

ENDORSEMENT SUMMARY:

Neurology Measures

MARCH 2013

Purpose of the Project

Neurological conditions and injuries affect millions of Americans each year, taking a tremendous toll on patients, families, and caregivers, and costing billions of dollars in treatment, rehabilitation, and lost or reduced earnings. The numbers are staggering:

- Each year, approximately 795,000 people suffer strokes, the fourth leading cause of death in the United States and a leading cause of disability.^{1,2} Related healthcare costs reached \$73.7 billion in 2010.³
- An estimated 5.4 million Americans have Alzheimer's disease, accounting for 70 percent of the cases of dementia in the country and \$130 billion in Medicare and Medicaid spending in 2011.^{4,5,6}
- Epilepsy and Parkinson's disease together affect three million Americans and cost \$15.5 billion and \$25 billion in healthcare costs each year, respectively.^{7,8}
- Traumatic brain injuries cause 52,000 deaths and 275,000 hospitalizations each year, while mild traumatic brain injuries affect more than 1.3 million individuals. Overall costs add up to an estimated \$76.5 billion each year.⁹

Given these statistics, the healthcare community must continue to work to provide high quality care to all patients suffering from neurological conditions and injuries. Quality measurement will be critical ensure success in their efforts.

NQF has previously endorsed performance measures related to neurological conditions and injuries. In March 2012, NQF – at the request of the Department of Health and Human Services – began a two-phase project aimed at updating and endorsing new neurology measures. Phase I of the project focused solely on measures related to stroke.

Phase II dealt with imaging and care measures for dementia and epilepsy.

What Was Endorsed

Summary of Neurology Endorsement Maintenance Measures Project

	Maintenance	New	Total
Measure submitted for consideration	26	27	53
Measures withdrawn from consideration	2	1	3
Measures recommended for endorsement	14	5	19
Measures not recommended for endorsement	10*	21**	31

**importance*

***importance (17); scientific acceptability (3); overall (1)*

Under the neurology endorsement project, NQF endorsed 19 measures suitable for accountability and quality improvement. Of the 19 measures, 14 were previously endorsed and granted continued endorsement status, and five were newly submitted measures.

Measure stewards included a range of healthcare stakeholders, including the Physician Consortium for Performance Improvement, convened by the American Medical Association; the Joint Commission; the Agency for Healthcare Research and Quality; the American Heart Association/American Stroke Association; the American Medical Directors Association; the American Academy



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of Neurology; and the Pharmacy Quality Alliance. A full list of measures is available at the end of this report.

The Need these Measures Fill

This project sought to identify and endorse neurological measures related to stroke for accountability and quality improvement. The resulting endorsed measures focus on a wide range of care processes and services, including acute stroke mortality rates; deep vein thrombosis prophylaxis treatment for stroke patients; anticoagulant therapy for patients with documented atrial fibrillation; dysphasia screening for patients prior to receiving any food, fluids or medication by mouth; and assessment for and ordering of occupational, physical, or speech rehabilitation services for stroke patients prior to discharge.

Potential Use

These measures are applicable for use in hospitals, ambulatory care settings, acute care facilities, and emergency departments, which will help improve neurological treatment across the healthcare system.

Project Perspectives

Neurological conditions and injuries can have a devastating impact on individuals and families, but the healthcare community has made great strides in ensuring that such patients receive safe, compassionate, and high quality care.

Several measurement gaps still remain. The project's steering committee identified several areas of measurement that are still needed, including but not limited to:

- Palliative and end-of-life care measures for stroke patients;
- Functional status outcome measures, especially related to stroke severity;
- Measures that focus on patients with health disparities and disabilities;
- Pre-hospital care and emergency response measures;
- Post-acute care and rehabilitation care measures; and

- Community-level measures that capture whether patients receive services.

Endorsed Measures

0240: Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage (AMA-PCPI)

Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who were administered DVT prophylaxis by the end of hospital day two.

0241: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge (AMA-PCPI)

Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation who were prescribed an anticoagulant at discharge.

0243: Stroke and Stroke Rehabilitation: Screening for Dysphagia (AMA-PCPI)

Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage who receive any food, fluids or medication by mouth (PO) for whom a dysphagia screening was performed prior to PO intake in accordance with a dysphagia screening tool approved by the institution in which the patient is receiving care.

