

AAO37: Dysphonia: Laryngeal Examination

High Priority Status: Yes / Patient Safety CBE Number: N/A

Measure Description:

Percentage of patients who were diagnosed with dysphonia that failed to resolve within 4 weeks and received a laryngoscopy.

Instructions:

This measure is to be submitted once for <u>each occurrence</u> of dysphonia during the performance period. For the purpose of submitting this measure, only unique occurrences of dysphonia episodes within the current performance period will be included. A unique occurrence of dysphonia is defined as the period of time that begins with the onset of dysphonia diagnosis and ends 90 days after the onset of diagnosing.

Denominator:

All patients diagnosed with dysphonia with symptoms lasting longer than 4 weeks.

Denominator note: To be eligible for the denominator, a patient record must have

- Documentation of dysphonia onset date at least four weeks prior to the current encounter
- Documentation of dysphonia during two encounters at least 4 weeks apart.

Dysphonia definition: Dysphonia is a disorder characterized by harsh and raspy voice arising from or spreading to the larynx. For the purposes of this measure, dysphonia refers to a change or hoarseness in the patient's voice.

Denominator Exclusions:

None

Numerator:

Patients who received or were referred for laryngeal examination.*

*Definition: Laryngeal examination definition: examination by a qualified examiner utilizing flexible laryngoscopy, or stroboscopy to examine vocal fold/cord mobility.

Denominator Exceptions:

- Patient refusal of laryngeal examination or plan of care for treatment.
- Acute vocal cord injury within 2 weeks of diagnosis.

Measure Classifications:

Submission Pathway: Traditional MIPS Measure Type: Process High Priority Type: Patient Safety Meaningful Measures Area: Appropriate Use of Healthcare Care Setting(s): Ambulatory Care: Clinician Office/Clinic Includes Telehealth: Yes Number of Performance Rates: 1 Inverse measure: No Continuous measure: No Proportional measure: Yes Ratio measure: No Risk Adjusted measure: No

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