

# CLINIC NETWORK ANALYSIS

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Uriel Paniagua, MPH

May 19, 2023

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## Considerations & Limitations

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- Quality measures are based on **data received** from September 16, 2022 – March 1, 2023  
\*unless extension was requested
- Quality measures are designed to provide an overview of care that patients received over a **12-month** period.
- Consider the **characteristics of your clinic and/or patients** when interpreting performance across measures.

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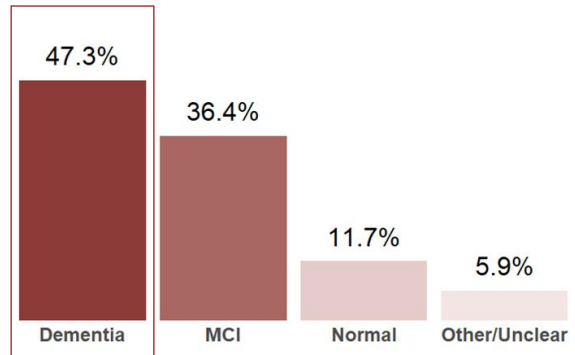
1. Odenheimer G, Borson S, Sanders AE, Swain-Eng RJ, Kyomen HH, Tierney S, Gitlin LN, Forcica MA, Absher J, Shega J, Johnson J. Quality improvement in neurology: dementia management quality measures. *Neurology*. 2013 Oct 22;81(17):1545-9. Epub 2013 Sep 25.  
2. Sanders AE, Nininger J, Absher J, Bennett A, Shugarman S, Roca R. Quality improvement in neurology: Dementia management quality measurement set update. *Neurology*. 2017 May 16;88(20):1951-1957. Epub 2017 May 1.  
3. Schultz SK, Llorente MD, Sanders AE, Tai WA, Bennett A, Shugarman S, Roca R. Quality improvement in dementia care: Dementia Management Quality Measurement Set 2018 Implementation Update. *Neurology*. 2020 Feb 4;94(5):210-216.

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# Patients

807 patients across 19 clinics  
→ 803 provided suspected diagnosis

**380 (47.3%)**  
included in quality metrics

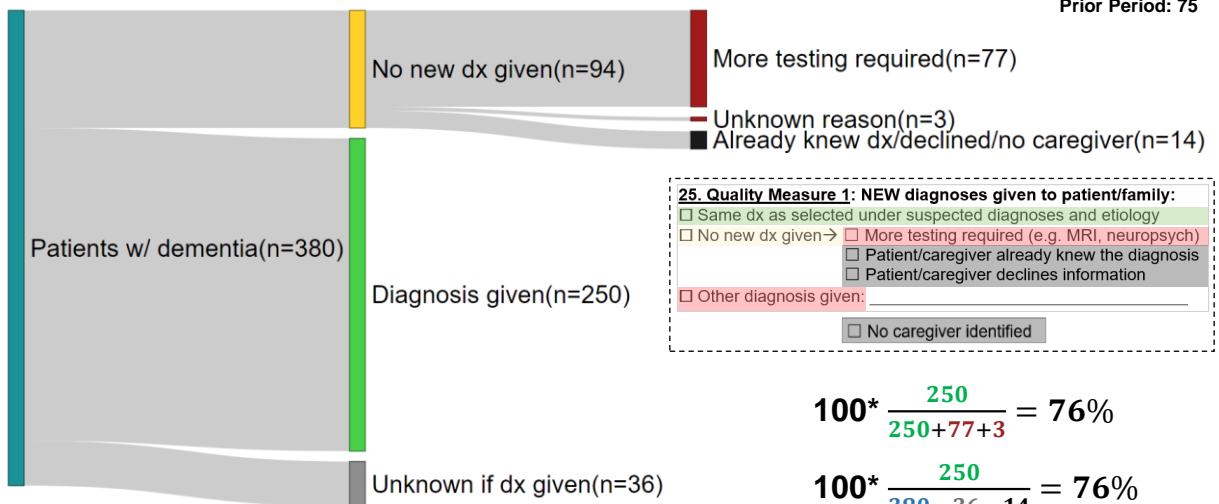


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# Disclosure of the Cause of Dementia

