



NATIONAL
QUALITY FORUM

Neurology Web Meeting 2 – Strategic Discussion

April 16, 2018

Welcome

Agenda

- Welcome and review of meeting objectives
- NQF Measure Prioritization Initiative
- Review of American Academy of Neurology measures
- NQF member and public comment
- Next steps
- Adjourn

Project Team

- Debjani Mukherjee, Senior Director
- Christy Skipper, Project Manager
- Yetunde Ogungbemi, Project Manager

Objectives

- Provide the Committee with an overview of the NQF Measure Prioritization Initiative
- Provide information on measures and measure concepts in development

Neurology Standing Committee

- 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
- Charlotte Jones, MD, PhD, MSPH
- Michael Kaplitt, MD, PhD
- Ronald Koenig, MD
- Melody Ryan, PharmD, MPH
- Peter Schmidt, PhD
- Jane Sullivan, PT, DHS, MS
- Kelly Sullivan, PhD
- Ross Zafonte, DO



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NQF Measure Prioritization Initiative

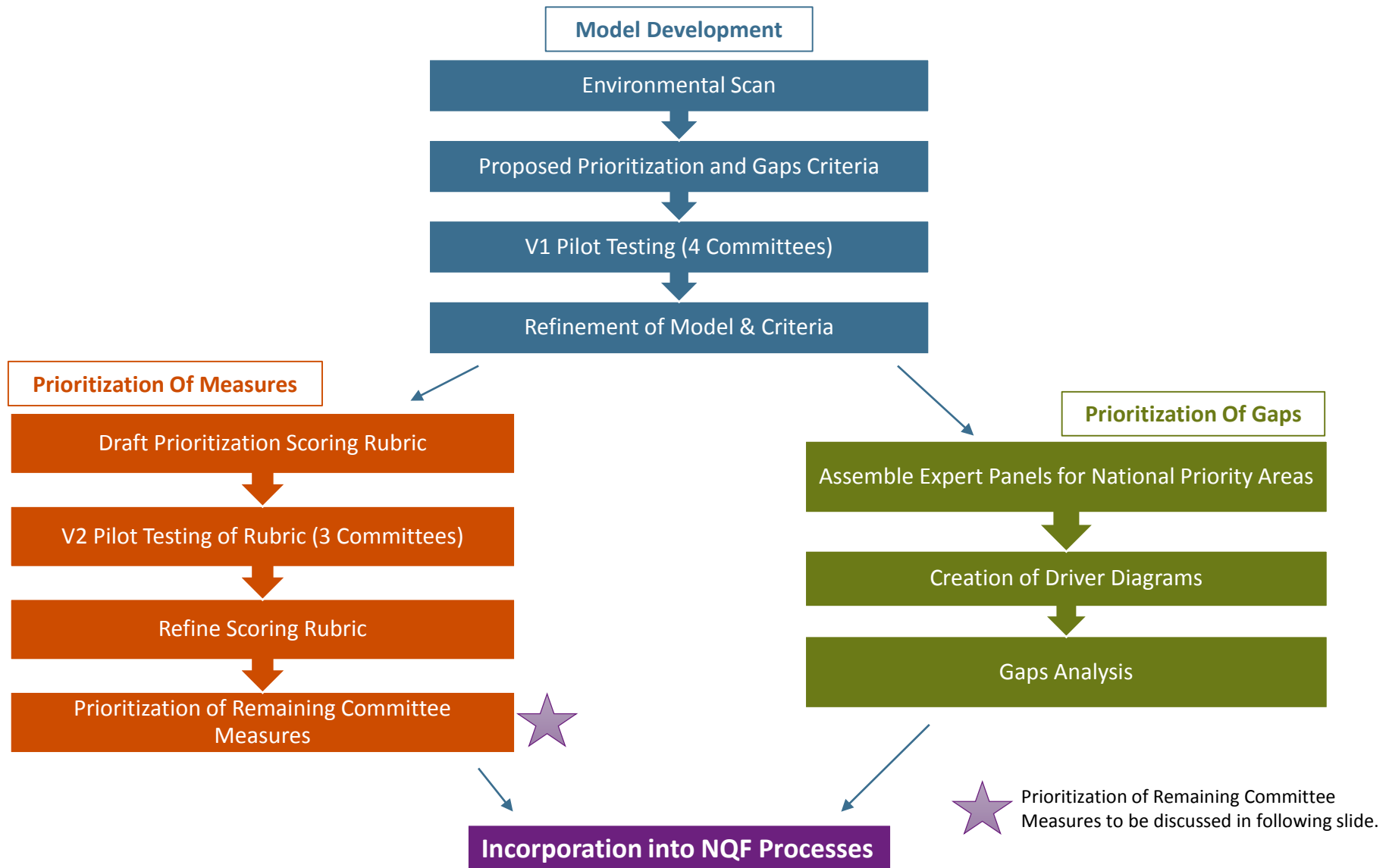
NQF's Strategic Direction



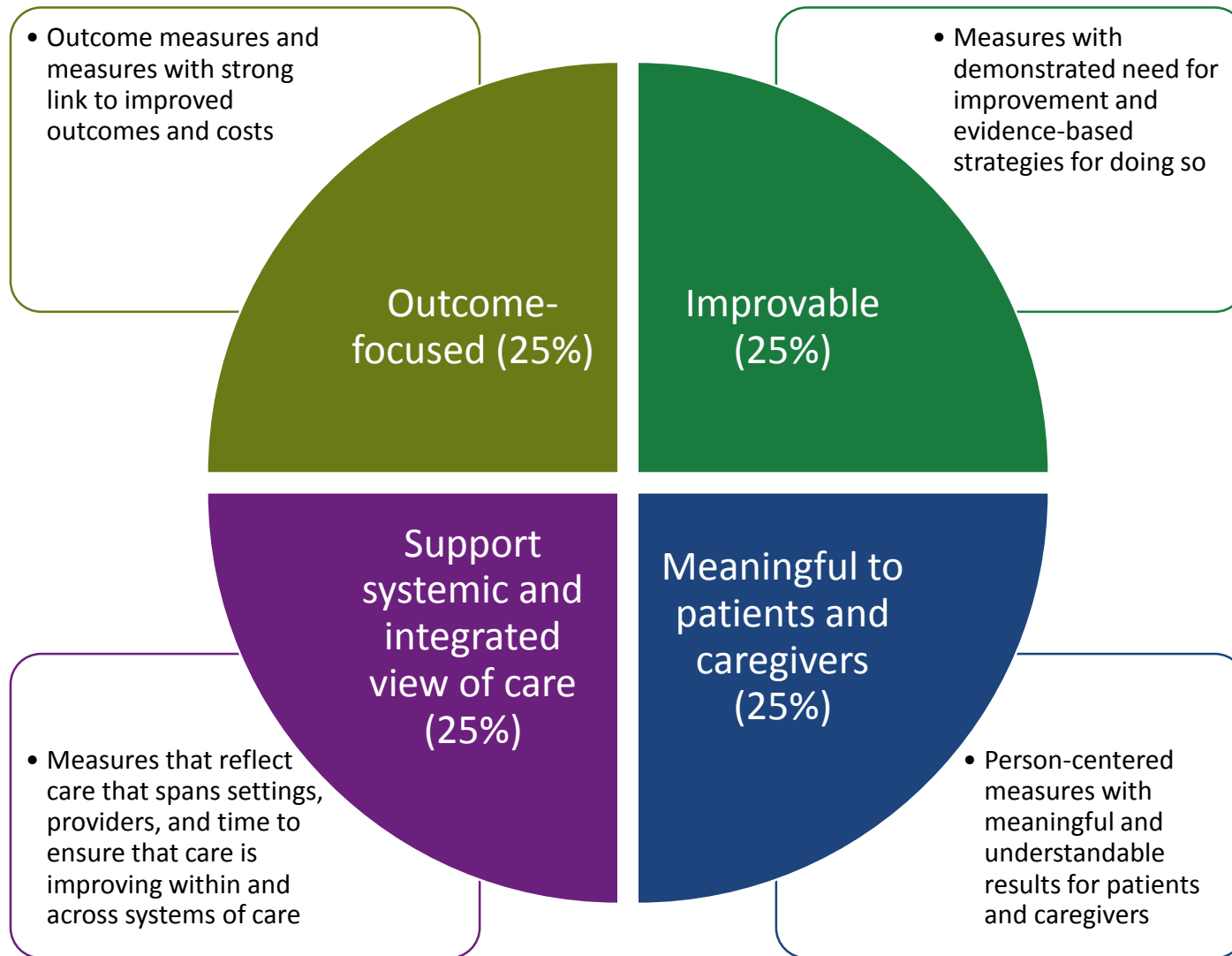
Learn more about NQF's Strategic Plan at

