

Table 1: Dementia coding exercise protocol

**Dementia “Coding Clean-up” Exercise:
Improving records of dementia diagnosis in your practice by more accurate coding**

Introduction - why is this important? Achieving early diagnosis of dementia is a major national priority, identified in the National Dementia Strategy and championed by the Government. Only 46% of those who we would expect to have dementia in London, based on population prevalence rates, are recorded on GP practice dementia registers¹. We believe one of the reasons behind this low diagnosis rate is problems in coding. We have previously developed guidance for GPs to support them to code dementia diagnoses accurately (see Appendix 4).

Aims The following exercise has been primarily designed to support GPs to identify problems in coding, which are contributing to low rates of dementia diagnosis on practice registers. It also provides a framework for GPs, to consider other patients who may have dementia, but are not yet diagnosed. It may also identify patients who have been lost to follow-up, which GPs can then address following local pathways.

Method

Step 1 – Identify commonly used Read codes for dementia/memory concerns At a practice meeting, discuss what codes GPs in your practice use when adding dementia or worries about memory to a patient’s problem list. Make a note of codes commonly used by your colleagues. Add any codes commonly used that are not already included on the list² in step 3 below.

Step 2 – Obtain Practice’s QOF dementia register Find the QOF dementia register for your practice³. Write the number of patients currently on the register, on the form in Appendix 3.

Step 3 – Run searches to generate lists of patients who may have dementia⁴ Run the following searches:

- | | | |
|----|--|-------------------|
| 1. | All those prescribed anti-dementia medication (See Appendix 2) | |
| 2. | “h/o dementia” | Read code 1461.00 |
| 3. | “Dementia monitoring” | Read code 66h..00 |
| 4. | “Dementia annual review” | Read code 6AB..00 |
| 5. | “Cognitive decline” | Read code 28E..00 |

¹ Dementia Prevalence Calculator, 2013

² These are the Read codes that were identified by the London pilot as being most commonly used. There is, however, variation from practice to practice, so it is important to have the discussion with colleagues, to identify codes your practice commonly uses. For example, other codes used in some practices in the pilot were: “Forgetful”, “Organic memory impairment”, “Short Term Memory Loss”

³ For EMIS and Vision, the codes that place patients on the QOF dementia register can be found in Appendix 1

⁴ It is possible that this part of the exercise can be done by your practice manager/ administrator

- | | |
|---|-------------------|
| 6. "Confusion" | Read code R009.00 |
| 7. "Memory loss Symptom" | Read code 1B1A. |
| 8. "Memory Impairment" | Read code Z7CEH |
| 9. "Short Term Memory Problems" | Read code Z7CF811 |
| 10. Any other codes identified by your colleagues in step 1 | |

NOTES: Searches 5 onwards are less specific. If you are from a large practice you may need to apply an age range (eg age over 65 only) to the search to make it manageable for step 4. If you work with care or nursing homes you may wish to also review the notes of these patients, as it is likely that many will have dementia.

** Please be aware that due to different GP computer operating systems you may not be able to find all of the listed read codes above. If you have been unable to find one particular code please just pass on.

Step 4 – Compare search results with QOF dementia register Compare the results of the searches with your practice QOF dementia register. Where discrepancies occur, review the notes to find out whether the patient has a diagnosis of dementia (in which case they can be coded as dementia using the codes in Appendix 1), whether they would benefit from an assessment, or whether they clearly do not have dementia.

Record the results on the form in Appendix 3. NOTE: If you find cases where dementia has been diagnosed but not coded, then it is best to date the diagnosis to the time it was made. This avoids QOF targets inappropriately requesting screening bloods etc.

Step 5 – Discuss patients for further review

At the next practice meeting discuss the list of patients you have identified who might benefit from a memory assessment and consider how best to offer this e.g. visit by usual doctor or letter inviting them to come in for a review.

Appendix 1 – Read codes

Dementia Read Codes

Dementia in disease EC (Eu02.%)
Senile / presenile organic psych (E00..%)
Vascular dementia (Eu01.%)
Drug-induced dementia (Eu02y1)
Other alcoholic dementia (E012.%)
Dementia in Alzheimer's disease (Eu00.%)
Dementia in conditions EC (E041.)
Delirium superimp dementia (Eu041)
Alzheimer's disease (F110.)
Pick's disease (F111.)
Senile degeneration of brain (F112.)
Lewy body disease (F116.)

Appendix 2 - List of anti-dementia medication

Anti-Dementia drugs

Donepezil (Aricept[®], Aricept Evess[®])
Galantamine (Reminyl[®], Reminyl[®] XL)
Rivastigmine (Exelon[®])
Memantine hydrochloride (Ebixa[®])

Appendix 3 – Results submission form

Please return to when completed

Dementia “Coding-clean up” Exercise

Practice Name:

General

Before start of exercise - number on QOF dementia register	
After exercise - number on QOF dementia register	
Number of patients who would benefit from assessment	

Detail

Please note, the numbers in the below table may not add up to totals entered in the table above, as there may be more than one coding issue identified per patient.

Search	Total no of patients with this code	Note – the figures in these three columns should add up to the figure in the total column on the left			
		Number with this code, with confirmed dementia, who <u>were</u> on the QOF dementia register at the start of the exercise	Number with this code, with confirmed dementia , who <u>were not</u> on the QOF dementia register at the start of the exercise	Number with this code without confirmed dementia	Number with this code without confirmed dementia that would benefit from an assessment
Anti-dementia Drugs					
h/o dementia					
Dementia Monitoring					
Dementia Annual Review					
Cognitive Decline					
Confusion					
Memory loss symptom					
Memory Impairment					
Short term memory problems					
Local codes (please specify)					
i					
ii					
iii					
iv					