SCI) encounter*
- **(Q2) valmsenc**: Validate the pre-filled encounter date is correct and *indicate the clinic specialty* for the encounter in **(Q3) clinspec:** select the value for the clinic specialty; Neurology, PM&R, SCI, or value "99" for None of these
- **(Q4) msdx**: Pre-filled MS ICD-10-CM diagnosis code; verify the pre-filled MS ICD-10-CM diagnosis code is documented in the record on the pre-filled encounter date (msencdt)
  - If the pre-filled diagnosis code *does not match* the diagnosis found in the medical record enter xxx.xxxx

Encounter & Diagnosis of MS

- If the pre-filled date is not correct (no or "2" to valmsenc):
- **(Q5) msencdt2**: enter the date of the earliest outpatient Neurology, PM&R or SCI encounter with a Physician/APN/PA at the VA facility under review
  - If there are multiple encounters during the timeframe, a neurology encounter take priority over a PM&R or SCI visit
  - A valid encounter includes encounters where there is documentation the patient is seen by the provider
  - Exclude encounters that are:
    - Provider to provider where the patient is not present, only for procedures such as Magnetic Resonance Imaging (MRI), or at non-VHA facilities
  - If there is no VA outpatient Neurology, PM&R or SCI encounter in the specified timeframe, enter 99/99/9999 and the case will be excluded
- **(Q6) clinspec2**: Indicate the clinic specialty for the encounter on (computer to display msencdt2).
  - Select the value for the clinic specialty; Neurology, PM&R, SCI, or value "99" for None of these

Other Diagnosis of MS

- **(Q7) msdx2**: Enter the Multiple Sclerosis (MS) ICD-10-CM diagnosis code and other ICD-10-CM diagnosis codes documented in the record for the encounter
- The MS ICD-10-CM code is a G35 code
  - Enter all diagnosis codes documented on the date of the encounter
  - If no other diagnosis codes are found in the record, enter xxx.xxxx

Physician/APN/PA Documentation of MS in Progress Notes

- **(Q8) neuromsdx**: Did the *Physician/APN/PA document* the patient had a diagnosis of MS?
  - Select value "1" or yes if the Physician/APN/PA *clearly stated* the diagnosis of MS in the progress note on the date of the encounter
  - Documentation may include terms such as:
    - "Definite MS"
    - "Diagnosed with MS";
    - "Confirmed Diagnosis of MS";
    - "Diagnosis Confirmed"; and
    - "Diagnosed as MS and Meets McDonald"

MS on the Problem List

- **(Q9) msproblst**: Is MS documented on the Problem List on the date of the encounter?
  - The Problem list is the only source
  - If MS is documented on the **problem list;** select value "1" or yes

Documentation of MS Subtypes in Notes

- **(Q10) subtypms1**: Select *all subtypes* that are documented in the Physician/APN/PA *progress note* on the date of the encounter
  - **Select all that apply:**
    - 1. Relapsing Remitting (RR) MS
    - 2. Secondary Progressive (SP) MS
    - 3. Primary Progressive (PP) MS
    - 4. Progressive MS
    - 5. Relapsing MS
    - 99. Not documented
  - Subtypes may be documented as abbreviations (RRMS, SPMS, or PPMS) and as active or inactive conditions
    - Select all subtypes whether they are documented as active or inactive in the notes

MS Subtypes Coding Documentation in the Physician/APN/PA Notes

- **(Q11) subsnmd**: In the Physician/APN/PA **encounter note**, are any SNOMED/ICD-10 CM diagnosis code(s) for any subtype(s) of Multiple Sclerosis (MS) present in the note?
- MS subtype SNOMED codes that may appear in the encounter note could include any of the following:
  - **SNOMED Code 426373005:** Relapsing-remitting multiple sclerosis
  - **SNOMED Code 428700003:** Primary progressive multiple sclerosis
  - **SNOMED Code 425500002:** Secondary progressive multiple sclerosis

Physician/APN/PA Documentation of MS Subtypes on Problem List

- **(Q12) subproblst**: is the subtype(s) of MS documented on the **Problem list?**
  - The Problem list is the only acceptable source of documentation
  - The study sponsors are interested as to whether the MS subtype(s) are documented on the problem list:
    - **Examples of subtype(s) documentation on the Problem list** include the following:
      - Relapsing remitting (426373005)
      - Secondary progressive (425500002)
      - Primary progressive (428700003)
      - Neuromyelitis optica (25044007)
  - If any documentation of MS subtype is on the problem list, select value "1"
    - MS subtypes include the following:
      - Relapsing Remitting (RR) MS
      - Secondary Progressive (SP) MS
      - Primary Progressive (PP) MS
      - Progressive MS
      - Relapsing MS

MS Disease Modifying Therapies

- **(Q13) msdmt**: Did the Physician/APN/PA document *any comment or discussion* of MS Disease Modifying Therapies (DMT)?
- MS DMT should be documented in the plan of care and are long-term injectable, oral, or infused drug therapies
  - Refer to Table 1 in the meeting materials for a reference table of FDA approved DMT's for MS
- **Documentation of DMT discussion may include, but is not limited to the any of the following:**
  - Adherence to prescribed medications
  - Discussion of medication side effects
  - Tolerance of DMT for MS
  - Desire to stop DMT or documentation indicating that the patient wants to try a different DMT
  - Documentation stating DMT is "appropriate," "not appropriate," or "going well"

Next Steps & Questions

- The pull list has been received and will be processed and released by February 18, 2022.
- Abstraction can begin once this education has been completed.
- There are no DACs or Exits, the date to complete abstraction by is April 4, 2022.
- **If you have questions as you are reviewing, please contact Terra Stump**: tstump@qualityinsights.org **OR your Regional Manager**

Thank You for Your Participation in this Training Session!

Please email your Regional Manager and let her know you have completed this education!