**76**

Prior Period: 75

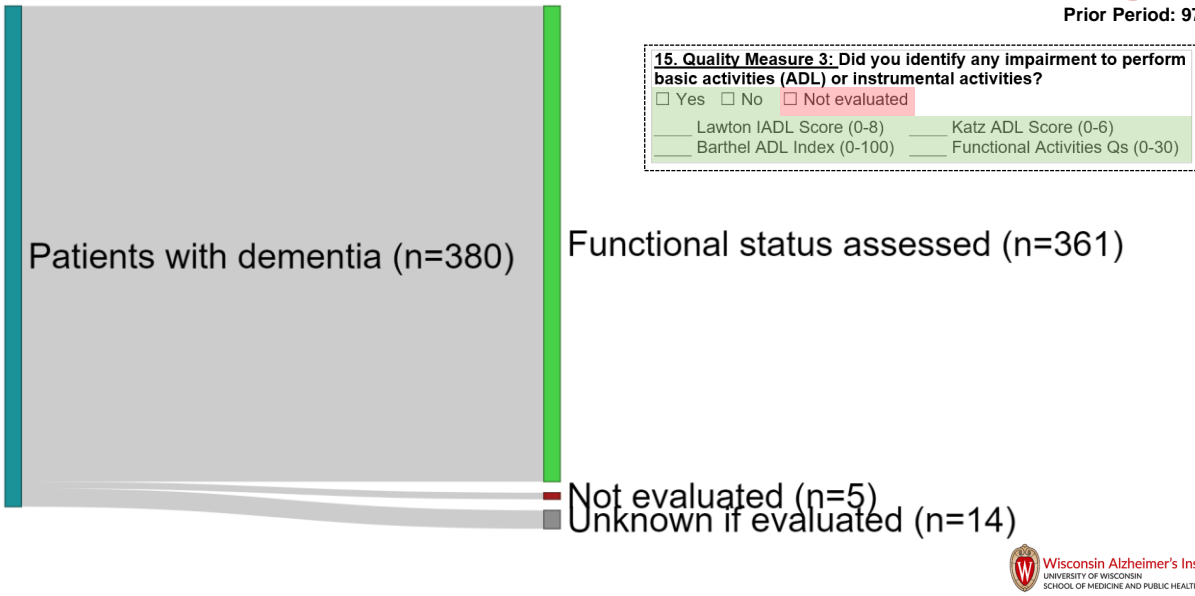


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# Functional Status Assessment

99

Prior Period: 97

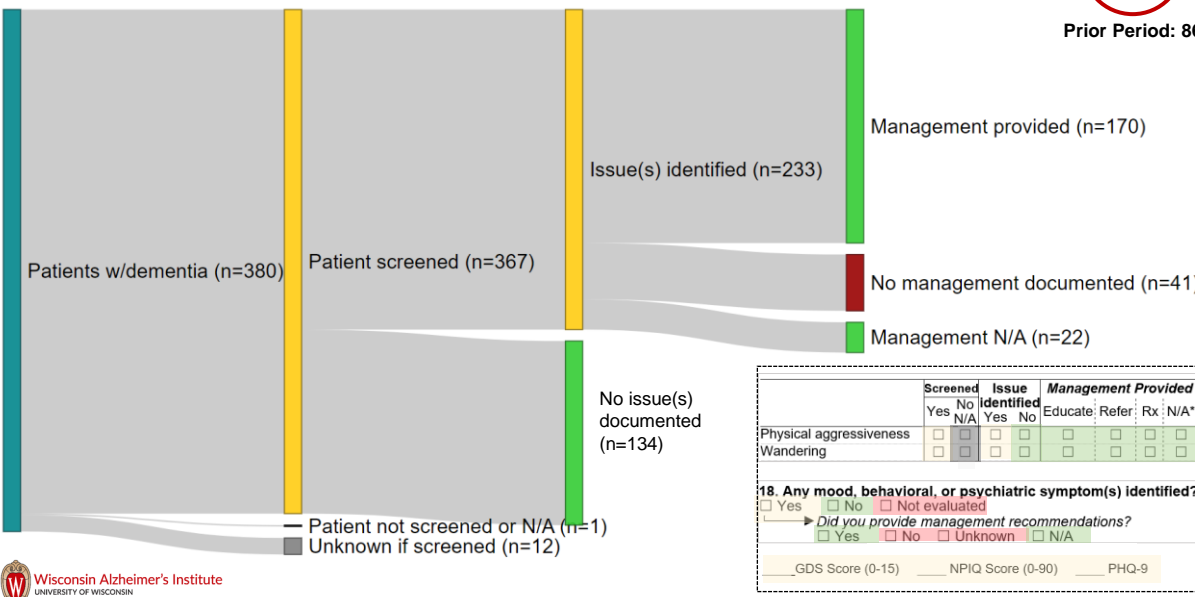


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# Behavioral/Psychiatric Screening & Management

