Parkinson's Disease Focus Study

Training

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Parkinson's Disease (PD) Focus Study

- **Purpose:** to obtain a baseline of PD care provided to Veterans with a diagnosis of PD
  - The American Academy of Neurology (AAN) updated their PD clinical quality measures set in 2020
  - For this informational study, we will collect data on 9 quality measures.
  - No DAC's or Exit Reports
- **Study Timeframe**: 10/01/2020 to 9/30/2021

Nine American Academy of Neurology (AAN) Measures

	Focus Study AAN Parkinson's Disease Quality Measures Title 2020
1.	Assessment of Mood Disorders and Psychosis
2.	Assessment of Cognitive Impairment or Dysfunction
3.	Assessment of Sleep Disturbances
4.	Assessment of Autonomic Dysfunction
5.	Assessment of Parkinson's Disease Medication-related Motor Complications
6.	Assessment of Impulse Control Disorders for Patients Prescribed PD Medications
7.	Contraindicated Dopamine-blocking Medications
8.	Exercise or Physical Activity Counseling
9.	Parkinson's Disease Rehabilitative Therapy Referral

PD Encounter

- **As with other tools and studies, the encounter date will be pre-filled from the pull list and validated**
  - **(Q1) pdencdt**: Pre-filled date of the earliest encounter with a Physician/APN/PA for Parkinson's Disease
  - **(Q2) pdvalenc**: Validate the pre-filled encounter date is correct, if the date is incorrect and pdvalenc = 2 or no in
  - **(Q3) pdencdt2**: Enter the date of the earliest outpatient encounter with a Physician/APN/PA for Parkinson's Disease during the timeframe from 10/01/2020 to 9/30/2021 at the VA under review

Diagnosis of PD

- **(Q4) pddx**: The pre-filled PD ICD-10-CM diagnosis code is G20; verify the pre-filled PD ICD-10-CM diagnosis code is documented in the medical record on the pre-filled encounter date
  - If the pre-filled diagnosis code does not match the diagnosis found in the medical record enter xxx.xxxx, otherwise do not change the diagnosis code
- **(Q5) othpddx1**: Enter any other PD ICD-10-CM codes documented in the medical record
  - Secondary Parkinsonism includes ICD-10-CM codes G21's & G31.83
  - If no other G21 PD diagnosis codes are found in the record, enter xxx.xxxx

Assessment of Mood Disorders and Psychosis for PD Patients

- **(Q6) pdmdpsy1**: did the Physician/APN/PA assess the patient for the following mood disorders?
  - **Select all that apply:**
    1. **Depression** (i.e., persistent feeling of sadness or loss of interest in hobbies or activities)
    2. **Anxiety disorder** (i.e., Feeling nervous, restless or tense, rapidly breathing, sweating, trembling, sense of impending danger, panic or doom. Documentation may include assessment of disorders or conditions such as panic disorder, generalized anxiety disorder, separation anxiety, or specific phobias such as agoraphobia)
    3. **Apathy** (i.e., "patient reports no motivation to do things or be with people")
    4. **Psychosis** (i.e., hallucinations, illusions, delusions, paranoia)
    99. **None documented as assessed**
- Look for any Physician/APN/PA documentation in the timeframe and select all mood disorders that are documented as assessed
- If a screening tool for a mood disorder is completed by a Registered Nurse (RN) during the timeframe, the screening must be noted as reviewed or signed by the Physician/APN/PA during the specified timeframe in order to select the disorder

Assessment of Cognitive Impairment/Dysfunction

- Assessment of Cognitive Impairment is defined as:
  - **A discussion with the patient or care partner OR**
  - **Use of a screening tool**
- **(Q7) pdcidys**: did a Physician/APN/PA assess the patient (or care partner) for cognitive impairment or dysfunction within one year prior to the encounter?
  - **1. Yes**
  - **2. No**
  - **98. Patient or patient caregiver refused assessment**
  - **99. On date of encounter, documented the patient is not able to participate in assessment or screening, assessment not done**

Quality Insights

Assessment of Cognitive Impairment/Dysfunction Cont.

- If "1" or yes to Q7, in **pdcitool1 (Q8):** Select all screening tool(s) documented to screen for cognitive impairment or dysfunction.
  - If value "9", Other assessment documented is selected, **(Q9) othciscn**: enter the screening tool name used to screen the patient for cognitive impairment or dysfunction
- If "2" or no to Q7, in **(Q10) pdneuref:** did a Physician/APN/PA consult or document a referral to neuropsychologist for testing?
  - **1. Yes**
  - **2. No**
  - **3. No, the patient is seeing or was already referred to a neuropsychologist for testing**
  - **98. Patient refused or declines referral to neuropsychologist**

