

AAD 10: Dermatitis – Improvement in Patient-Reported Itch Severity

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

2022 COLLECTION TYPE: **QCDR MEASURES**

MEASURE TYPE:

Patient-Reported Outcome – High Priority

DESCRIPTION:

The percentage of patients aged 18 years and older, with a diagnosis of dermatitis where at an initial (index) visit have a patient reported itch severity assessments performed, score greater than or equal to 4, and who achieve a score reduction of 2 or more points at a follow up visit.

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 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.

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, with a diagnosis of dermatitis with an initial (index visit) NRS, VRS, or ItchyQuant assessment score of greater than or equal to 4 who are returning for a follow-up visit.

Definition:

Index Visit – An index visit occurs when ALL of the following criteria are met:

1. Diagnosis of dermatitis
2. The first instance of an itch assessment (NRS, VRS, or ItchyQuant) score greater than or equal to 4

Denominator Criteria (Eligible Cases):

All patients, aged 18 years or older

AND

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

OR

Diagnosis of 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

OR

Diagnosis of 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

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

NUMERATOR:

Patients who achieve an assessment score that is reduced by 2 or more points (minimal clinically important difference) from the initial (index) assessment score.

Numerator Instructions:

To successfully report this measure, the physician(s) and/or dermatologic provider(s) of the same clinical practice must use the same assessment tool for both the initial (index) AND follow-up assessment using one of the validated tools below. If a patient has multiple follow-up visits within the measurement period, the last (most recent) visit should be used. Eligible providers who develop the care plan for the patient at the initial (index) visit will be eligible to report this measure.

Definitions:

Dermatologic Provider – Providers that assist in the care of dermatological patients. They include:

- Physician assistants
- Nurse practitioners

Validated Tool – An assessment tool that has been appropriately normed and validated for the population in which it is used.

Validated Severity Assessment Tools:

To Patient: Rate your itch intensity over the last 24 hours:

- Visual Analog Scale (VAS)
- Numeric Rating Scale (NRS)

To Patient: Rate your itch severity over the past 7 days:

- ItchyQuant

To satisfy this measure, a patient must achieve any of the following score reductions:

Initial (Index Visit) Assessment Score	Minimal Clinically Important Difference (2-3 pts)
10	8 or lower
9	7 or lower
8	6 or lower
7	5 or lower
6	4 or lower
5	3 or lower
4	2 or lower

Numerator Options:

Performance Met:

Assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow up visit within the measurement period.

OR

Performance not Met:

Assessment score is not reduced by 2 or more points from the initial (index) assessment score or an assessment was not performed in the follow-up visit.

RATIONALE:

Various types of dermatitis are chronically pruritic and are tremendously burdensome. Atopic dermatitis (AD) is a chronic skin disease in which pruritus is responsible for much of the disease burden and morbidity borne by patients. It is estimated that in the U.S. alone, 31.6 million people have symptoms of AD, with 17.8 million meeting the criteria for AD. The effects of this disease are substantial; with direct costs estimated to be between \$1 and \$4 billion.

Other types of dermatitis, such as contact dermatitis and seborrheic dermatitis (SD) are also chronic, pruritic conditions which greatly affect patients. Approximately 6 million people in the U.S. have SD with direct and indirect costs estimated to be \$230 million.

These various forms of dermatitis also greatly impact the quality-of-life patients have. In one study looking at the patient burden in adults with moderate to severe AD, 85% reported problems with the frequency of their itch and 41.5% reported itching for 18 hours or more a day. With this persistence of itching, 55% of patients showed AD-related sleep disturbance 5 days a week or more and 21.8% showed clinically relevant anxiety or depression.

In another study, investigators quantified pruritic burden in a cross-sectional analysis investigating chronic pruritus and pain. They demonstrated that the quality of life impact was due to the severity of the symptom, rather than whether the symptom was pain or pruritus. Moreover, they elucidated a mean health utility score of 0.87 from CP patients, meaning that on average, a patient would give up 13% of their life expectancy to live without pruritus. Additionally, studies of CP have shown patients to have a 17% higher mortality risk as well as being strongly associated with poorer general health.

Moreover, data from the National Ambulatory Medical Care Survey (1999-2009) found that a total of 77 million patient visits for itch were made during the 11-year time period. This was an average of 7 million visits per year, which represented approximately 1% of all outpatient visits. Also, further analysis showed that although the majority visits (58.6%) were for new instances of itch, almost a third (32%) were for chronic pruritus.

This measure aims to improve pruritus in patients who carry a large burden with this disease; by assessing itch and aiming to make the symptom more manageable.

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