0244: Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered (AMA-PCPI)

Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or intracranial hemorrhage for whom occupational, physical, or speech rehabilitation services were ordered at or prior to inpatient discharge OR documentation that no rehabilitation services are indicated at or prior to inpatient discharge.

0325: Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy (AMA-PCPI)

Description: Percentage of patients aged 18 years and older with a diagnosis of ischemic stroke or transient ischemic attack (TIA) who were prescribed antithrombotic therapy at discharge.

0434: STK-01: Venous Thromboembolism (VTE) Prophylaxis (The Joint Commission)

Description: 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. This measure is a part of a set of eight nationally implemented measures that address stroke care (STK-2: Discharged on Antithrombotic Therapy, STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter, STK-4: Thrombolytic Therapy, STK-5: Antithrombotic Therapy By End of Hospital Day 2, STK-6 Discharged on Statin Medication, STK-8: Stroke Education, and STK-10: Assessed for Rehabilitation) that are used in The Joint Commission's hospital accreditation and Disease-Specific Care certification programs.

0435: STK 02: Discharged on Antithrombotic Therapy (The Joint Commission)

Description: This measure captures the proportion of ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.

0436: STK-03: Anticoagulation Therapy for Atrial Fibrillation/Flutter (The Joint Commission)

Description: This measure captures the proportion of ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.

0437: STK 04: Thrombolytic Therapy (The Joint Commission)

Description: 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.

0438: STK 05: Antithrombotic Therapy By End of Hospital Day Two (The Joint Commission)

Description: 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 (The Joint Commission)

Description: 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 (The Joint Commission)

Description: This measure captures the proportion of ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services during the hospital stay.

0467: Acute Stroke Mortality Rate (IQI 17) (AHRQ)

Description: Percent of discharges with an in-hospital death among cases with a principal diagnosis code for stroke.

1952: Time to Intravenous Thrombolytic Therapy (AHA/ASA)

Description: 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.

2091: Persistent indicators of dementia without a diagnosis—long stay (American Medical Directors Association)

Description: Percentage of nursing home residents age 65+ with persistent indicators of dementia and no diagnosis of dementia.

2092: Persistent indicators of dementia without a diagnosis—short stay (American Medical Directors Association)

Description: Number of adult patients 65 and older who are included in the denominator (i.e., have persistent signs and symptoms of dementia) and who do not have a diagnosis of dementia on any MDS assessment.

1814: Counseling for women of childbearing potential with epilepsy (American Academy of Neurology)

Description: 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.

0507: Stenosis measurement in carotid imaging studies (AMA-PCPI)

Description: Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement.

2111: Antipsychotic use in persons with dementia (Pharmacy Quality Alliance)

Description: 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.

6. Centers for Disease Control. Available at <http://www.cdc.gov/aging/aginginfo/alzheimers.htm>. Last accessed February 2012.

7. Centers for Disease Control. Available at www.cdc.gov/epilepsy/basics/fast_facts.htm. Last accessed February 2012.

8. Parkinson's Disease Foundation. Available at www.pdf.org/en/parkinson_statistics. Last accessed February 2012.

9. Centers for Disease Control. Available at www.cdc.gov/mmwr/preview/mmwrhtml/ss6005a1.htm?s_cid=ss6005a1_w. Last accessed February 2012.

Endnotes

1. The Internet Stroke Center. Available at www.strokecenter.org/patients/about-stroke/stroke-statistics/. Last accessed February 2012.

2. Centers for Disease Control. Available at www.cdc.gov/nchs/fastats/stroke.htm. American Stroke Association. Available at www.strokeassociation.org/STROKEORG/AboutStroke/About-Stroke_UCM_308529_SubHomePage.jsp. Last accessed February 2012.

3. American Stroke Association. Available at www.strokeassociation.org/STROKEORG/AboutStroke/Impact-of-Stroke_UCM_310728_Article.jsp. Last accessed February 2012.

4. Centers for Disease Control. Available at www.cdc.gov/mentalhealth/data_stats/alzheimers.htm. Last accessed February 2012.

5. American Health Assistance Foundation. Available at www.ahaf.org/alzheimers/about/understanding/facts.html. Last accessed February 2012.



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