



NATIONAL  
QUALITY FORUM

# Neurology Off-Cycle Webinar #2

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WELCOME

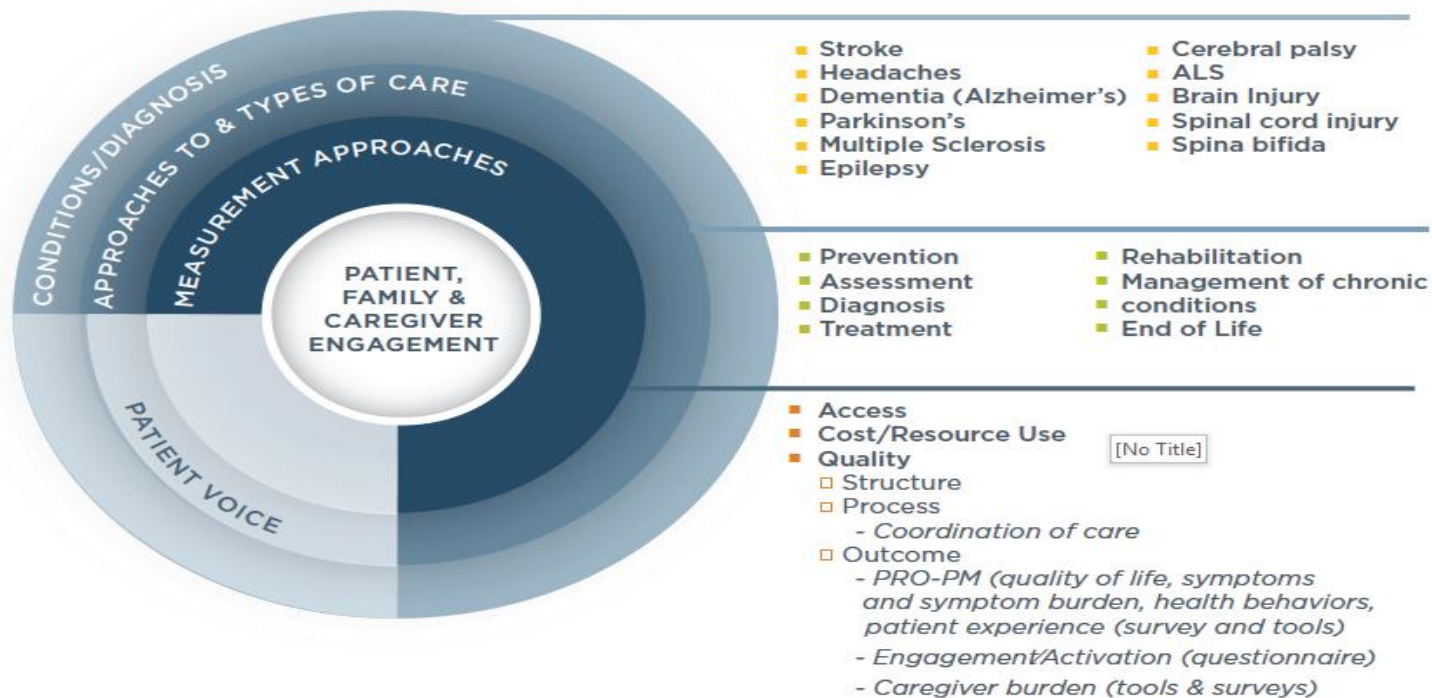
# Agenda

- Welcome and Introductions
- Discuss revisions to the Neurology Framework for Performance Measure development
- Review NQF Prioritization Measurement
- Categorize neurology measures
- Gaps Discussion
- Public and Member Comment
- Adjourn

# Committee Roster

- David Knowlton, MA (Co-Chair)
- David Tirschwell, MD, MSc (Co-Chair)
- David Andrews
- Jocelyn Bautista, MD
- Ketan Bulsara, MD
- James Burke, MD
- Michelle Camicia, MSN, RN, PHN, CRRN, CCM, FAHA
- Valerie Cotter, DrNP, AGPCNP-BC, FAANP
- Bradford Dickerson, MD, MMSC
- Dorothy Edwards, PhD
- Reuven Ferziger, MD
- David Hackney, MD
- Stephen Huff, MD, FACEP
- Charlotte Jones, MD, PhD, MSPH
- Michael Kaplitt, MD, PhD
- Ronald Koenig, MD
- Lisa Lines, PhD, MPH
- Alexander Rae-Grant, MD
- Melody Ryan, PharmD, MPH
- Peter Schmidt, PhD
- Jane Sullivan, PT, DHS, MS
- Kelly Sullivan, PhD
- Ross Zafonte, DO

# Draft Measurement Framework for Neurological Conditions



# New framework illustration

- Screenshare

# Neurological Conditions – Discussion Questions

- Are there any other Neurological conditions that the Committee believes should be included in the framework that represent high prevalence and incidence as well as significant cost?
- Does the Committee wish to include any other conditions that represent specific populations such as pediatrics?
- Is the Committee aware of any up-to-date research or evidence that offer measurement opportunities for specific conditions?

