PARKINSON’S DISEASE
Measure #4: Querying about Symptoms of Autonomic Dysfunction

This measure may be used as an accountability measure.

Clinical Performance Measure

**Numerator:** Patients (or caregiver(s), as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

**Denominator:** All patients with a diagnosis of Parkinson’s disease.

**Denominator Exclusions:**
- Documentation of medical reason for not querying patient (or caregiver) about symptoms of autonomic dysfunction at least annually (e.g., patient is unable to respond and no informant is available)

**Measure:** All patients with a diagnosis of Parkinson’s disease (or caregivers, as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

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

Determining the presence of the following clinical features in early stages of disease should be considered to distinguish PD from other parkinsonian syndromes: 1) falls at presentation and early in the disease course, 2) poor response to levodopa, 3) symmetry at onset, 4) rapid progression (to Hoehn and Yahr stage 3 in 3 years), 5) lack of tremor, and 6) dysautonomia (urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, persistent erectile failure, or symptomatic orthostatic hypotension) (Level B) AAN QSS PD (April 2006)

People with PD should be treated appropriately for the following autonomic disturbances: urinary dysfunction; weight loss; dysphagia; constipation; erectile dysfunction; orthostatic hypotension; excessive sweating; sialorrhoea (Level D) NICE GL35 (Jun 2006)

All veterans with PD should be reassessed for complications of PD (including, but not limited to functional status, excessive daytime somnolence, speech and swallowing difficulties, dementia, depression, and psychosis) at least on an annual basis. Cheng #10 (Reassessment for complications for PD) 2004

Cheng Domain 3: Management of non-motor complications indicators (treatment of urologic symptoms; sildenafil for erectile dysfunction, orthostatic hypotension-medication treatment, orthostatic hypotension behavioral treatment, antiparkinsonian medications and daytime sleepiness, assessment for excessive daytime somnolence, excessive daytime somnolence and driving restrictions, assessment of driving ability in PD patients, treatment of swallowing difficulty, treatment of speech difficulty, botulinum toxin for drooling)


NICE. National Collaborating Centre for Primary Care. National Collaborating Centre for Chronic
Rationale for the Measure:
Autonomic dysfunction is common in Parkinson’s disease and manifests most commonly as orthostatic hypotension (45%), constipation (70%), urinary dysfunction (40%), and erectile dysfunction (55%). These symptoms can be disabling. Orthostasis can lead to syncope and secondary injury and may be the result of disease or therapy. Adjustments in medications or addition of pressor agents can be very effective in treating this problem. Constipation may be the result of medication (particularly anticholinergics or amantadine) or disease. The extreme effect may be bowel obstruction, which is extremely serious. This manifestation should be treated aggressively. Urinary difficulties are disabling (preventing patients from leaving home) and embarrassing to patients and include increased frequency, urgency, incomplete emptying, and obstruction. These difficulties could be due to medications (anticholinergics or amantadine), Parkinson’s disease, or other ailments afflicting the elderly. Proper referral to a urologist would be important. Erectile dysfunction may be medication- or disease-related and could be addressed with medication adjustment or consultation with urology. Addressing these issues will have a large impact on morbidity and mortality and prevent hospitalizations. This would in turn reduce costs of caring for Parkinson’s disease patients.


Data Capture and Calculations:

Calculation for Performance
For performance purposes, this measure is calculated by creating a fraction with the following components: Numerator, Denominator, and Denominator Exclusions.

Performance Numerator (A) includes:
Patients (or caregiver(s), as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

Performance Denominator (PD) includes:
All patients with a diagnosis of Parkinson’s disease.
Denominator Exclusion (C) includes:
- Documentation of medical reason for not querying patient (or caregiver(s), as appropriate) about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

Performance Calculation

\[
\frac{A}{PD - C}
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Components for this measure are defined as:

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<table>
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<tbody>
<tr>
<td>A</td>
<td># of patients (or caregivers, as appropriate) queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually</td>
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<tr>
<td>PD</td>
<td># of patients with a diagnosis of Parkinson’s disease</td>
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<tr>
<td>C</td>
<td># of patients with valid medical reason(s) for not being queried (or a caregiver not being queried) about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually</td>
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Calculation for Reporting

For reporting purposes, this measure is calculated by creating a fraction with the following components: Reporting Numerator and Reporting Denominator.

Reporting Numerator includes each of the following instances:

A. Patients with documentation of being queried (or a caregiver being queried, as appropriate) about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

C. Patients with documentation of medical reason for not being queried (or a caregiver not being queried) about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

D. Patients with no documentation of being queried (or a caregiver being queried) about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

Reporting Denominator (RD) includes:

RD. All patients with a diagnosis of Parkinson’s disease.
### Reporting Calculation

<table>
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<tr>
<th>A</th>
<th>(# of patients meeting numerator criteria) + C (# of patients with valid exclusions) + D (# of patients NOT meeting numerator criteria)</th>
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<tbody>
<tr>
<td>RD</td>
<td>(# of patients in denominator)</td>
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#### Components for this measure are defined as:

<table>
<thead>
<tr>
<th>A</th>
<th># of patients (or caregivers, as appropriate) queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually</th>
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<tr>
<td>C</td>
<td># of patients with valid medical reason(s) for not being queried (or a caregiver not being queried) about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually</td>
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<tr>
<td>RD</td>
<td># of patients with a diagnosis of Parkinson’s disease</td>
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#### Measure Specifications: Querying about Symptoms of Autonomic Dysfunction

Measure specifications for data sources other than administrative claims will be developed at a later date.

**A. 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).

(Note: The specifications listed below are those needed for performance calculation.)

**Denominator (Eligible Population):** All patients with a diagnosis of Parkinson’s disease.

- CPT® Procedure Codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310

- AND

- ICD-9 diagnosis codes: 332.0

**Numerator:** Patients (or caregiver(s), as appropriate) who were queried about symptoms of autonomic dysfunction (e.g., orthostatic hypotension, constipation, urinary urgency/incontinence and fecal incontinence, urinary retention requiring catheterization, or persistent erectile failure) at least annually.

- Report the CPT Category II, **Querying about Symptoms of Autonomic Dysfunction 4326F**.

**Denominator Exclusion(s):** Documentation of medical reason for not querying patient (or caregiver) about symptoms of autonomic dysfunction (e.g., patient is unable to respond and no informant is available).

- Append modifier to CPT II code: **4326F-1P**.

**B. Electronic Health Record System (in development)**

**C. Paper Medical Record (in development)**