Meeting Summary

Neurology Standing Committee – June 2017 Off-Cycle Quarterly Webinar

The National Quality Forum (NQF) convened a public webinar for the Neurology Standing Committee on Monday, June 19, 2017. An online archive of the webinar is available for playback.

Welcome, Introductions, and Review of Webinar Objectives

Margaret (Peg) Terry, Senior Director, National Quality Forum, and Standing Committee co-chair David Tirschwell, began by welcoming participants to the webinar. Drs. Terry and Tirschwell provided opening remarks outlining the opportunity the off-cycle webinars represent in bringing the Standing Committee together on a quarterly basis, when there are no measures being reviewed, to continue the Committee's important work in neurology and performance measurement. Christy Skipper, Project Manager, National Quality Forum reviewed the following meeting objectives:

1. Introduce the Standing Committee to the intent of the off-cycle activities;
2. Provide the Standing Committee with an update of the Kaizen event for the Consensus Development Process (CDP) redesign;
3. Provide the Standing Committee with an overview of:
   a. the NQF Neurology portfolio
   b. Patient Reported Outcome-Performance Measures (PRO-PMs) and the importance of the patient voice in quality measurement; and
4. Review the draft measurement framework for neurological conditions.

Review of Off-Cycle Activities

Ms. Skipper explained that the goals of the off cycle activities are to maintain the engagement of Standing Committee members with one another and with NQF and to provide a venue for non-Consensus Development Process (CDP) activities. Ms. Skipper provided a synopsis of the types of off-cycle activities that occur when there is not an active project to review measures (e.g., updates on NQF policies/processes, review of current measurement landscape, ad hoc reviews, etc.).

2017 Kaizen Event: CDP Redesign

Ms. Skipper provided an overview of the May 18-19 Kaizen event on the CDP redesign. The goals of the Kaizen were to:

- increase opportunities for submitting and the timely review of measures;
- reduce the cycle time of the CDP; and
- improve the flow of information and integration between the CDP and MAP.

Ms. Skipper noted that various stakeholders (measure developers, Standing Committee members, federal agencies, etc.) participated in the Kaizen event. A draft report with the following proposed recommendations from the Kaizen is posted on the NQF website for public comment:

- Increase in and more predictable opportunities for measure submission across all topical areas
- Notification by developers of their intent to submit measures

- A newly-formed methods panel
- Expanded and continuous commenting period—with NQF members having the ability to continually express support/non-support throughout the CDP process
- Change in the content and structure of the measure evaluation technical report
- Final endorsement decision made by the Standing Committee (and not by the CSAC)
- Shift in the role of the CSAC and the Appeals Board in the endorsement process
- Enhancements in stakeholder training and education
- Improvements in information exchange and access

Ms. Skipper noted that NQF is currently soliciting comments on the proposed recommendations. Ms. Skipper also indicated that following public comment, NQF will work on implementing the recommendations, noting that not all approved recommendations would be implemented immediately.

Review of Neurology Portfolio
Ms. Skipper provided an overview of the neurology portfolio, which included a summary of the measures currently NQF endorsed, the measure type and topic area, and whether or not the measure is currently in use in a federal program. There are currently 19 endorsed measures (17 process measures and two outcome measures) in the NQF neurology portfolio:
- 15 stroke measures
    - 9 stroke measures are in the following four federal programs:
        - Hospital Inpatient Quality Reporting
        - Merit-Based Incentive Payment System
        - Hospital Outpatient Quality Reporting
        - Medicare and Medicaid Electronic Health Record Incentive Programs for Hospitals and Critical Access Hospitals
- 4 dementia measures

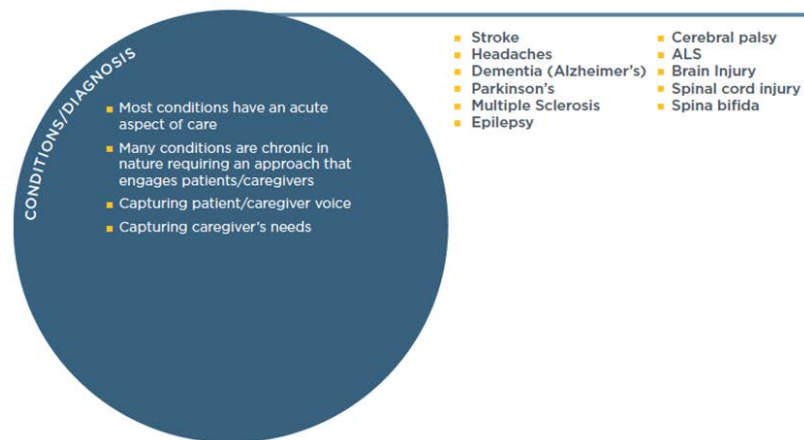**Introduction to Measurement Framework**
Ms. Skipper explained that the NQF definition of a measurement framework is a conceptual model for organizing ideas about what is important to measure for a topic area and how measurement should take place (e.g., whose performance should be measured, care settings where measurement is needed, when measurement should occur, which individuals should be included in measurement, etc.). Dr. Terry explained that NQF has developed a measurement framework (Appendix A) for the Neurology portfolio in order to understand what is important to measure for neurological conditions and is seeking feedback from the Committee. The neurology measurement framework is aimed to ensure that the patient and caregiver perspective is reflected in each layer of the measurement framework. Additionally, Dr. Terry provided the definition of patient reported outcomes-performance measures (PRO-PMs) and asked the Committee to think about how patient reported outcomes could be included in the measurement framework.

