

AGS Comments RE: AMA-PCPI Stroke and Stroke Rehabilitation Measurement Set

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Purpose of Measurement Set

The American Academy of Neurology (AAN), American College of Radiology (ACR), National Committee for Quality Assurance (NCQA) and Physician Consortium for Performance Improvement (PCPI) formed a Stroke and Stroke Rehabilitation Work Group to identify and define quality measures toward improving outcomes for patients with stroke, transient ischemic attack (TIA) and patients undergoing stroke rehabilitation. This work represents the formal periodic review and maintenance of an existing measurement set.

Measure 1- Stroke

The AGS would like to see more language around goals of care, advanced directives, or identifying a decision maker in this measure. There are many important decisions to be made during the post stroke event, especially when further complications may occur. It is critical to have informed and shared decisions about next steps when major strokes occur.

In addition, we would also recommend additional acknowledgment of screening or prescription depression in the aftermath of stroke. In this context, we believe that added support and attention should be given to post-acute care.

Lastly, we would also like to suggest the addition glucose monitoring – a health issue that affects a significant portion of the older adult population. More than half of the 65+ population with stroke are diabetic or have impaired glucose tolerance, and many are unaware. Prevention of physical and cardiovascular deconditioning is highly prevalent amongst stroke survivors.

Measure 9 – Artificial Feeding

The AGS had some concerns about this measure; specifically the measure seems to be narrow in focus and does not adequately direct physicians to have a thoughtful conversation about the risks and benefits of artificial nutrition. This oversight may inadvertently foster more placements of PEG's without thoughtful discussions of risks and benefits in relationship to the patients' values and goals.

Measure 10- UTI's

We would appreciate some additional insight as to why patients with indwelling catheters should be excluded from this measure.

Measure 10b-Decubiti

The AGS is unsure as to why the denominator for this measure seems to exclude patients hospitalized for less than 7 days. Seemingly, if a patient develops significant decubiti it indicates poor quality of care regardless of how long the patient is in the hospital. We are concerned about the potential scenario where a patient develops a decubitus on day 3 and becomes infected resulting in sepsis and death on day 6. Should that patient be excluded from this measure?

Measure 10c- Falls

To reiterate our point in 10b, the AGS is unsure as to why patients hospitalized for less than 7 days are excluded from the denominator of this measure.

Measure 11-Statins

Guidelines notwithstanding, to our knowledge there is no evidence that aggressive treatment of lipids improves outcomes in patients 80 years of age or older following an ischemic stroke. Conversely, statins may be associated with increased risk of bleeding (albeit slight) and other adverse drug effects in older adult patients and contribute to polypharmacy. We would also like to express concern around weakness regarding the overuse of statins for frailer older patients. The AGS believes that patients 80 years or older should be excluded from the denominator of this measure until there is more convincing evidence of benefit.

Measure 12-BP control

Currently, there has never been a randomized controlled trial (RCT) demonstrating that systolic blood pressure (SBP) < 140 mm Hg is associated with better outcomes than SBP < 150 mm Hg in patients of any age. Retrospective analyses suggest that the optimal blood pressure for octogenarians is approximately 140 mm Hg. For example, the HYVET study on treatment of hypertension in octogenarians used 150 mm Hg as the target SBP. Further, overly aggressive treatment of hypertension in this age group is not benign, as it may be associated with increased risk of falls, fatigue/low energy, and impaired quality of life. Therefore, the AGS believes that patients 80 years or older should be excluded from the denominator of this measure. Alternatively, the threshold could be set at < 150 mm Hg for this age group.