



***ABIM Care of the Vulnerable Elderly PIM™
Practice Improvement Module
Measures Catalogue***

**Care of the Vulnerable Elderly PIM
Measures Catalogue
September 2010**

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Introduction

This catalogue provides information related to the American Board of Internal Medicine's Care of the Vulnerable Elderly Practice Improvement Module[®]. It is written in language that addresses the physician who might choose to complete this module, and it details the specifics of the module. Included is information regarding:

- Purpose and structuring of the module
- Patient inclusion criteria
- Detailed description of the measures

This PIM examines the care you provide to your patients by addressing key processes and outcomes of care for older patients. These are based primarily on guidelines from the American Geriatrics Society.

The PIM is divided into three parts, with multiple sections in each part.

Part 1 -Performance Data

Provide baseline data about your practice's current performance by...

- Surveying your patients
- Reviewing your charts
- Assessing your practice systems

The 17 patient survey measures and 44 chart review measures are summarized below. **ABIM requires a minimum of 25 patient surveys and 25 chart reviews.** The practice systems assessment comprises questions covering various aspects of practice structure and protocols.

Patients can be **included** in this module if **all** of the following are true:

1. They are at least 75 years old. If it is not feasible to identify 50 patients age 75 and older who meet the other inclusion/exclusion criteria, you may include patients age 65 and older;
2. They have been patients in the practice for at least one year; *AND*
3. They have been seen by the practice within the past 12 months.

Patients should be **excluded** from this module if any of the following is true:

1. They are unable to complete the patient survey, even with assistance;
2. They are non-ambulatory;
3. They have severe cognitive impairment; *OR*
4. They have a terminal illness and life expectancy of less than one year.

Part 2 - Quality Improvement (QI) Plan

Develop a plan for improving one aspect of your practice after reviewing the analysis of your current performance data. The analysis will include many aspects of care you provide to your patients. Ultimately, you will target only one of these to use in this quality improvement (QI) cycle.

Part 3 - Remeasurement

Remeasure your performance data after you have implemented your QI plan to see if you achieved your goal. Then, you will reflect on the process of developing and implementing a QI plan.

You may claim CME credit for completing this activity. The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 20 *AMA PRA Category 1 Credit(s)*TM.

CARE OF THE VULNERABLE ELDERLY - PROCESSES OF CARE

History				
Measure Title	Description	Numerator	Denominator	Rationale
Chronic Medical Conditions	Percentage of questions in the Chronic Medical Conditions section of the chart review for which "Yes" or "No" responses were given, indicating that the necessary information was available to the physician; questions asked about the presence or absence of diabetes, CHD, heart failure, prior CVA, hypertension, arthritis that limits mobility or causes significant pain, prior hip fracture, osteoporosis, neuropathy, Parkinson's disease, COPD, cognitive impairment, visual impairment, and hearing impairment Patients in the sample who were reported as having cognitive impairment	Number of questions in the Chronic Medical Conditions section of the chart review for which "Yes" or "No" responses were given, indicating that the necessary information was available to the physician; questions asked about the presence or absence of diabetes, CHD, heart failure, prior CVA, hypertension, arthritis that limits mobility or causes significant pain, prior hip fracture, osteoporosis, neuropathy, Parkinson's disease, COPD, cognitive impairment, visual impairment, and hearing impairment Number of patients in the sample who were reported as having cognitive impairment	Number of possible responses to the questions in the Chronic Medical Conditions section of the chart review	
Smoking status	Patients in the sample whose current smoking status was documented	Number of patients in the sample whose current smoking status was documented	Number of patients in the sample	The routine and thorough assessment of tobacco use is important as a means of preventing smoking or encouraging cessation.
Alcohol use	Patients in the sample whose current level of alcohol use was documented within the past 12 months	Number of patients in the sample whose current level of alcohol use was documented within the past 12 months	Number of patients in the sample	Elderly persons are at higher risk for alcohol-related health problems. This higher risk is due to a lower tolerance to the effects of alcohol; a higher likelihood of using multiple medications; and a higher likelihood of other physical disabilities or frailty, including slowed reaction times, impaired vision, and hearing loss. After drinking equal amounts of alcohol,

