Client: HMSA: PQSR 2007

Measure Title: APPROPRIATE FOLLOW-UP TEST FOR NEW GLAUCOMA PATIENTS

Disease State: Glaucoma

Indicator Classification: Screening

Strength of Recommendation: B

Clinical Intent: To ensure that all members diagnosed with open angle glaucoma receive an appropriate visual field test or optic nerve evaluation at a clinically appropriate frequency.

Physician Specialties: Refer to PQSR 2007 Specialty Matrix

Clinical Rationale: Disease Burden

- Glaucoma is the leading cause of irreversible blindness in the world. The Eye Disease Prevalence Research Group estimated that in the year 2000, glaucoma affected 2.22 million people in the United States. This number is projected to increase to 3.36 million by 2020.[1-3]

Reason for Indicated Intervention or Treatment

- Screening for evidence of poor control or disease progression and adjusting therapy as needed may protect against further damage to the optic nerve head.[4-8]

Evidence supporting Intervention or Treatment

- While increasing the frequency of visual field testing shortens the time to detection of a statistically significant change in vision, no well designed trials have specifically evaluated if routine visual field testing alone is associated with slower disease progression.[5, 6, 9-13]
- Several trials have demonstrated that lowering intraocular pressure reduces the risk of visual loss in patients with primary open angle glaucoma.[14-19]
- Patients with ocular hypertension are at higher risk for developing glaucomatous visual field loss if discs are suspect, if intraocular pressure is high, or if the patient is older in age. [20] Elevated intraocular pressure is considered to be the most important risk-factor for developing primary open-angle glaucoma (POAG).[21]

Clinical Recommendations

- A recent evidence-based guideline recommended annual visual field testing for patients with glaucoma.[4]
- The American Academy of Ophthalmology recommends that patients with primary open-angle glaucoma who have achieved the target intraocular pressure, have no progression of damage, and have more than 6 months of control, receive visual field evaluations every 6 to 24 months. For those with less than six months of control, screening is recommended every 6-18 months. For those who have not reached their target IOP and show signs of damage, follow up should occur every one to six months.[22, 23]
Source: Health Benchmarks, Inc.

Denominator: Continuously enrolled members with a primary diagnosis of open angle glaucoma by an ophthalmologist or optometrist during the year starting two years prior to the start of the measurement year.

Relevant Billing Codes:

ICD-9 diagnosis code(s): 365.10, 365.11, 365.12, 365.15, 377.14


Denominator Exclusion: N/A

Numerator: Members who had at least one visual field test or optic nerve evaluation conducted by an Ophthalmologist or Optometrist from one month to two years after the index date.

Relevant Billing Codes:

CPT-4 code(s): 92081-92083, 92135, 92250

Interpretation of Score: High score implies better performance

Physician Attribution: Score all physicians (in the selected specialties) who saw the member 0 – 2 years after the index date.

References:


Indicator Classification (Adapted from Health Plan Employer Data Information Set (HEDIS®) technical specifications)

**Diagnosis**
Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g. evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain)

**Effectiveness of Care**

**Prevention**
Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g. immunizations).

**Screening**
Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g. pap smears; screening for elevated blood pressure).

**Disease Management**
Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g. cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).

**Medication Monitoring**
Measures applicable to patients taking medications with narrow therapeutic windows and/or potential preventable significant side effects or adverse reactions (e.g. thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy)

**Medication Adherence**
Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication).

**Utilization**
Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).
Strength of Recommendation Based on a Body of Evidence

Is this a key recommendation for clinicians regarding diagnosis or treatment that merits a label?
No
Strength of Recommendation not needed

Yes
Is the recommendation based on patient-oriented evidence (i.e., an improvement in morbidity, mortality, symptoms, quality of life, or cost)?
No
Strength of Recommendation = C

Yes
Is the recommendation based on opinion, bench research, a consensus guideline, usual practice, clinical experience, or a case series study?

No
Is the recommendation based on one of the following?
- Cochrane Review with a clear recommendation
- USPSTF Grade A recommendation
- Clinical Evidence rating of Beneficial
- Consistent findings from at least two good-quality randomized controlled trials or a systematic review/meta-analysis of same
- Validated clinical decision rule in a relevant population
- Consistent findings from at least two good-quality diagnostic cohort studies or systematic review/meta-analysis of same
Yes
Strength of Recommendation = A

No
Strength of Recommendation = B

FIGURE 2. Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)