http://www.qualityforum.org/NQF_Strategic_Direction_2016-2019.aspx

NQF Prioritization Initiative



NQF Measure Prioritization Criteria



Measure Prioritization Criteria Rubric

- The rubric is divided into four equally weighted sections. A summary of the measure criteria that is evaluated is listed below:

Outcome-focused

- The rubric differentiates between process, intermediate clinical outcome, outcome and cost and resource use measures, with higher scores going to the later.

Improvable

- The rubric aims to identify measures that can lead to the biggest gains in improvement. Measures that score highest on the NQF criteria of 'gap' are given the most weight in this category.

Meaningful to Patients and Family Caregivers

- The rubric gives weight to Patient-Reported Outcome measures and measures that address change experienced by the patient—including but not limited to: change in symptoms, change in functional status, change in activities, and wait times.

Support Systemic/integrated view of care

- The rubric identifies measures that identify quality care across providers and care settings. Measures that are composites, agnostic to setting/applicable to multiple settings, agnostic to condition and/or readmissions or other system outcomes are given more weight.

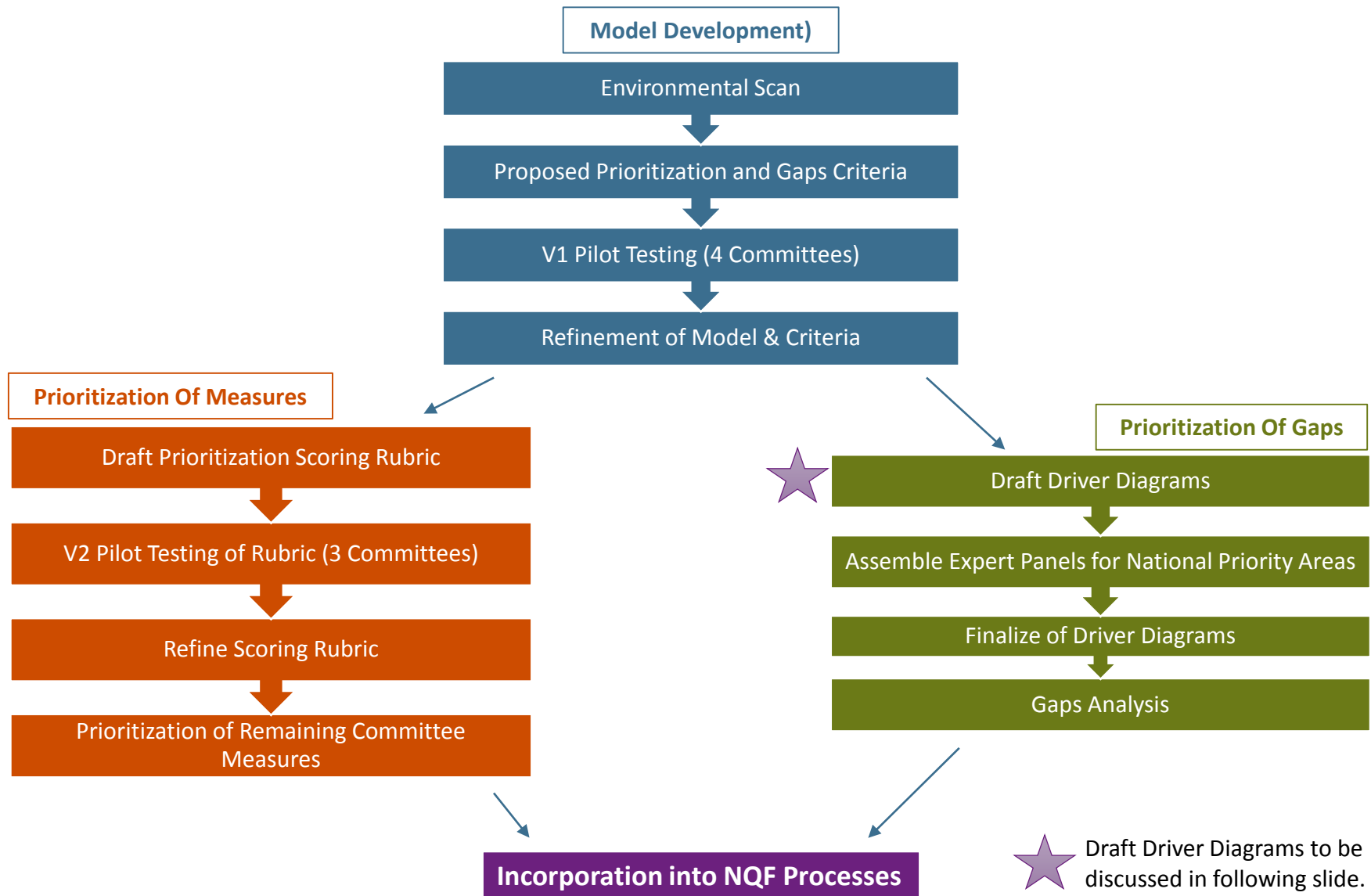
Prioritization will be conducted within and across portfolios



Example of Prioritization Scoring: *Patient Safety*

#	Project	Title	Score	Prioritization rating
0141	2015	Patient Fall Rate	3.75	★ ★ ★ ★ ☆
0202	2015	Falls with injury	3.75	★ ★ ★ ★ ☆
