

**Surgical Phase of Care (SPC) Measure 2 – ACS18: Patient Frailty Evaluation**

**National Quality Strategy (NQS) Domain:** Effective Clinical Care

**Meaningful Measure Area:** Preventable Healthcare Harm

**Measure Type:** Process

**Inverse Measure:** No

**High-Priority Measure:** No

**Risk-Adjusted:** No

**Number of Performance Rates:** 1

**Proportional Measure:** Yes

**Continuous Variable Measure:** No

**Ratio Measure:** No

**2019 QPP MIPS QUALITY OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**DESCRIPTION:**

Percentage of patients age 65 and older who have been evaluated for frailty prior to an elective operation.

**INSTRUCTIONS:**

This measure is to be reported **each time** a patient is scheduled for an elective surgical operation. This is no diagnosis associated with this measure. 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:**

CPT 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.

**DENOMINATOR:**

All patients 65 years and older who 1) are brought from their home or normal living environment on the day of surgery AND 2) undergo a non-emergent/non-urgent, scheduled surgical procedure.

**Denominator Criteria (Eligible Cases):**

All patients aged 65 years and older

AND

Patients brought from their home or normal living environment on the day of surgery and undergo a non-emergent/not-urgent, scheduled surgical procedure

AND

One of the following CPT codes for the patient encounter during the reporting period: (see appendix 1)

**NUMERATOR:**

All patients who are 1) brought from their home or normal living environment on the day of surgery; **and** 2) undergo a non-emergent/non-urgent, scheduled surgical procedure; **and** 3) have documented frailty screening and outcome of screening in the medical record prior to schedule surgical procedure; **and** 4) have documented in the medical record an established recommended clinical action plan, if applicable, for the patient based on their frailty screening outcome prior to the scheduled surgical procedure.”.

**Numerator Instructions:** There must be documentation of the patient’s frailty screening **and** outcome of screening in the medical record **and** an established recommended clinical action plan, if applicable.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

Documentation of frailty screening **and** outcome of screening in the medical record **and** established recommended clinical action plan, if applicable.

*Performance Met:*

Documentation of frailty screening **and** outcome of screening in the medical record prior to scheduled surgical procedure **and** an established recommended clinical action plan, if applicable.

**OR**

Frailty screen could not be completed due to patient condition (cognitive impairment, physical disability preventing participation).

*Medical Performance Exclusion:*

Frailty screen could not be completed due to patient condition (cognitive impairment, physical disability preventing participation).

**OR**

Frailty screen offered and patient refused participation.

*Patient Performance Exclusion:*

Frailty screen offered and patient refused participation.

**OR**

No documentation of frailty screening and outcome of screening in the medical record and established recommended clinical action plan, if applicable.

*Performance Not Met:*

No documentation of frailty screening and outcome of screening in the medical record prior to schedule surgical procedure and an established recommended clinical action plan, if applicable.

**RATIONALE:**

There is an abundance of peer-reviewed academic literature demonstrating the relationship between frailty and poor outcomes. With better assessment of frailty in surgical patients, there will be trends toward reevaluating surgical decision making and/or incorporating preoperative physical and occupational therapy into one's practice to improve upon frailty prior to the operation at hand.

**SUPPORTING EVIDENCE:**

Fried LP, Tangen CM, Walston J, Newman AB, Hirsch C, Gottdiener J, Seeman T, Tracy R, Kop WJ, Burke G, McBurnie MA; Cardiovascular Health Study Collaborative Research Group. Frailty in older adults: evidence for a phenotype. J Gerontol A Biol Sci Med Sci. 2001 Mar;56(3):M146-56.

Makary MA, Segev DL, Pronovost PJ, Syin D, Bandeen-Roche K, Patel P, Takenaga R, Devgan L, Holzmueller CG, Tian J, Fried LP. Frailty as a predictor of surgical outcomes in older patients. J Am Coll Surg. 2010 Jun;210(6):901-8..

Theou O, Brothers TD, Peña FG, Mitnitski A, Rockwood K. Identifying common characteristics of frailty across seven scales. J Am Geriatr Soc. 2014 May;62(5):901-6.

Malmstrom TK, Miller DK, Morley JE. A comparison of four frailty models. J Am Geriatr Soc. 2014 Apr;62(4):721-6.

Hewitt J, Moug SJ, Middleton M, Chakrabarti M, Stechman MJ, McCarthy K; Older Persons Surgical Outcomes Collaboration. Prevalence of frailty and its association with mortality in general surgery. Am J Surg. 2015 Feb;209(2):254-9.

Collard RM, Boter H, Schoevers RA, Oude Voshaar RC. Prevalence of frailty in community-dwelling older persons: a systematic review. J Am Geriatr Soc. 2012 Aug;60(8):1487-92.

Example of FRAIL scale, from:

Morley JE, Malmstrom TK, Miller DK. A simple frailty questionnaire (FRAIL) predicts outcomes in

middle aged African Americans. *J Nutr Health Aging*. 2012 Jul;16(7):601-8.