



TO: Executive Committee

FR: Helen Burstin, Chief Scientific Officer

Marcia Wilson, Senior Vice President, Quality Measurement

RE: Ratification of Measures for the Neurology Project 2015-2016

DA: August 29, 2016

ACTION REQUIRED

The Executive Committee is asked to ratify the Consensus Standards Approval Committee's (CSAC) recommendation to endorse measures for the current phase of the Neurology Project. All of the measures recommended by the CSAC are listed below.

Measures Evaluated:

The <u>Project Standing Committee</u> evaluated 26 measures: 14 new measures and 12 measures undergoing maintenance review against NQF's standard evaluation criteria. Five measures were withdrawn from consideration at the request of the measure developers before Committee review.

Consensus Process

<u>Standing Committee:</u> The Committee recommended nine measures for endorsement; one measure for approval for trial use; and six measures for inactive endorsement with reserve status. Ten measures were not recommended for endorsement. (A reconsideration was requested for one measure not recommended for endorsement. Consequently, this measure has not yet been reviewed by the CSAC.)¹

<u>Member Voting:</u> A total of 13 member organizations voted on the measures. All of the recommended measures were approved with 75% approval or higher. No votes were received from the Consumer, Health Plan, Provider Organization, or Public/Community Health Agency Councils.

<u>CSAC</u>: The CSAC voted to recommend nine measures for endorsement, one measure for trial use approval and six measures for inactive endorsement with reserve status. The CSAC memo and Member voting results for this project may be accessed at this <u>link</u>; the project report may be accessed at this <u>link</u>;

Measures Recommended:

- #0437 STK 04: Thrombolytic Therapy. This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.
- #0507 Diagnostic Imaging Stenosis Measurement in Carotid Imaging Reports. Percentage of final reports for carotid imaging studies performed that include direct or indirect reference to

¹ Reconsideration requested: Measure #2876 Hospital 30-day, all-cause, risk standardized mortality rate (RSMR) following acute ischemic stroke hospitalization with claims-based risk adjustment for stroke severity.

measurements of distal internal carotid diameter as the denominator for stenosis measurement.

- #0661 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation within 45 minutes of ED Arrival. Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the Head CT or MRI scan within 45 minutes of arrival.
- #1952 Time to Intravenous Thrombolytic Therapy. Acute ischemic stroke patients aged 18 years and older receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay and having a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.
- #2111 Antipsychotic Use in Persons with Dementia. The percentage of individuals 65 years of age and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.
- #2863 CSTK 06: Nimodipine Treatment Administered. Proportion of subarachnoid hemorrhage (SAH) patients age 18 years and older for whom nimodipine treatment was administered within 24 hours of arrival at this hospital.
- #2864 CSTK 01: National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients. Proportion of ischemic stroke patients age 18 years or older for whom an initial NIHSS score is performed prior to any acute recanalization therapy in patients undergoing recanalization therapy and documented in the medical record, or documented within 12 hours of arrival at the hospital emergency department in patients who do not undergo recanalization therapy.
- #2866_CSTK 03: Severity Measurement Performed for Subarachnoid Hemorrhage and
 Intracerebral Hemorrhage Patients. Proportion of SAH and ICH stroke patients age 18 years or
 older for whom a severity measurement is performed prior to surgical intervention in patients
 undergoing surgical intervention and documented in the medical record; OR, documented
 within 6 hours of arrival at the hospital emergency department in patients who do not undergo
 surgical intervention.
- #2877 Hybrid, Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following
 acute ischemic stroke with risk adjustment for stroke severity. This hybrid stroke mortality
 measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for patients
 discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The
 outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the
 index admission date, including in-hospital death, for stroke patients.

Measure Recommended for Approval for Trial Use:

• <u>#2872</u> Dementia-Cognitive Assessment. Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.

Measures Recommended for Inactive Endorsement with Reserve Status:

- #0434 STK 01: Venous Thromboembolism (VTE) Prophylaxis. This measure captures the
 proportion of ischemic or hemorrhagic stroke patients who received VTE prophylaxis or have
 documentation why no VTE prophylaxis was given on the day of or the day after hospital
 admission.
- #0435 STK 02: Discharged on Antithrombotic Therapy. This measure captures the proportion of ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
- #0436 STK 03: Anticoagulation Therapy for Atrial Fibrillation/Flutter. This measure captures the proportion of ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
- #0438 STK 05: Antithrombotic Therapy By End of Hospital Day Two. This measure captures the proportion of ischemic stroke patients who had antithrombotic therapy administered by end of hospital day two (with the day of arrival being day 1).
- #0439 STK 06: Discharged on Statin Medication. This measure captures the proportion of
 ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or
 who were on a lipid-lowering medication prior to hospital arrival who are prescribed statin
 medication at hospital discharge.
- #0441 STK 10: Assessed for Rehabilitation. This measure captures the proportion of ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services during the hospital stay.

Measures Not Recommended:

- #1814 Counseling for Women of Childbearing Potential with Epilepsy. All female patients of childbearing potential (12-44 years old) diagnosed with epilepsy who were counseled about epilepsy and how its treatment may affect contraception and pregnancy at least once a year.
- #2832 STK 02: Discharged on Antithrombotic Therapy (eMeasure). This measure captures the proportion of ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.

- #2833 STK 03: Anticoagulation Therapy for Atrial Fibrillation/Flutter (eMeasure). This measure captures the proportion of ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
- #2834 STK 04: Thrombolytic Therapy (eMeasure). This measure captures the proportion of acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.
- #2835 STK 05: Antithrombotic Therapy by End of Hospital Day Two (eMeasure). This measure captures the proportion of ischemic stroke patients who had antithrombotic therapy administered by end of hospital day two (with the day of arrival being day 1).
- #2836 STK 06: Discharged on Statin Medication (eMeasure). This measure captures the
 proportion of ischemic stroke patients who are prescribed a statin medication at hospital
 discharge.
- #2837 STK 10: Assessed for Rehabilitation (eMeasure). This measure captures the proportion of ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services during the hospital stay.
- #2865 CSTK 01: Modified Rankin Score (mRS) at 90 Days. Proportion of ischemic stroke patients age 18 years and older treated with intra-venous (IV) or intra-arterial (IA) thrombolytic (t-PA) therapy or who undergo mechanical endovascular reperfusion therapy for whom a 90 day (greater than or equal to 75 days and less than or equal to 105 days) mRS is obtained via telephone or in-person.
- #2870 Overuse of Opioid Containing Medications for Primary Headache Disorders (trial use).
 Percentage of patients aged 12 years and older diagnosed with primary headache disorder, and taking an opioid containing medication who were assessed for opioid containing medication overuse within the 12-month measurement period, and treated or referred for treatment if identified as overusing opioid containing medication.
- #2876 Hospital 30-day, all-cause, risk standardized mortality rate (RSMR) following acute ischemic stroke hospitalization with claims-based risk adjustment for stroke severity. This stroke mortality measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for stroke patients.