History				
Measure Title	Description	Numerator	Denominator	Rationale
				older adults have higher blood alcohol levels than younger adults. Excess use of alcohol by older patients can increase the risk of falls, worsen problems with incontinence, and complicate cognitive impairment. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends that people over 65 limit themselves to one drink daily.
Level of physical activity	Patients in the sample whose current level of physical activity was documented within the past 12 months	Number of patients in the sample whose current level of physical activity was documented within the past 12 months	Number of patients in the sample	Research supports the recommendation that exercise (i.e., resistance/strength training; balance, gait, and co-ordination training) helps to reduce falls.
Mobility and functional status	Percentage of questions in the Mobility and Functional Status sections of the chart review for which "Yes" or "No" responses were given, indicating that the necessary information was available to the physician; questions asked about the patient's mobility status (ability to climb a flight of stairs and walk 1/4 mile) and general physical functional status	Number of questions in the Mobility and Functional Status sections of the chart review for which "Yes" or "No" responses were given, indicating that the necessary information was available to the physician; questions asked about the patient's mobility status (ability to climb a flight of stairs and walk 1/4 mile) and general physical functional status	Number of possible responses to the Mobility and Functional Status questions in the chart review	Mobility and functional status determine the ability to participate in daily activities, including self-care and social interaction. Any change in mobility or functional status should prompt investigation of etiology and consequences.
Use of over-the-counter medications	Patients in the sample whose use of over-the-counter medications was documented	Number of patients in the sample whose use of over-the-counter medications was documented	Number of patients in the sample	Many older adults use over-the-counter (OTC) medications, but many patients do not inform their physicians about their use. Patients should be asked directly about their use of such medications. OTC drugs may be harmful, of no benefit, or interact with prescribed medications.

History				
Measure Title	Description	Numerator	Denominator	Rationale
Use of complimentary/alternative medications	Patients in the sample whose use of complimentary/alternative medications was documented	Number of patients in the sample whose use of complimentary/alternative medications was documented	Number of patients in the sample	Many older adults use complementary/alternative medications (CAM), but many patients do not inform their physicians about their use. Patients should be asked directly about their use of CAM, which may be harmful, of no benefit, or interact with prescribed medications.

Screening and Evaluation				
Measure Title	Description	Numerator	Denominator	Rationale
Depression screen within past 12 months	Patients in the sample reported as having had a screen for depression within the past 12 months	Number of patients in the sample reported as having had a screen for depression within the past 12 months	Number of patients in the sample	Depression is common in older adults but also is under-recognized and under-treated. The risk of depression is increased in patients who have other illnesses and/or functional limitations.
Cognitive impairment screen within past 12 months	Patients in the sample reported as having had a screening test for cognitive impairment within the past 12 months	Number of patients in the sample reported as having had a screening test for cognitive impairment within the past 12 months	Number of patients in the sample, excluding those with a diagnosis of cognitive impairment (for whom screening for cognitive impairment, therefore, is not appropriate)	A detailed evaluation of cognitive function is one element of a multifactorial assessment for fall risk.
Falls-risk screen within past 12 months	Patients in the sample reported as having had a screening for falls risk within the past 12 months	Number of patients in the sample reported as having had a screening for falls risk within the past 12 months	Number of patients in the sample	All older patients (or their caregivers) should be asked at least once a year about falls, frequency of falling, and difficulties in gait or balance.
Urinary incontinence screen	Patients in the sample who were reported as having had	Number of patients in the sample who were reported as having	Number of patients in the sample	Urinary incontinence is common in older adults, and its prevalence

