

Clinic Network Analysis

SPRING 2020

SPECIAL POINTS OF INTEREST:

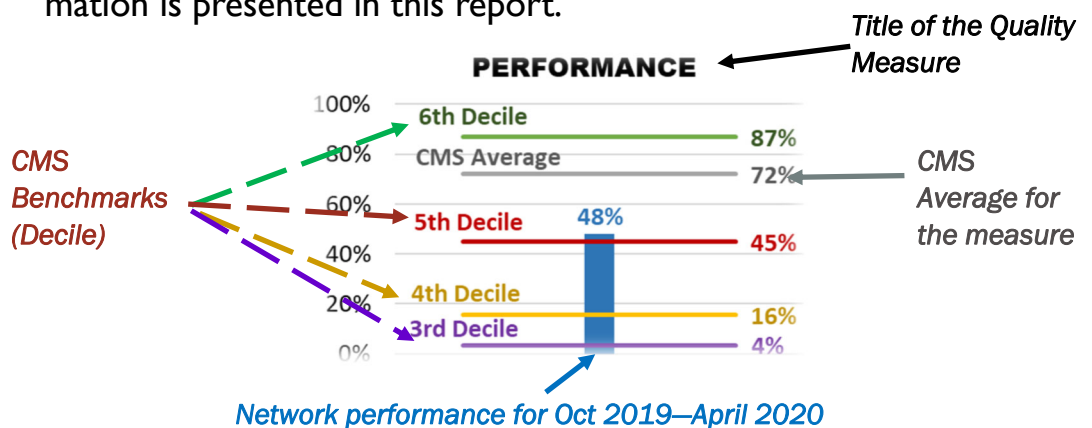
- Our patients
- Quality Measures
- Clinic performance

New on This Report

CMS has included the following dementia-related measures in the Merit-Based Incentives Payment Program for Medicare: cognitive assessment, management of neuropsychiatric symptoms, education and referral of caregivers among, and safety screening.

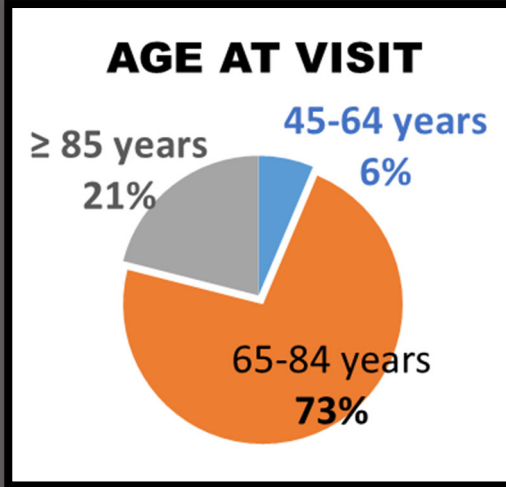
CMS uses quality measures in its quality improvement, public reporting, and pay-for-reporting programs for specific healthcare providers. You can explore the definitions and explanation of these measures here: <https://qpp.cms.gov/mips/explore-measures/quality-measures>

Starting on this report we have included the benchmarks established by CMS-MIPS for each measure for the current year. These benchmarks change on a yearly basis based on new information. To match the CMS reporting we updated our method of analysis, which now includes two numbers: Data completeness & Data performance. We also re-analyzed data submitted in previous cycles to match the new counting procedures. The following graph shows how the information is presented in this report.



Our patients Oct, 2019 — April 09th, 2020:

