Neurology Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Neurology Standing Committee on April 16, 2018.

Welcome, Introductions, and Review of Web Meeting Objectives

Debjani Mukherjee, NQF senior director, began by welcoming participants to the web meeting. Ms. Mukherjee also provided opening remarks, an introduction of the Neurology project team and reviewed the meeting objectives to provide an overview of NQF's Measure Prioritization Initiative along with presentations from measure developers regarding new measures and measure concepts in development. Both these presentations introduced the committee to measure development and evaluation related changes and enhancements either internally at NQF and/or externally with regards to new measure and measure concept development.

Following Ms. Mukherjee, Yetunde Ogungbemi, project manager, took attendance before turning it back over to Ms. Mukherjee.

NQF Measure Prioritization Initiative

Ms. Mukherjee presented an update on the NQF measure prioritization initiative, in which the Committee participated during its 2017 off-cycle review. She outlined the four phases of the initiative's strategic vision, including to prioritize measures; reduce, select, and endorse measures; collect and act on feedback from the field; and accelerate innovation. The presentation also included information on the prioritization criteria and scoring rubric that NQF is currently piloting in order to identify high-impact metrics, identify drivers of high-impact measures, and analyze priority measures and gaps.

Ms. Mukherjee gave an overview of the prioritization criteria, which assess measures based on whether they are outcome-focused, improvable, meaningful to patients and caregivers, and support systemic and integrated view of care.

One Committee member asked for clarification regarding the impact of not having many outcome measures, especially since NQF's Neurology portfolio of endorsed measures is mostly comprised of process measures. Both Ms. Mukherjee and Dr. John Bernot, NQF's vice president of quality measurement initiatives, clarified that when looking within the Neurology portfolio, having too many process measures should not adversely affect the prioritization of measures. The issue of too many process measures and not enough outcome-focused measures will only affect neurology when comparing the portfolio with other NQF portfolios containing multiple high-priority outcome measures. Basically, the Neurology portfolio will rank lower than a portfolio with multiple outcome-focused measures. However, it was noted that the utility of measures should also be assessed based on data available as well as needs of specific populations and conditions. They added that NQF's measure prioritization rubric is being reviewed and revised to minimize any variation that may arise across portfolios based on the type of measures available for each topic area.

The Neurology Standing Committee will complete the prioritization scoring exercise in a future review cycle after NQF finalizes the Measure Prioritization Criteria.

Neurology Measure Update

American Academy of Neurology

Erin Lee, program manager at the American Academy of Neurology (AAN), provided the committee with an update on changes regarding neurology measure development oversight and testing processes. The presentation focused first on changes with regards to AAN's measure development process, mainly the changes that instituted standing workgroups and oversight structures that can facilitate faster changes and updates to measures. These workgroups provide historical knowledge and continuity that facilitates consistent review of measures through an agile process.

Ms. Lee reported that AAN oversees 13 measurement sets and 122 individual measures. AAN is also working to develop patient-reported outcome measures and measures covering the following topic areas or conditions: neurology, concussion, mild cognitive impairment, and universal neurology. Ms. Lee noted that AAN is working to update a headache measure and a epilepsy measures that were previously endorsed by NQF but lost endorsement.

In addressing AAN's approach to measure testing, Ms. Lee reported that AAN uses the Axon Registry® to test outpatient measures and contracts with external testing sources for inpatient measures. She also noted that the cost of testing inpatient measures is burdensome. Finally, Ms. Lee informed the committee that 26 measures are eligible for MIPS submission via the Axon registry, and 15 are available for MIPS submission via claims or registry data.

One Committee member asked how AAN prioritized measures for development. Ms. Lee clarified that measures are prioritized based on environmental scans, guidelines with robust data, and other available measures. Ms. Lee noted that lack of data and robust literature is a barrier to measure development. Another Committee member asked about the process for developing mild cognitive impairment measures when diagnosis for this condition is not always accurate. Ms. Lee acknowledged the difficulty in diagnosing mild cognitive impairment, but noted that measure development is based on guidelines for this condition.

A Core Set of Outcome Measures for Adults with Neurologic Conditions Undergoing Rehabilitation

Jane Sullivan, PT, DHS, MS, professor and assistant department chair at the Feinberg School of Medicine at Northwestern University, presented on a core set of outcome measures for adults with neurologic conditions undergoing rehabilitation. Dr. Sullivan provided background information related to clinical practice guidelines (CPGs), described the CPG development process for both the American Physical Therapy Association's (APTA) and The Academy of Neurologic Physical Therapy (ANPT), shared CPG recommendations, and discussed a plan for dissemination and implementation of the guidelines.

Dr. Sullivan noted that CPGs were developed as part of APTA's strategic plan to decrease unnecessary variation in practice. Currently, there are 40 APTA CPGs in various stages of development.

Dr. Sullivan noted that ANPT uses six task forces to develop outcome measure-based recommendations for stroke, multiple sclerosis, spinal cord injury, traumatic brain injury, Parkinson's disease, and vestibular dysfunction. This development process uses participatory research via surveys to inform the CPG goal to identify a core set of measures for use across various populations, levels of acuity, and practice settings. The CPGs focus on identifying core sets of measures with strong psychometric properties and clinical utility, as well as measures that can assess change in balance, gait, transfers, and patient goals.

Advisory panels and manuscript reviewers trained in COnsensus-based Standards for the selection of health Measurement Instruments (COSMIN) review the guidelines. Stakeholders are also invited to review the guidelines using two standardized tools: the Appraisal of Guidelines Research & Evaluation (AGREE II) and the Guidelines Implementability Appraisal (GLIA).

Dr. Sullivan shared that the final set of CPG recommendations which included the following patient outcomes: static/dynamic sitting and standing balance (using the Berg Balance Scale); walking balance (functional gait assessment); balance confidence (Activities-specific Balance Confidence Scale, or ABC Scale); transfers (5 times Sit to Stand test); walking distance (6-Minute walk test); and walking speed (10-meter walk test).

She noted that the dissemination and implementation plan for these recommendations include knowledge translation products such as online continuing education courses, PT Now, the Physical Therapy Outcomes Registry, and the National Guidelines Clearinghouse. It was noted that some of these resources are publicly available and accessible. However, PT Now provides access to tests and measures that have been identified for use in functional limitation reporting, as well as tests that have been cited in APTA-developed clinical practice guidelines.

Public Comment

Following presentations from developers, Ms. Skipper opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Skipper also presented on the Committee's next steps informing the Committee that the team would be reaching out to schedule dates for two additional web meetings over the summer. Future web meetings will cover more information on the prioritization criteria and an overview of the measure evaluation criteria.