Screening and Evaluation				
Measure Title	Description	Numerator	Denominator	Rationale
	screening for urinary incontinence	had screening for urinary incontinence		increases with age. Incontinence is associated with other common geriatric conditions, including prior hysterectomy, obesity, prior stroke, chronic obstructive pulmonary disease, slow gait speed, and poor overall health. It has a significant negative impact on self-esteem and quality of life; incontinence also is a risk factor for depression, falls, and nursing home placement. Surgical, medical, and behavioral treatments vary with the etiology; while not all patients will be interested in exploring treatment options, all can benefit from advice on managing the condition.
Vision testing within past 24 months - ChRvw	Patients in the sample who were reported as having had a vision test within the past 24 months	Number of patients in the sample who were reported as having had a vision test within the past 24 months	Number of patients in the sample	Aging is associated with changes in visual acuity, development of cataracts, macular degeneration, glaucoma, and other conditions.

Physical Examination				
Measure Title	Description	Numerator	Denominator	Rationale
Weight	Patients in the sample with weight documented	Number of patients in the sample who have weight documented	Number of patients in the sample	Measuring body weight over time is a simple screen for nutritional adequacy and change in older adults. Nonvolitional weight loss may be predictive of mortality.
Height	Patients in the sample with height documented	Number of patients in the sample who have height documented	Number of patients in the sample	Studies have shown that height loss increases the likelihood of osteoporosis of the hip and increases with the amount of height lost.
Blood pressure	Patients in the sample whose blood pressure	Number of patients in the sample whose blood pressure	Number of patients in the sample	The detection and treatment of high blood pressure can reduce the risk

Physical Examination				
Measure Title	Description	Numerator	Denominator	Rationale
	(systolic/diastolic) was measured	(systolic/diastolic) was measured during the specified abstraction period (within 12 months of the visit date, with a three-month grace period), with date and value of the measurement documented		of morbidity and mortality from coronary heart disease, stroke, and chronic kidney disease.
Postural hypotension assessment within past 12 months	Patients in the sample who were reported as having had a postural hypotension assessment within the past 12 months	Number of patients in the sample who were reported as having had a postural hypotension assessment within the past 12 months	Number of patients in the sample	Postural hypotension has been associated with an increased risk of falls.
Gait evaluation	Patients in the sample who were reported as having had a gait evaluation	Number of patients in the sample who were reported as having had a gait evaluation	Number of patients in the sample	Problems with gait and/or balance should be evaluated in older patients, particularly those who have had a fall. This evaluation can serve as a screening tool to identify patients who may need multifactorial fall-risk assessment or as a component of such an assessment.
Balance evaluation	Patients in the sample who were reported as having had a balance evaluation	Number of patients in the sample who were reported as having had a balance evaluation	Number of patients in the sample	Problems with gait and/or balance should be evaluated in older patients, particularly those who have had a fall. This evaluation can serve as a screening tool to identify patients who may need multifactorial fall-risk assessment or as a component of such an assessment.
Quadriceps strength testing	Patients in the sample who were reported as having had quadriceps strength testing	Number of patients in the sample who were reported as having had quadriceps strength testing	Number of patients in the sample	Testing of muscle strength in the lower extremities is one element of a multifactorial assessment for fall risk.
Testing for rigidity (cogwheeling)	Patients in the sample who were reported as having had testing for rigidity (cogwheeling)	Number of patients in the sample who were reported as having had testing for rigidity	Number of patients in the sample	A detailed neuromuscular examination is one element of a multifactorial assessment for fall

Physical Examination				
Measure Title	Description	Numerator	Denominator	Rationale
		(cogwheeling)		risk. Parkinson's disease is associated with an increased risk for falls.
Testing for bradykinesia	Patients in the sample who were reported as having had testing for bradykinesia	Number of patients in the sample who were reported as having had testing for bradykinesia	Number of patients in the sample	A detailed neuromuscular examination is one element of a multifactorial assessment for fall risk. Parkinson's disease is associated with an increased risk for falls.

