

University of Texas Medical Branch Center for Sleep Disorders Policy: Outcome Measures for Insomnia: Improving Daytime Functioning	Effective Date: 4/1/18 Revised Date: 2/19/18 Campus: ADC
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## Outcome Measure for Insomnia: Improving Daytime Functioning

Measure Description	
<b>Description</b>	Proportion of patients who showed improvement in at least one domain of daytime functioning after treatment initiation as measure by at least one Assessment method.
<b>Expression of Performance</b>	<p>75% Expected threshold</p> <p><i>Performance = <math>\frac{\# \text{ of patients meeting numerator criteria}}{\# \text{ of patients meeting denominator criteria} - \# \text{ of patients with valid exclusions}}</math></i></p>
Measure Components	
<b>Denominator Statement</b>	20% of patients diagnosed with insomnia (minimally 20 medical records) who receive insomnia evidence-based management such as initiation or renewal of insomnia treatments during their first visit with the clinician.
<b>Exceptions</b>	<p><b>Medical Reasons:</b> None</p> <p><b>Patient Reasons:</b> Patients who decline treatment; patients who do not return and do not complete assessment at a follow-up visit after they insomnia treatment is initiated; patients who are unable to engage in treatment; patients less than seven years of age should be excluded.</p> <p><b>System Reasons:</b> None</p>
<b>Numerator Statement</b>	<p>Number of patients who showed improvement in at least one domain of daytime functioning after treatment initiation by at least one of the following assessment methods:</p> <ul style="list-style-type: none"> <li>* Mood/affective disturbances: PHQ-9, POMS or CESD</li> <li>* Anxiety: GAD-7 from the PHQ/PRIME-MD</li> <li>* Fatigue: Fatigue Severity Scale, MFI</li> <li>* Sleepiness: Epworth Sleepiness Scale</li> <li>* Somatic Complaints: PHQ Scale</li> <li>* Overall Functioning and quality of Life: Sheehan Disability Scale, SF-36, RAND-12</li> </ul>

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	<p>*PROMIS scales The "return visit" measure should be administered sometime between one (minimum interval) and three months after treatment initiation.</p>
<b>Technical Specifications: Administrative/Claims Data</b>	
Administrative claims data collection requires users to identify the eligible population (denominator) and numerator using codes recorded on claims or billing forms (electronic or paper). Users report a rate based on all patients in a given practice for whom data are available and who meet the eligible population/denominator criteria).	
<b>Denominator (Eligible Population)</b>	<p><b>One of the following codes indicating Insomnia:</b>  291.82 Alcohol induced sleep disorders ( includes alcohol induced insomnia)  292.85 Drug induced sleep disorders ( includes drug induced insomnia)  307.41 Transient disorder of initiating or maintaining sleep  307.42 Persistent disorder of initiating or maintaining sleep  307.49 Other (includes "subjective insomnia complaint")  327.00 Organic insomnia, unspecified  327.01 Insomnia due to medical condition classified elsewhere  327.02 Insomnia due to mental disorder  327.09 Other organic insomnia  780.51 Insomnia with sleep apnea, unspecified  780.52 Insomnia, unspecified</p> <p><b>Accompanied by</b>  One of the following patient encounter codes:  90832 Psychotherapy, 30 min  90834 Psychotherapy, 45 min  90837 Psychotherapy, 60 min  99212, 99213, 99214, 99215 (office/other outpatient services—established patient)  90833 Psychotherapy, 30 minutes, when performed with an evaluation and management service  90836 Psychotherapy, 45 minutes, when performed with an evaluation and management service  90838 Psychotherapy, 60 minutes, when performed with an evaluation and management service  90863 Pharmacologic management, when performed with psychotherapy services</p>

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	96152 Health and behavior intervention  <b>Accompanied by</b> Documentation that the patient is currently receiving evidence-based treatment for his/her insomnia.
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<b>Denominator Eligible Population (Continued)</b>	<b>Accompanied by</b> Documentation that assessments of daytime functioning have been performed at baseline and at a return visit: *Documented baseline assessment of daytime functioning administered within one month maximum prior to treatment initiation. *Documented assessment at a return visit of daytime functioning administered at least once at minimum between one and three months after treatment initiation.
<b>Exceptions</b>	<b>At least one of the following is documented in the patient chart:</b> * Patient declines treatment * Patient does not return and does not complete assessment at a follow-up visit after the insomnia treatment is initiated. * Patient is unable to engage in treatment * Patient is under seven years of age.
<b>Numerator</b>	<b>Chart review indicates:</b> Documented improvement in daytime functioning as determined by one of the follow methods: * Mood/affective disturbances: PHQ-9, POMS or CESD *Anxiety: GAD-7 from the PHQ/PRIME-MD *Fatigue: Fatigue Severity Scale, MFI *Sleepiness: Epworth Sleepiness Scale * Somatic Complaints: PHQ Scale *Overall Functioning and quality of Life: Sheehan Disability Scale, SF-36, RAND-12 *PROMIS scales