0138	2014	Urinary Catheter-Associated Urinary Tract Infection for Intensive Care Unit (ICU) Patients	3.75	★ ★ ★ ★ ☆
0139	2014	Central Line Catheter-Associated Blood Stream Infection Rate for ICU and High-Risk Nursery (HRN) Patients	3.75	★ ★ ★ ★ ☆
0674	2015	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	3.44	★ ★ ★ ☆ ☆
0679	2015	Percent of High Risk Residents with Pressure Ulcers (Long Stay)	3.44	★ ★ ★ ☆ ☆
0450	2016	Postoperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)	3.13	★ ★ ★ ☆ ☆
2909	2016	Perioperative Hemorrhage or Hematoma Rate	3.13	★ ★ ★ ☆ ☆
0531	2015	Patient Safety for Selected Indicators	3.13	★ ★ ★ ☆ ☆
2723	2015	Wrong-Patient Retract-and-Reorder (WP-RAR) Measure	3.13	★ ★ ★ ☆ ☆
3000	2016	PACE-Acquired Pressure Ulcer-Injury Prevalence Rate	2.81	★ ★ ★ ☆ ☆
2940	2016	Use of Opioids at high Dosage in Persons without Cancer	2.81	★ ★ ★ ☆ ☆
2950	2016	Use of Opioids from Multiple Providers in Persons without Cancer	2.81	★ ★ ★ ☆ ☆
2951	2016	Use of Opioids from Multiple Providers and at High Dosage in Persons without Cancer	2.81	★ ★ ★ ☆ ☆
2993	2016	Potentially Harmful Drug-Disease Interactions in the Elderly	2.81	★ ★ ★ ☆ ☆
3001	2016	PACE Participant Fall Rate	2.81	★ ★ ★ ☆ ☆
3003	2016	PACE- Participants Falls with Injury	2.81	★ ★ ★ ☆ ☆
0347	2015	Death Rate in Low-Mortality Diagnosis Related Groups (PSI 2)	2.81	★ ★ ★ ☆ ☆
0352	2015	Failure to Rescue In-Hospital Mortality (risk adjusted)	2.81	★ ★ ★ ☆ ☆
0353	2015	Failure to Rescue 30-Day Mortality (risk adjusted)	2.81	★ ★ ★ ☆ ☆
0689	2015	Percent of Residents Who Lose Too Much Weight (Long-Stay)	2.81	★ ★ ★ ☆ ☆
0684	2014	Percent of Residents with a Urinary Tract Infection (Long-Stay)	2.81	★ ★ ★ ☆ ☆