982 patients from 19 clinics

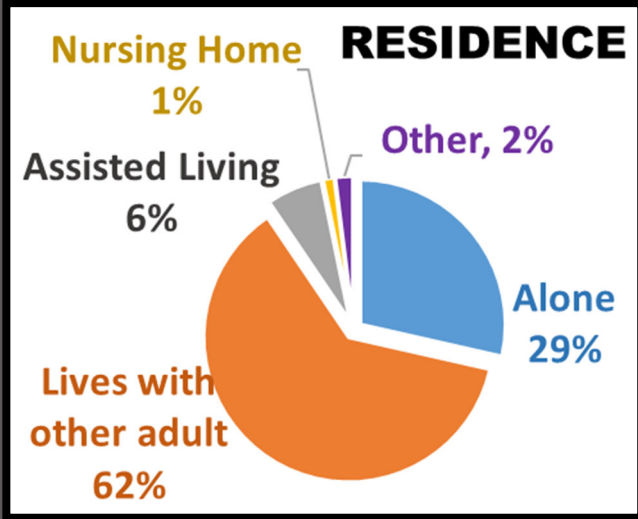


****Missing: 37 (4%)**

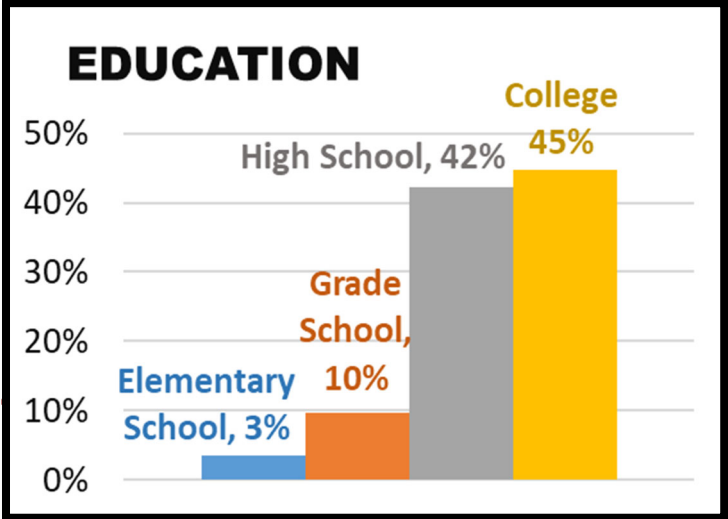
Sex: Female: 62%
Male: 38%

****Missing: 38 (4%)**

Race: White: 93%
Black/African American: 2.4%
Hispanic/Latino: 2.7%
Native American: -
Other: 1%

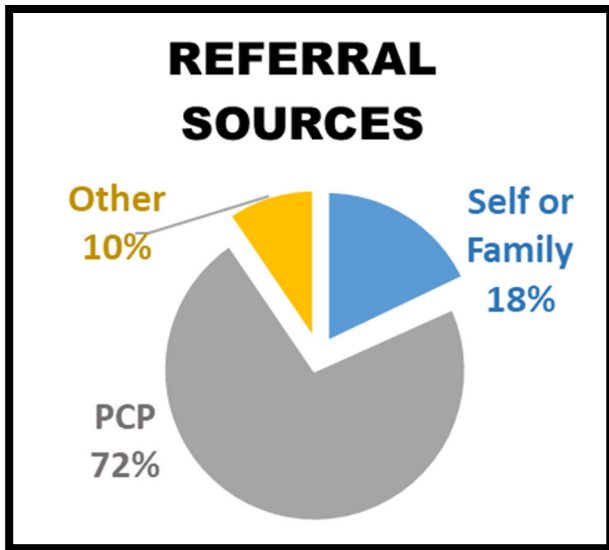


****Missing: 22 (2%)**

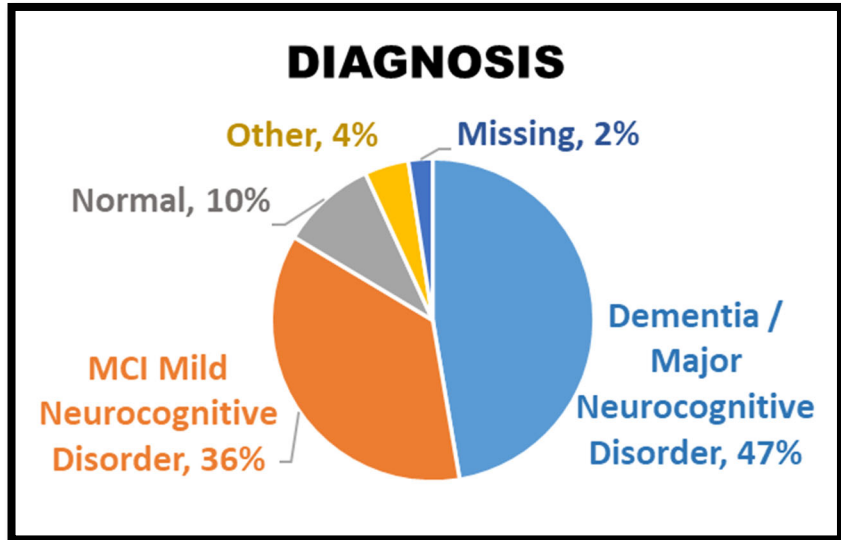
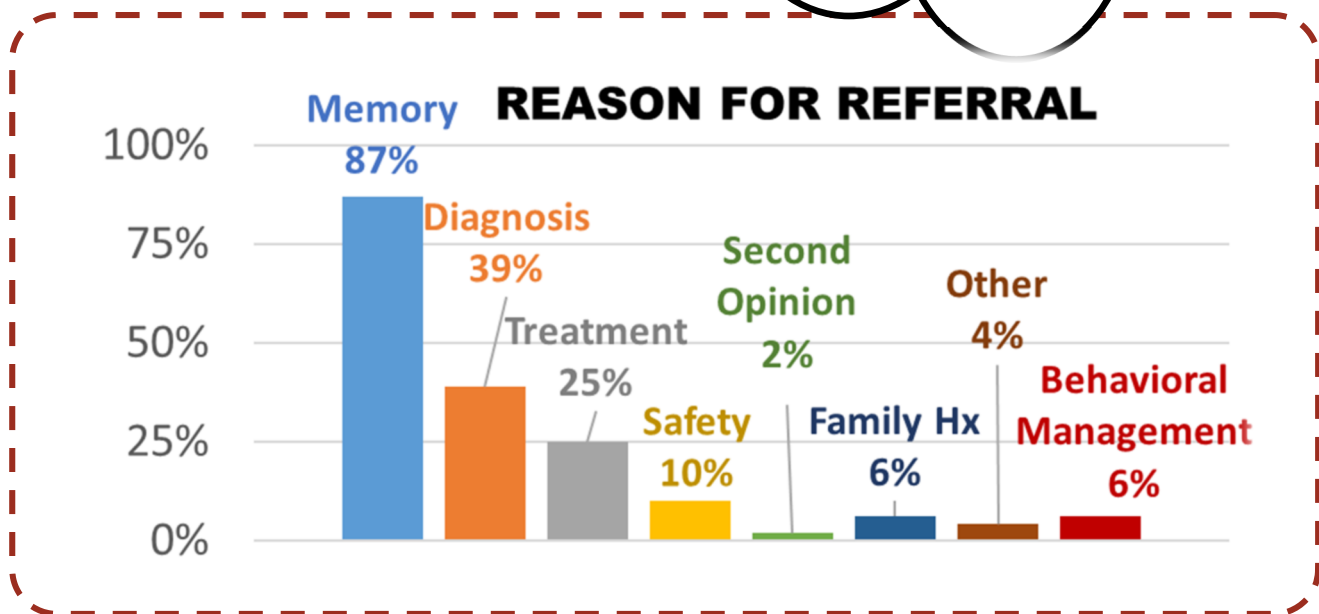