89

Prior Period: 86

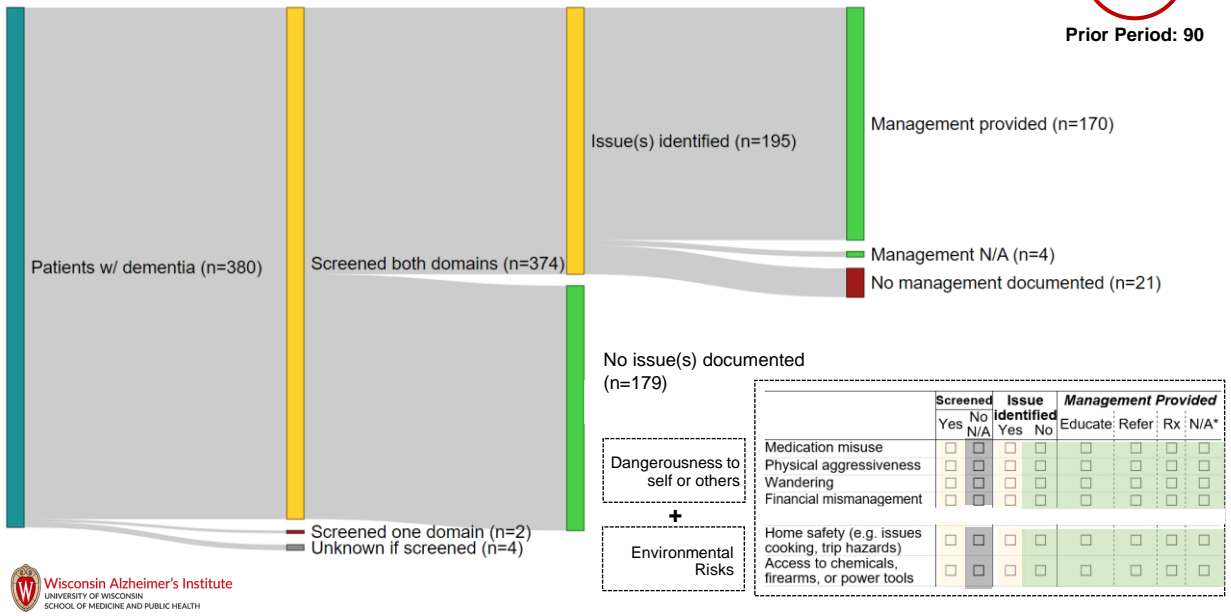


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# Safety Concern Screening and Follow-Up

