



## Neurology Standing Committee Web Meeting

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The National Quality Forum (NQF) convened the Neurology Standing Committee for a web meeting on January 31, 2018 to review changes to the consensus development process and the measure evaluation criteria.

### Welcome, Introductions, and Review of Meeting Objectives

Debjani Mukherjee, NQF senior director, welcomed participants to the web meeting. Christy Skipper, NQF project manager, then reviewed the following meeting objectives:

- Overview of NQF, the Consensus Development Process, roles of the Standing Committee, co-chairs, NQF staff
- Overview of NQF's portfolio of Neurology measures
- Review of project activities and timelines

Ms. Mukherjee provided an update on changes to the measure evaluation criteria and addressed the following topic areas:

- Overview of NQF's measure evaluation criteria
- Overview of social risk

Yetunde Ogungbemi made the final presentations regarding SharePoint use and next steps:

- SharePoint tutorial
- Next steps

### Overview of NQF, the Consensus Development Process, Roles of the Standing Committee, Co-Chairs, and NQF Staff

Ms. Skipper gave an overview of NQF and summarized activities around measure endorsement, the Measure Applications Partnership, the National Quality Partners™, measurement science, and the NQF Measure Incubator™. Ms. Skipper also provided an overview of the six-step Consensus Development Process and highlighted the changes made after the Kaizen event held in May 2017. Changes include:

- Intent to submit forms are now required three months prior to a measure submission deadline to help NQF better plan for measure review;
- Two measure submission deadlines to allow measure developers additional opportunities to submit measures for endorsement consideration;
- Newly formed NQF Scientific Methods Panel responsible for reviewing scientific acceptability of complex measures (e.g., composite measures, outcomes measures, cost and resource use measures, instrument-based measures) to ensure consistency in review of scientific acceptability sections across projects and reduce Committee member burden;
- Condensed measure evaluation technical report;
- Sixteen week public commenting period with an option for member support.

Ms. Skipper explained that there are now 15 topical areas for measure review, down from previous 22 topical areas. This decision was promoted and guided by content and clinical experts who reviewed the NQF portfolio and decided to condense the topic areas. Ms. Skipper provided an overview of the Standing Committee and co-chair roles in the project, the roles of NQF staff, and the role of the Methods Panel. Methods Panel members review measures against the Scientific Acceptability criterion and serve in an advisory capacity to NQF on methodologic issues related to measure testing, risk adjustment, and measurement approaches. Ms. Skipper noted that the Methods Panel's review is not binding and is used only to help inform the Standing Committee's endorsement decision. Ms. Skipper also introduced the newly formed expert reviewer pool that was created as a result of the reduction in the number of topical areas for measures. Some Committee members whose committees were combined with other topic areas were moved to the expert reviewer pool. These expert reviewers serve as adjunct experts to NQF standing committees and are able to contribute to the CDP process in several ways:

- Replacing an inactive committee member;
- Replacing a Committee member whose term has ended;
- Providing expertise that is not currently represented on the Committee;
- Commenting and giving feedback on measures throughout the measure review process; and
- Participating in strategic discussions in the event that no measures are submitted for endorsement consideration.

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 16 in the Neurology portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

## Overview of the NQF Neurology Portfolio

Ms. Skipper gave an overview of the Neurology portfolio. There are currently 16 endorsed measures including 14 stroke measures and two dementia measures. Measures in the Neurology portfolio include:

- 0437 STK 04: Thrombolytic Therapy
- 0507 Diagnostic Imaging Stenosis Measurement in Carotid Imaging Reports
- 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
- 1952 Time to Intravenous Thrombolytic Therapy
- 2863 CSTK 06: Nimodipine Treatment Administered
- 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 and Intracerebral Hemorrhage Patients
- 2877 Hybrid, Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke with Risk Adjustment For Stroke Severity
- 2872 Dementia – Cognitive Assessment (approved for trial use)
- 2111 Antipsychotic Use in Persons with Dementia

- 0434 STK 01: Venous Thromboembolism (VTE) Prophylaxis
- 0435 STK 02: Discharged on Antithrombotic Therapy
- 0436 STK 03: Anticoagulation Therapy for Atrial Fibrillation/Flutter
- 0438 STK 05: Antithrombotic Therapy By End of Hospital Day Two
- 0439 STK 06: Discharged on Statin Medication
- 0441 STK 10: Assessed for Rehabilitation

Ms. Skipper stated that the following measures were withdrawn from consideration by the developer due to resource constraints. Please note that these measures are no longer NQF endorsed:

- 0668 Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury
- 0755 Appropriate Cervical Spine Radiography and CT Imaging in Trauma

## Measure Evaluation Criteria Overview

Ms. Mukherjee reviewed the measure evaluation criteria for endorsement, focusing primarily on the changes to the criteria including the following:

- Empirical data are required for outcome measures. If empirical data are not available, wide variation in performance can be used as evidence, as long as data are from a robust number of providers and results are not subject to systematic bias.
- Measures derived from patient report must also adhere to the current requirements for structure and process measures.
- Measures can pass the validity criteria with face validity, but empirical validity testing is expected at maintenance review. If empirical validity testing is not possible then a justification is required.
- The developer must submit the degree of consensus, and any areas of disagreement must be discussed for face validity.
- Use and usability are now two separate criteria; use is now must-pass for maintenance measures.
- Performance gap can be based on literature and/or data based on ICD-9 or ICD-10 coding.
- Bonnie testing only will no longer meet endorsement criteria for legacy eQMs.

## Overview of Social Risk

Following the review of updates to the measure evaluation criteria, Ms. Mukherjee explained the new social risk initiative launched by the NQF Board of Directors. Following the two-year SDS trial period, the NQF Board reviewed results of the trial and determined that a new social risk initiative was needed to continue to explore the need to adjust for social risk. This initiative will be tied in with the Equity Program. Ms. Mukherjee explained that as part of the validity subcriterion, the Committee still must assess each measure individually to determine if SDS adjustment is appropriate and whether the appropriate risk-adjustment approach was used.

### **Next Steps**

Ms. Ogungbemi noted that the next web meeting is on April 16, 2018 from 12 pm - 2 pm ET. She indicated that NQF staff and senior leadership were still developing discussion topics for this meeting.

### **NQF Member and Public Comment**

Ms. Skipper opened the web meeting for public comment. No public comments were offered.