Assessments and Treatments – Falls, Problems with Walking, Balance				
Measure Title	Description	Numerator	Denominator	Rationale
Circumstances of fall documented	Patients in the sample who were reported as having fallen within the past 12 months and for whom the circumstances of the fall were completely documented	Number of patients in the sample who were reported as having fallen within the past 12 months and for whom the circumstances of the fall were completely documented	Number of patients in the sample who were reported as having fallen within the past 12 months	It is important to have a detailed description of the circumstances of falls, including frequency, symptoms at the time of the event, injuries, and other consequences.
Gait evaluation done	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a gait evaluation was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a gait evaluation was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	Problems with gait and/or balance should be evaluated in older patients, particularly those who have had a fall. This evaluation can serve as a screening tool to identify patients who may need multifactorial fall-risk assessment or as a component of such an assessment.
Balance evaluation done	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a balance evaluation was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a balance evaluation was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	Problems with gait and/or balance should be evaluated in older patients, particularly those who have had a fall. This evaluation can serve as a screening tool to identify patients who may need multifactorial fall-risk assessment or as a component of such an assessment.

Assessments and Treatments – Falls, Problems with Walking, Balance				
Measure Title	Description	Numerator	Denominator	Rationale
Quadriceps strength testing done	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom quadriceps strength testing was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom quadriceps strength testing was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	Testing of muscle strength in the lower extremities is one element of a multifactorial assessment for fall risk.
Testing for rigidity (cogwheeling) done	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom testing for rigidity (cogwheeling) was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom testing for rigidity (cogwheeling) was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	A detailed neuromuscular examination is one element of a multifactorial assessment for fall risk. Parkinson's disease is associated with an increased risk for falls.
Testing for bradykinesia done	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom testing for bradykinesia was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom testing for bradykinesia was done	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	A detailed neuromuscular examination is one element of a multifactorial assessment for fall risk. Parkinson's disease is associated with an increased risk for falls.
Physical therapy/rehabilitation referral made	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a referral for physical therapy or rehabilitation was made	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a referral for physical therapy or rehabilitation was made	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	Physical therapy interventions, including gait training, progressive balance exercises, and home evaluation for environmental hazards, may be indicated for patients who have a history of, or at risk for, falls. Assistive devices also may be useful for some patients.
Medication review done	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a medication review was done, addressing an important and reversible risk factor for falls	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a medication review was done, addressing an important and reversible risk factor for falls	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	Medications are an important and modifiable risk factor for falls. Several drugs that act upon the central nervous system have been associated with increased fall risk, including antidepressants, benzodiazepines, neuroleptics, and antiepileptics. Vasodilators also are

Assessments and Treatments – Falls, Problems with Walking, Balance				
Measure Title	Description	Numerator	Denominator	Rationale
				linked with increased fall risk. A recent change in the dosage of a medication and the total number of medications prescribed also appear to increase the risk of falling.
Home-safety assessment done	Patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a home safety assessment was done or arranged	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months and for whom a home-safety assessment was done or arranged	Number of patients in the sample who were reported as either having fallen or as having a fear of falling during the past 12 months	Home-safety questionnaires can help patients and their caregivers identify risks for falls within the home. If safety issues are identified that cannot be readily addressed by the patient, consider referring the patient to the local Area Agency on Aging.

Assessments and Treatments – Urinary Incontinence				
Measure Title	Description	Numerator	Denominator	Rationale
Urinary incontinence bothersome enough to ask about treatment	Patients in the sample who were reported as having urinary incontinence and for whom the condition was bothersome enough for the patient to ask about treatment options	Number of patients in the sample who were reported as having urinary incontinence and for whom the condition was bothersome enough for the patient to ask about treatment options	Number of patients in the sample who were reported as having urinary incontinence	Urinary incontinence is common in older adults, and its prevalence increases with age. Incontinence is associated with other common geriatric conditions, including prior hysterectomy, obesity, prior stroke, chronic obstructive pulmonary disease, slow gait speed, and poor overall health. It has a significant negative impact on self-esteem and quality of life; incontinence also is a risk factor for depression, falls, and nursing home placement. Surgical, medical, and behavioral treatments vary with the etiology; while not all patients will be interested in exploring treatment options, all can benefit from advice on managing the condition.
Evaluation/treatment for bothersome urinary	Patients in the sample who were reported as having bothersome	Number of patients in the sample who were reported as having	Number of patients in the sample who	Urinary incontinence is common in older adults, and its prevalence