94

Prior Period: 90

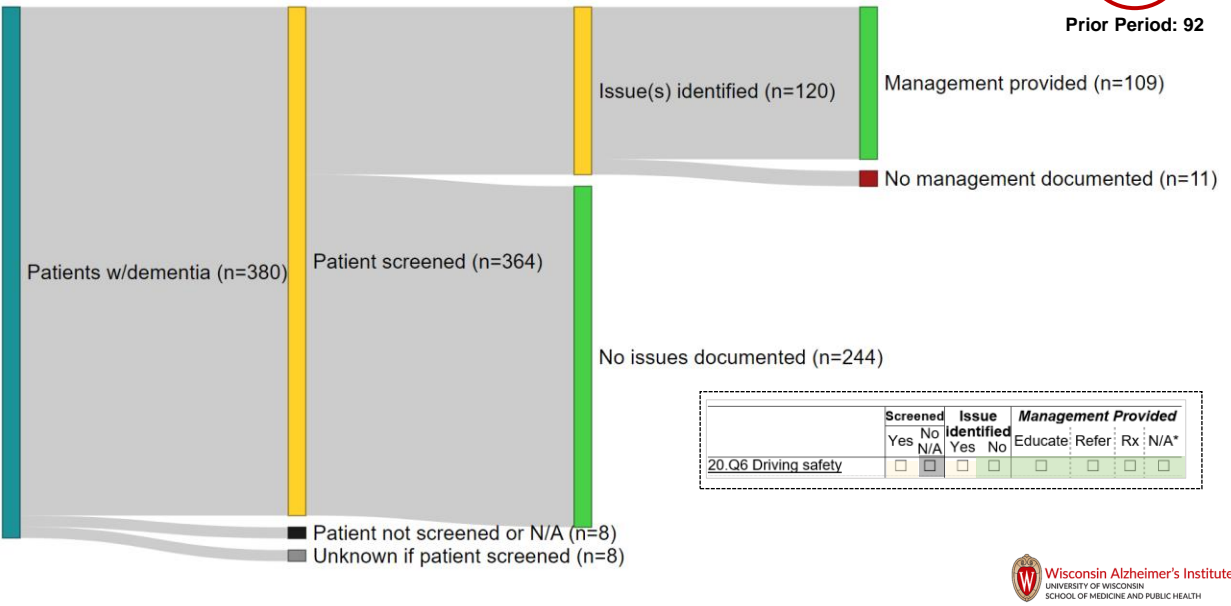


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# Driving Evaluation & Management

