Measure #7: ALS Screening for Dysphagia, Weight Loss or Impaired Nutrition

Amyotrophic Lateral Sclerosis

Measure Description

Percentage of patients diagnosed with ALS who were screened at least every 3 months for dysphagia, weight loss or impaired nutrition and the result(s) of the screening(s) was documented in the medical record.

*Impaired nutrition includes: changes in nutritional biomarkers (serum prealbumin, total protein, or hemoglobin) or body mass index

Measure Components

<table>
<thead>
<tr>
<th>Numerator Statement</th>
<th>Patients who were screened at least every 3 months for dysphagia, weight loss or impaired nutrition* and the result(s) of the screening(s) was documented in the medical record.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Impaired nutrition includes: changes in nutritional biomarkers (serum prealbumin, total protein, or hemoglobin) or body mass index</td>
</tr>
<tr>
<td>Denominator Statement</td>
<td>All patients with a diagnosis of amyotrophic lateral sclerosis.</td>
</tr>
<tr>
<td>Denominator Exclusions</td>
<td>- Documentation of a patient reason for not screening for dysphagia, weight loss or impaired nutrition and documenting the result(s) of the screening(s) in the medical record (eg patient declines screening)</td>
</tr>
<tr>
<td></td>
<td>- Documentation of a system reason for not screening for dysphagia, weight loss or impaired nutrition and documenting the result(s) of the screening(s) in the medical record (eg equipment not available to complete the screenings; no insurance)</td>
</tr>
<tr>
<td>Supporting Guideline &amp; Other References</td>
<td>The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:</td>
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<tr>
<td></td>
<td>- Bulbar dysfunction and nutritional status, including weight, should be checked at each visit. (GPP)</td>
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<td></td>
<td>- The patient and spouse should be referred to a dietician as soon as dysphagia appears. A speech and language therapist (SLT) can give valuable advice on swallowing techniques. (GPP)</td>
</tr>
</tbody>
</table>

Measure Importance

Relationship to desired outcome

Weight loss is a key prognostic indicator for ALS with the risk of death increased 7-fold when body mass index is <18.5 kg/m². Criteria for gastrostomy are loss of >10% of usual bodyweight since the onset of disease (> 5% loss at diagnosis and > 5% loss from usual body weight at follow-up). Weight loss is related to bulbar involvement, upper limb disability, depression and/or hypermetabolism. Nutritional status should be checked at 3 month intervals by measuring weight, assessing frequency/severity of choking, duration of meals and caloric intake. A speech language pathologist (SLP) helps manage dysphagia to lower the risk of aspiration and optimize oral intake. Nutritional interventions before deployment of gastrostomy tube may include modification of the texture and consistency of food, and increased caloric intake. Hyperlipemia may significantly prolong survival in ALS but the value

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of increasing lipid intake is unknown.\textsuperscript{1,6}

In 9 studies, a total of 469 patients with ALS received enteral nutrition via PEG.\textsuperscript{8-16} Using patients as their own controls, 7 Class III studies demonstrated either weight stabilization or modest weight gain over 2–24 months.\textsuperscript{8-10,12,13,15,16} In 2 Class II studies\textsuperscript{11,14} in which PEG refusers served as controls, weight stabilization was demonstrated in the PEG group vs. continued weight loss in controls ($p \leq 0.03$). Enteral nutrition administered via PEG is probably effective in stabilizing body weight/body mass index (2 Class II, 7 Class III studies).\textsuperscript{11,14}

References

Opportunity for Improvement

The prevalence of malnutrition varies between 16 - 55% in ALS patients across several studies.\textsuperscript{1,3} There is an adjusted 30% increased risk of death for a 5% decrease from usual weight at time of ALS diagnosis (RR 1.30; 95% CI 1.08 to 1.56). During follow-up, there is an adjusted 34% (95% CI 18% to 51%) and 24% (95% CI 13% to 36%) increased risks of death associated with each 5% decrease in usual weight and each unit decrease in usual BMI, respectively (p<0.0001). Malnutrition during the course of ALS was related to a shorter survival (p=0.01), and fat mass level was associated with a better outcome (RR 0.90 for each 2.5 kg fat mass increment).\textsuperscript{2} Thus, many patients lose weight in ALS and survive for a shorter time.
Treatment to stabilize weight and lengthen survival, with nutritional supplements and enteral feeding, is underutilized. Only 19% of patients utilized nutritional supplements and only 16% of patients utilized enteral feeding in one large study.4

References

<table>
<thead>
<tr>
<th>IOM Domains of Health Care Quality Addressed</th>
<th>Effective Patient centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusion Justification</td>
<td>A patient reason exclusion has been included for patients who chose not to accept malnutrition screening. A system reason exclusion has been included for patients who have no insurance or resources to pay for malnutrition screening.</td>
</tr>
<tr>
<td>Harmonization with Existing Measures</td>
<td>There are no other measures currently available that are similar to this measure or need to be harmonized with this measure.</td>
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</table>

Measure Designation

<table>
<thead>
<tr>
<th>Measure purpose</th>
<th>• Quality improvement</th>
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</thead>
<tbody>
<tr>
<td>Type of measure</td>
<td>• Process</td>
</tr>
<tr>
<td>Level of Measurement</td>
<td>• Individual practitioner</td>
</tr>
<tr>
<td>Care setting</td>
<td>• Ambulatory Care</td>
</tr>
<tr>
<td>Data source</td>
<td>• Electronic health record (EHR) data</td>
</tr>
<tr>
<td></td>
<td>• Administrative Data/Claims (inpatient or outpatient claims)</td>
</tr>
<tr>
<td></td>
<td>• Administrative Data/Claims Expanded (multiple-source)</td>
</tr>
<tr>
<td></td>
<td>• Paper medical record</td>
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</tbody>
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Technical Specifications: Administrative/Claims Data

Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria.

The specifications listed below are those needed for performance calculation. Additional CPT II codes may be required depending on how measures are implemented. (Reporting vs. Performance)

Denominator ICD-9 –CM Diagnosis Codes:
### Eligible Population

335.20 amyotrophic lateral sclerosis

AND

CPT E/M Service Code:
- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99211, 99212, 99213, 99214, 99215 (office-established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99304, 99305, 99306, 99307, 99308, 99309, 99310 (nursing facility),
- 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 (domiciliary),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit).

### Numerator

Patients who were screened at least every 3 months for dysphagia, weight loss or impaired nutrition* and the result(s) of the screening(s) was documented in the medical record.

*Impaired nutrition definition: changes in nutritional biomarkers (serum albumin, total protein, cholinesterase, or hemoglobin) or anthropometric measures (skinfold, muscle area)

Reporting Instructions:
- For all patients meeting denominator criteria, report the CPT Category II, 3759F, Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented.

3759F- Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented

### Denominator Exclusions

All patients with a diagnosis of amyotrophic lateral sclerosis.

- Documentation of a patient reason for not screening for dysphagia, weight loss or impaired nutrition and documenting the result(s) of the screening(s) in the medical record (eg patient declines screening)

  Reporting Instructions:
  - For patient with appropriate exclusion criteria, report: 3759F-2P

- Documentation of a system reason for not screening for dysphagia, weight loss or impaired nutrition and documenting the result(s) of the screening(s) in the medical record (eg equipment not available to complete the screenings; no insurance).

  Reporting Instructions:
  - For patient with appropriate exclusion criteria, report: 3759F-3P