Quality Insights

Assessment of Sleep Disturbances

- **(Q11) pdsleep**: did a Physician/APN/PA document any assessment or discussion with the patient (or care partner) related to sleep disturbances?
  - Look for any Physician/APN/PA documentation of discussion of sleep disturbances OR use of a screening tool within the year prior to the encounter date (timeframe displayed in the question)
- **Sleep disturbances include documentation of any of the following**:
  - **Excessive daytime sleepiness**
    - "patient reports taking multiple naps throughout the day"
  - **Restless leg syndrome**
  - **REM sleep behavior disorder (RBD)**
    - RBD may be documented as "patient has vivid dreams and yells, moves in sleep"
  - **Hypersomnolence**
    - May be documented as excessive sleepiness
  - **Lethargy**
  - **Early awakening**
  - **Frequent awakening**
  - **Insomnia**
  - **Sleep apnea**
  - **Snoring**
  - **Sleep disordered breathing**
  - **Circadian rhythm disorder**

Quality Insights

Sleep Disturbances Screening Tools

- Screening tools documented by a Physician/APN/PA related to sleep disturbances may include, but are not limited to the following:
  - **Sleep quality and daytime function:**
    - **Epworth Sleepiness Scale**
    - **Functional Outcomes of Sleep Questionnaire**
    - **Parkinson Disease Sleep Scale (PDSS-2)**
    - **Pittsburgh Sleep Quality Index**
    - **PROMIS Sleep Disturbance**
    - **Scales for Outcomes in Parkinson's disease Sleep (SCOPA-Sleep)**
  - **Insomnia:**
    - **Consensus sleep diary**
    - **Insomnia severity index**
  - **Sleep apnea, RLS, RBD:**
    - **Berlin questionnaire**
    - **International Restless Legs Syndrome Scale**
    - **OSA50**
    - **REM Behavior Disorder Screening Questionnaire (RBDSQ)**

Quality Insights

Assessment of Autonomic Dysfunction

- **(Q12) pdautodys**: did a Physician/APN/PA document any assessment or discussion with the patient (or care partner) related to Autonomic Dysfunction?
  - **Symptoms of autonomic dysfunction include at least one of the following:**
    - **orthostatic hypotension or intolerance**
    - **constipation**
    - **urinary urgency**
    - **incontinence or nocturia**
    - **fecal incontinence**
    - **urinary retention requiring catheterization**
    - **delayed gastric emptying**
    - **dysphagia**
    - **drooling or sialorrhea**
    - **hyperhidrosis**
    - **sexual dysfunction or erectile dysfunction**
    - **syncope, lightheadedness, or dizziness**
- **If a screening tool is documented in the medical record, select value "1"**
  - For example if a screening tool such as the Scales for Outcomes in Parkinson's disease – Autonomic (SCOPA-AUT) is documented select value "1"

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Assessment of Autonomic Dysfunction Cont.

- **(Q13) pdorthovit**: did a Physician/APN/PA document orthostatic vital signs indicating assessment of Autonomic Dysfunction?
- Look for documentation during the specified timeframe that orthostatic vital signs are documented
  - Documentation must include a series of vital signs taken while the patient is supine, then again while standing.
  - If orthostatic vital signs are documented, select value "1", if not documented, select value "2"

Quality Insights

Prescription for PD Medication

- **(Q14) pdmedrx**: was a medication for PD ordered or prescribed to the patient?
  - Parkinson's disease medications include any preparation containing levodopa, dopamine agonists, amantadine, MAOB inhibitors
  - A list of commonly prescribed Parkinson's disease medications are provided in a table in the D/D rules for your reference
- If the patient is not prescribed a medication for PD
- **(Q15) pdnomed:** Select all documented reasons that the PD medication was not prescribed.
  - **1. Medication side effect(s)**
  - **2. Not tolerating the medication**
  - **3. Documented allergy or adverse reaction**
  - **98. Patient refused Parkinson's medication prescription**
  - **99. No reason documented**

Quality Insights

Assessment of PD Medication-related Motor Complications

- **(Q16) motcomp**: did a Physician/APN/PA document any assessment or discussion with the patient or patient's caregiver(s), related to medication-related motor complications?
  - 1. Yes
  - 2. No
  - 99. Assessment not done on the encounter date because the patient is not able to participate in assessment or screening
- **Motor complications may include any of the following:**
  - documentation of medication wearing off
  - dyskinesia
  - dystonia
  - on-off phenomena
  - amount of mediation off time or lapses in refill of medication prescription causing motor complications
- **Screening tools may include:** Wearing-Off Questionnaire (WOQ-32, WOQ-19, WOQ-9); UPDRS part IV; MDS-UPDRS part IV

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Assessment of Impulse Control Disorders for Patients Prescribed PD Medications