Assessments and Treatments – Urinary Incontinence				
Measure Title	Description	Numerator	Denominator	Rationale
incontinence - ChRvw	urine leakage and who received evaluation or treatment for it	bothersome urine leakage and who received evaluation or treatment for it	were reported as having bothersome urine leakage	increases with age. Incontinence is associated with other common geriatric conditions, including prior hysterectomy, obesity, prior stroke, chronic obstructive pulmonary disease, slow gait speed, and poor overall health. It has a significant negative impact on self-esteem and quality of life; incontinence also is a risk factor for depression, falls, and nursing home placement. Surgical, medical, and behavioral treatments vary with the etiology; while not all patients will be interested in exploring treatment options, all can benefit from advice on managing the condition.

Preventive Care				
Measure Title	Description	Numerator	Denominator	Rationale
Influenza vaccine during the most recent flu season	Patients in the sample who were reported as having received influenza vaccine during the most recent flu season	Number of patients in the sample who were reported as having received influenza vaccine during the most recent flu season	Number of patients in the sample	Influenza is a common, preventable infectious disease associated with high mortality and morbidity in the elderly and in people with chronic diseases.
Pneumococcal vaccine	Patients in the sample who were reported as having received pneumococcal vaccine	Number of patients in the sample who were reported as having received pneumococcal vaccine	Number of patients in the sample	Pneumonia is a common, preventable infectious disease associated with high mortality and morbidity in the elderly and in people with chronic diseases.
Zoster vaccine	Patients in the sample who were reported as having received zoster vaccine	Number of patients in the sample who were reported as having received zoster vaccine	Number of patients in the sample	Herpes zoster infection is common in older adults, as is the complication of postherpetic neuralgia. Vaccination is recommended for all adults age 65 and older, regardless of their history of prior zoster infection.

Preventive Care				
Measure Title	Description	Numerator	Denominator	Rationale
Bone-mineral density screening for women	Female patients in the sample who have received bone-density screening	Number of female patients in the sample who have received bone-density screening	Number of female patients in the sample	Bone mineral density correlates with bone strength and is an excellent predictor of future fracture risk. The National Osteoporosis Foundation recommends screening for women age 65 and older, regardless of other risk factors.
Bone-mineral density screening for men age 70 and older	Male patients age 70 and older in the sample who have received bone-density screening	Number of male patients age 70 and older in the sample who have received bone-density screening	Number of male patients age 70 and older in the sample	Bone mineral density correlates with bone strength and is an excellent predictor of future fracture risk. The National Osteoporosis Foundation recommends screening for men age 70 and older, regardless of other risk factors.
Home-safety checklist	Patients in the sample who were reported as having received a home-safety checklist	Number of patients in the sample who were reported as having received a home-safety checklist	Number of patients in the sample	Home-safety questionnaires can help patients and their caregivers identify risks for falls within the home.
Advice to limit alcohol consumption	Patients in the sample who were reported to engage in potentially hazardous drinking and who have been advised to limit their alcohol consumption	Number of patients in the sample who were reported to engage in potentially hazardous drinking and who have been advised to limit their alcohol consumption	Number of patients in the sample reported to engage in excessive alcohol consumption	Elderly persons are at higher risk for alcohol-related health problems. This higher risk is due to a lower tolerance to the effects of alcohol; a higher likelihood of using multiple medications; and a higher likelihood of other physical disabilities or frailty, including slowed reaction times, impaired vision, and hearing loss. After drinking equal amounts of alcohol, older adults have higher blood alcohol levels than younger adults. Excess use of alcohol by older patients can increase the risk of falls, worsen problems with incontinence, and complicate cognitive impairment. Excess use of alcohol by older patients can increase the risk of falls, worsen problems with incontinence, and complicate cognitive impairment. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends that people over 65 limit themselves to one drink daily.
Advice to start, increase,	Patients in the sample	Number of patients in the	Number of patients in	Research supports the recommendation