****Missing: 81 (9%)**

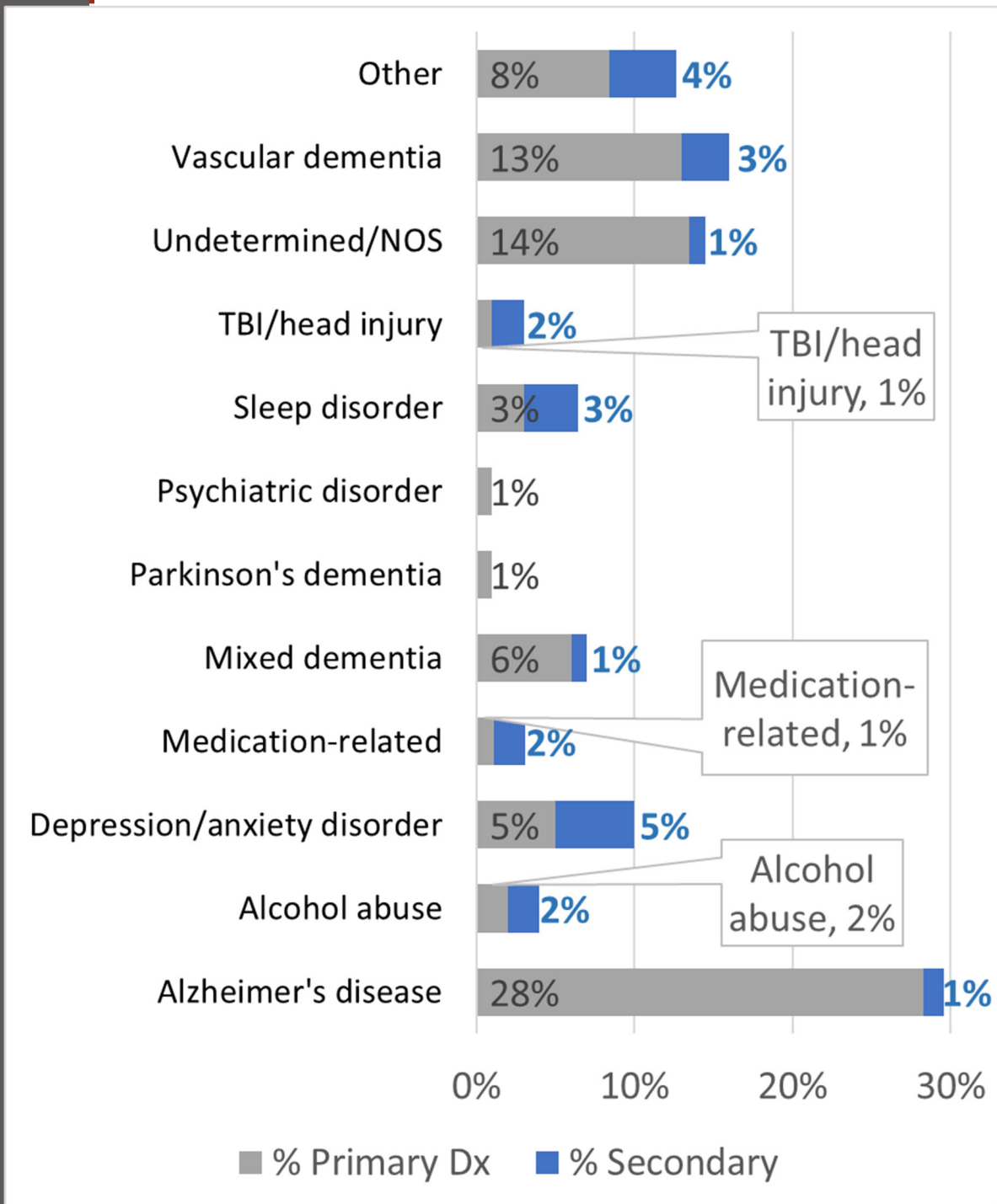
DURATION OF SYMPTOMS	n	%
Less than a year	21	2.6
One year	302	36.7
Two years	185	22.5
Three years	125	15.2
Four Years	52	6.3
Five years	138	16.8