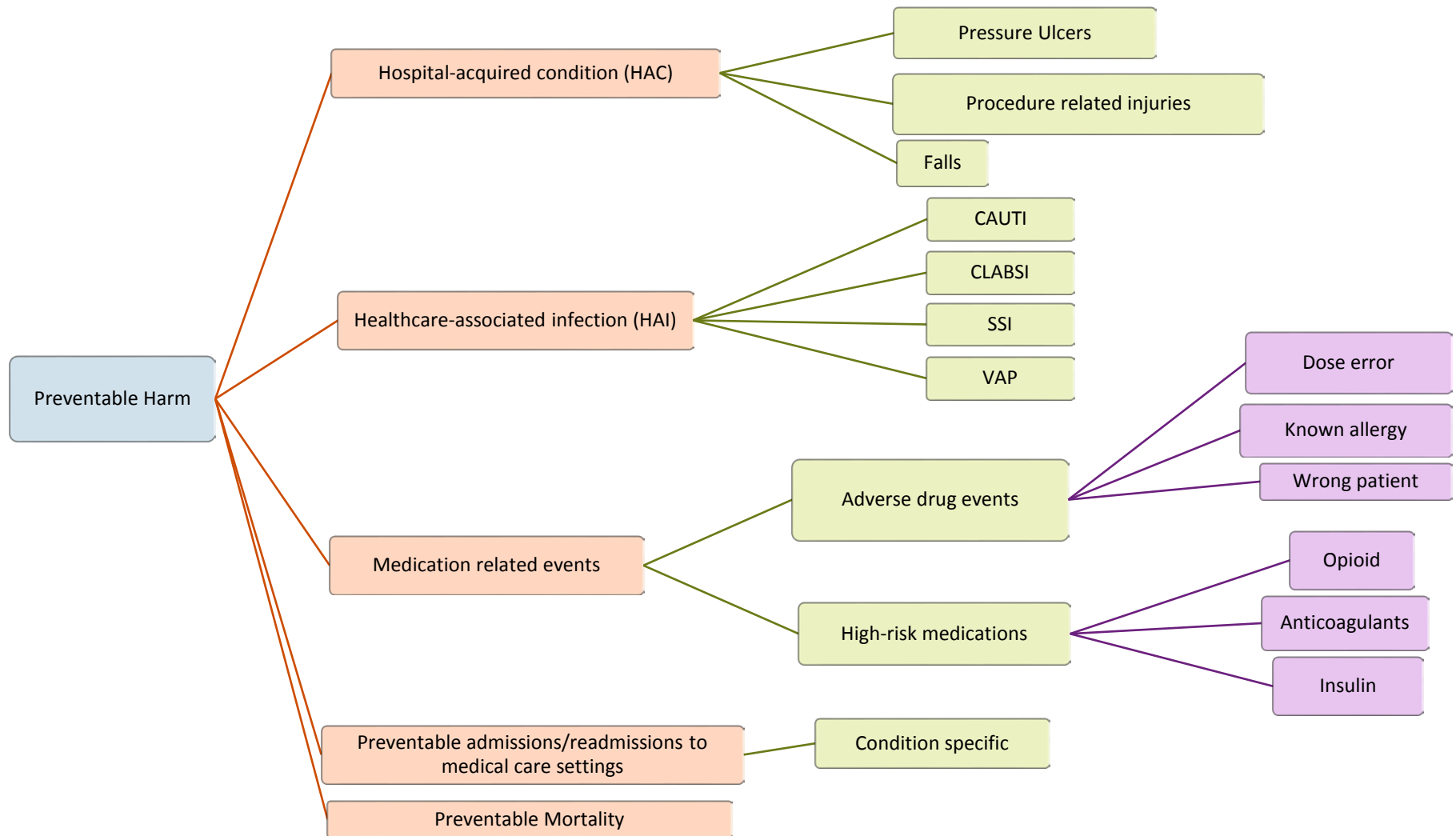
NQF Prioritization Initiative



Categorization of Gaps by National Priority Area

National Priorities	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?

DRAFT - Driver Diagram for National Priority Area: Preventable Harm/Complications



Neurology Portfolio of NQF-Endorsed Measures

Stroke

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

Dementia

2872 Dementia – Cognitive Assessment (approved for trial use)

2111 Antipsychotic Use in Persons with Dementia

Neurology Portfolio of NQF-Endorsed Measures

Stroke

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

Questions for Committee

- Do you have any feedback on the prioritization criteria?
- Do you have any questions about how the prioritization criteria are applied?
- Do you have any questions on the national priority areas to categorize gaps?

Neurology Measure Update



American Academy of Neurology Measures

Erin Lee
Program Manager, Measure Development

April 16, 2018

General Overview

- AAN has been developing measures since 2008
- 2 FTE who develop measures
- 3 FTE who manage Axon[®] Registry
- Previously NQF-endorsed epilepsy and stroke measures

General Overview

- Measure development process overseen by the Quality and Safety Subcommittee
