

# Quality Measures

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#DementiaCareSummit

## Objectives

- Describe the rationale for emphasizing a person-centered approach to measuring dementia care.
- Review the history of U.S. quality measures for dementia.
- Report selected evidence and gaps in knowledge about dementia quality measurement.
- Recommend areas for future research on quality measurement for dementia care.

## Goals for Measurement of Person-Centered Care

- Maintaining independence and maximizing physical and cognitive function.
- Using person-centered quality of life goals.
- Facilitating access to research, care and services for persons without an identified care partner.

## History of Quality Measures for Dementia

- ACOVE (Assessing Care of Vulnerable Elders)
- PCPI (Physician Consortium for Performance Improvement)
- PQRS (Physician Quality Reporting System)
- QPP (Quality Payment Program) & G0505

## Institutional Care & Quality Standards

- MDS – example of universal standard
- IMPACT Act – extending universal standard
- CAHPS – Consumer Assessment of Healthcare Providers and Systems
- Standard for outpatient assessments?
  - National Quality Forum report: Prioritizing Measure Gaps: Alzheimer’s Disease and Related Dementias (2014)

## Evidence

- ASPE – Models of dementia care (RTI International)
- U.S. Preventive Services Task Force
  - Cognitive Impairment in Older Adults: Screening
  - Other stakeholders’ recommendations
- Addressing health disparities
- Awareness of Diagnosis
  - Dementia vs Cancer
  - Barriers to care / The Annual Wellness Visit
- Dementia care management
- Family caregiver outcomes
- Elder abuse and neglect
  - National voluntary consensus guidelines for State APS systems
- Recommendations for standard practice in G0505

Domain	Suggested measures
<b>Cognition</b>	Mini-Cog GPCOG Short MoCA
<b>Function</b>	FAQ (IADL), Katz (ADL), Lawton-Brody (IADL)
<b>Stage of cognitive impairment</b>	Mini-Cog + FAQ  Dementia Severity Rating Scale
<b>Decision-making</b>	3-level rating: able to make own decisions, not able, uncertain/needs more evaluation
<b>Neuropsychiatric symptoms</b>	NPI-Q
<b>Depression</b>	BEHAVE 5+ PHQ-2
<b>Medication review and reconciliation</b>	Med list + name of person overseeing home meds
<b>Safety</b>	Safety Assessment Guide

## Research Recommendations

- **Diagnosis:** Evaluate the benefits of universal use of one standard outpatient measurement set of cognition and functioning as compared to clinician choice of endorsed measures (ACL, AHRQ, CMS, HRSA, NIA, NIMH, NINDS, NINR, PCORI, VA).
- **Dementia Capability:** Determine consensus on core elements of standard care across all illness phases, and define measurement of completing each core element (ACL, ASPE, CMS, Health Insurance Providers, VA).
- **Patient Experience:** Develop new measures of “patient-reported” or “family-reported” experiences of receiving care and services for dementia, similar to assessments in CAHPS – Consumer Assessment of Healthcare Providers and Systems (AHRQ, CMS, Foundations, PCORI, VA).
- **Caregiver Assessment:** Based on the core elements of dementia capability that refer to family members and caregivers, establish standard measurement set(s) addressing family member(s) or caregiver(s) (ACL, AHRQ, CMS, Foundations, HRSA, NIA, NIMH, NINDS, NINR, PCORI, VA).
- **Protecting Vulnerable Elders:** Study the procedures for detecting elder abuse and neglect among persons with impaired capacity, including methods of supported decision-making (ACL, AHRQ, CMS, Foundations, HRSA, NIA, NINDS, NINR, States, VA).