97

Prior Period: 92

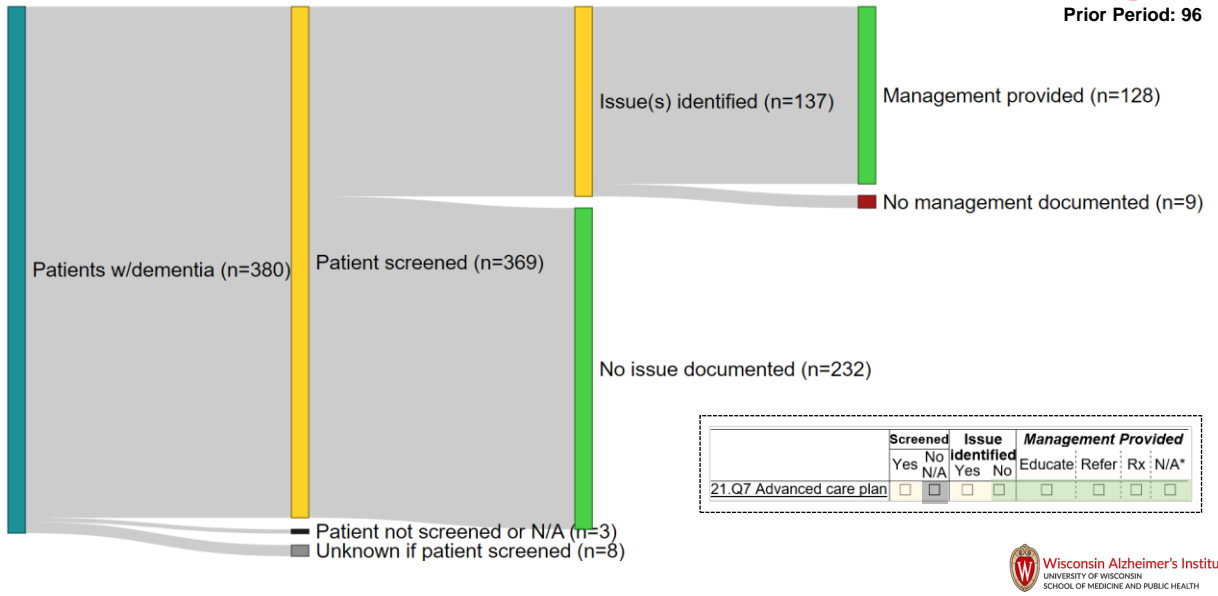


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# Advanced Care Planning

98

Prior Period: 96

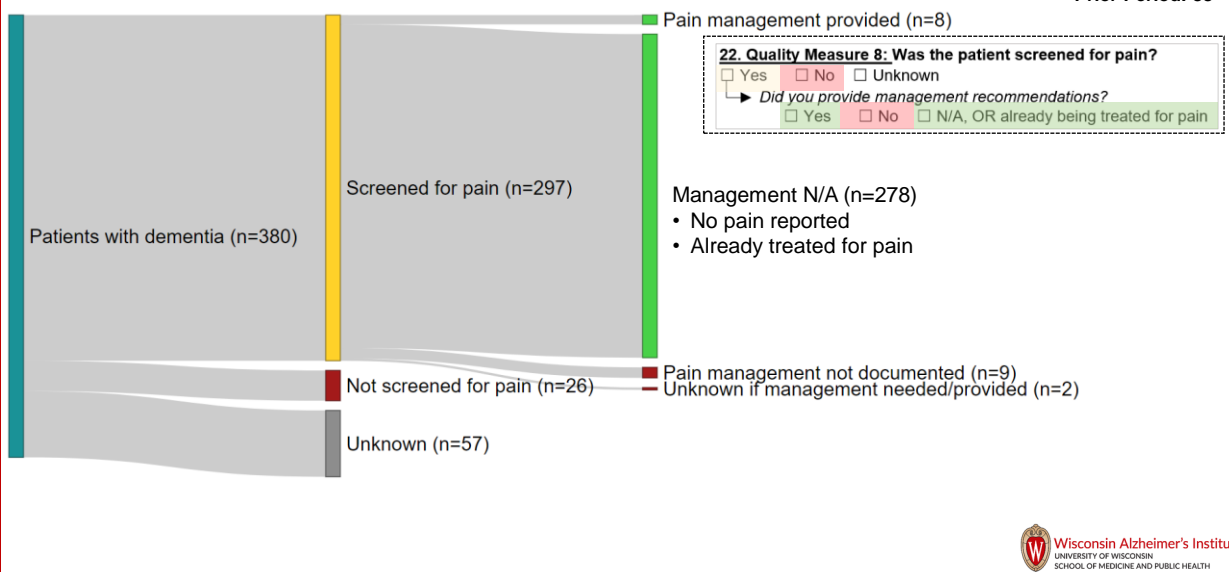


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# Pain Assessment & Management

89

Prior Period: 88



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# DATA FORM UPDATES

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May 19, 2023

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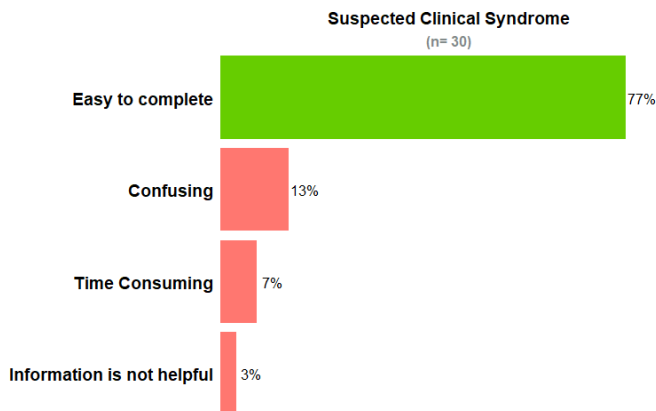
QM1

## Suspected Clinical Syndrome (*Current*)

**15. Suspected clinical syndrome diagnoses (check all that apply):**

- Dementia / Major Neurocognitive Disorder
- MCI / Mild Neurocognitive Disorder
- Normal cognitive testing
  - With cognitive complaint
  - Without cognitive complaint
- Undetermined/Still in progress (*still check one of the above*)

- Added 'Undetermined/Still in progress'
  - Still request that one of the above be selected
- Updated 'Normal' for clarity



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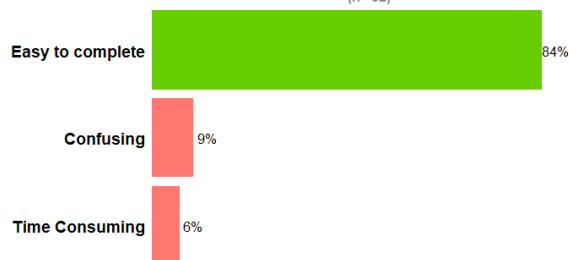
# Suspected Etiology (Current)

**17. Suspected Etiology/Cause associated with diagnosis**  
 Mark "1" next to primary diagnosis and "2" next to secondary diagnosis (mark as many secondary as applicable)

<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Mixed dementia (AD/vascular)
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Parkinson's dementia
<input type="checkbox"/> Depression/anxiety disorder	<input type="checkbox"/> Psychiatric disorder
<input type="checkbox"/> FTD/FTLD	<input type="checkbox"/> Sleep disorder
<input type="checkbox"/> IDD	<input type="checkbox"/> TBI/head injury
<input type="checkbox"/> Lewy Body Dementia	<input type="checkbox"/> Undetermined
<input type="checkbox"/> Medication-related	<input type="checkbox"/> Vascular dementia
<input type="checkbox"/> Other: _____	

- There should only be one primary selected
- If there are multiple etiologies and you are unsure which is primary, enter secondary for all

Suspected Etiology/Cause associated with diagnosis  
(n= 32)