Preventive Care				
Measure Title	Description	Numerator	Denominator	Rationale
or maintain exercise program - ChRvw	who were advised to start, increase, or maintain participation in an exercise program that includes attention to balance and strength	sample who were advised to start, increase, or maintain participation in an exercise program that includes attention to balance and strength	the sample	that exercise (i.e., resistance/strength training; balance, gait, and co-ordination training) helps to reduce falls.
Smoking-cessation counseling	Current smokers in the sample documented to have received smoking-cessation counseling during the 12-month period prior to the index visit, with a three-month grace period	Number of current smokers in the sample documented to have received smoking-cessation counseling during the 12-month period prior to the index visit, with a three-month grace period	Number of current smokers in the sample	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking-cessation counseling in changing smoking behavior and reducing tobacco use.

End-of-Life-Care				
Measure Title	Description	Numerator	Denominator	Rationale
Patient's preferences for life-sustaining care are documented	Patients in the sample whose preferences for life-sustaining care were documented	Number of patients in the sample whose preferences for life-sustaining care were documented	Number of patients in the sample	Physicians routinely should discuss life-sustaining treatment decisions with their patients, particularly before the actual need for such care arises. Patients should be asked to designate a surrogate decision maker and to discuss their preferences with this person and with other family members and friends.
Patient's designated surrogate decision maker is documented	Patients in the sample whose designated surrogate decision maker was documented	Number of patients in the sample whose designated surrogate decision maker was documented	Number of patients in the sample	Physicians routinely should discuss life-sustaining treatment decisions with their patients, particularly before the actual need for such care arises. Patients should be asked to designate a surrogate decision maker and to discuss their preferences with this person and with other family members and friends.

Other Assessments				
Measure Title	Description	Numerator	Denominator	Rationale
Hearing assessment	Patients in the sample who were reported as having had a hearing assessment within the past 12 months	Number of patients in the sample who were reported as having had a hearing assessment within the past 12 months	Number of patients in the sample	Hearing loss is associated with depression and decreased quality of life; it also can be mistaken for confusion or poor cooperation in older adults.

PATIENT EXPERIENCE: CARE OF THE VULNERABLE ELDERLY – OUTCOMES OF CARE

Patient Satisfaction				
Measure Title	Description	Numerator	Denominator	Rationale
Patient rates care of older adults “excellent”	Patients in the sample who responded “Excellent” to the question regarding care of older patients	Number of patients in the sample who responded “Excellent” to the survey question “How is this doctor’s office at taking care of older patients?”	Number of patients who completed a survey	Patient satisfaction is both an indicator of quality of care and a component of quality care. When individual needs are perceived as being met, better care results.
Patient would recommend practice to other older adults	Patients in the sample who reported that they would recommend this practice to other older adults	Number of patients in the sample who reported that they would recommend this practice to other older adults	Number of patients who completed a survey	Patient satisfaction is both an indicator of quality of care and a component of quality care.

PATIENT EXPERIENCE: CARE OF THE VULNERABLE ELDERLY – PROCESSES OF CARE

Screening and Evaluation				
Measure Title	Description	Numerator	Denominator	Rationale
Vision testing within past 24 months - PtSrv	Patients in the sample who reported having had their vision checked within the past two years	Number of patients in the sample who reported having had their vision checked within the past two years	Number of patients who completed a survey	Aging is associated with changes in visual acuity, development of cataracts, macular degeneration, glaucoma, and other conditions.