# Phases of Disease – Discussion Questions

- Is the Committee aware of approaches underway in your communities or health systems that incorporate the patient voice during the chronic disease phase?
- Is the Committee aware of any measures that address end-of-life, care specifically for neurology patients?



# Types of Patient Reported Outcomes

- Health-Related Quality of Life
- Functional Status
- Symptoms and Symptom burden
- Health Behaviors
- Patient Experience

# Measures that capture Patient Engagement

## NQF #2483: Gains in Patient Activation (PAM) Scores at 12 Months

- 10 or 13 item questionnaire that assesses an individual's knowledge, skill and confidence for managing their health and health care.
- 4 levels of activation, from low (1) to high (4). The measure is not disease specific, but has been successfully used with a wide variety of chronic conditions, as well as with people with no conditions.
- Performance score would be the change in score from the baseline measurement to follow-up measurement, or the change in activation score over time
- Measures -the patient's ability to self-manage.
- Outcome measured is a change in activation over time. The change score would indicate a change in the patient's knowledge, skills, and confidence for self-management.

# Neuro-QoL – Health-related quality of life (HRQoL) survey

- Quality of life (HRQoL) surveys that can be used for multiple neurological conditions for adults and pediatric patients.
- Neurological conditions include stroke, multiple sclerosis, Parkinson's disease, epilepsy, amyotrophic lateral sclerosis (ALS), and muscular dystrophy.
- Evaluates symptoms, mental and cognitive health, and the social health of the patient.
- Not a measure, it is a survey that can be incorporated into a measure

# Zarit Burden Interview

- The Zarit Burden Interview is a caregiver self-report tool with 22 items rated on a five point scale, from 0 (Never) to 4 (Always).
- Testing is underway using a shorter 12 item survey of strain and personal burden.
- This is not a measure but this tool can be used in a measure to evaluate changes over time. The ZBI has been used to measure change over time as a result of the condition of the person being cared for.

# Electronic Stroke CarePath

- Uses an integrated approach to stroke care
- Disease specific care pathways with PRO incorporated through separate IT platform
- Involves complex data collection in use in outpatient
- Data feeds from scheduling and the EHR allows for customized questionnaires to the patient; data captured in the waiting room or via computer ahead of patient appointment
- Patient completes three scales
  - EuroQol EQ-5D (a generic health-related QOL measure)
  - Patient Health Questionnaire - (PHQ-9 depression scale)
  - Stroke Impact Scale -16 (measure of physical function)

# Patient/Caregiver Voice and Engagement – Discussion Questions

- Is the Committee aware of or has the Committee used tools, surveys or other ways to capture patient input or patient voice during or after care delivery?
- If so, has the capture of patient input been helpful? Are there issues in capturing patient input?
- If the Committee agrees that patient input or patient voice are important, what are the most important aspects of care that should be measured (symptoms, depression, patient experience, etc.) ?

# Prioritization Initiative – Criteria & Gaps

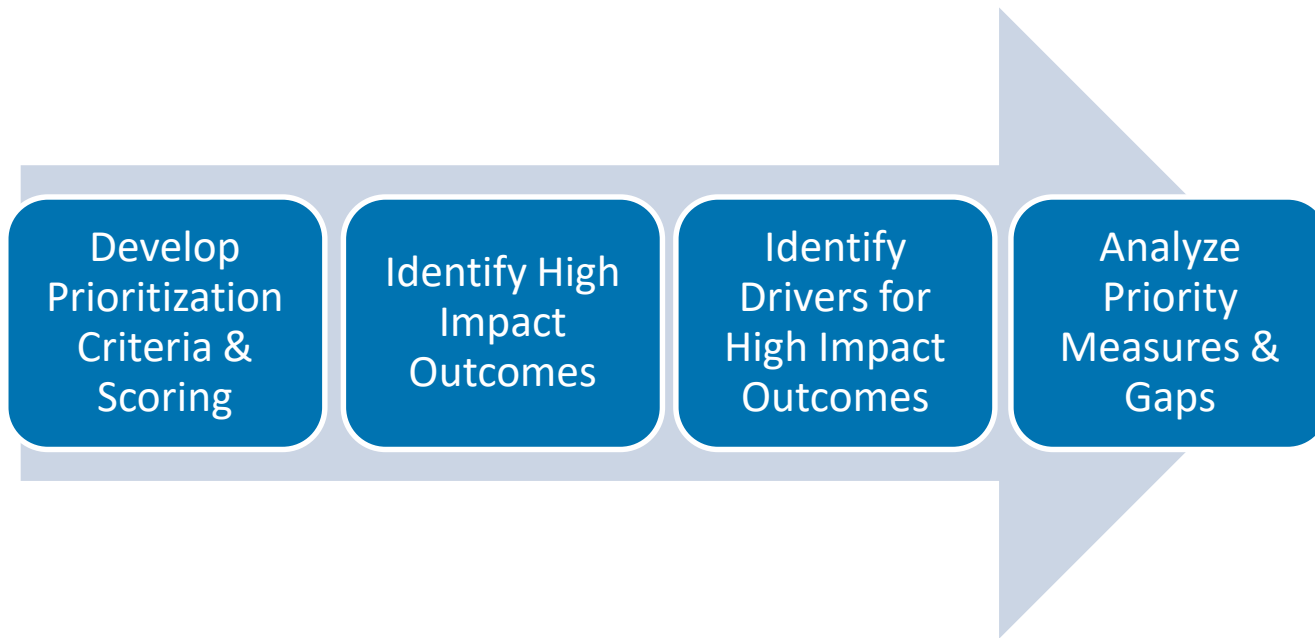
- Pilot project
- Information provided is a starting point
- Main goal is to introduce this concept and process – not final
- Refinement over next 6 to 12 months
- Looking for feedback