Information is not helpful 0%



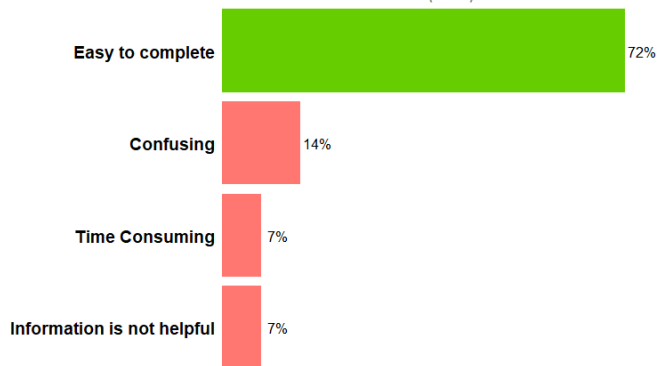
# New Diagnosis Given to Patient/Family (Current)

**17. Quality Measure #1: NEW diagnoses given to patient/family:**

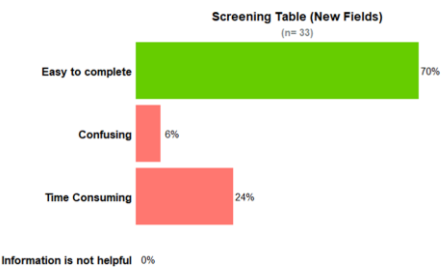
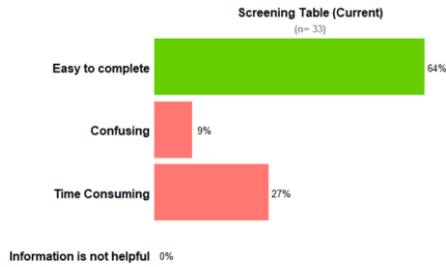
- Same dx as selected under suspected diagnoses(15) & etiology(16)
- No new dx given →  More testing required (e.g. MRI, neuropsych)
  - Patient/caregiver already knew diagnosis
  - Patient/caregiver declines information
  - No caregiver identified
- Other diagnosis given: \_\_\_\_\_

- Can check multiple reasons why diagnosis was not provided
- If completely unsure, leave blank – if frequently unsure, please consult with physician/other team members

NEW diagnoses given to patient/family  
(n= 29)



# Screening & Recommendations



*New fields in purple*

**14. Screening & Recommendations**

	Screened <sup>a</sup>		Issue Identified		Did you provide any management or recommendations? <sup>b</sup>		
	Yes	No	Yes	No	Yes	No	N/A
Q3: Function, ADLs/IADLs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Behavioral symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Hallucinations, delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q4: Insomnia or sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q6: Driving safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5: Medication misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5: Financial mismanagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5: Access to firearms/power tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5: Kitchen safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q8: Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q7: Advanced Directives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Quality Measure 3: Did you identify any impairment to perform basic activities (ADL) or instrumental activities?  
 Yes  No  Not evaluated

18. Any mood, behavioral, or psychiatric symptom(s) identified?  
 Yes  No  Unknown  N/A  
Did you provide management recommendations?  
 Yes  No  Unknown  N/A

22. Quality Measure 8: Was the patient screened for pain?  
 Yes  No  Unknown  
Did you provide management recommendations?  
 Yes  No  N/A, OR already being treated for pain

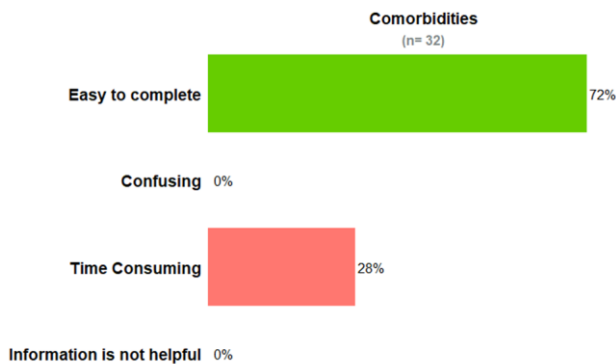
	Screened		Issue Identified		Did you provide any management or recommendations?		
	Yes	No	Yes	No	Yes	No	N/A
Q3: Function, ADLs/IADLs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q5: Access to firearms or power tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Comorbidities (New)

**8. Comorbidities:**

- |   |   |
|---|---|
| <input type="checkbox"/> Anxiety        | <input type="checkbox"/> Diabetes mellitus                  |
| <input type="checkbox"/> Depression     | <input type="checkbox"/> Hypertension                       |
| <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Hx of MI                           |
| <input type="checkbox"/> Hx of stroke   | <input type="checkbox"/> Pain                               |
| <input type="checkbox"/> Sleep Apnea    | <input type="checkbox"/> Vitamin B <sub>12</sub> Deficiency |

• Will not be added to updated form!