- Workgroups for measurement sets are comprised of a multidisciplinary group of practitioners and patients
- Partner with other societies as much as possible
- Development time is roughly 8-12 months
 - *Additional time for publication*
- Rolling out standing workgroups
 - *Faster reaction for changes/updates*

AAN Quality Measures

- 13 measurement sets
 - *Inpatient and emergency care*
 - *Stroke & Stroke Rehabilitation*
 - *Child neurology*
 - *Multiple sclerosis*
 - *Epilepsy*
 - *Muscular dystrophy*
 - *Dementia management*
 - *Essential tremor*
 - *Parkinson's disease*
 - *ALS*
 - *Neuro-oncology*
 - *Distal symmetric polyneuropathy*
- 122 individual measures total

AAN Quality Measures

- Currently in development:
 - ▣ *Neurotology (new)*
 - ▣ *Headache (update)*
 - ▣ *Epilepsy (update)*
 - ▣ *Concussion (new)*
 - ▣ *Mild Cognitive Impairment (new)*
 - ▣ *Universal neurology (new)*
 - ▣ *Outcomes (new)*

AAN Measure Testing

- AAN utilizing Axon® Registry data to test select outpatient measures
 - *CMS Blueprint input required testing components*
 - *Pilot testing protocol in 2018*
- AAN continues to contract with external testing sources for inpatient measures
 - *Approximately \$25,000 to test one measure using external data*