# NQF Strategic Vision





# NQF Measure Prioritization Process



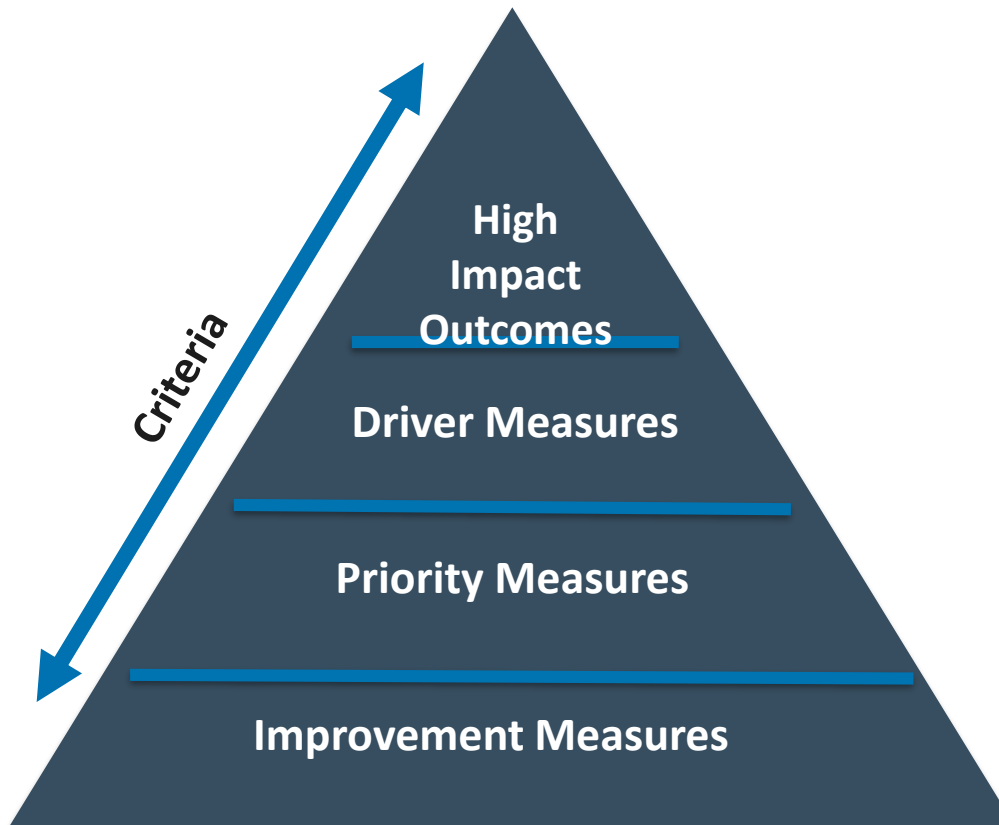
# Prioritization Criteria: Environmental Scan

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- Commonwealth Fund International Profiles of Healthcare Systems, 2015
- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards – Selecting and Prioritizing Quality Standard Topics
- Australia's – Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for meaningful and usable measures of performance