Average length of a visit:
120 minutes
(Range: 60—245)
Average number of family members:
1.2 (Range: 0—13)



Most common etiology



TBI/head injury, 1%

Medication-related, 1%

Alcohol abuse, 2%

**Missing: 180 (18%)

Quality Measures — Clinic Network

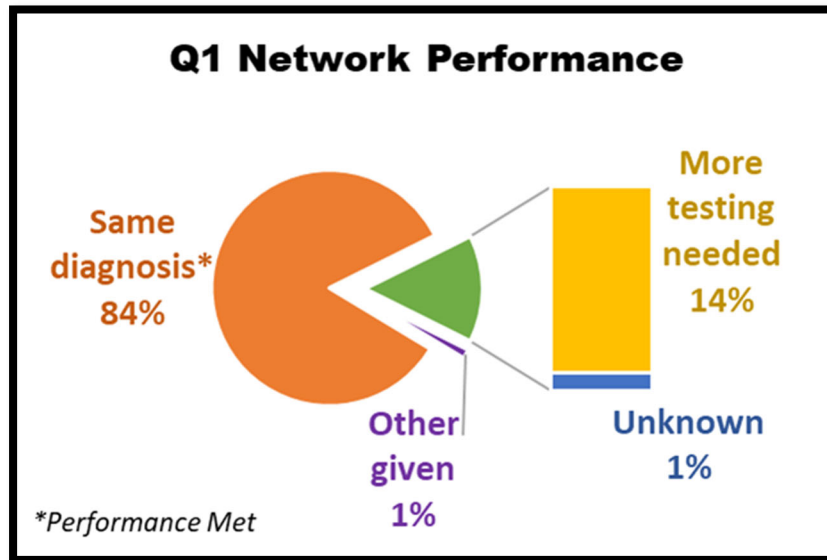
Quality Measures Benchmarks	Sept 2018 — Nov 2018 (Baseline)	Nov 2018 — April 2019	April 2019 — Sept 2019	Oct 2019 — April 2020
Q1. Diagnosis given				
Data Completeness	78%	61%	76%	65%
Performance	86%	87%	81%	84%
Q2. Education <u>AND</u> referral of caregivers to support services				
Data Completeness	80%	80%	78%	73%
Performance	67%	49%	57%	64%
Q3. Functional assessment				
Data Completeness	100%	74%	88%	75%
Performance	95%	98%	97%	95%
Q4. Behavioral screening & treatment				
Data Completeness	98%	73%	89%	75%
Performance	73%	79%	77%	82%
Q5. Safety screening & management				
Data Completeness	84%	71%	82%	70%
Performance	82%	89%	89%	94%
Q6. Driving evaluation & management				
Data Completeness	89%	71%	82%	72%
Performance	67%	86%	89%	87%
Q7. Advanced care planning in record, and if not it was discussed				
Data Completeness	88%	70%	80%	71%
Performance	83%	94%	97%	97%
Q8. Pain assessment & management				
Data Completeness	95%	86%	93%	95%
Performance	85%	80%	84%	79%

*Numbers updated to match current analysis methodology which is based on CMS MIPS Program

Quality Measure 1: Disclosure of the Cause of Dementia.

Percentage of patients with a diagnosis of a qualifying dementing disorder or disease whose diagnosis* has been disclosed to them and, if available, their primary caregiver. *Diagnosis is defined as the provider's best current opinion about dementia etiology, which **may include a disclosure that diagnosis remains unknown** or that a previous diagnosis must be revised .

