

AAD 8: Chronic Skin Conditions: Patient Reported Quality-of-Life

- National Quality Strategy Domain: Person and Caregiver Centered Experience Outcomes

2022 COLLECTION TYPE: **QCDR MEASURE**

MEASURE TYPE: Process – High Priority

DESCRIPTION:
The percentage of patients aged 18 years and older with a chronic skin condition whose self-assessed quality-of-life was recorded at least once in the medical record within the measurement period.

High Priority Measure: Yes

Meaningful Measure Area: Management of Chronic Conditions

Risk-Adjusted: No

Inverse Measure: No

Proportional Measure: Yes

Continuous Variable Measure: No

Ratio Measure: No

Number of performance rates required for measure: 1st Performance Rate

Care Setting: Outpatient Services

INSTRUCTIONS:

This measure is to be reported a minimum of **once per performance period** for patients with a current diagnosis of the applicable skin conditions during the performance period. A template for collecting the information needed to attain numerator compliance for this measure is at the end of this document.

Measure Reporting via Registry

ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients, aged 18 years and older, seen for a current diagnosis of one of the applicable skin conditions below.

Denominator Criteria (Eligible Cases):

Patient aged 18 years or older

AND

Diagnosis of Psoriasis (ICD-10-CM): L40.0, L40.1, L40.2, L40.3, L40.4, L40.8, L40.9

AND/OR

Diagnosis of Atopic Dermatitis (ICD-10-CM): L20.82, L20.84, L20.89, L20.9

OR

Diagnosis for Contact Dermatitis (ICD-10-CM):

- **Irritant Contact Dermatitis:** L24.0, L24.1, L24.2, L24.3, L24.4, L24.5, L24.6, L24.7, L24.81, L24.89, L24.9
- **Allergic Contact Dermatitis:** L23.0, L23.1, L23.2, L23.3, L23.4, L23.5, L23.6, L23.7, L23.81, L23.89, L23.9, L25.0, L25.1, L25.2, L25.3, L25.4, L25.5, L25.8, L25.9, L56.0, L56.1, L56.2

OR

Diagnosis for Nummular Dermatitis (ICD-10-CM): L30.0

OR

Diagnosis for Other/Unspecified Dermatitis (ICD-10-CM): L30.1, L30.2, L30.3, L30.8, L30.9

AND/OR

Diagnosis of Acne (ICD-10-CM): L70.0, L70.1, L70.2, L70.3, L70.5, L70.8, L70.9

AND/OR

Diagnosis of Rosacea (ICD-10-CM): L71.0, L71.1, L71.8, L71.9

AND/OR

Diagnosis of Urticaria (ICD-10-CM): D84.1, L50.0, L50.1, L50.2, L50.3, L50.4, L50.5, L50.6, L50.8, L50.9, L56.3, T78.3XXA, T78.3XXD, T78.3XXS

AND/OR

Diagnosis of Hidradenitis Suppurativa (ICD-10-CM): L73.2

AND/OR

Diagnosis of Alopecia (ICD-10-CM): A51.32, L63.0, L63.1, L63.2, L63.8, L63.9, L64.0, L64.8, L64.9, L65.0, L65.1, L65.2, L65.8, L65.9, L66.0, L66.1, L66.2, L66.3, L66.4, L66.8, L66.9

AND/OR

Diagnosis of Vitiligo (ICD-10-CM): L80, H02.731, H02.732, H02.733, H02.734, H02.735, H02.736, H02.739, N90.89

AND/OR

Diagnosis of Keloids (ICD-10-CM): L91.0, L73.0

AND

Patient encounter during reporting period (CPT and/or CPT with telehealth modifiers): 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99424, 99426, 99441, 99442, 99443, GQ, GT, 95, POS 02

AND NOT DENOMINATOR EXCLUSION:

A patient has a severe mental and/or physical incapacity that prevented him or her from completing the assessment.

NUMERATOR:

Patients who have a patient-reported quality-of-life assessment completed AND recorded in the medical record with a care plan* at least once within the 12-month measurement period.

Definitions:

Care Plan* – Shared decision making between patient and doctor regarding how symptoms, emotions, and activities are impacting the QOL of patient is required to be discussed and recorded in the medical record. This can include counseling the patient and/or referring the patient to another provider for treatment.

Numerator Instructions:

A patient's response to the questionnaire below, to describe the effect of his or her skin disease on quality of life should be completed prior to meeting with the provider (e.g. by the patient in the waiting room, with a medical assistant, or during the encounter with the dermatologist, etc.). In instances where the patient has multiple skin conditions, the main condition to be addressed as identified by the patient should be assessed. All three (3) questions must be completed in order to successfully report this measure.

Please respond about the MAIN skin condition for which you have the appointment today.

During the past week, how often have you been:

- 1) Bothered by SYMPTOMS of your skin problem (for example, itching, stinging, burning, hurting or skin irritation)?
- 2) EMOTIONALLY bothered by your skin problem (for example, worry, embarrassment, frustration)?
- 3) Bothered by effects of your skin problem on your ACTIVITIES (for example, going out, accomplishing what you want, work activities or your relationships with others)?

Response choices for all three items:

0 1 2 3 4 5 6

Never bothered-----Always bothered

Numerator Options:

Performance Met: Patient-reported QOL assessment AND care plan recorded in the medical record.

OR

Denominator Exception: Patient reason (e.g. patient declines to complete the tool).

OR

Denominator Exception: Patient is diagnosed with a skin condition that is denominator eligible, but the patient has identified a skin condition that is not included in the denominator as the main condition on their assessment.

OR

Performance not Met: No record of the patient-reported QOL assessment AND/OR care plan in the medical record.