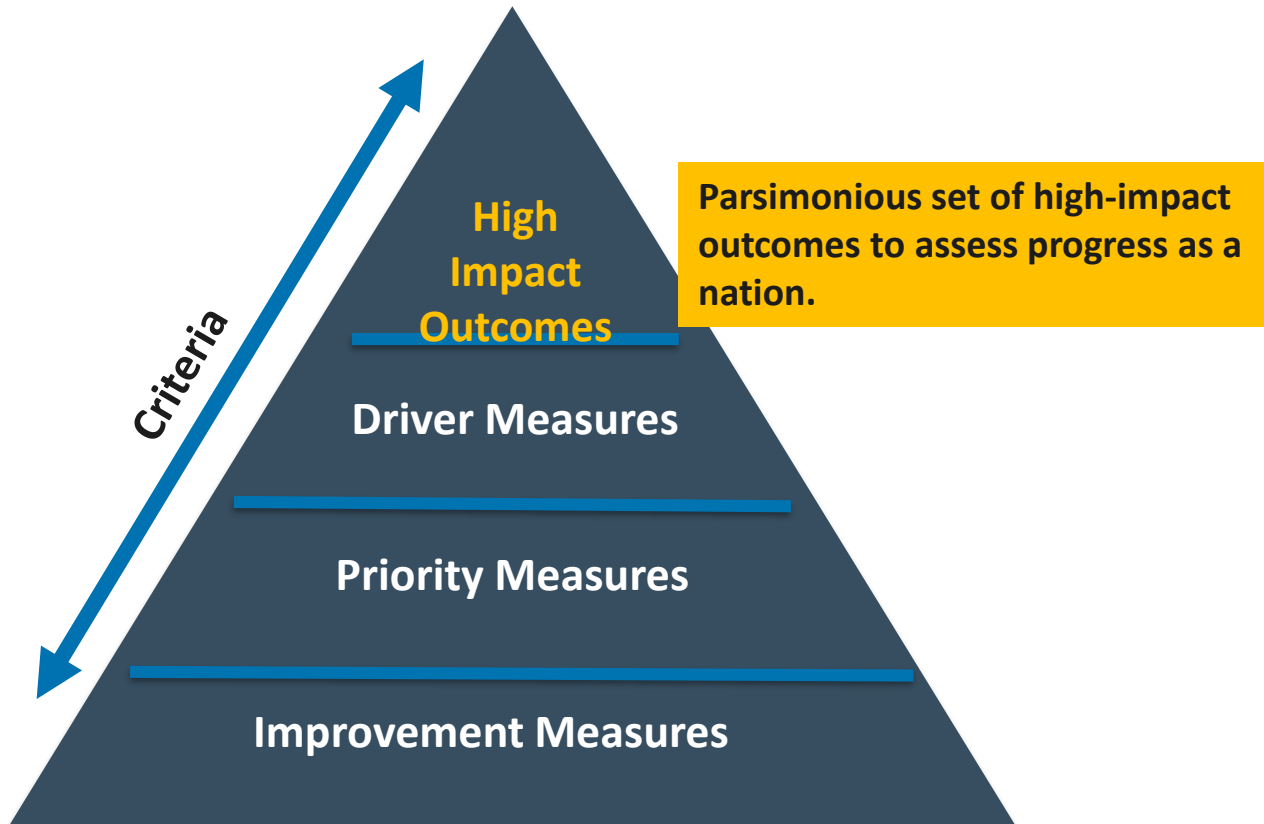
# NQF Prioritization Criteria

Criterion	Description
<b>Outcome-focused</b>	Preference for outcome measures and measures with strong link to improved outcomes and costs
<b>Improvable and actionable</b>	Preference for actionable measures with demonstrated need for improvement and evidence-based strategies for doing so
<b>Meaningful to patients and caregivers</b>	Preference for person-centered measures with meaningful and understandable results for patients and caregivers
<b>Support systemic and integrated view of care</b>	Preference for measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