Completeness: 64.8%

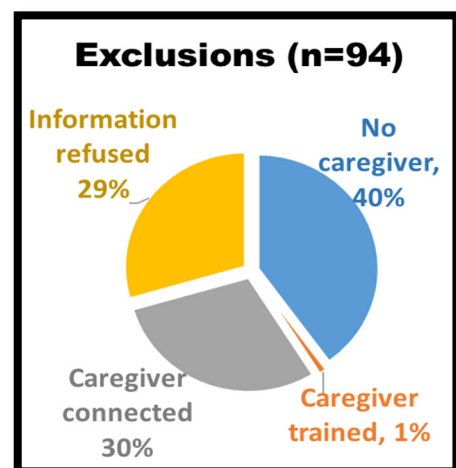
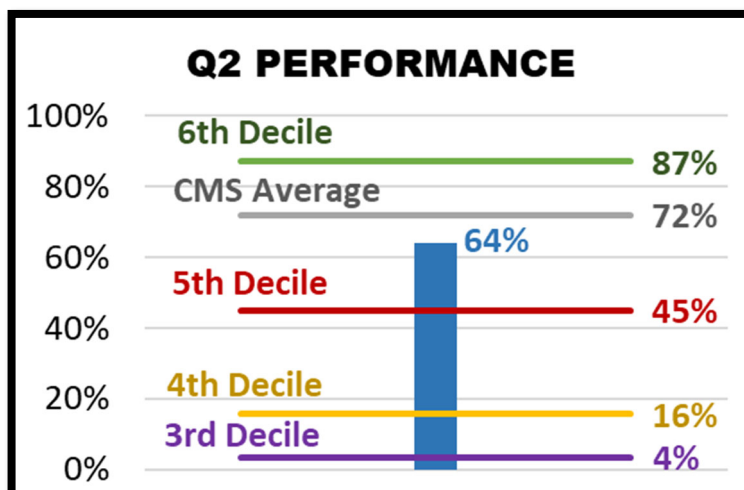


Quality Measure 2: Education & Support of Caregivers

2020 CMS MIPS — Quality Measure 288

Percentage of patients with dementia or MCI whose caregiver(s) were provided with education on dementia disease management and health behavior changes **AND** were referred to additional resources. "Caregiver" is defined as 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.

Data Completeness: 72.8%

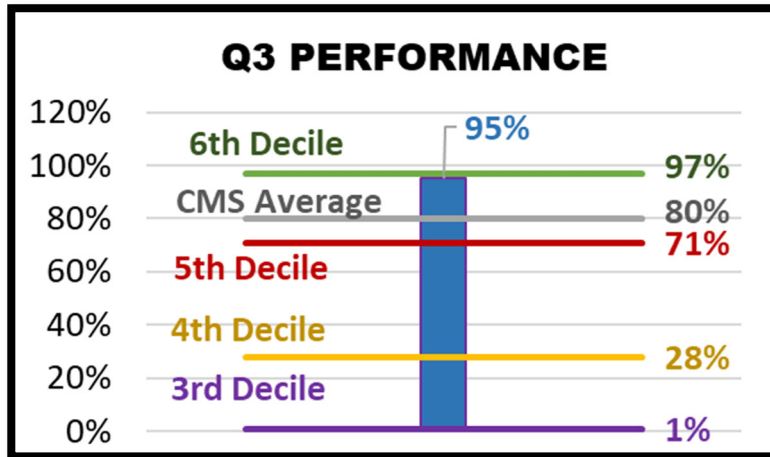


Note: Exclusions are not included in the performance analysis

Quality Measure 3: Functional Status Assessment for Patients with Dementia 2020 CMS MIPS — Quality Measure 282

Percentage of patients with dementia for whom an assessment of functional status* was performed at least once in the last 12 months. *Functional status is assessed by use of a validated tool, direct assessment of the patient, or by querying a knowledgeable informant, with the purpose of evaluate the patient's ability to perform: **Instrumental activities of daily living (IADL)** (i.e., cleaning, money management, medication management, transportation, cleaning, and cooking) AND **Basic activities of daily living (ADL)** (i.e., grooming, bathing, eating, toileting, gait, and transferring).*

