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QUALITY FORUM**

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improvements together

# Neurology Spring 2021 Measure Review Cycle

## Measure Evaluation Standing Committee Meeting

Chelsea Lynch, MPH, MSN, RN, CIC, Director

Oroma Igwe, MPH, Manager

Jesse Pines, MD, MBA, MSCE, Consultant

Monika Harvey, PMP, Project Manager

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## Webex Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities
- Optional: Dial 1-844-621-3956 and enter access code 173 277 9823
- Please place yourself on mute when you are not speaking
- We encourage you to use the following features
  - ▣ Chat box: to message NQF staff or the group
  - ▣ Raise hand: to be called upon to speak
- We will conduct a Standing Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at [neurology@qualityforum.org](mailto:neurology@qualityforum.org)

# Welcome

## Project Team – Neurology



**Chelsea Lynch, MPH, MSN, RN, CIC**  
**Director**



**Oroma Igwe, MPH**  
**Manager**



**Jesse Pines, MD, MBA, MSCE**  
**Consultant**



**Monika Harvey, PMP**  
**Project Manager**



## Agenda

- Introductions and Disclosures of Interest
- Overview of Evaluation and Voting Processes
- Voting Test
- Measures Under Review
- Consideration of Candidate Measures
- Related and Competing Measures
- NQF Member and Public Comment
- Next Steps
- Adjourn

# Introductions and Disclosures of Interest

## Neurology Spring 2021 Cycle Standing Committee

- **David Tirschwell, MD, MSc (co-chair)**
- Mary Kay Ballasiotes\*
- Jocelyn Bautista, MD
- James Burke, MD
- Valerie Cotter, DrNP, AGPCNP-BC, FAANP
- Rebecca Desrocher, MS
- Bradford Dickerson, MD, MMSc
- Dorothy Edwards, PhD
- Reuven Ferziger, MD
- Susan Fowler, RN, PhD, CNRN, FAHA
- Edward Jauch, MD, MS
- Charlotte Jones, MD, PhD, MSPH\*
- Scott Mendelson, MD, PhD
- David Newman – Toker, MD, PhD
- Melody Ryan, PharmD, MPH
- Michael Schneck, MD
- Jane Sullivan, PT, DHS, MS
- Kelly Sullivan, PhD
- Max Wintermark, MD, MS
- Ross Zafonte, DO

\* Inactive for the spring 2021 cycle

# Overview of Evaluation and Voting Processes





## **Roles of the Standing Committee During the Evaluation Meeting**

- Act as a proxy for the NQF multistakeholder membership
- Evaluate each measure against each criterion
  - ▣ Indicate the extent to which each criterion is met and rationale for the rating
- Respond to comments submitted during the public commenting period
- Make recommendations regarding endorsement to the NQF membership
- Oversee the portfolio of Neurology measures



## Meeting Ground Rules

**During the discussions, Standing Committee members should:**

- Be prepared, having reviewed the measures beforehand
- Base evaluation and recommendations on the measure evaluation criteria and guidance
- Remain engaged in the discussion without distractions
- Attend the meeting at all times
- Keep comments concise and focused
- Allow others to contribute



## Process for Measure Discussion and Voting

- Brief introduction by measure developer (3-5 minutes)
- Lead discussants will begin Standing Committee discussion for each criterion by:
  - ▣ Briefly explaining information on the criterion provided by the developer
  - ▣ Providing a brief summary of the pre-meeting evaluation comments
  - ▣ Emphasizing areas of concern or differences of opinion
  - ▣ Noting, if needed, the preliminary rating by NQF staff
    - » This rating is intended to be used as a guide to facilitate the Standing Committee's discussion and evaluation
- Developers will be available to respond to questions at the discretion of the Standing Committee
- Full Standing Committee will discuss, then vote on the criterion, if needed, before moving on to the next criterion



## Endorsement Criteria

- **Importance to Measure and Report (Evidence and Performance Gap):** Extent to which the measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance (**must-pass**).
- **Scientific Acceptability (Reliability and Validity):** Extent to which the measure produces consistent (reliable) and credible (valid) results about the quality of care when implemented (**must-pass**).
- **Feasibility:** Extent to which the specifications require data that are readily available or could be captured and implemented without undue burden
- **Usability and Use:** Extent to which the measure is being used for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare (**must-pass** for maintenance measures).
- **Comparison to related or competing measures:** If a measure meets the above criteria and there are endorsed or new related measures or competing measures, the measures are compared to address harmonization and/or selection of the best measure.