# Hierarchical Framework



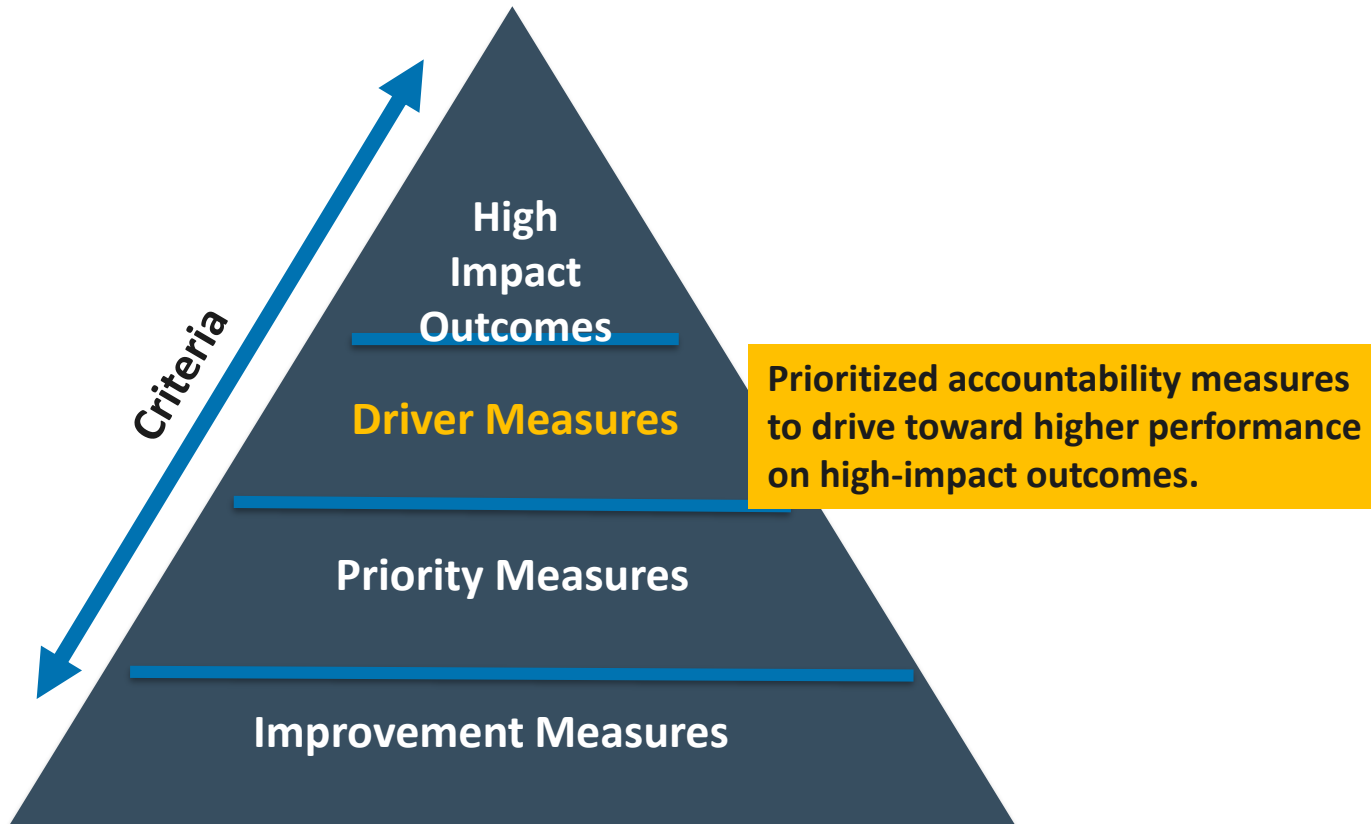
# Hierarchical Framework



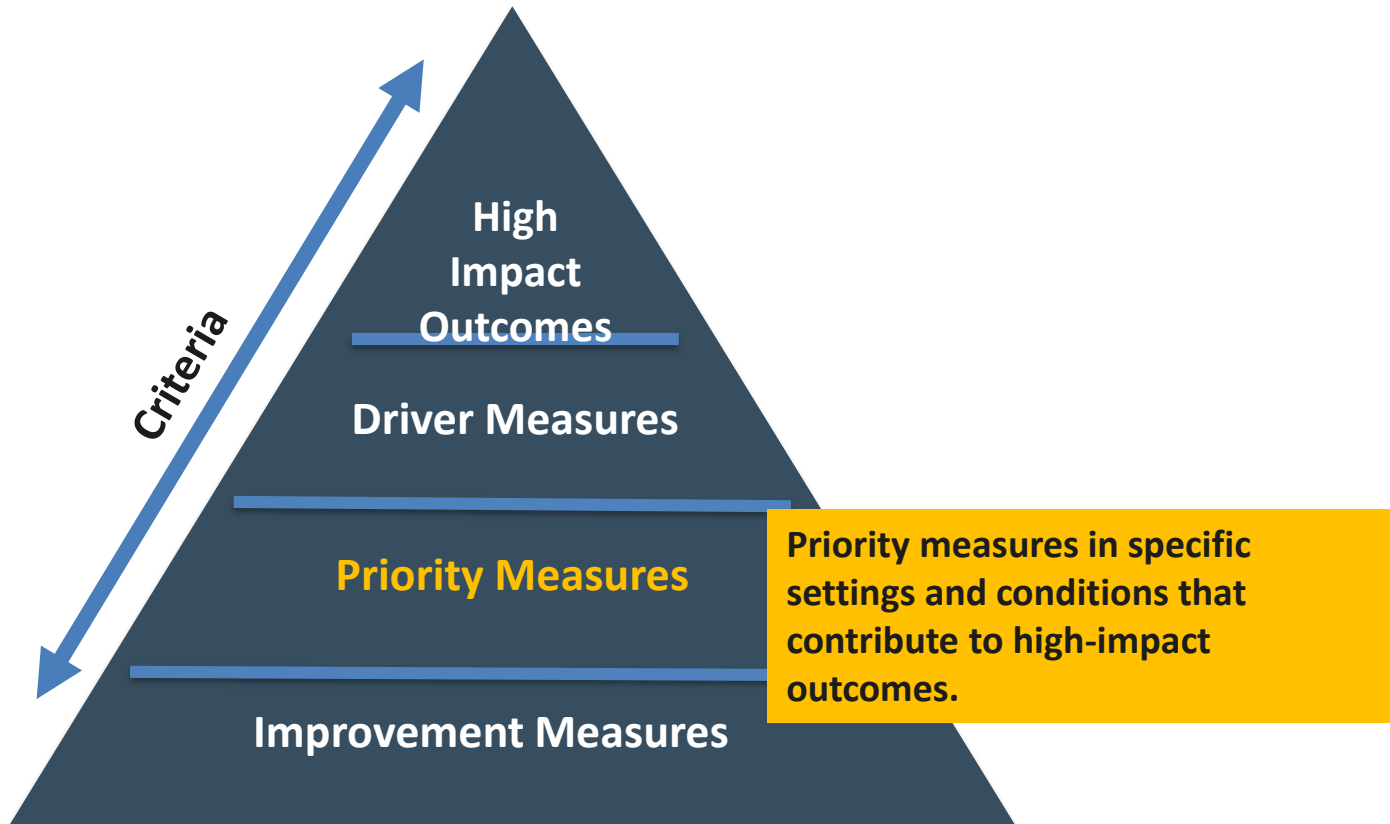
# High-Impact Outcomes

High Impact Outcomes	Translation into Patient Voice
Health outcomes (including mortality, functional status)	Are you getting better?
Patient experience (including care coordination, shared decision making)	How was your care?
Preventable harm/complications	Did you suffer any adverse effects from your care?
Prevention/healthy behaviors	Do you need more help staying healthy?
Total cost/low value care	Did you receive the care you needed and no more?
Access to needed care	Can you get the care you need when and where you need it?
Equity of care	Are you getting high quality care regardless of who you are or where you live?