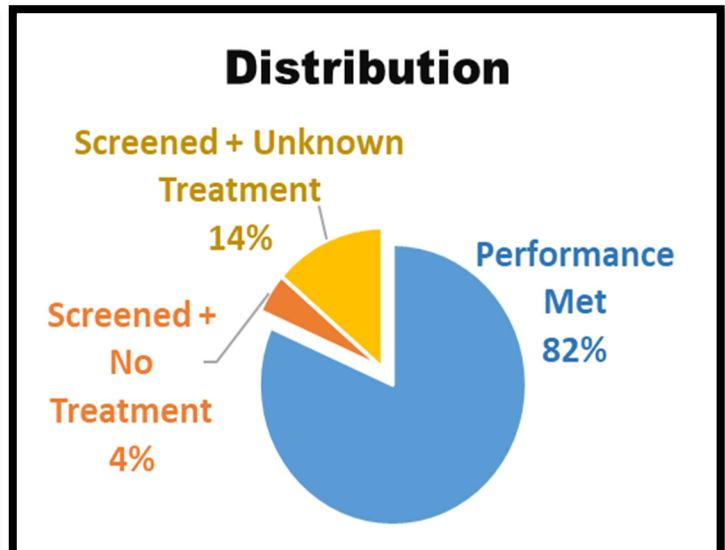
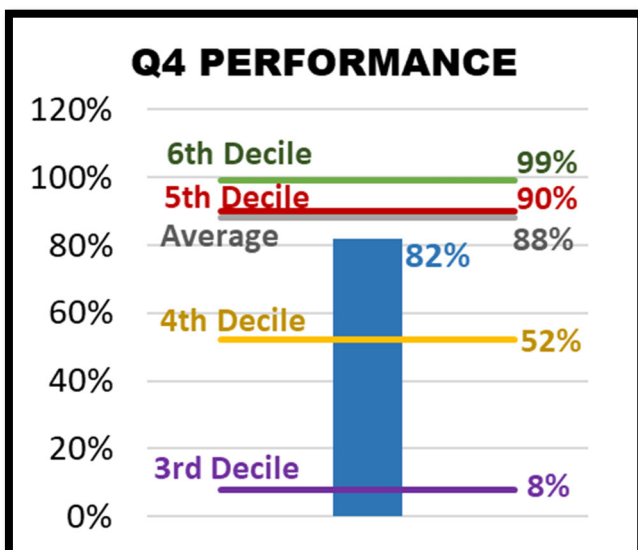
Data Completeness: 74.8%



Quality Measure 4: Screening and management of behavioral and psychiatric symptoms associated with dementia. 2020 CMS MIPS — Quality Measure 283

Percentage of patients with dementia for whom there was a documented screening* for behavioral and psychiatric symptoms, including depression, and for whom, if screening was positive, there was also documentation of recommendations for management in the last 12 months.

Data Completeness: 74.7%

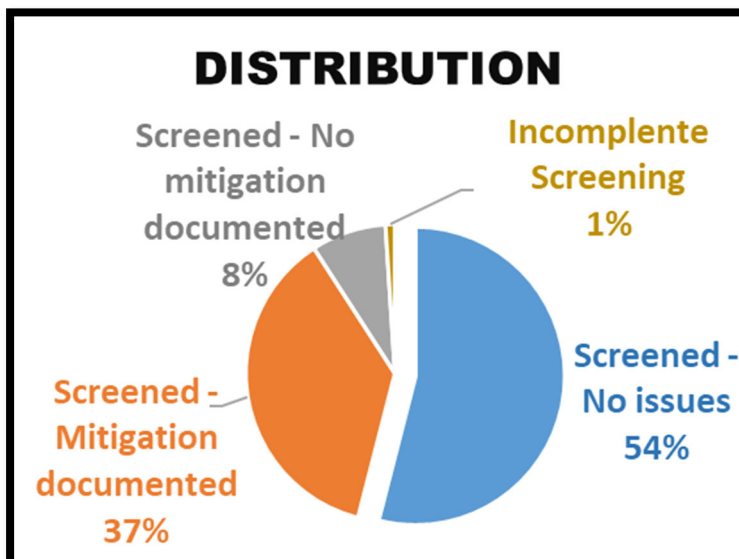
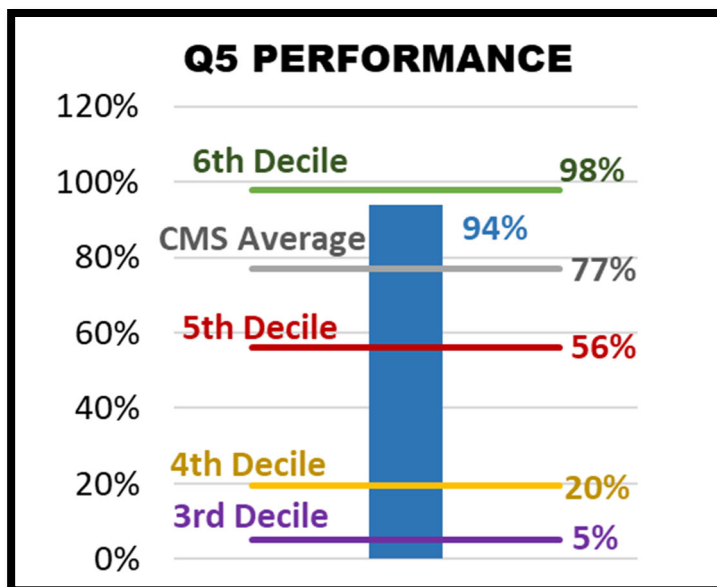


Quality Measure 5: Safety Concern Screening and Follow-Up

2020 CMS MIPS — Quality Measure 286

Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening* in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources. *Screening is defined as using a validated instrument or directly examining the patient or knowledgeable informant to determine the presence or absence of symptoms.