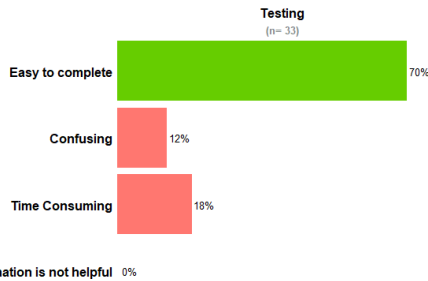
# Available & Recommended/Ordered Testing (Current)

**18. Available and Recommended/Ordered Testing**

	Results available for review during visit*		Testing indicated & recommended or ordered	
	Yes	No	Yes	No
MRI or CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Imaging:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychology Testing (beyond what was done in clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty evaluation (e.g., Psychiatry, Sleep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Check "Yes" if imaging or lab results were available prior to completion of the initial assessment for use in diagnosis/patient evaluation, whether ordered by your clinic or outside provider in the 6 months before visit.

- 27. Referral(s) made to:**
- ADRC and/or DCS
  - WAI Milwaukee
  - Alz. Assoc./ADAW
  - Research
  - Additional testing – Imaging (e.g. MRI)
  - Additional testing – Labs
  - Neuropsychology testing
  - Specialty Evaluation/Treatment (e.g. PT, OT, Speech Therapy, Psychiatry, Sleep)

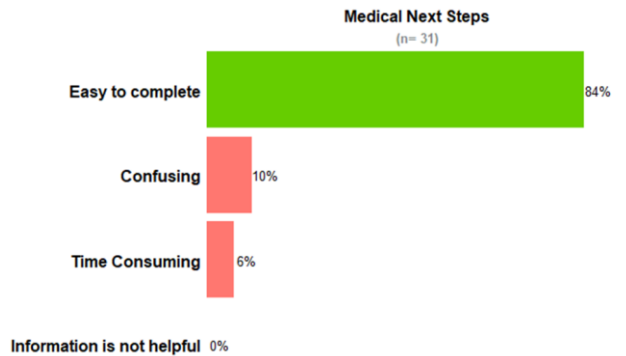


- Updated wording to 'Testing Indicated & Recommended or Ordered'
- Neuropsychology beyond what was done in clinic
- Labs readded



# Medical Next Steps (New)

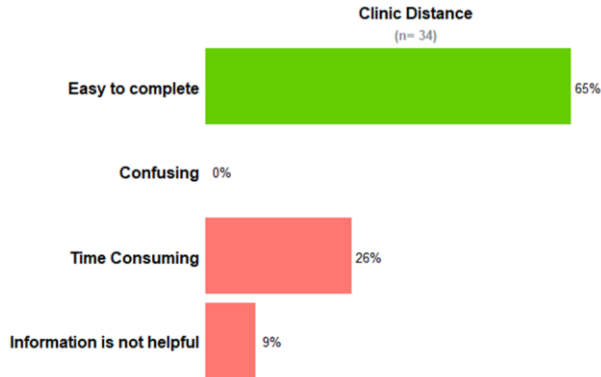
- 21. Medical Next Steps (check all that apply)**
- No recommendations at this time, pending additional testing
- Initiated or provided recommendations to referring healthcare provider for (check all that apply):
- Pharmacologic treatment of MCI/Dementia
  - Non-pharmacologic treatment of MCI/Dementia
  - Management of vascular risk factors (DM, HTN, etc.)
  - Management of mood or anxiety disorders
  - Management of insomnia and/or sleep disorder
  - Other: \_\_\_\_\_