# Hierarchical Framework

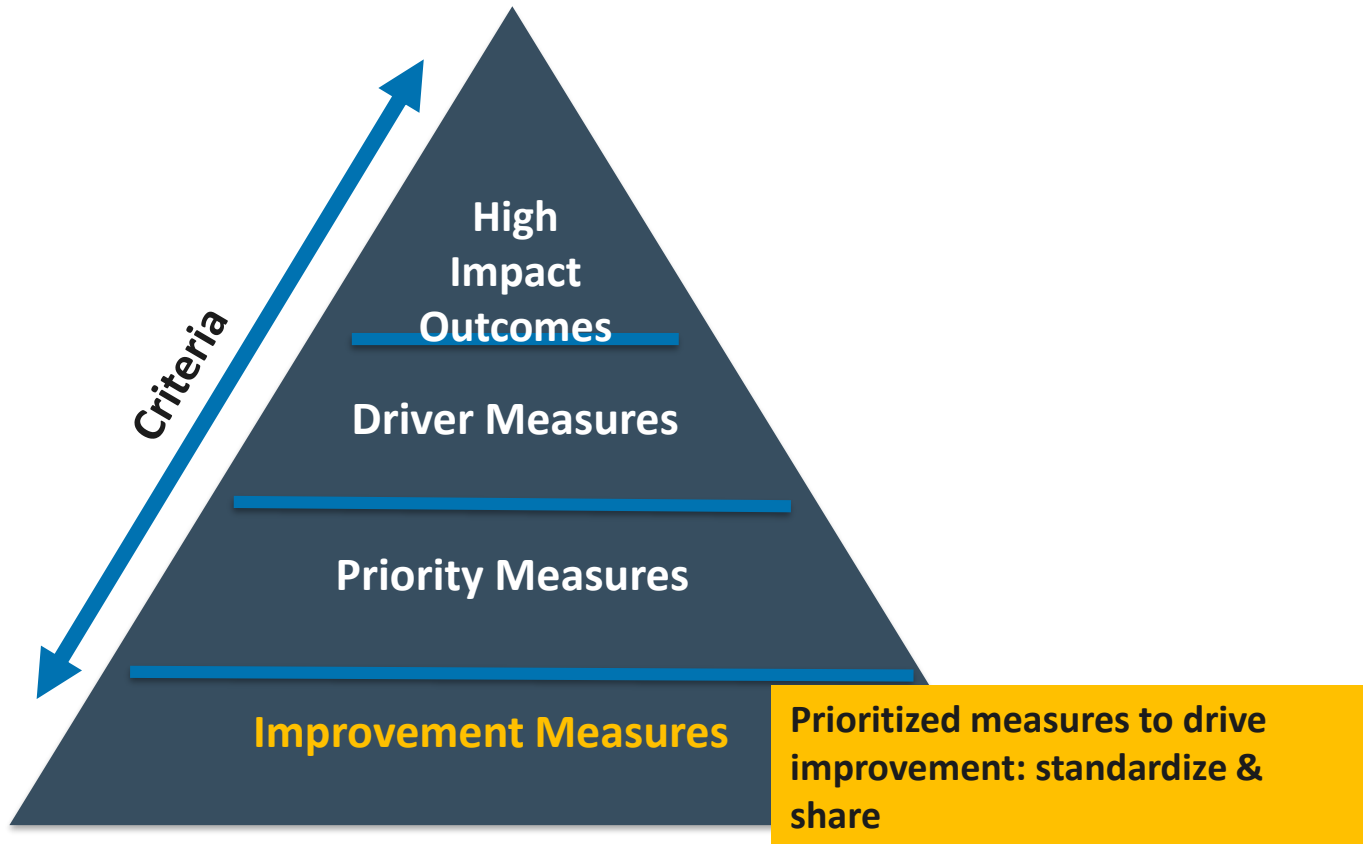


# Hierarchical Framework

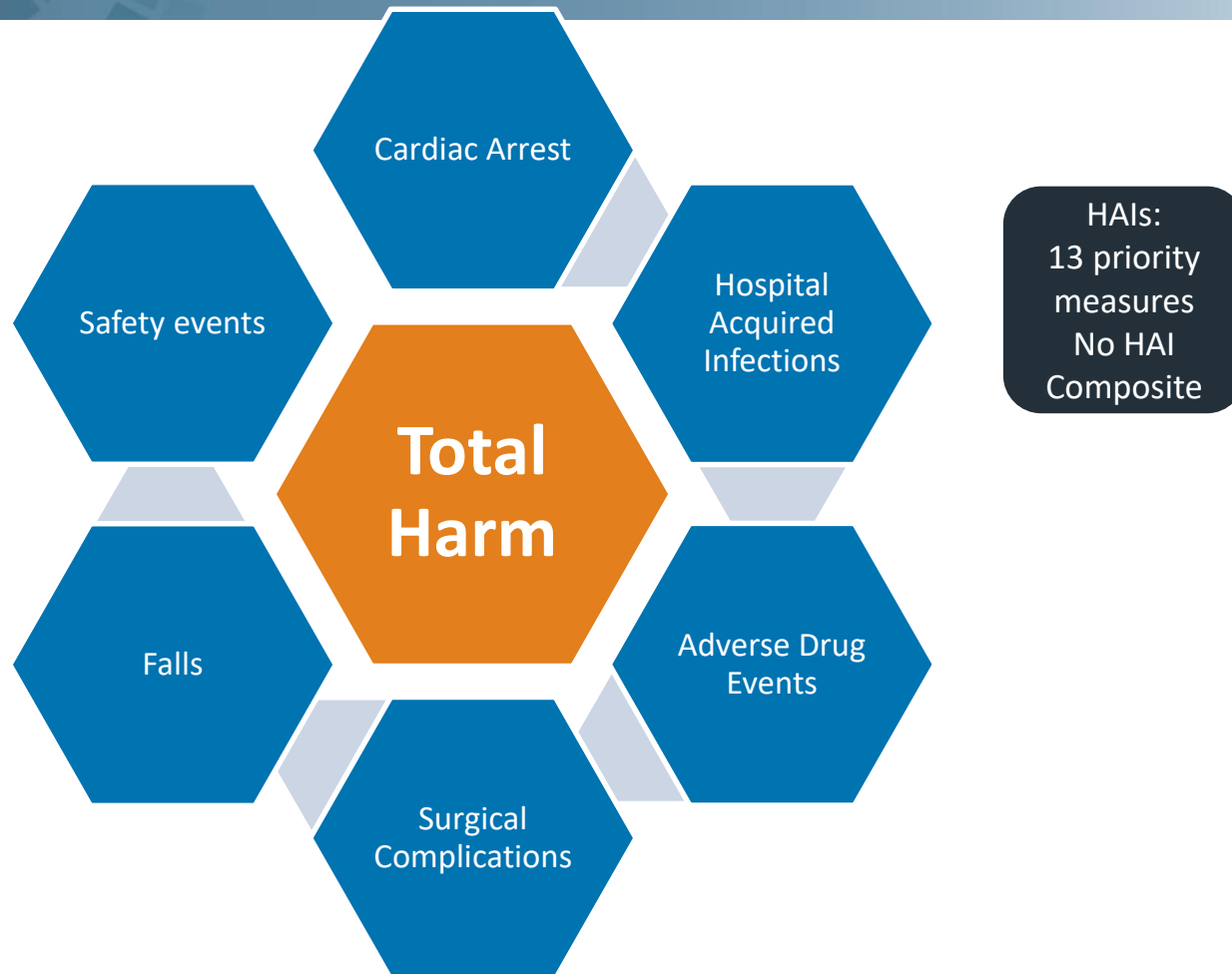




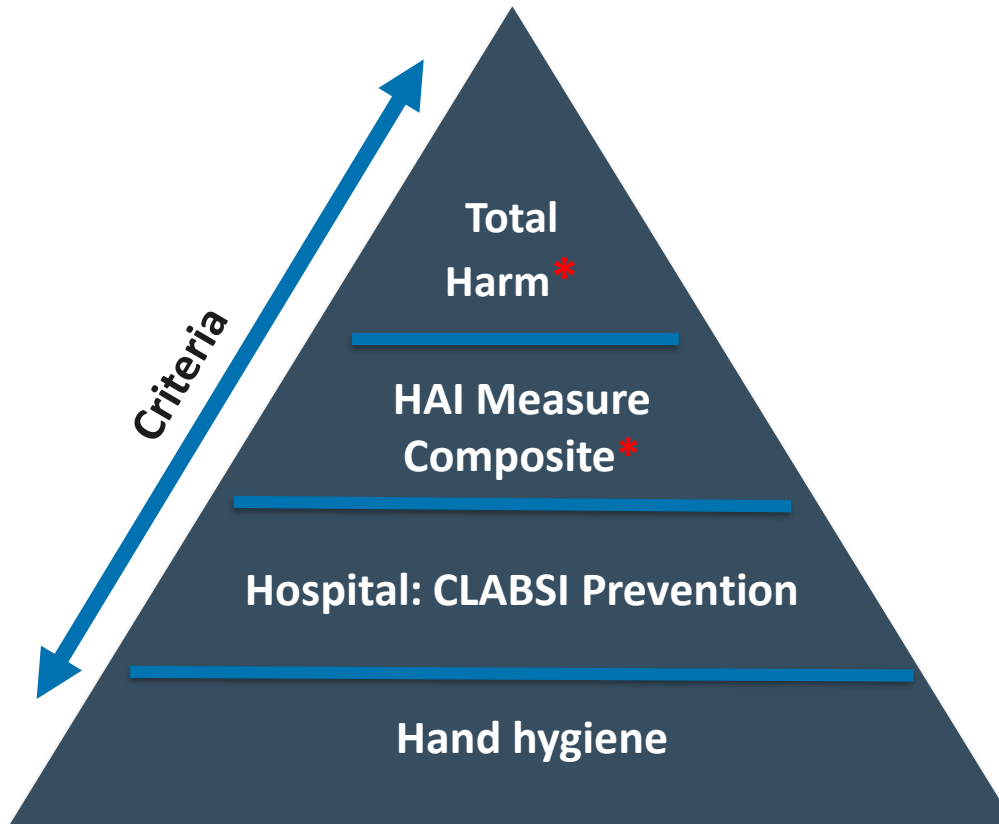
# Hierarchical Framework



# Total Harm



# Example: Total Harm



\* Gap

# Neurology Measures – Prioritization

Measures	High Impact Outcome	Driver Measures	Priority Measures	Improvement Measures
0437 STK-04 Thrombolytic Therapy	Health Outcomes		x	
0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports	Health Outcomes			x
1952 Time to Intravenous Thrombolytic Therapy	Health Outcomes		x	
2111 Antipsychotic Use in Persons with Dementia	Preventable Harm			x
2863 CSTK-06: Nimodipine Treatment Administered	Preventable Harm			x
2864 CSTK-01: National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients	Health Outcomes			x
2866 CSTK-03: Severity Measurement Performed for Subarachnoid Hemorrhage (SAH) and Intracerebral Hemorrhage (ICH) Patients (Overall Rate)	Health Outcomes			x
2872 Dementia- Cognitive Assessment	Preventable harm			x
0467 Acute Stroke Mortality Rate (IQI 17)	Health Outcomes		x	
2877 Hybrid hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke with risk adjustment for stroke severity	Health Outcomes		x	
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	Health Outcomes			x

# Health Outcomes (functional status, mortality)

## Priority Measures – Stroke

- 0437 STK-04 Thrombolytic Therapy
- 1952 Time to Intravenous Thrombolytic Therapy
- 0467 Acute Stroke Mortality Rate (IQI 17)
- 2877 Hybrid hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute ischemic stroke with risk adjustment for stroke severity