Data Completeness: 70%

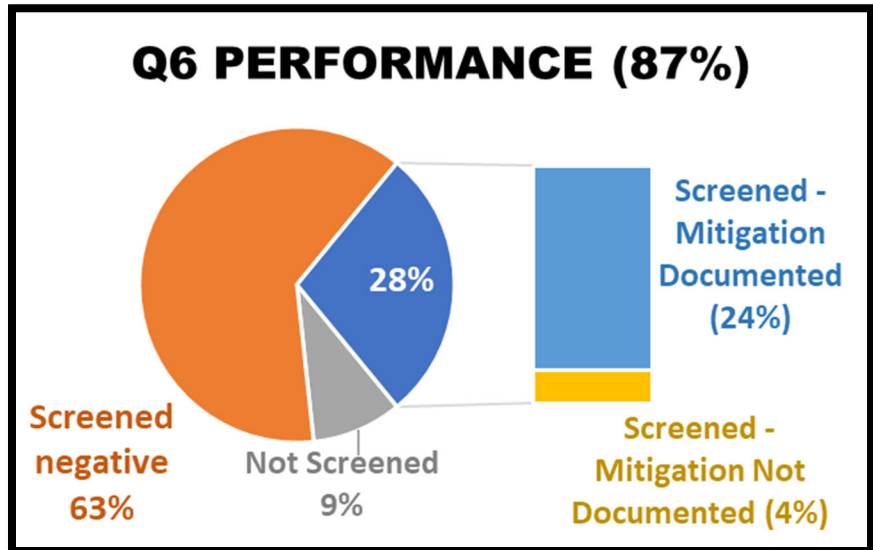


Variable	n (%)
Medication Misuse	
Screened	676 (98%)
Issues Identified	176 (25%)
Mitigation—Education	155 (23%)
Mitigation—Referral	23 (3%)
Physical aggressiveness	
Screened	675 (98%)
Issues Identified	28 (4%)
Mitigation—Education	17 (2%)
Wandering	
Screened	673 (98%)
Issues Identified	26 (4%)
Mitigation—Education	25 (4%)
Mitigation—Referral	4 (1%)
Financial Mismanagement	
Screened	666 (97%)
Issues Identified	137 (20%)
Mitigation—Education	107 (16%)
Mitigation—Referral	6 (1%)
Home Safety (e.g. issues cooking, trip hazards)	
Screened	672 (98%)
Issues Identified	146 (21%)
Mitigation—Education	136 (20%)
Mitigation—Referral	29 (4%)
Access to chemicals, firearms, or power tools	
Screened	657 (95%)
Issues Identified	35 (5%)
Mitigation—Education	44 (6%)

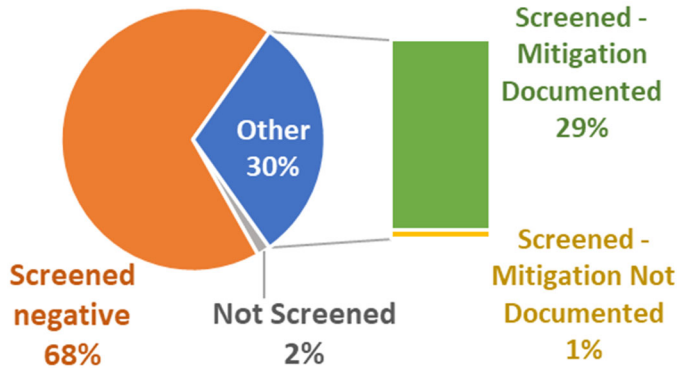
**Quality Measure 6:
Driving Screening and
Follow-Up**

Percentage of patients with dementia for whom there was a documented screening for driving risks and for whom, if screening positive, there was also documentation they were informed of alternatives to driving.