RATIONALE:

Patient assessment of quality of life is one of the most important health outcomes of skin diseases. Most skin conditions do not have quantitative outcomes such as laboratory values, other biologic parameters or directly affect survival. Quality-of-life (QoL) assessments are one of the most important, quantifiable health outcomes for most skin diseases. This measure focuses on nine skin conditions that cover hair loss, inflammatory, autoimmune, and other medical conditions that most greatly affect patients' health-related quality of life (HRQoL). Common conditions such as psoriasis, dermatitis, acne, rosacea, and urticaria are included because of the impact they have on patient's health and well-being. Measuring HRQoL is an important part of overall patient care. Physicians' assessments of skin disease severity tend to be poor proxies of disease severity as experienced by the patient, and through measurement of HRQoL, patients are able to give their perspective on how their skin disease affects their health and well-being.^{1,2} In using HRQoL assessments, clinicians are able to assess various domains that affect patients and provide targeted treatments and discussions that address their concerns. Additionally, they can help determine the burden of disease as well as help to direct interventions to avoid further complications.

In studies looking at acne in adult women, participants' quality-of-life was negatively impacted due to their acne, with racial and ethnic differences being identified. Additionally, one study showed that more than 70% of participants reported depressive/anxiety symptoms due to their acne. In studies looking at psoriatic patients, baseline results showed adverse psychological QoL and well-being outcomes. Patients with untreated psoriasis, the impairments to QoL were similar to patients with breast cancer, coronary artery disease, congestive heart failure, and diabetes. Rosacea studies showed similar results as well, indicating that patients have considerable quality-of-life burden. In a study accessing HRQoL, of the 622 participants who completed the Dermatology Quality of Life Index (DLQI) questionnaire, 43% had moderate effects on their HRQoL and 19.8% showed severely impaired HRQoL.

Skin conditions such as hidradenitis suppurativa, alopecia, vitiligo, and keloids are conditions that greatly affect patients' well-being as well. Due to the pain and itch associated with keloids, patients' QoL is significantly affected, particularly in regard to emotional and mental health. The same can be said for patients with hidradenitis suppurativa (HS). In a study examining the psychological effects of HS, results showed that patients had statistically significantly higher rates of anxiety, depression, loneliness and social isolation compared to healthy controls.

In a systematic review of HRQoL studies of patients with alopecia areata (AA), data on 1,986 patients was examined. Patient's reported lower HRQoL than controls, showing mental distress, poor social functioning, and lower energy levels. In pediatric patients, similar results were found with both the children and their parents scoring lower HRQoL scores than controls. Patients with greater scalp involvement had consistently lower HRQoL scores. Quality-of-life was also consistently lower in vitiligo patients with greater body surface area involvement. In a study assessing QoL of these patients, the prevalence of depression was 34% and anxiety 60%.

Measuring patients' experiences is important for documenting the effectiveness of what dermatologists do in clinical care, and for evaluating different kinds of care. "Global items" assess general domains of health and functioning including, symptoms, emotions, and activities, which this measure does, to get a picture of overall perceived quality-of-life.

The simplicity of global items is especially attractive to clinicians and patients as use of these items minimizes administrative and patient burden and, thus, increases the likelihood of use and response.

In using the Skindex Mini, a 3-item global item index, clinicians are able to collect meaningful data across various diseases and domains; capturing a fuller picture of patients' quality-of-life. Additionally, in using a multi-item index that inquiries about established domains of HRQoL, the types of questions asked allow for clearer understanding of how patients are affected.

Data Reporting Template for Chronic Skin Conditions: Patient Reported Quality-of-Life Measure

NOTE: This standardized template is intended for use by clinicians in order to successfully report this measure.

Performance Measure Description:

The percentage of patients 18 and older on date of encounter with a skin condition whose quality-of-life was assessed and documented within the 12-month measurement period.

1. What SINGLE skin condition listed below is the patient answering the quality-of-life assessment questions about?

- | | |
|--------------|----------------------------|
| • Psoriasis | • Hidradenitis suppurativa |
| • Dermatitis | • Alopecia |
| • Acne | • Vitiligo |
| • Rosacea | • Keloids |
| • Urticaria | • None of the Above |

2. Date Ranges (mm/dd/yyyy):

- a. Date the quality-of-life assessment was completed: _____

3. Quality-of-Life Skin Assessment Questionnaire:

NOTE: All three (3) questions must be completed in order to successfully report this measure. Response choices for each of the three items must range from 0-6.

0 1 2 3 4 5 6
Never bothered-----Always bothered

PATIENT RESPONDED TO THESE QUESTIONS:

During the past week, how often have you been:

- a. Bothered by **SYMPTOMS** of your skin problem (eg, itching, stinging burning, hurting or skin irritation)? Score: _____
- b. **EMOTIONALLY** bothered by your skin problem (for example, worry, embarrassment, frustration)? Score: _____
- c. Bothered by effects of your skin problems on your **ACTIVITIES** (eg, going out, accomplishing what you want, work activities or your relationships with others)? Score: _____

4. Care Plan (Yes/No):

- a. Was shared decision-making between patient and doctor regarding how symptoms, emotions, and activities are impacting the QOL of patient discussed and recorded in the medical record? _____

5. Documented Exclusions and Exceptions (Yes/No):

- a. Did the patient have a severe mental and/or physical incapacity that prevented him or her from completing the assessment? _____
- b. Did you document a patient reason(s) for not using the quality-of-life assessment (e.g. patient declines to

complete the tool, etc.)? _____

- c. Was the patient diagnosed with a skin condition that is included in the denominator definition (e.g. psoriasis, dermatitis), but identified a skin condition that is not (e.g. melanoma, nevi) the main condition on their assessment? _____

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