

Meeting Summary

Neurology Workgroup Web Meeting 2

The National Quality Forum (NQF) convened a closed session web meeting for the Neurology Workgroup on February 24, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical. NQF staff reviewed the following meeting objectives:

- Overview of CQMC Decision-Making Process and Measure Selection Principles
- Evaluate Potential Core Set Measures
- Identification of Additional Measure Sources

Overview of the CQMC Decision-Making Process and Measure Selection Principles

Voting and Quorum

NQF staff gave an overview of quorum and voting process. The Workgroup was informed that voting and non-voting participants could take part in discussion, but only voting participants would participate in the voting process which takes place after meetings via online voting survey. Quorum is defined as representation from at least one health insurance provider representative, at least one medical association representative, and at least one representative from the remaining voting participant categories (i.e., consumers, purchasers, regional collaboratives).

NQF staff advised that the Workgroup will thoroughly discuss each item and all views will be heard. Items for which the co-chairs determine that a consensus and quorum has been reached may be approved or disapproved by a voice vote. Items for which voting participants express dissenting opinions or when a quorum has not been reached, the Workgroup co-chairs will subject the applicable item(s) to an electronic vote. If reaching consensus is not possible, the measure will be presented to the Collaborative for additional discussion. The Collaborative will be responsible for the final decision to approve a core measure set.

NQF staff shared the following Principles for measures included in the CQMC core measure sets:

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
 - a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
 - a. The source of the evidence used to form the basis of the measure is clearly defined.
 - b. There is high quality, quantity, and consistency of evidence.
 - c. Measure specifications are clearly defined.
4. Represent a meaningful balance between measurement burden and innovation.
 - a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
 - b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
 - c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

The following were shared as Principles for the CQMC core measure sets.

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

Evaluate Potential Core Set Measures

NQF staff shared that the workgroup would review measures currently endorsed by NQF, measures that are used in public programs with specifications available and those in the American Academy of Neurology’s (AAN) Axon Registry. From the environmental scan, the following were noted as Neurology measurement areas:

- Amyotrophic Lateral Sclerosis
- Back Pain
- Child Neurology
- Dementia
- Distal Symmetric Polyneuropathy (DSP)
- Epilepsy
- Headache
- Multiple Sclerosis (MS)
- Neuro-otology
- Parkinson’s Disease
- Sleep

- Stroke
- Cross-cutting

Amyotrophic Lateral Sclerosis (ALS)

MIPS ID 386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences

NQF staff shared the measure specifications and performance data. The measure was reported as being a registry measure being finalized for the 2019 Performance Period and future years.

Workgroup members noted that the opportunity for improvement benchmarking was not available in MIPS and that the measure was perhaps not ready for prime time. The group agreed that *MIPS ID 386* should not be included on the voting list for potential inclusion

Back Pain

AAN ID 26: Activity Counseling for Back Pain

NQF staff shared the measure specifications. A member noted that the measure is new and has not undergone reliability and validity testing. Performance data on the measure is expected to be reported in 2020. The workgroup agreed that the measure concept was good as it is cross-cutting and could aide in reducing opioid use, but without performance data it is hard to determine its usefulness. The workgroup decided not to include the measure on the voting list for potential inclusion into the core set.

ID 0425: Functional Status Change for Patients with Low Back Impairments

NQF staff shared the measure specifications. The measure was noted by the workgroup as cross-cutting self-reported outcome PROM, there were some concerns about the reliability, validity and reporting. It was noted that there was no specific code to pull from, but in order to report on the measure clinicians would have to report by pulling a score. The measure was noted as having passed NQF criteria, but the workgroup did have concerns regarding its risk adjustment. There was consensus from the workgroup to include the measure on the voting list. A request was made to NQF staff to provide more testing information to the workgroup to aide in their decision making.

Child Neurology

AAN20 Querying for co-morbid conditions of tic disorder (TD) and Tourette Syndrome (TS)

NQF staff shared the measure specifications. The measure was noted as being part of the AAN Neurology set due for update in 2020. A member shared concern that referrals are easier to track but that the measure would be hard to implement and that following through screening can be problematic. The measure was noted as having an important concept and was recommended by the group for future consideration.

Dementia

NQF 2872e/QPP 281 Dementia: Cognitive Assessment

QPP 282 Dementia: Functional Status Assessment

QPP 283 Dementia: Associated Behavioral and Psychiatric Symptoms Screening and Management

QPP 288 Dementia: Caregiver Education and Support

QPP 286 Dementia: Counseling Regarding Safety Concerns

NQF staff shared the above measures and their respective measure specifications. Measure *2872e/QPP 281 Dementia: Cognitive Assessment*, was noted as approved for trial use and currently used in MIPS. A member inquired if the measure is used in case or mild/moderate or severe dementia, to which a response was provided that the measure is used in all forms of dementia. A member commented that the measure may be hard to implement in severe cases as there may be some improvement which may not always be reflected in the cognitive assessment. The workgroup agreed to monitor the measure's performance/reporting data and to keep the measure on the list for future consideration.

QPP 282 Dementia: Functional Status Assessment, was reported as being jointly stewarded by the AAN and American Psychiatric Association. The measure was reported as topped out in MIPS but there was concern that not all clinicians/practices were reporting on the measure. The workgroup found the measure lacking in-depth testing data and thus the group decided not to include it in this measure set. A recommendation was made to reconsider the measure after testing.

