

QI Weekly



Advanced Illness and Frailty



- Some of our Medicare plans allow patients with advanced illnesses and frailty to be excluded from certain measures.
- The exclusions help identify patients for whom a measure may not be appropriate.
- Measures include: Breast cancer screening, Colorectal cancer screening, Comprehensive diabetes care, Controlling blood pressure, Disease-modifying anti-rheumatic drug therapy for RA, Osteoporosis management in women who had a fracture, and Statin therapy for patients with cardiovascular disease.

Advanced Illness:

Conditions in the following categories are considered an 'Advanced Illness' and need to be added to the active problem list and assessed and billed at least annually:

Creutzfeldt-Jakob disease, malignant neoplasm, leukemia, dementia and Alzheimer's, heart failure, hepatitis and cirrhosis, CKD, ESRD, COPD.

Advanced Illness exclusions are based on any claims in the current or the prior year for:

- Two outpatient visits on different dates of service
- One acute inpatient stay
- One dispensed dementia medication

Frailty exclusions need to be assessed annually. Exclusions include:

- Home health services for mechanical ventilation
- DME due to limited mobility
- DME due to respiratory limitations
- Skilled nursing services
- Pressure Ulcers
- Musculoskeletal conditions
- Weakness
- Fatigue
- Cognitive decline
- Need for assistance or enabling machines (cane, walker, wheelchair, hospital bed, commode chairs, oxygen use)

Helpful Tips:

- If you see a member you feel should be excluded from a measure due to advanced illness and frailty, send a task to the Population Health Team so they can help review the documentation.
- If a patient indicates a recent fall on a fall screening, be sure to document recent falls or a history of falling on the active problem list and assess it annually.
- If a patient is excluded from a measure due to advanced illness and frailty, they will still show up on the gap sheets, as these exclusions are payer specific.

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