Comments Submitted to AAN’s Parkinson’s Disease (PD) Quality Measure Set

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1. **Cognitive Impairment or Dysfunction Assessment for Patients with Parkinson’s Disease**

   The American Occupational Therapy Association (AOTA) appreciates this opportunity to comment on AAN’s valuable work to create quality measures for Parkinson’s disease. In addition to neuropsychology referral for cognitive assessment, referrals to occupational therapy should be considered if cognitive impairments (e.g., executive function) affect the safety and accuracy of personal Activities of Daily Living or instrumental Activities of Daily Living.

   **Example:** If a person diagnosed with PD has difficulties with sequencing or planning, this can affect how well and safely they can perform complex tasks such as meal planning and preparation, dressing oneself, paying bills, and driving/transportation.

2. **Percentage of all patients with a diagnosis of PD (or caregivers, as appropriate) who were queried about sleep disturbances in the past 12 months.**

   For moderate to severe sleep disturbances. Patients with PD (or caregivers) may have difficulty performing their daily activities safely (e.g., driving, medication management). A referral for occupational therapy should be considered if patients with PD report difficulties completing daily activities or experiencing drowsiness during activities of daily living where safety is a concern (e.g., cooking, driving). Occupational therapy can design interventions for pacing activities, developing good sleep hygiene routines, and finding resources in the community for assistance.

3. **Percentage of patients with PD who experienced a fall in the preceding six months.**

   The American Occupational Therapy Association (AOTA) supports this outcome measure. Our systematic review found strong evidence for multicomponent interventionsthat include occupational therapy can result in reduced falls (e.g., home modifications and other fall prevention interventions). We agree that a multidisciplinary assessment should be conducted after an injurious fall, but would like more specificity, such as adding occupational therapy, physical therapy, dietician, etc..

4. **Percentage of all patients with a diagnosis of PD (or caregivers, as appropriate) who had rehabilitative therapy options (e.g., occupational, physical, and speech therapy discussed in the past 12 months).**

   AOTA highly supports this quality measure. AOTA’s systematic review found evidence for client-preferred external cues during activities of daily living (ADLs) to improve motor control. Similarly, research indicates that environmental cues, stimuli, and assistive objects can improve task and occupational performance (i.e., performance of everyday activities).


5. **Percentage of patients with PD counseled on importance of and provided recommendations on regular exercise regimen in the past 12 months.**

   AOTA supports the goal of increasing fitness of persons with PD and the intent of this measure. Some people dislike traditional exercise but would be willing to participate in other physical activities. AOTA recommends that AAN consider adding a goal regarding physical activities to this measure or creating a separate measure that is focused on physical activities rather than exercise alone. As an example, a recent RCT found that individuals with PD who engaged in a community-based tango dance program reported increased participation in complex daily activities, increased recovery of activities lost since the onset of PD, and increased engagement in new activities, compared to a control group.