### Advanced Care Planning for Patients with Parkinson’s Disease

#### Measure Description

Percentage of patients with PD who have an Advance Care Directive completed or have a designated Power of Attorney for Medical Decisions in the last 12 months.

#### Measure Components

<table>
<thead>
<tr>
<th>Numerator Statement</th>
<th>Patients with PD who have an Advance Care Directive completed or have a designated Power of Attorney for Medical Decisions in the last 12 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator Statement</td>
<td>All patients with a diagnosis of PD.</td>
</tr>
<tr>
<td>Denominator Exceptions</td>
<td>Patient already has an Advance Care Directive that has been given to provider and information reviewed with provider.</td>
</tr>
</tbody>
</table>

#### Supporting Guideline & Other References

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

- People with PD and their caregivers should be given the opportunity to discuss end-of-life issues with appropriate healthcare professionals. Level D (1)
- Clinicians should initiate or facilitate advance care planning for all adult patients and their families with regular review as the patient’s condition changes [Low Quality Evidence, Strong Recommendation]. (2)
- Informed consent should be obtained for any treatment or plan of care from either a patient with decision-making capacity, or an appropriate surrogate decision maker [Low Quality Evidence, Strong Recommendation]. (2)

The following Checklist for Provision of Information is quoted verbatim:

- The following issues should be addressed:
  - fear (for the person, their carer and family)
  - guilt
  - end of life issues, eg choice about where to live and die and decisions about treatment. Consensus (3)

#### Measure Importance

**Relationship to Desired Outcome**

All Parkinson’s disease patients should have an Advanced Care Directive completed. Advance care directives ensure that a patient’s treatment preferences and treatment goals are being considered and if these are adhered to it is anticipated that increased satisfaction with care will result.

**Opportunity for Improvement**

By assessing yearly it is anticipated that discussions on advance care planning will increase and more patients with PD will have directives created and used. Kwak studied advance care planning in patients with PD and found 95% of patients had an advanced care plan, but less than 38% had shared these plans with their provider. (4)
The Institute for Clinical Systems Improvement has stated, “Many clinicians believe it is not appropriate to begin advance directive planning on an outpatient basis. In reality, multiple studies have shown that *patients want their clinicians to discuss advance care planning with them before they become ill.* Many others have shown a positive response from patients when advance directive discussions are held during outpatient visits.” *(Original emphasis)*

A survey of older people in the UK found that a third of respondents were interested in engaging in a discussion on advance care planning, but only 17% had done so. *(5)*

| National Quality Strategy Domains | ☒ Patient and Family Engagement  
| Patient Safety  
| Care Coordination  
| Population/Public Health  
| Efficient Use of Healthcare Resources  
| Clinical Process/Effectiveness |

| Exception Justification | Not Applicable |

| Harmonization with Existing Measures | NQF has endorsed an Advance Care Plan measure developed by National Committee for Quality Assurance (NCQA) #0326 that measures: Percentage patients 65 years of age and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan. A separate measure is required as all patients with PD should have counseling on advance care planning, not just those 65 and older. Evidence suggests that younger patients with PD want to engage in these conversations with providers, but are not engaged to do so. |

| Measure Designation | ☒ Quality improvement  
| ☒ Accountability  

| Measure Purpose (Check all that apply) | ☒ Process  
| ☐ Outcome  
| ☐ Structure  

| Type of Measure (Check all that apply) | ☒ Individual Provider  
| ☒ Practice  
| ☒ System |

| Level of Measurement (Check all that apply) | ☒ Outpatient  
| ☒ Inpatient  
| ☒ Skilled Nursing Home |

| Care Setting (Check all that apply) | ☒ Outpatient  
| ☒ Inpatient  
| ☒ Skilled Nursing Home |
Emergency Departments and Urgent Care

<table>
<thead>
<tr>
<th>Data Source (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Electronic health record (EHR) data</td>
</tr>
<tr>
<td>☒ Administrative Data/Claims</td>
</tr>
<tr>
<td>☐ Chart Review</td>
</tr>
<tr>
<td>☒ Registry</td>
</tr>
</tbody>
</table>

References


Technical Specifications: Electronic Health Record (EHR) Data

The AAN is in the process of creating code value sets and the logic required for electronic capture of the quality measures with EHRs. A listing of the quality data model elements, code value sets, and measure logic (through the CMS Measure Authoring Tool) for each of the PD measures will be made available at a later date.

Technical Specifications: Administrative Data (Claims)

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

<table>
<thead>
<tr>
<th>Denominator (Eligible Population)</th>
<th>ICD-9 Code</th>
<th>ICD-10 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>332.0 (Paralysis agitans)</td>
<td>G20 Parkinson’s Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemiparkinsonism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Idiopathic Parkinsonism or Parkinson’s Disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paralysis agitans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parkinsonisms or Parkinson’s disease NOS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary Parkinsonism or Parkinson’s disease</td>
<td></td>
</tr>
</tbody>
</table>

AND

CPT E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (Office or other outpatient visit-New Patient);
- 99211, 99212, 99213, 99214, 99215 (Office or other outpatient visit-Established Patient);
- 99241, 99242, 99243, 99244, 99245 (Office or Other Outpatient Consultation-New or Established Patient);
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (Nursing Home Consultation);
- 99221-99223 (Initial Hospital Care);
- 99231-99233 (Subsequent Hospital Care);
- 99238-99239 (Hospital Discharge);
- 99251-99255 (Initial Inpatient Consultation);
- 99281-99285(Emergency Department);
- 99201-99205 or 99211-99215 (Urgent Care).