## Questions

1. Does the Committee agree that these measures are a priority for Health Outcomes (functional status, mortality) in stroke?
2. What kind of measures do we need to fill these gaps, specifically priority measures that will improve the functional status or lower mortality patient in stroke patients? Be specific if possible.

# Preventable Harm

## Improvement Measures – Stroke

- 0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports
- 2864 CSTK-01: National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients
- 2866 CSTK-03: Severity Measurement Performed for Subarachnoid Hemorrhage (SAH) and Intracerebral Hemorrhage (ICH) Patients (Overall Rate)
- 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

## Questions:

1. Does the Committee agree these measures drive internal QI for improving functional status or prevention of mortality?

# Preventable Harm

## Improvement Measures – Dementia

- 2111 Antipsychotic Use in Persons with Dementia
- 2872 Dementia- Cognitive Assessment

## Questions:

1. Does the Committee agree these measures drive internal QI for preventing harm for Dementia or Alzheimer's Disease ?

# Preventable Harm

## Improvement Measures – Stroke

- 2863 CSTK-06: Nimodipine Treatment Administered

### Questions:

1. Does the Committee agree this measure drives internal QI for preventing harm for stroke patients?
2. Does the Committee agree this measure ties back to preventing harm for stroke patients?



# Measurement Gaps Identified in Neurology Project, 2015-2016

- Parkinson's disease, Multiple Sclerosis, Muscular Dystrophy, Alzheimer's disease, and Dementia;
- Best practices for early diagnosis and treatment of neurological disease
- Measures that provide disparities data on disease and treatment to inform patient care
- Patient reported outcomes (PROs )
- Measures that continue to monitor for unintended consequences for specific populations
- eMeasures to leverage the use of electronic health records (EHRs)

## Questions:

1. Does the Committee agree that gaps identified from the last in-person meeting are still applicable? If not what would you change?
2. Is the Committee aware of measures or measure concepts for other neurological conditions?

# Measurement Gaps – Discussion Questions

- Are there measures in use that address the patient voice or PROs that would be appropriate for Neurology?
- What kinds of measures do we need to fill these gaps, specifically priority measures that will address:
  - ▣ *Patient experience (including care coordination, shared decision making)*
  - ▣ *Total cost/high-value care*
  - ▣ *Access to needed care*
  - ▣ *Equity of care*
  - ▣ *Prevention/healthy behaviors*

# Prioritization: Next Steps

- Develop approach to assess the attributable effect of potential measures that can drive toward improved performance on the high-impact outcome
- NQF will build the prioritization approach for measures and gaps into future endorsement and selection work
- NQF will explore potential partnerships to share and standardize prioritized improvement measures

# **PUBLIC AND MEMBER COMMENT**

# Questions



THANK YOU