Preventive Care				
Measure Title	Description	Numerator	Denominator	Rationale
Smoking cessation counseling - PtSrv	Patients in the sample who responded "Yes, more than once" to the survey question "If you smoke, has your doctor advised you to stop?"	Number of patients in this sample who responded "Yes, more than once" to the survey question "If you smoke, has your doctor advised you to stop?"	Number of surveyed patients that are smokers	

Physical Activity				
Measure Title	Description	Numerator	Denominator	Rationale
Patient asked about level of physical activity	Patients in the sample who reported being asked about level of physical activity	Number of patients in the sample who reported being asked about level of physical activity	Number of patients who completed a survey	Research supports the recommendation that exercise (i.e., resistance/strength training; balance, gait, and co-ordination training) helps to reduce falls.
Advice to start, increase, or maintain exercise program - PtSrv	Patients in the sample who reported receiving advice to start, increase, or maintain participation in an exercise program that includes attention to balance and strength	Number of patients in the sample who reported receiving advice to start, increase, or maintain participation in an exercise program that includes attention to balance and strength	Number of patients who completed a survey	Research supports the recommendation that exercise (i.e., resistance/strength training; balance, gait, and co-ordination training) helps to reduce falls.

Assessments				
Measure Title	Description	Numerator	Denominator	Rationale
Patient asked about hearing problems	Patients in the sample who reported that their doctor or someone in the office asked if they had any problems with their hearing	Number of patients in the sample who reported that their doctor or someone in the office asked if they had any problems with their hearing	Number of patients who completed a survey	Hearing loss is associated with depression and decreased quality of life; it also can be mistaken for confusion or poor cooperation in older adults.
Patient asked about memory concerns	Patients in the sample who reported that their doctor or someone in the doctor's office asked if they had any concerns about memory	Number of patients in the sample who reported that their doctor or someone in the doctor's office asked if they had any concerns about memory	Number of patients who completed a survey	Some loss of recent memory occurs in many older adults and generally is benign. However, memory loss that affects daily living should be evaluated carefully. Older adults may be aware of and concerned about subjective memory impairment, which is a risk factor for progression to dementia. Other causes of memory loss include depression, drug and alcohol effects, stroke, and head injury; some of these causes may be reversible.
Patient has discussed falls with doctor or someone in the office	Patients in the sample who reported having fallen during the past 12 months and who spoke with their doctor or someone in the office about falling	Number of patients in the sample who reported having fallen during the past 12 months and who spoke with their doctor or someone in the office about falling	Number of patients who completed a survey and who reported having fallen during the past 12 months	All older patients (or their caregivers) should be asked at least once a year about falls, frequency of falling, and difficulties in gait or balance.
Patient has discussed problems with balance/walking with doctor or someone in the office	Patients in the sample who reported having had a problem with balance or walking during the past 12 months and who spoke with the doctor or someone in the doctor's office about the problem	Number of patients in the sample who reported having had a problem with balance or walking during the past 12 months and who spoke with the doctor or someone in the doctor's office about the problem	Number of patients in the sample who reported having had a problem with balance or walking during the past 12 months	Problems with gait and/or balance should be evaluated in older patients, particularly those who have had a fall.
Patient advised about how to prevent falls	Patients in the sample who reported having been advised about how to prevent falls	Number of patients in the sample who reported having been advised about how to prevent falls	Number of patients who completed a survey	A variety of interventions have been used to prevent falls in older adults. The most effective interventions are multicomponent, including exercise and education, and targeted to the individual patient.