- **(Q17) pdimpls**: did the Physician/APN/PA document any assessment of Impulse Control Disorder?
- **Impulse control disorder includes**:
  - **Gambling**: visiting casinos, buying lottery tickets, or making monetary bets
  - **Hypersexual activity**: Compulsive sexual behavior excessive preoccupation with sexual fantasies, urges or behaviors that is difficult to control, causes you distress, or negatively affects your health, job, relationships or other parts of your life
  - **Binge eating**: disorder frequently consume unusually large amounts of food and feel unable to stop eating
  - **Increased spending**: any documentation of spending excessive money or compulsive shopping
  - **Dopamine dysregulation**: is an uncommon complication of the treatment of Parkinson's disease, characterized by addictive behavior and excessive use of dopamine medication
  - **Repetitive behaviors**: cleaning, rearranging, and ordering rituals
  - **Punding**: manipulations of a familiar object or intense fascination with complex, excessive, non-goal-oriented, repetitive activities
- If screening any of the following screening tools are documented during the timeframe select value "1":
  - **Questionnaire for Impulsive-Compulsive Disorders in Parkinson's disease (QUIP)**
  - **Questionnaire for Impulsive-Compulsive Disorders in Parkinson's disease rating scale (QUIP-RS)**

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Neuroleptic drugs

- **(Q18) dopblokex**: was the patient prescribed any of the following medications:
  - **Clozapine**
  - **Quetiapine**
  - **Domperidone**
- Clozapine & Quetiapine have dopamine blocking properties, but have been demonstrated to not worsen PD motor symptoms significantly
- Domperidone is a peripheral dopamine antagonist that does not easily cross the blood-brain barrier and the risk of worsening PD motor symptoms is low

Quality Insights

Contraindicated Dopamine-blocking Medications

- **(Q19) dopblok**: was the patient prescribed any Dopamine Blocking Medications?
  - Dopamine blocking agents are included in a table in the D/D rules and can be found on the next slide
  - If any Dopamine Blocking Medications/Agents were prescribed to the patient during the timeframe select value "1"

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Dopamine Blocking Medications

acepromazine	chloprothixene	lurasidone	promazine	thiethylperazine
amisulpride	clomipramine	mesoridazine	promethazine	thioridazine
amoxapine	clopenthixol	metoclopramide	remoxipride	thiothixene
asenapine	deutratetrabenazine	nafadotride	reserpine	tiapride
azaperone	droperidol	nemonapride	risperidone	trifluoperazine
aripiprazole	eticlopride	olanzapine	spipersone	trifluperidol
benperidol	flupenthixol	paliperidon	spiroxatrine	triflupromazine
brexpiprazole	fluphenazine	penfluridol	stepholidine	trimipramine
bromopride	haloperidol	perazine	sulpride	valbenazine
butaclamol	iodobenzamide	perphenazine	sultopride	ziprasidone
cariprazine	levomepromazine	pimozide	tetrabenazine	
chlorpromazine	loxapine	prochlorperazine	tetrahydropalmatine	

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Contraindicated Dopamine-blocking Medications

- **(Q20) rsnmed**: select all Physician/APN/PA documented reasons that the dopamine blocking medication were prescribed to the patient
  - **Select all that apply:**
    1. Other Parkinson's medication side effect(s)
    2. Not tolerating other Parkinson's medication
    3. Documented allergy or adverse reaction to other Parkinson's medications
    4. Management of Mental Health condition
    5. Other reason documented that another Parkinson's disease medication (non-dopamine blocking) was prescribed
    98. Patient refused other Parkinson's Disease medication prescription
    99. No reason documented

Exercise or Physical Activity Counseling

- **(Q21) pdexprgm**: did a Physician/APN/PA document any recommendations on a regular exercise regimen for Parkinson's disease?
  1. Yes
  2. No
  3. No – Patient is already receiving physical/occupation/speech/recreation therapy
  98. Patient refused or declines counselling or exercise recommendations
  99. Patient is not able to participate in counseling due to a co-morbid condition or impairment (see D/D rules)
- Physical activities may include, but are not limited to the following
  - Tai chi, dancing, boxing, yoga and other non-traditional aerobic or strength training exercises
  - Regular exercise regimen is defined as at least 150 minutes of moderate intensity activity each week

PD Rehabilitative Therapy Referral

- **(Q22) pdotptst**: did a Physician/APN/PA refer the patient to physical therapy (PT), Occupational Therapy (OT), Speech Language Therapy (SLT) and/or recreational therapy?
  1. Yes
  2. No
  3. Patient is already receiving PT, OT, SLT, or recreational therapy services
  98. Patient declined referral to PT, OT, SLT, or recreational therapy
  99. No referral due to clinician documentation that the patient did not require a referral PT,OT, or SLT

PD Rehabilitative Therapy Referral

- **(Q23) pdsvc1**: Select all services the patient received a referral for during the specified timeframe
  - **Select all that apply:**
    1. Physical Therapy (PT)
    2. Occupational Therapy (OT)
    3. Speech Language Therapy (SLT)
    4. Recreational therapy
- Recreational therapy may include a variety of techniques including arts and crafts, animals, sports, games, dance and movement, drama, music therapy, and community outings

Next Steps & Questions

- The pull list has been received and will be processed and released by March 23, 2022
  - Abstraction can begin once this education has been completed
- There are no DACs or Exit Reports
- The date to complete abstraction by is May 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!