### Measure Description

Percentage of patients with dementia for whom there was a documented screening* for behavioral and psychiatric symptoms, including depression, and for whom, if screening was positive, there was also documentation of recommendations for management in the last 12 months.

### Measure Components

<table>
<thead>
<tr>
<th>Measure Components</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator Statement</td>
<td>Patients with dementia for whom there was a documented screening* for behavioral and psychiatric symptoms, including depression in the last 12 months and for whom, if screening was positive, there was also documentation of recommendations for management in the last 12 months.</td>
</tr>
</tbody>
</table>

*Screening is defined as using a validated instrument or directly examining the patient or knowledgeable informant to determine the presence or absence of symptoms from three domains: activity disturbances, mood disturbances (including depression), and thought and perceptual disturbances.

The following is a non-exhaustive list of symptoms falling into each of the three domains pertinent to this measure:

**Activity disturbances (To meet measure, patient or knowledgeable informant must be screened for at least one symptom from this list):**
- agitation
- wandering
- purposeless hyperactivity
- verbal or physical aggressiveness
- resisting care
- apathy
- impulsiveness
- socially inappropriate behaviors
- eating disturbances
- sleep problems
- diurnal/sleep-wake cycle disturbances
- repetitive behavior

**Mood disturbances (To meet measure, patient or knowledgeable informant must be screened for depression and at least one more symptom from this list):**
- anxiety
- elation
- irritability
- mood lability/fluctuations

**Thought and perceptual disturbances (To meet measure, patient or knowledgeable informant must be screened for at least one symptom from this list):**
- having fixed false beliefs (delusions)
- hearing or seeing non-present entities (hallucinations)
- paranoia
Examples of reliable and valid instruments that are commonly used in research settings and that can be used to assess behavior include, but are not limited to:

- Dementia Signs and Symptoms (DSS) Scale (1) or Neuropsychiatric Inventory (NPI) (2). The assessment of behavioral status may include the assessment of Behavioral and Psychological Symptoms of Dementia (BPSD) (3). For patients residing in nursing homes, it may include an assessment of the behavioral symptom items from the Minimum Data Set (MDS) (4).

### Denominator Statement

All patients with dementia (Diagnostic codes listed in Appendix A)

### Denominator Exceptions

None

### Exception Justification

This measure has no exceptions.

### Supporting Guideline & Other References

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

- “It is important for the [clinician] treating a patient with dementia to regularly assess cognitive deficits or behavioral difficulties that potentially pose a danger to the patient or others.” (5)
- “Traditionally cognitive function has been the main focus of interest in treatment and research of people with dementia. It is becoming increasingly recognized, however, that noncognitive symptoms are those that are most disturbing to families and caregivers and may seriously impact not only the patient’s well-being, but also the family’s, caregiver’s and providers’ approaches to managing the patient”(6)
- “Assess and monitor for behavioral changes; in particular, the presence of agitation, aggression, anxiety, disinhibitions, delusions, and hallucinations” (7)
- “Identification of neuropsychiatric symptoms is essential for both the diagnosis and treatment, as some BPSD constitute the core or supportive diagnostic features of some non-AD dementias, such as DLB, PDD or FTLD” (8)
- “In summary, new trials and studies better define adverse effects, but they do not strengthen the evidence for efficacy of antipsychotic drugs in treating psychosis or agitation. Rather, they demonstrate minimal or no efficacy with strong placebo effects as well as variations in response with trial duration. These findings strengthen the support for using nonpharmacological interventions and environmental measures to attempt to reduce psychosis and agitation prior to initiation of medications.”(9)

### Relationship to Desired Outcome

Decreasing the rate of behavioral and psychiatric symptoms of dementia is a desired outcome. These symptoms, including depression, have serious adverse impact on quality of life for patients and caregivers and increase the risk of institutionalization. They may go unrecognized and
untreated by health care providers if they are not actively screened for with specific attention to discrete symptom domains.

**Opportunity for Improvement**

Behavioral and psychiatric symptoms, including depression, are very common in dementia, are major sources of disability and distress, and are frequently not detected or appropriately treated (10,11). Regular screening for and treatment of these symptoms will improve the quality of life for patients and reduce caregiver burden.

**National Quality Strategy Domains**

- [ ] Patient and Family Engagement
- [ ] Patient Safety
- [ ] Care Coordination
- [ ] Population/Public Health
- [ ] Efficient Use of Healthcare Resources
  - [x] Clinical Process/Effectiveness

**Harmonization with Existing Measures**

Depression assessment measures endorsed by NQF and incorporated into PQRS exist: process measure (Preventive Care and Screening NQF #0418; PQRS #134) and intermediate outcome measure (NQF #0710; PQRS #370). A separate measure is needed and created to address all of the behavioral and psychiatric symptoms specific to patients with dementia. The treatment plan for a patient with dementia will differ significantly.

**Measure Purpose (Check all that apply)**

- [x] Quality improvement
- [x] Accountability

**Type of Measure (Check all that apply)**

- [x] Process
- [ ] Outcome
- [ ] Structure

**Level of Measurement (Check all that apply)**

- [x] Individual Provider
- [x] Practice
- [x] System

**Care Setting (Check all that apply)**

- [x] Outpatient
- [x] Inpatient
- [x] Emergency Departments and Urgent Care
- [x] Post-Acute Care (i.e., Long Term Care Hospitals, Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, and Home Health Agencies)

**Data Source (Check all that apply)**

- [x] Electronic health record (EHR) data
- [ ] Administrative Data/Claims
- [ ] Chart Review
- [x] Registry

**References**


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**Technical Specifications: Administrative Data (Claims)**

<table>
<thead>
<tr>
<th>Denominator (Eligible Population)</th>
<th>See Appendix A for Diagnosis Codes</th>
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<tr>
<td><strong>CPT® Code:</strong></td>
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