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| eMeasure Title | Documentation of Contact Information for a Health Care Proxy for Patients with Cognitive Impairment | | |
| eMeasure Identifier (Measure Authoring Tool) | 342 | eMeasure Version number | 0 |
| NQF Number | Not Applicable | GUID | d701ea7d-7681-4674-a22b-dd1c7e1cf20c |
| Measurement Period | January 1, 20xx through December 31, 20xx | | |
| Measure Steward | Centers for Medicare & Medicaid Services | | |
| Measure Developer | Mathematica Policy Research | | |
| Measure Developer | National Committee for Quality Assurance | | |
| Endorsed By | None | | |
| Description | The percentage of patients with a diagnosis of dementia or a positive result on a standardized tool for assessment of cognitive impairment, with documentation of contact information for a designated health care proxy during the measurement period. | | |
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| Measure Scoring | Proportion | | |
| Measure Type | Process | | |

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| Stratification | None |
| Risk Adjustment | None |
| Rate Aggregation | None |
| Rationale | <p>Increasing patient input to care is a national quality goal. The concept is strongly urged by experts who cite this as an important, fixable quality gap. The measure incorporates patient preferences by providing the clinician with the name and contact information of a proxy, to enable clinicians to encourage patients to communicate their wishes to their proxies. This measure may be applicable to a larger population in the future.</p> <p>A document on best practices from the Hartford Institute on Geriatric Nursing recommended securing a health care proxy/durable power of attorney to protect impaired patients from “harmful effects of their decisions.” If a patient does not name his or her own surrogate, various state laws govern assignment of a substitute or surrogate decision maker (Mitty 2012). Appelbaum (2007) argued that clinicians have the responsibility to respect the autonomy of patients while protecting those with cognitive impairment from inadvertently making decisions they do not understand (for example, granting permission for a procedure). Appelbaum further advised that the clinician locate a family member or other “substitute decision maker” when an individual lacks competence to make treatment decisions. Cervo et al. (2006) recognized the importance of advance directives, such as designation of a health care proxy and living wills that present evidence of a patient’s wishes. The study expressed preference for health care proxies over living wills because practitioners can explain options to a proxy instead of merely trying to interpret a written document.</p> |
| Clinical Recommendation Statement | Confirm documentation of contact information for a designated health care proxy for patients at risk of cognitive impairment and for those diagnosed with cognitive impairment. |
| Improvement Notation | Higher score indicates better quality. |
| Reference | Appelbaum, P. S. “Clinical Practice: Assessment of Patients’ Competence to Consent to Treatment.” <i>New England Journal of Medicine</i> , vol. 357, no. 18, 2007, pp. 1834–1840. |
| Reference | Cervo, F. A., L. Bryan, and S. Farber. “To PEG or Not To PEG: A Review of Evidence for Placing Feeding Tubes in Advanced Dementia and the Decision-Making Process.” <i>Geriatrics</i> , vol. 61, no. 6, 2006, pp. 30–35. |
| Reference | Mitty, Ethel L. “Decision-Making and Dementia.” The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, 2012. Retrieved from: http://consultgerirn.org/uploads/File/trythis/try_this_d9.pdf |
| Definition | None |
| Guidance | <p>Scoring indicating possible evidence of mild or greater cognitive impairment is as follows for each assessment tool included in this measure:</p> <p>Mini Mental State Examination (MMSE) score < 27 General Practitioner Assessment of Cognition (GPCOG) score < 5 Mental Status of Older Adults (Mini-Cog) score < 3</p> <p>To satisfy the requirement for confirmation of contact information for a healthcare proxy, the provider must validate that the name and contact information (preferably phone number) of the healthcare proxy has been updated and/or verified in the medical record during the measurement period.</p> <p>Folstein, Marshal F., S. E. Folstein, and P. McHugh. The Mini-Mental State Examination. Lutz, FL: Psychological Assessment Resources, Inc. For guide to interpreting MMSE scores, see</p> |

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| | <p>http://faculty.pepperdine.edu/shimels/Courses/Files/MMSE.pdf</p> <p>Brodsky, Henry, D. Pond, N. M. Kemp, G. Luscombe, L. Harding, K. Berman, and F. A. Huppert. "The GPCOG: A New Screening Test for Dementia Designed for General Practice." <i>Journal of the American Geriatrics Society</i>, 2002, 50(3): p. 530-4.</p> <p>Borson, S., J. M. Scanlan, P. Chen, and M. Ganguli. "The Mini-Cog as a screen for dementia: validation in a population-based sample." <i>Journal of the American Geriatrics Society</i>, 2003, 51(10): p. 1451-4.</p> |
| Transmission Format | TBD |
| Initial Patient Population | All patients with (1) a positive result on a standardized assessment for cognitive impairment or (2) a diagnosis of dementia or cognitive impairment, regardless of age, prior to the start of the measurement period. |
| Denominator | Equals initial patient population. |
| Denominator Exclusions | None |
| Numerator | Patients for whom documentation of contact information for a designated health care proxy in the medical record has been confirmed during the measurement period. |
| Numerator Exclusions | Not Applicable |
| Denominator Exceptions | None |
| Measure Population | Not Applicable |
| Measure Observations | Not Applicable |
| Supplemental Data Elements | For every patient evaluated by this measure also identify payer, race, ethnicity, and sex. |