# Distance from Clinic (Current)

9.1 Distance from clinic (miles):  ≤25  26-50  51-75  ≥ 76

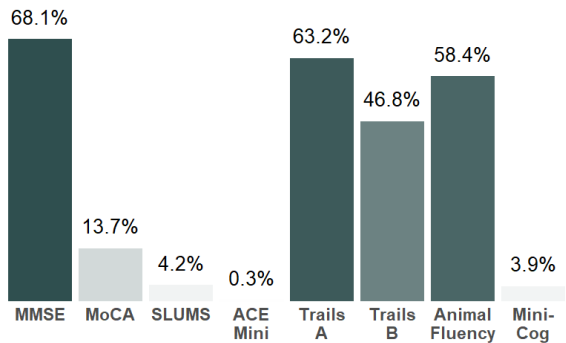
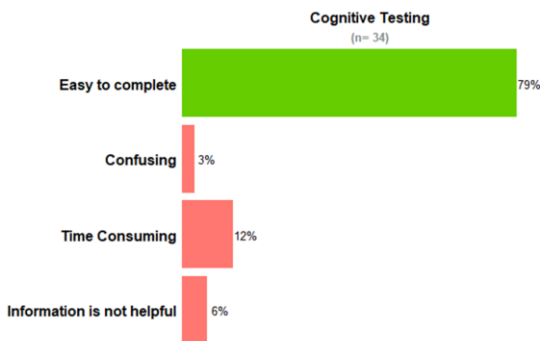
• Removed from updated form!



# Cognitive Testing (Current)

13. Cognitive Testing:  
 MMSE Score (0-30)       Trails A (time in seconds)  
 MoCA Score (0-30)       Trails B (time in seconds)  
 SLUMS Score (0-30)       Animal Fluency (# in 60 sec)  
 ACE Mini Score (0-30)     Mini-Cog (0-5)

~90% of patients have data on at least one cognitive test



# Educational Materials (Current)

## 20. Educational material provided to patient and/or caregiver:

- Caregiver support
- MCI/Dementia Information
- Social/community resources (e.g. Memory Café, Alz Assoc.)
- Cognitive exercises
- Diet/Nutrition
- Physical exercise

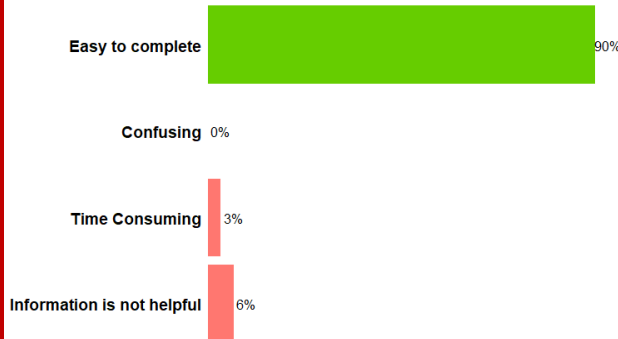
## 28. Educational material provided to patient and/or caregiver

- Physical exercise
- Disease-specific information
- Social/community resources (e.g. Memory café, Alz Assoc, ADAW)
- Cognitive exercises
- Diet/ Nutrition
- Caregiver support

## 29. Quality Measure 2: Caregiver(s) were offered:

- Education regarding
- Referral to programs directed to caregiver(s) support/wellness
- Referral to additional resources to assist the caregiver
- None of the above
- Caregiver support
- Disease management
- Health behavior changes
- No caregiver identified
- Caregiver is trained/certified in dementia
- Patient/caregiver are connected to resources
- Decline/Refused

Educational materials  
(n= 31)



• 'All of the above' will be added in REDCap



# Deleted Fields

10. Number of family members/ companions seen in clinic: \_\_\_\_

\_\_\_\_ Lawton IADL Score (0-8)      \_\_\_\_ Katz ADL Score (0-6)  
 \_\_\_\_ Barthel ADL Index (0-100)      \_\_\_\_ Functional Activities Qs (0-30)

16. Sleep/Sleep Apnea: \_\_\_\_ STOP BANG (0-8)  
 \_\_\_\_ Epworth Sleepiness Score (0-24)

## 26. Quality Measure 9: Pharmacological intervention(s):

	Currently using medications			New prescription	Recommendations to be executed by other provider	N/A
	No change	Increase	Decrease/Discontinue			
Cholinesterase inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Namenda®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medications: (1) \_\_\_\_\_ (2) \_\_\_\_\_

30. Caregiver Burden – Short: \_\_\_\_ Zarit 4-item (0-16)

• Overall, most seemed fine with removing!



## Why is the data important?

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- Provides **legitimacy** to request funding for Clinic Network events, activities, and resources (e.g. Jody Krainer, MSW, LCSW, MBA)
  - Better funding → **better outcomes for patients**
  - Manuscripts, abstracts
- Show others the importance of the Clinic Network
- Allows us to provide you with customized reports regarding consumers and services
- **Statewide overview** of patients seen by affiliates, allows for comparison