Committee Discussion
Following the introduction to the measurement framework, Dr. Terry facilitated a discussion among the webinar participants using the discussion questions listed below to receive feedback and input on the measurement framework. (These questions were shared with the Committee members prior to the webinar.)

Neurological Conditions/Diagnosis (Figure 1): The first section of the framework includes neurological conditions and diseases. The broad descriptions of the themes of conditions are located in the center of the ring. The examples of the diseases and conditions are listed on the exterior portion of the ring.

Figure 1. Conditions/Diagnosis

NQF staff asked the Committee the following questions regarding the neurological conditions/diagnosis section of the framework:

1. What does the Committee think of the depiction of the framework? Does the Committee think that a chronic disease focus is appropriate? Should NQF retain the acute aspect of care, such as, the assessment and treatment for stroke patients?
2. What does the Committee think of the conditions/disease types? Is this framework inclusive or too broad? Should some of these conditions be removed? Would the Committee add any conditions?
3. What does the Committee think of the broad descriptions of the conditions/diseases inside the ring?

In response to the questions listed above, the Committee raised a number of issues for discussion including:
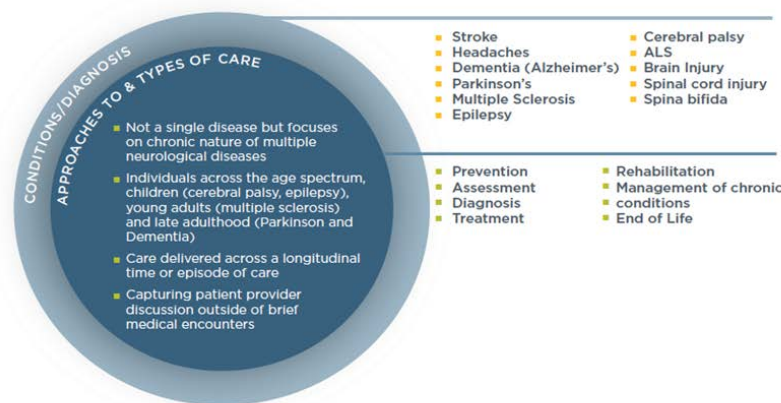
- A Committee member cautioned against using caregivers and caregiver assessments in the framework's portrayal of health outcomes, since there has been some concern as to whether caregivers should be receiving treatment.
- The Committee suggested other ways of looking at conditions/diseases to include in the framework such as the severity of disease, incidence, prevalence and cost. A member of the Committee also suggested using global burden of disease studies as a source to determine the

diseases to target for measurement. Committee members suggested that movement disorders and sleep disorders could be added to the framework.

- The Committee also noted the challenge of adding conditions to the framework for which there is not a lot of evidence to support an intervention.

Approaches To & Types of Care (Figure 2)**:** The figure below illustrates the types of care delivered to patients, from prevention to end of life, with an emphasis on chronic disease management.

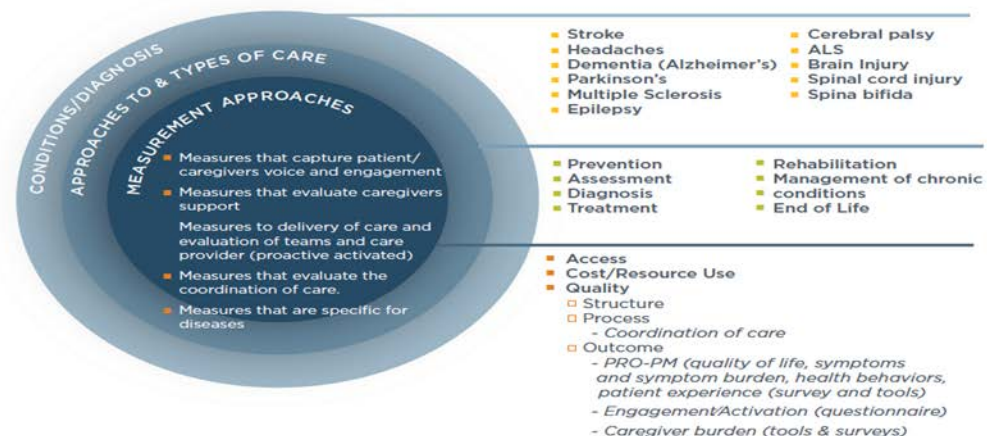Figure 2: Approaches to and types of care

