



Neurology

BACKGROUND

“Brain health is one of humankind’s most precious resources at all ages and at all levels of human activity.”¹ This statement is arguably both a self-evident and succinct reason that neurology represents an essential component of modern medical care. Neurological conditions (including stroke, dementia, and epilepsy) are globally related to 9 million deaths annually and 16.5 percent of all deaths. Accordingly, such mortality is second only to that related to heart disease. Regarding broader disease burden, neurological conditions account for 276 million disability adjusted life-years (DALYs) annually, thereby making it the leading cause of incapacity world-wide.²

Neurological conditions are a leading cause of death and disability in the United States. Mortality data for 2017 compiled from all 50 states show that stroke, Alzheimer’s disease (AD), and Parkinson’s disease are among the top causes of death in the U.S. (#5, #6, and #14, respectively).³ Crude death rates per 100,000 persons for stroke and AD were 37.6 and 31.0, respectively. U.S. DALYs for 2016, which tabulate death *and* disability for all neurologic diseases (including stroke and AD), were nearly 40 times above those combined rates (all DALYs attributable to neurologic disease in the U.S. equal to 2,652).⁴

This NQF project seeks to identify and endorse performance measures for accountability and quality improvement that address the spectrum of public health and medical strategies aiming to reduce the burden of neurological disease. Conditions targeted include, but are not limited to, strokes, epilepsy, multiple sclerosis, dementia, movement/neuromuscular disorders, traumatic brain and spinal cord injury, sleep and consciousness disorders, headaches and other pain, autism, and meningitis.

This project is an ongoing Consensus Development Process (CDP) at NQF, referred to as the Neurology CDP. The Neurology CDP is one of 15 such consensus efforts. At present the Neurology CDP has an NQF-endorsed quality portfolio of 18 measures. The principal responsibilities of the Neurology CDP are to:

- Formally review for NQF endorsement all quality measurement submissions that are relevant to neurologic practice and disease.
- Make explicit and precise quality measurement endorsement recommendations to NQF’s leadership.
- Advise NQF leadership and other stakeholders regarding gaps or other priorities that are evident regarding quality measurement germane to the practice of the neurology and the more general mitigation of neurologic disease.

COMMITTEE CHARGE

NQF will convene a multistakeholder Committee charged with providing guidance and input to accomplish the project objectives:

- Oversee the Neurology portfolio of measures
- Identify and evaluate competing and related measures
- Identify opportunities for harmonization of similar measures
- Recommend measure concepts for development to address gaps in the portfolio
- Provide advice or technical expertise about the subject to other committees (i.e., cross-cutting committees or the Measure Applications Partnership)
- Evaluate new measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed/continue to be endorsed as consensus standards
- Identify and endorse performance measures for accountability and quality improvement that specifically address, but are not limited to: stroke, epilepsy, multiple sclerosis, dementia and Alzheimer's disease, Parkinson's, traumatic brain injury, and other neurological conditions
- Make general and specific recommendations regarding neurology quality measurement/improvement gaps and priorities

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard measure evaluation criteria and make recommendations for endorsement.

To learn more about the work of NQF's CDP standing committees, review our [Standing Committee Guidebook](#) and [Standing Committee Policy](#).

COMMITTEE STRUCTURE

This Committee will be seated as a Standing Committee composed of about 20 individuals, with members serving terms that will encompass multiple measure review cycles.

Participation on the Committee requires a significant time commitment. To apply, you should be available to participate in all currently scheduled calls/meetings. Over the course of the fall 2019 and spring 2021 measure review cycles, additional calls may be scheduled, or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the Committee.

Committee participation includes:

- Review measure submission forms during each cycle of measure review
 - Each committee member will be assigned a portion of the measures to fully review and provide a preliminary evaluation during a scheduled web meeting
 - Each committee member should familiarize themselves with all measures being reviewed
- Participate in the orientation call (2 hours)
- Review measures with the full committee by participating in the measure evaluation web meetings (2 hours each); workgroup assignments will be made by area of expertise

- Attend web meeting after public commenting to review submitted comments on individual measures and the draft report (2 hours)
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee during web meetings

Scheduled Meeting Dates

Meeting	Date/Time
Orientation Web Meeting (2 hours)	Thursday, November 21, 2019, 11:00 am-1:00 pm ET
Measure Evaluation Web Meeting (2 hours)	Thursday, January 30, 2020, 11:00 am-1:00 pm ET
Post-Comment Web Meeting (2 hours)	Thursday, April 21, 2020, 11:00 am-1:00 pm ET

PREFERRED EXPERTISE AND COMPOSITION

Committee members are selected to ensure representation from a variety of stakeholders, including patients, purchasers, providers, health professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on Committees, a limited number of individuals from each of these stakeholder groups can be seated.

NQF is seeking nominees with relevant expertise in neurology or the neurosciences with substantial personal, clinical, or health services delivery or research experience that has specifically addressed diseases and health of the human brain and nervous system. The strongest candidates should have deep familiarity with quality measurement science, as well as strong knowledge of the U.S. healthcare system as it pertains to neurologic disease. Moreover, this activity requires solid to expert knowledge of the following constellation of illnesses:

- Stroke
- Dementia
- Headaches, migraines, other pain syndromes
- Epilepsy
- Movement disorders (e.g., Parkinson's, motor neuron disease)
- Multiple sclerosis
- Traumatic brain/spinal injuries
- Encephalitis/tetanus/meningitis
- Consciousness/sleep disorders
- Developmental disorders (cognitive, behavioral)
- Psychiatric illness

Please review the NQF [Conflict of Interest Policy](#) to learn about how NQF identifies potential conflict of interest. All potential Committee members must disclose any current and past

activities prior to and during the nomination process in order to be considered.

CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are for an individual, not an organization, so “substitutions” of other individuals are not permitted. Committee members are encouraged to engage colleagues and solicit input from them throughout the process.

APPLICATION REQUIREMENTS

Nominations are especially sought from the neurology client perspective and from clinical experience spanning more than one of the disease areas listed above in the form of individual subject matter experts. Experience with quality measurement is also preferred. Self-nominations are welcome. Third-party nominations must indicate that the individual been contacted and is willing to serve.

To nominate an individual to the Neurology Standing Committee, please **submit** the following information:

- A completed [online nomination form](#), including:
 - A brief statement of interest
 - A brief description of nominee expertise highlighting experience relevant to the committee
 - A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
 - Curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **6:00 pm ET on Wednesday, October 30, 2019**.

QUESTIONS

Thank you for your interest. If you have any questions, please contact the project team at neurology@qualityforum.org. Thank you for your interest.

¹ Carroll, WM. The global burden of neurological disorders. *Lancet Neurol*. 2019;18(5)418-419.

² GBD 2016 Neurology Collaborators. Global, regional, and national burden of neurological disorders, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol.* 2019;18:459-480.

³ Kochanek KD, Murphy SL, Xu J, et al., Deaths: final data for 2017, National Vital Statistics Report, 68(9), June 24, 2019.

⁴ GBD 2016 Neurology Collaborators. Global, regional, and national burden of neurological disorders, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol.* 2019;18: 459-480.