AAN Measures and MIPS

- 26 AAN measures are eligible for MIPS submission via AAN's Axon Registry, which is a QCDR
- 15 measures are available for MIPS submission via claims and/or registry
 - *ALS*
 - *Dementia*
 - *Parkinson's disease*
 - *Epilepsy*
 - *Headache*

Resources

- All measure available online: <https://www.aan.com/policy-and-guidelines/quality/quality-measures2/quality-measures/>
- Development process: <https://www.aan.com/policy-and-guidelines/quality/quality-measures2/how-measures-are-developed/>

Questions for Discussion

- What is the feasibility of measure development in current gap areas?
- What are some barriers in developing measures for the following areas:
 - ▣ *Muscular dystrophy*
 - ▣ *Dementia management*
 - ▣ *Parkinson's disease*
 - ▣ *ALS*
 - ▣ *Neuro-oncology*



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A Core Set of Outcome Measures for Adults with Neurologic Conditions Undergoing Rehabilitation: A Clinical Practice Guideline

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Professor

Assistant Department Chair

Department of Physical Therapy & Human Movement Sciences

Feinberg School of Medicine

Northwestern University

Acknowledgements

- Co-authors: Jennifer L. Moore PT, DHS, NCS; Kirsten Potter PT, DPT, MS; Kathleen Blankshain PT, DPT; Sandra L. Kaplan PT, DPT, PhD; Linda C. O'Dwyer MA, MSLIS
- Funding: American Physical Therapy Association (APTA) & Academy of Neurologic Physical Therapy (ANPT)
- Manuscript in Press: Journal of Neurologic Physical Therapy

Discussion Points:

1. Explain **background** of Clinical Practice Guideline (CPG)
2. Describe CPG development **process**
3. Share CPG **recommendations**
4. Plan for CPG **dissemination** and **implementation**

CPG Background

CPG development part of APTA strategic plan to decrease unnecessary variation in practice

ANPT 6 taskforces - made Outcome Measure recommendations for stroke, MS, SCI, TBI, PD, & vestibular dysfunction

- ▣ *Delphi process not as rigorous*
- ▣ *Still too many recommended tools*
- ▣ *Most clinicians treat multiple populations*

CPG Process

- Participatory research to inform CPG goals & focus
- Goals of CPG → Identify a core set of measures for use across:
 - *Neurologic populations*
 - *Levels of acuity*
 - *Practice settings*
- Focus of CPG → Identify a core set of measures
 - *With strong psychometrics & good clinical utility*
 - *That can assess change in balance, gait, transfers, & patient goals*

CPG Process

- Advisory panel – multi-disciplinary, included consumers
- Manuscript reviewers – competency trained to use COnsensus-based Standards for the Selection of Health Measurement Instruments (COSMIN)
- Stakeholder reviews (4 tiers) - used 2 standardized guideline assessment tools
 - *Appraisal of Guidelines Research & Evaluation (AGREE II)*
 - *Guidelines Implementability Appraisal (GLIA)*

CPG Core Set Recommendations

Static/ dynamic sitting & standing balance	Walking Balance	Balance Confidence	Transfers	Walking Distance	Walking Speed
Berg Balance Scale	Functional Gait Assessment	Activities- Specific Balance Confidence Scale (ABC Scale)	5 times Sit to Stand Test	6- Minute Walk Test	10- Meter Walk Test

CPG Additional Recommendations

Process-Oriented Action Statements

- *Documentation*
- *Sharing outcome measure results with clients*
- *Collaborative decision making*

14 Research Recommendations

- *Additional data needed on existing tools*
- *New measure development*
- *Test administration protocols*
- *The impact of the core set on clinical practice*

CPG Dissemination & Implementation

- Knowledge translation products
 - *Standardized administration protocols*
 - *Online continuing education course*
- PT Now
- Physical Therapy Outcomes Registry
- National Guidelines Clearinghouse
- Endorsements

Opportunity for NQF Member and Public Comment

Next Steps

THANK YOU