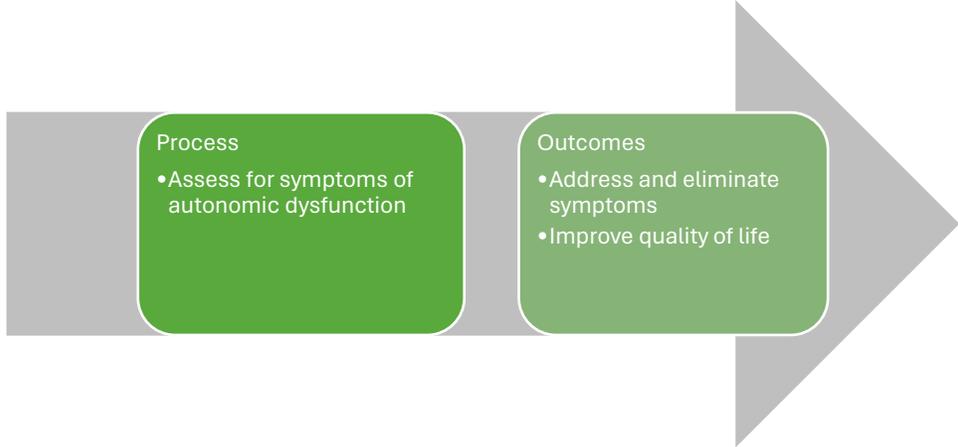


Measure Title	Assessment of Autonomic Dysfunction and Follow-Up	
Description	Percentage of all patients with a diagnosis of PD (or care partner as appropriate) who were assessed for symptoms or signs of autonomic dysfunction once in the past 12 months and if autonomic dysfunction identified, patient had appropriate follow-up	
Measurement Period	January 1, 20xx to December 31, 20xx	
Eligible Population	Eligible Providers	Medical Doctor, Doctor of Osteopathy, Physician Assistant, Advanced Practice Registered Nurse, Physical Therapist, Occupational Therapist, Speech Language Pathologist
	Care Setting(s)	Outpatient, skilled nursing facility, telehealth
	Ages	All patients
	Event	Office visit, telehealth visit
	Diagnosis	Parkinson's disease
Denominator	All patients with a diagnosis of PD	
Numerator	<p>Patients (or care partners as appropriate) who were assessed^a for symptoms^b or signs^c of autonomic dysfunction once in the past 12 months and if autonomic dysfunction identified, patient had appropriate follow-up^d</p> <p>^aAssessed is defined as use of a screening tool or discussion with the patient or care partner</p> <p>^bSymptoms of autonomic dysfunction is defined as including at least one of the following:</p> <ul style="list-style-type: none"> • orthostatic hypotension or intolerance, • constipation, • urinary urgency, • incontinence or nocturia, • fecal incontinence, • urinary retention requiring catheterization, • delayed gastric emptying, • dysphagia, • drooling or sialorrhea, • hyperhidrosis, • sexual dysfunction or erectile dysfunction, • syncope, lightheadedness, or dizziness <p>^cSigns</p> <ul style="list-style-type: none"> • orthostatic vital signs <p>^dFollow-up actions may include:</p> <ul style="list-style-type: none"> • orthostatic hypertension – stop antihyperintensives, add midodrine or droxidopa, home monitoring • constipation – PEG 3350, senokot, Dulcolax • urinary urgency or incontinence – oxybutynin, refer to incontinence clinic, urodynamics, mirabegron • urinary retention – catheterization inserted/placed • dysphagia – speech/language pathologist • drooling – botulinum toxin injection, atropine drops • sexual dysfunction – referral to PCP 	
Required Exclusions	None	
Allowable Exclusions	None	
Exclusion Rationale	N/A	

Measure Scoring	Percentage
Interpretation of Score	Higher score indicates better quality
Measure Type	Process
Level of Measurement	Provider, Practice, System
Risk Adjustment	N/A
For Process Measures Relationship to Desired Outcome	<p>Autonomic dysfunction is directly related to the quality of life of people with PD. The desired outcome is to address and eliminate autonomic dysfunction in people with PD. This measure will provide an incentive for providers to identify autonomic dysfunction and offer available treatments to improve quality of life.</p>  <pre> graph LR subgraph Process_Box [Process] P[Assess for symptoms of autonomic dysfunction] end subgraph Outcomes_Box [Outcomes] O1[Address and eliminate symptoms] O2[Improve quality of life] end Process_Box --> Outcomes_Box </pre>
Opportunity to Improve Gap in Care	<p>Autonomic dysfunction was found to be the most prevalent non-motor symptoms of PD, affecting more than 70% of patients in all stages of PD. Non-motor challenges may become the chief therapeutic challenge in advanced stages of PD, and many may not have effective treatment options. In a two year study, development of symptoms in the cardiovascular, apathy, urinary, psychiatric, and fatigue domains was associated with significant worsening quality of life.</p> <p>In a 2013 study by Baek et al., reviewing compliance with quality measure recommendations, it was noted that provider compliance rate for annual review of autonomic dysfunction was 22.8%. Martello et al. reported that compliance with this measure in a Movement Disorders Center was 83%, suggesting a difference in compliance between general neurologists and movement disorders specialists.</p> <p>The following screening tools are not inclusive, but may be helpful for use in practice:</p> <ul style="list-style-type: none"> • Scales for Outcomes in Parkinson’s disease – Autonomic (SCOPA-AUT)
Harmonization with Existing Measures	No existing measures known.
References	<ol style="list-style-type: none"> 1. Antonini A, Barone P, Marconi R, et al. The progression of non-motor symptoms in Parkinson’s disease and their contribution to moto disability and quality of life. <i>J Neurol</i> 2012;259:2621-2631. 2. Baek WS, Swenseid SS, Poon KT. Quality Care Assessment of Parkinson’s Disease at a Tertiary Medical Center. <i>International Journal of Neuroscience</i> 2013; 123(4): 221-225. 3. Martello J, Shulman LM, Barr E, Gruber-Baldini A, Armstrong MJ. Assessment of Parkinson disease quality measures on 12-month patient outcomes. <i>Neurology: Clinical Practice</i>. 2020;10(1):58–64. 4. National Institute for Health and Care Excellence (NICE) Parkinson’s disease in adults. (NICE guideline 71), July 2017. Available at: https://www.nice.org.uk/guidance/ng71

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| | <ol style="list-style-type: none">5. Palma JA, Kaufmann H. Treatment of autonomic dysfunction in Parkinson disease and other synucleinopathies. <i>Mov Disord.</i> 2018;33(3):372-390.6. Seppi K, Ray Chaudhuri K, Coelho M, et al. Update on treatments for nonmotor symptoms of Parkinson's disease-an evidence-based medicine review [published correction appears in <i>Mov Disord.</i> 2019 May;34(5):765]. <i>Mov Disord.</i> 2019;34(2):180-198. |
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