Data
Completeness: 70%



Q7 PERFORMANCE (97%)



**Quality Measure 7: Advance Care
Planning and Palliative Care
Counseling for Patients with De-
mentia**

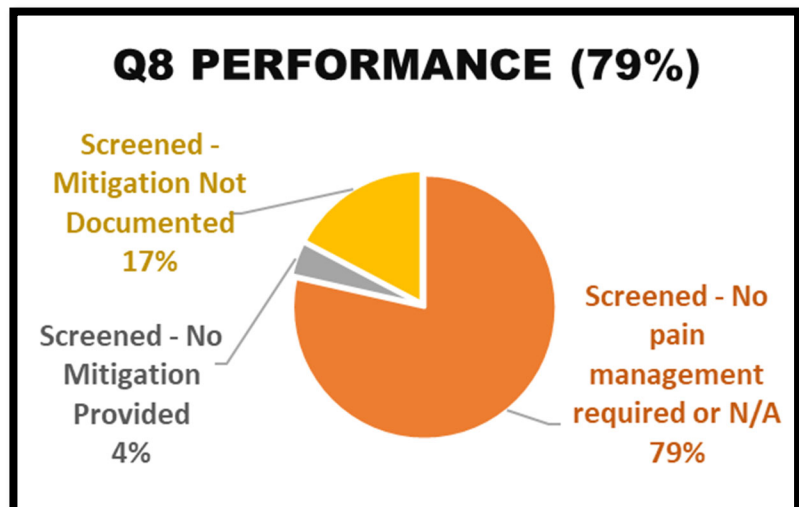
Percentage of patients with dementia who have an advance care plan or surrogate decisions maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

Data Completeness: 71%

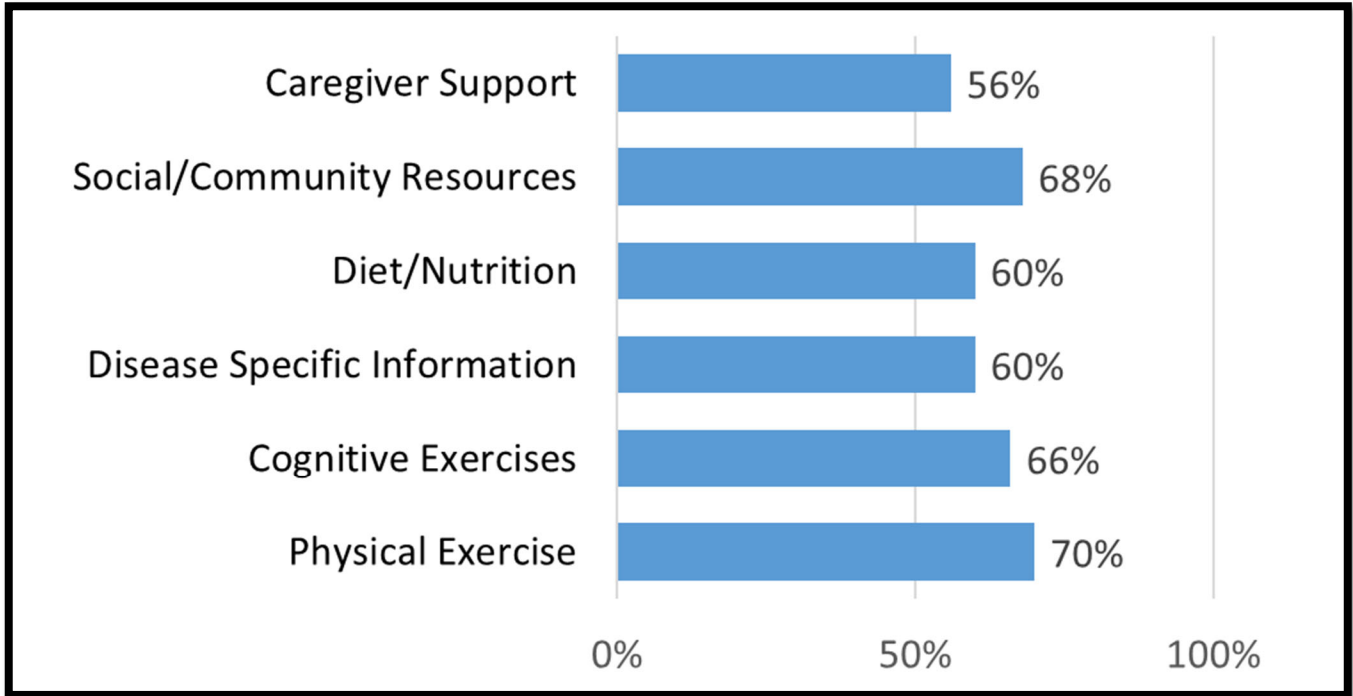
**Quality Measure 8:
Pain Assessment and
Follow-Up**

Percentage of patients with dementia who underwent documented screening for pain symptoms at the visit and if screening was positive also had documentation of a follow-up plan.

Data
Completeness: 95%



Educational Materials Provided



Referrals Generated