NQF staff asked the Committee the following questions regarding the approaches and types of care:

1. What does the Committee think of the types of neurological care listed in the framework? What would the Committee change?
2. What does the Committee think about the emphasis of measures that focus on chronic conditions?
3. Does the Committee think it would be helpful to include a longitudinal approach to care? Why?
4. Is it important to reflect the broad age spectrum for these diseases? Why?
5. Would it be helpful to capture patient provider discussion outside of a brief medical encounter? Why?
6. Are there any other approaches to or types of care that should be added or removed from the framework?

In response to the questions above, the Committee agreed that the approaches to care were broad and inclusive. However, the Committee suggested adding common co-morbidities that affect neurological treatments (e.g., treating depression in people with epilepsy) to the framework. Furthermore, a Committee member suggested that categorizing co-morbidities within management of chronic conditions would improve the framework. The Committee member also suggested the inclusion of educational approaches within this domain.

Measurement Approaches (Figure 3): This final section of the framework indicates the approaches to measurement. This part of the framework is meant to focus on various types of measures that capture patient or caregiver voice, evaluate caregiver support, and measures that look at delivery of care and evaluate the coordination of care. The examples of the types of measures to capture the measurement approaches are listed on the exterior of the ring.

Figure 3: Measurement Approaches

Dr. Terry emphasized that the patient and caregiver are incorporated throughout the framework. NQF staff asked the Committee the following questions regarding the measurement approached:

1. Does the Committee think that the measurement framework should include PRO-PMs?
2. What does the Committee think about PRO-PMs? Does the Committee think that the use of surveys and tools to capture the patient and caregiver voice are important? Surveys present measurement challenges –individuals and caregivers need to be asked questions about the care received and their own experiences-as opposed to the use of administrative claims to capture the information. How can feasibility be addressed with these challenges?
3. While many of the current measures are disease specific process measures, is there a way to incorporate the patient and caregiver voice into these measures?
4. How can the framework address the measures that are disease specific process measures, while moving in the direction of a broader patient and caregiver voice? Are PRO-PMs important to improving quality?
5. Are there any other issues or suggestions for this framework?

The Committee agreed that patient reported outcomes (PRO) were important but noted that PROs could be more subjective than objective as far as an outcome. It was stated that evaluations of functional status may already be included within a validated measure and could serve as feasible outcome measures. Elisa Munthali, Acting Senior Vice President of Quality Measurement, clarified that

incorporating the patient voice in measure development is a strategic priority and emphasized how NQF has communicated this to the measure development community.

Opportunity for Public Comment

Throughout the webinar, the public and committee webinar participants had several opportunities to provide comments and ask questions. A comment from the public asked for clarification on how the Committee's discussion would be shared with the entire Committee. Ms. Skipper noted that a meeting summary as well as the materials reviewed during the webinar will be sent to the Committee. Ms. Skipper encouraged the Committee to provide additional feedback on the framework prior to the next webinar in August 2017.

Next Steps

In closing, Ms. Skipper and Dr. Terry thanked the webinar participants for their participation and indicated that NQF will send the meeting materials and meeting summary within a week of the webinar. Ms. Skipper reminded the Committee to provide additional feedback on the framework via email. Ms. Skipper announced that NQF will reconvene the Neurology Standing Committee for the next off-cycle webinar on August 28.

Appendix A. Draft Measurement Framework for Neurological Conditions

- Stroke
- Headaches
- Dementia (Alzheimer's)
- Parkinson's
- Multiple Sclerosis
- Epilepsy
- Cerebral palsy
- ALS
- Brain Injury
- Spinal cord injury
- Spina bifida

- Prevention
- Assessment
- Diagnosis
- Treatment
- Rehabilitation
- Management of chronic conditions
- End of Life

- Access
- Cost/Resource Use
- Quality
  - Structure
  - Process
    - Coordination of care
  - Outcome
    - PRO-PM (quality of life, symptoms and symptom burden, health behaviors, patient experience (survey and tools)
    - Engagement/Activation (questionnaire)
    - Caregiver burden (tools & surveys)

CONDITIONS/DIAGNOSIS
APPROACHES TO & TYPES OF CARE
MEASUREMENT APPROACHES
PATIENT, FAMILY & CAREGIVER ENGAGEMENT
PATIENT VOICE