Consensus Core Set: Neurology

The Core Quality Measures Collaborative (CQMC) core measure sets (core sets) are intended for use in value-based payment (VBP) programs and may also be used to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. CQMC core sets are developed and maintained using a multistakeholder, consensus-based process and established measure selection principles. The core sets focus primarily on ambulatory care measures at the clinician reporting level. Measure specifications and details are linked in the “CBE Number” column, and additional considerations for use are included in the “Notes” section of the table below.

Neurology Measures

The CQMC core set measures focus on ambulatory care measures at the clinician-reporting level. The Neurology core set includes four measures that have been tested for reliability and validity at the clinician (individual or group/practice) reporting level. The remaining core set measure is important to neurology, but it has not been tested at the clinician level of analysis. When using measures specified outside of the clinician level of analysis, core set users should ensure adequate measure denominator size based on their patient population.

<table>
<thead>
<tr>
<th>Measure Topic</th>
<th>CBE Number</th>
<th>Measure</th>
<th>Steward</th>
<th>Level of Analysis</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>N/A</td>
<td>Stroke and Stroke Rehabilitation: Thrombolytic Therapy (MIPS ID 187)</td>
<td>American Heart Association (AHA)</td>
<td>Clinician</td>
<td>-</td>
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<tr>
<td>Cross-cutting</td>
<td>0005</td>
<td>CAHPS Clinician &amp; Group Surveys (CG-CAHPS) I</td>
<td>Agency for Healthcare Research and Quality (AHRQ)</td>
<td>Clinician</td>
<td>Ensure adequate denominator volume AHRQ guidance</td>
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<tr>
<td></td>
<td>0097</td>
<td>Medication Reconciliation</td>
<td>National Committee for Quality Assurance (NCQA)</td>
<td>Health Plan</td>
<td>-</td>
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<tr>
<td></td>
<td>0419e</td>
<td>Documentation of Current Medications in the Medical Record I</td>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td>Clinician</td>
<td>No longer CBE endorsed eCQM Telehealth eligible</td>
</tr>
<tr>
<td></td>
<td>2624</td>
<td>Functional Outcome Assessment I</td>
<td>CMS</td>
<td>Clinician</td>
<td>No longer CBE endorsed</td>
</tr>
</tbody>
</table>

1 This measure is a cross-cutting measure that may be highly relevant across multiple core sets. Blank cells marked with (-).
Gap Areas for Future Consideration and Measure Development

- Outcome measures
- Measures addressing social determinants of health
- Opioid use and misuse measures
- Quality of life assessments
- Pediatric medication reconciliation [Note: American Academy of Neurology (AAN) planned to test this measure in 2020, but this testing has been delayed due to the COVID-19 pandemic]
- Transitions of care
- Pain assessment measures
- The Workgroup is interested in reviewing AAN measures related to myotrophic lateral sclerosis (ALS), back pain, child neurology, dementia and mild cognitive impairment, polyneuropathy, epilepsy, headache, multiple sclerosis, Parkinson’s disease, falls, transitions of care, and seizures, once updated testing results are available.

Core Set Updates for 2022
Minor updates were made to the core set presentation (e.g., updating introductory information and measure links, confirming continued accuracy of notes, adding designation for cross-cutting measures identified as potentially relevant across multiple core sets). However, the Neurology Workgroup did not meet in 2022, and no measures were added or removed from the Neurology core set.

Note that #0419e Documentation of Current Medications in the Medical Record and #2624 Functional Outcome Assessment were both withdrawn by the developer and lost endorsement in November 2021 (after the last Workgroup ad hoc maintenance meeting), and will be revisited in a future maintenance cycle.