



## Core Set Update Summary

### Core Quality Measures Collaborative Neurology Core Set Update

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Battelle facilitated the Core Quality Measures Collaborative (CQMC) Neurology Workgroup annual core set update. The workgroup is in transition and does not have co-chairs. No measures will be added or removed from the core set until co-chairs are seated. The core set was last updated in 2020.

Because the workgroup does not have co-chairs, Battelle requested written feedback on topics and measures the workgroup should consider when they meet again. The Neurology Workgroup received a slide deck that outlined the core set's intent, [principles for core set measure selection](#), and the process for maintenance. The slide deck also included a high-level recap of the core set's creation, maintenance, and potential measures for addition and removal.

#### 2024 Maintenance Review

Last year's core set review was shared as a written update. Battelle identified two measures for potential removal: [CBE #0419e Documentation of Current Medications in the Medical Record](#) and [CBE #2624 Functional Outcome Assessment](#). Battelle received two responses from the workgroup, and one member supported the removal of CBE #2624.

Due to a lack of co-chairs, no measures were removed from the core set.

The workgroup previously expressed interest in reviewing American Academy of Neurology (AAN) measures related to amyotrophic 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.

#### The Current Core Set

Currently, the [Neurology core set](#) has five measures: four process and one patient-reported outcome-based performance measure (PRO-PM). One measure is related to stroke and the other four are cross-cutting measures.

#### Measures for Consideration – Additions

Since significant measure development has occurred since the workgroup last convened, Battelle sought guidance from members to prioritize topics and measures for discussion when the workgroup reconvenes.

The workgroup is considering adding a wide range of neurology-focused quality measures,

especially for:

- ALS, dementia, epilepsy, Parkinson's disease, and child neurology
- Care planning, symptom screening, treatment monitoring, and caregiver support
- Cross-cutting topics such as opioid safety and pain management, and transitions of care

Among these areas, Battelle identified 71 measures for potential addition. Most of the proposed measures are process-based, with some assessing outcomes. Many are still in development or lack digital (eCQM) formats, but they align with goals to improve care coordination, patient experience, and clinical outcomes.

Battelle requested feedback from the workgroup on proposed measures for addition. Of the 11 voting organizations, four replied with feedback. Voting members considered the following topic areas high priority for when the workgroup meets in the future: stroke, epilepsy, headaches, opioid use and misuse, caregiver support, and care planning/transitions of care. Specifically, one member mentioned adding headache, stroke, and epilepsy measures, while another member proposed addition of the following AAN measures to the core set:

- [Modifiable Lifestyle and Chronification Factors Counseling for Migraine Quality Measure](#)
- [Treatment Prescribed for Acute Migraine Attacks](#)
- [CMIT #243 Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy](#)

## Measures for Consideration – Removal

Battelle solicited feedback from the workgroup on measures for potential removal and reviewed the current core set, looking for changes to endorsement status or changes in program use, and identified two measures for potential removal: [CBE #0419e Documentation of Current Medications in the Medical Record](#) and [CBE #2624 Functional Outcome Assessment](#). Battelle identified both measures for removal discussion because they are no longer endorsed by the consensus-based entity (CBE), as the developer withdrew them from the endorsement and maintenance process. However, federal programs still use the measures; CBE #0419e is in the Merit-based Incentive Payment System (MIPS) and the Maryland Total Cost of Care Model; and CBE #2624 is in MIPS.

Battelle also requested feedback from the workgroup on proposed measures for removal. Of the 11 voting organizations, two replied with feedback. Both voting organizations agreed that CBE #0419e and CBE #2624 should be proposed for removal.

The limited number of responses may reflect challenges in engagement with the workgroup – it has not convened since 2021. The CQMC can consider how to reengage the workgroup during the next annual review cycle.

## Gap Areas

The gap areas for the Neurology core set include:

- Outcome measures
- Measures addressing social determinants of health
- Opioid use and misuse measures
- Quality-of-life assessments
- Pediatric medication reconciliation measures
- Transitions of care measures
- Pain assessment measures

In addition, the workgroup is interested in reviewing AAN measures related to 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.

### **Next Steps**

Battelle will work with the CQMC on next steps based on the workgroup's feedback.