Urinary Incontinence				
Measure Title	Description	Numerator	Denominator	Rationale
Patient has bothersome urinary incontinence and has discussed it with doctor or someone in the office	Patients in the sample who reported having bothersome urine leakage and who reported speaking with the doctor or someone in the office about the problem	Number of patients in the sample who reported having bothersome urine leakage and who reported speaking with the doctor or someone in the office about the problem	Number of patients in the sample who reported having bothersome urine leakage (i.e., answered "A big problem" or "A small problem" to the survey question "How much of a problem, if any, was the urine leakage for you?")	Urinary incontinence is common in older adults, and its prevalence increases with age. Incontinence is associated with other common geriatric conditions, including prior hysterectomy, obesity, prior stroke, chronic obstructive pulmonary disease, slow gait speed, and poor overall health. It has a significant negative impact on self-esteem and quality of life; incontinence also is a risk factor for depression, falls, and nursing home placement. Surgical, medical, and behavioral treatments vary with the etiology; while not all patients will be interested in exploring treatment options, all can benefit from advice on managing the condition.
Evaluation/treatment for bothersome urinary incontinence - PtSrv	Patients in the sample who reported having bothersome urine leakage and who reported receiving evaluation or treatment for it	Number of patients in the sample who reported having bothersome urine leakage and who reported receiving evaluation or treatment for it	Number of patients in the sample whose incontinence was bothersome enough to ask about treatment options	Urinary incontinence is common in older adults, and its prevalence increases with age. Incontinence is associated with other common geriatric conditions, including prior hysterectomy, obesity, prior stroke, chronic obstructive pulmonary disease, slow gait speed, and poor overall health. It has a significant negative impact on self-esteem and quality of life; incontinence also is a risk factor for depression, falls, and nursing home placement. Surgical, medical, and behavioral treatments vary with the etiology; while not all patients will be interested in exploring treatment options, all can benefit from advice on managing the condition.

Physician/Practice Communications				
Measure Title	Description	Numerator	Denominator	Rationale
Doctor rated "excellent" at encouraging/ answering questions clearly	Patients in the sample who rated the doctor "Excellent" at encouraging/answering questions clearly	Number of patients in the sample who responded "Excellent" to the survey question "How is this doctor at encouraging you to ask questions and answering them clearly?"	Number of patients who completed a survey, excluding those who responded "Not applicable" to the question "How is this doctor at encouraging you to ask questions and answering them clearly?"	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients' overall experiences with doctors are shaped by communication style and content; both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Staff rated "excellent" at encouraging/answering questions	Patients in the sample who rated the staff "Excellent" at encouraging/answering questions clearly	Number of patients in the sample who responded "Excellent" to the survey question "How is this doctor's staff at encouraging you to ask questions and answering them clearly?"	Number of patients who completed a survey	Care should be patient-centered; respectful of and responsive to individual patient preferences, needs, and values; and ensuring that patient values guide all clinical decisions. Patients' overall experiences with a practice are shaped by communication style and content not only of the doctor, but also of the practice staff; these factors contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Doctor and staff rated "excellent" at providing information on taking medications properly	Patients in the sample who rated the practice "Excellent" at providing information on taking medications properly	Number of patients in the sample who responded "Excellent" to the survey question "How is this practice at making sure you have the information you need to take your medications properly?"	Number of patients who completed a survey, excluding those who responded "Not applicable" to the question "How is this practice at making sure you have the information you need to take your medications properly?"	Patients' overall experiences with doctors are shaped by communication style and content; both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations. Helping patients understand their medications, both prescription and over-the-counter drugs, is an essential part of health care.

Physician/Practice Communications				
Measure Title	Description	Numerator	Denominator	Rationale
			properly?"	
Doctor and staff rated "excellent" at providing information on medication side effects	Patients in the sample who rated the practice "Excellent" at providing information on medication side effects	Number of patients who responded "Excellent" to the survey question "How is this practice at giving you information about side effects of your medications?"	Number of patients who completed a survey, excluding those who responded "Not applicable" to the question "How is this practice at giving you information about side effects of your medications?"	Patients' overall experiences with doctors are shaped by communication style and content; both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations. Helping patients understand their medications, including potential side effects, is an essential part of health care.

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