

AAD 9: Psoriasis – Improvement in Patient-Reported Itch Severity

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

2021 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 psoriasis where at an initial (index) visit have a patient reported itch severity assessment 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

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 psoriasis 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 psoriasis
2. The first instance of an itch assessment (NRS or VRS) score must be greater than or equal to 4

Denominator Criteria (Eligible Cases):

All patients, aged 18 years and older

AND

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

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, 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 you 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:

Psoriasis is a chronic inflammatory disease in which pruritus is a frequent symptom. Approximately 7.4 million people in the United States have psoriasis. Direct costs of the disease are estimated between \$51.7 and \$63.2 billion, with the total economic burden estimated to be between \$112 and \$135 billion.

Chronic inflammatory skin diseases, such as psoriasis, are pruritic and tremendously burdensome; with more than 70% of psoriasis patients suffering from itch. Itch has profound effects on patients, especially in geriatric populations, where there is increased incidence of pruritus. For those over 65 years old, itch is the most common skin complaint. The number of patients with pruritus is expected to increase as the elderly population grows – becoming 25% of the US population by 2025.

Pruritus is a frequent and onerous symptom of psoriasis and, on its own, has significant effects on patients' quality of life. In a 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 chronic pruritus (CP) patients, meaning that on average, a patient would give up 13% of their life expectancy to live without pruritus.

An additional study showed the effects of CP on a population-based level. Researchers found that the point prevalence of pruritus was 13.5%. When looking at 12-months the prevalence rose to 16.4% and rose again to 22% when looking at lifetime prevalence. When studied again in 2013, the lifetime prevalence rose to 25.5%.

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 of visits (58.6%) were for new instances of itch, almost a third (32%) were for chronic pruritus.

Pruritus is a subjective and multifaceted symptom that manifests in patients in various ways that affect quality-of-life by contributing to the development of depression, global distress, and sleep impairment. Additionally, studies of CP have shown patients to have a 17% higher mortality risk as well as being strongly associated with poorer general health.

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. Furthermore, the use of itch will be a measure of overall disease improvement/response.

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