AQI67 Consultation for Frail Patients

Percentage of patients aged 70 years or older, who undergo an inpatient procedure requiring anesthesia services and have a positive frailty screening result who receive a multidisciplinary consult or care during the hospital encounter

2019 OPTIONS FOR INDIVIDUAL MEASURES:
SCG Health, Anesthesia Quality Institute

NATIONAL QUALITY STRATEGY DOMAIN: Communication and Care Coordination

MEASURE TYPE: Process
HIGH PRIORITY STATUS: High Priority
SPECIALTY RECOMMENDATION: Anesthesia Care
MEANINGFUL MEASURE AREA: Management of Chronic Conditions
NQF NUMBER: Not applicable
PERFORMANCE NOTES: Traditional (not inverse), single (1) proportional performance calculation
RISK ADJUSTMENT: No

INSTRUCTIONS:
This measure is to be reported **each time a patient undergoes an elective procedure** under anesthesia during the reporting period. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:
Percentage of patients aged 70 years or older, who undergo an inpatient procedure requiring anesthesia services

Denominator criteria (Eligible Cases):
Patients aged ≥ 70 years on date of encounter
AND
Patient encounter during the reporting period (CPT): 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 00820, 00830, 00832, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916,

01920, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01991, 01992, 20526, 20550, 20551, 20552, 20553, 20600, 20604, 20605, 20606, 20610, 20611, 27096, 36555, 36556, 36570, 36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 62263, 62264, 62270, 62272, 62273, 62280, 62281, 62282, 62310, 62311, 62318, 62319, 62350, 62355, 62360, 62361, 62362, 62365, 62370, 63650, 63661, 63662, 63663, 63664, 63685, 63688, 64400, 64402, 64405, 64408, 64410, 64413, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64461, 64462, 64463, 64479, 64480, 64483, 64484, 64486, 64487, 64488, 64489, 64490, 64491, 64492, 64493, 64494, 64495, 64505, 64510, 64517, 64520, 64530, 64600, 64605, 64610, 64620, 64630, 64633, 64634, 64635, 64636, 64640, 64680, 64681, 72275, 93503, 95990, 95991

AND

Positive Frailty Screening Result

DENOMINATOR EXCLUSIONS:

Emergent Cases - ASA Physical status contains "E" for emergent case

Denominator Note: For the purposes of this measure, anesthesia services only include cases using general anesthesia, neuraxial anesthesia and monitored anesthesia care (MAC)

NUMERATOR:

Patients who receive a multidisciplinary consult and/or multidisciplinary care during the hospital encounter

Definitions:

Frailty screening – patient screened using an established tool including but not limited to following:

- Fried Frailty Phenotype Criteria
- Modified Frailty Index
- The Vulnerable Elders Survey
- Initial Clinical Impression ("First Minute Impression")

Multidisciplinary consult – Documentation of a discussion of the frailty screening result and can include consultation initiated by the anesthesiologist or other qualified anesthesia provider with surgery, geriatrics, hospital medicine, palliative care, or other appropriate specialty to help manage the perioperative care of a frail patient

Numerator Instructions: All components should be completed once per procedure episode per patient and should be documented in the medical record as having been performed during the measurement period.

Numerator Options when two or more mitigation strategies performed:

Performance Met:	Preoperative screening for frailty completed, documented in the medical record as positive; patent receive a multidisciplinary consult or care during the hospital encounter
OR	
Performance Not Met:	Preoperative screening for frailty not completed, reason not otherwise specified
OR	
Performance Not Met:	Preoperative screening for frailty completed AND patent did not receive a multidisciplinary consult or care during the hospital encounter

Revised February 7, 2019

RATIONALE:
ASA/AQI [with data collection collaboration by other QCDRs] will begin collecting data on this measure in 2019.

Frailty is an increasingly relevant healthcare concern, as the population of aging Americans continues to grow. Incidence rates for frailty range in literature from 4 - 59%, however a systematic review found a weighted average of 10.7%. Makary et al. found that frailty in patients undergoing surgery independently predicts postoperative complications, increased length of stay and discharge. Results showed that 11.4% of frail patients experienced postoperative complications, and an increased length of stay by 1.5 days. In our preliminary measure feedback call with CMS, CMS expressed an interest in having this measure address both frailty screening and consultation. However, because frailty screening is time- and resource-intensive, it typically requires a robust pre-operative clinic in order to be completed in a perioperative setting. Due to the separation in time and setting between frailty screening and consultation based on the screen results, we feel that they address separate quality actions and are most appropriately addressed through separate measures. As such, we propose including this measure as well as EPREOP28: Preoperative Frailty Screening in NACOR for 2019 QCDR reporting.

CLINICAL RECOMMENDATION STATEMENTS:
2016 ACS NSQIP/AGS Guidelines on Perioperative Management of the Geriatric Patient: "In the immediate preoperative period the patient's goals and treatment preferences should be confirmed and documented. Also, during this time, fasting recommendations should be followed, appropriate prophylactic medications should be given, and medications lists should be reviewed for nonessential and inappropriate medications.

The healthcare team can also take this opportunity to begin proactive, postoperative planning, especially with regard to analgesia strategies and minimization of opioids, prevention of functional decline and delirium, early multispecialty consultation where indicated, early involvement of allied health staff such as physical or occupational therapy and anticipating home health needs at discharge."

2018 Preoperative Frailty Management Recommendations from the Society for Perioperative Assessment and Quality Improvement (SPAQI): "A positive frailty screen is best followed up with a diagnostic assessment of frailty and when feasible a comprehensive geriatric assessment with a tailored intervention, ideally by a geriatric specialist."
"The degree of frailty will help select the target population for highly-specialized geriatric co-management programs (involving anesthesiology, surgery, and geriatric medicine) that have already been demonstrated to improve the outcomes of elderly patients in non-elective surgeries."

WORKS CITED:
Collard RM, et al. 2012. Prevalence of frailty in community-dwelling older persons: A systematic review. J Am Geriatr Soc. 60(8):1487-92

Makary MA, et al. 2010. Frailty as predictor of surgical outcomes in older patients. J Am Coll Surg. 210(6):901-08.

COPYRIGHT STATEMENT:
The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

This measure is in continuous development by American Society of Anesthesiologists (ASA)/Anesthesia Quality Institute (AQI).

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