The three remaining measures *QPP 283: Dementia: Associated Behavioral and Psychiatric Symptoms Screening and Management*, *QPP 288 Dementia: Caregiver Education and Support* and *QPP 286 Dementia: Counseling Regarding Safety Concerns* were all deemed to have too little reliability and validity testing and were not recommended by the workgroup for voting for potential inclusion into the core set until after testing.

Distal Symmetric Polyneuropathy (DSP)

AAN28 Diabetes/Pre-Diabetes Screening for Patients with DSP

NQF staff shared the measure specifications. A member noted to the group that the measure specifications had recently undergone changes. Although regarded as a strong measure, the group decided to hold off on its addition to the core set until after testing results return under the new specifications. The AAN expects results to return in September 2020.

Epilepsy

QPP 268 Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy

AAN12 Quality of Life Assessment for Patients with Epilepsy

NQF staff shared the above measures and their respective measure specifications. A member shared that CMS requested specification changes on measure *QPP 268 Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy*, i.e. a change in the age range and that reporting on testing would be ready in 2021. For this reason, the measure was not recommended for the voting list. *AAN12 Quality of Life Assessment for Patients with Epilepsy*, was noted as a patient reported/outcome measure which is what the CQMC is advocating for in its principle for core set. The workgroup however, found the measure lacking in its reliability and validity testing. For this reason, the measure was not recommended for the voting list.

Headache

AAN5 Medication Prescribed for Acute Migraine Attack

QPP 435 Quality of Life Assessment for Patients with Primary Headache Disorder

QPP 419 Overuse of Imaging for the Evaluation of Primary Headache

NQF staff shared the above measures and their respective measure specifications. The first measure discussed among headache-related measures was *AAN5 Medication Prescribed for Acute Migraine Attack*, which is being updated with new specifications and is expected to undergo further testing. The workgroup decided to wait until after the testing results to consider it for inclusion. *QPP 435 Quality of Life Assessment for Patients with Primary Headache Disorder* was reported by a workgroup member as near retirement and was not recommended for consideration for any current or future measure sets, to which the workgroup agreed. The last measure in the category of headaches, *QPP 419 Overuse of Imaging for the Evaluation of Primary Headache* was not considered for inclusion onto the voting list because of its lack of inclusivity.

Multiple Sclerosis

AAN8 Exercise and appropriate physical activity counseling for patients with Multiple Sclerosis

NQF staff shared the measure specifications. A member reported that the measure has been prioritized for testing by the American Academy of Neurology (AAN) and would have performance data ready in June 2020. It was noted that AAN registry reporting data indicated a gap in this area. The workgroup decided not to consider it for the measure set until data is received from testing in 2021.

Neuro-otology

AAO35 Benign Positional Paroxymal Vertigo (BPPV): Dix-Hallpike and Canalith Repositioning
NQF staff shared the measure specifications. Similar, to AAN8 measure this was agreed by the workgroup to be considered for inclusion after it undergoes testing.

Parkinson's Disease

QPP 290 Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease
AAN9 Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease
QPP 291 Parkinson's Disease: Cognitive Impairment of Dysfunction Assessment
QPP 293 Parkinson's Disease: Rehabilitative Therapy Options
NQF staff shared the above measures and their respective measure specifications. Regarding all four Parkinson's Disease measures up for consideration, the workgroup decided to not include until further testing is completed in April 2020.

Sleep

QPP 277 Sleep Apnea: Severity Assessment at Initial Diagnosis
QPP 279 Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy
NQF staff shared the above measures and their respective measure specifications. A workgroup member clarified that *QPP Sleep Apnea: Severity Assessment at Initial Diagnosis* was stewarded by the American Academy of Sleep Medicine and not the AAN as reported by NQF Staff. Workgroup members asked for testing data from both measures before proceeding to decide on the measures.

Stroke

QPP 187 Stroke and Stroke Rehabilitation: Thrombolytic Therapy
NQF staff shared the measure specifications. A workgroup member clarified that *QPP 187 Stroke and Stroke Rehabilitation: Thrombolytic Therapy* was stewarded by the American Heart Society and not the AAN as reported by NQF Staff. The workgroup found the measure to be both reliable and valid thus decided to include measure on the voting list for inclusion in the core set.

Identification of Additional Measure Sources

NQF staff reported the following cross-cutting measure areas:

- Medication Documentation, Reconciliation, and Management
- Care Planning (including Advanced Care Plan)
- Quality of Life Assessment
- Falls
- Opioid Use and/or Misuse
- Pain Assessment and Follow-up
- Depression

Conversation around additional measures included the potential replacement of *QPP 220/NQF #0425: Functional Status Change for Patients with Low Back Impairments* with measure *QPP 182/NQF #2624: Functional Outcome Assessment* for consideration by the workgroup as it was a better measure. The Global Health 10 measure was noted as a high priority measure for the AAN and was encouraged for consideration at the next discussion. A member noted that several opioid use/misuse measures were recently retired by AAN and thus not many strong measures exist in this space. A general theme in discussion for additional measures was the inclusion of more measures emphasizing quality of life, pediatric medication reconciliation and patient experience were also a focal point of discussion.

Next Steps

NQF staff shared that during the next meeting on April 17 at 1:00 pm ET, the workgroup will continue to review measures for addition to the core set and discuss measure gaps.