## Voting on Endorsement Criteria

- Votes will be taken after the discussion of each criterion
- **Importance to Measure and Report**
  - ▣ Vote on Evidence (must pass)
  - ▣ Vote on Performance Gap (must pass)
  - ▣ Vote on Rationale - Composite measures only
- **Scientific Acceptability Of Measure Properties**
  - ▣ Vote on Reliability (must pass)
  - ▣ Vote on Validity (must pass)
  - ▣ Vote on Quality Construct - Composite measures only
- **Feasibility**
- **Usability and Use**
  - ▣ Use (must pass for maintenance measures)
  - ▣ Usability

## Voting on Endorsement Criteria (continued)

- **Related and Competing Discussion**
- **Overall Suitability for Endorsement**
- **Procedural Notes**
  - ▣ If a measure fails on one of the must-pass criteria, there is no further discussion or voting on the subsequent criteria for that measure; Standing Committee discussion moves to the next measure.
  - ▣ If consensus is not reached, discussion continues with the next measure criterion.



## Achieving Consensus

- Quorum: 66% of active Standing Committee members (13 of 19 members).

Vote	Outcome
Greater than 60% yes	Pass/Recommended
40% - 60% yes	Consensus Not Reached (CNR)
<40% yes	Does Not Pass/Not Recommended

- “Yes” votes are the total of high and moderate votes.
- CNR measures move forward to public and NQF-member comment and the Standing Committee will revote during the post-comment web meeting.
- Measures which are not recommended will also move on to public and NQF-member comment, but the Standing Committee will not revote on the measures during the post comment meeting unless the Standing Committee decides to reconsider them based on submitted comments or a formal reconsideration request from the developer.



## Committee Quorum and Voting

- Please let staff know if you need to miss part of the meeting.
- We must have quorum to vote. Discussion may occur without quorum.
- If we do not have quorum at any point during the meeting, live voting will stop, and staff will send a survey link to complete voting.
  - ▣ Standing Committee member votes must be submitted within 48 hours of receiving the survey link from NQF staff.
- If a Standing Committee member leaves the meeting and quorum is still present, the Standing Committee will continue to vote on the measures. The Standing Committee member who left the meeting will not have the opportunity to vote on measures that were evaluated by the Standing Committee during their absence.





# Evaluation Process Questions?

# Voting Test

# Measures Under Review

## Spring 2021 Cycle Measures

- **One Maintenance Measure for Standing Committee Review**
  - ▣ **0507** Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports – (American College of Radiology)
- **One New Measure for Standing Committee Review**
  - ▣ **3614** Hospitalization After Release with Missed Dizzy Stroke (H.A.R.M Dizzy-Stroke) – (Johns Hopkins Armstrong Institute for Patient Safety and Quality)

## NQF Scientific Methods Panel

- The Panel, consisting of individuals with methodologic expertise, was established to help ensure a higher-level evaluation of the scientific acceptability of complex measures.
- The Panel's comments and concerns are provided to developers to further clarify and update their measure submission form with the intent of strengthening their measures to be evaluated by the Standing Committee.
- Certain measures that do not pass reliability and/or validity are eligible to be pulled by a standing committee member for discussion and revote.

## NQF Scientific Methods Panel Review

- The Scientific Methods Panel independently evaluated the Scientific Acceptability of this measure:
  - ▣ **3614** Hospitalization After Release with Missed Dizzy Stroke (H.A.R.M Dizzy-Stroke) – (Johns Hopkins Armstrong Institute for Patient Safety and Quality)
    - » **3614** passed the SMP review for both the reliability and validity sub-criterion

# Consideration of Candidate Measures



## 3614 Hospitalization After Release with Missed Dizzy Stroke (H.A.R.M. Dizzy-Stroke)

- **Measure Steward:** Johns Hopkins Armstrong Institute for Patient Safety and Quality
  - ▣ New measure
- **Brief Description of Measure:**
  - ▣ This outcome measure tracks the rate of patients admitted to the hospital for a stroke within 30 days of being treated and released from the emergency department (ED) with either a non-specific, presumed benign symptom-only dizziness diagnosis or a specific inner ear/vestibular diagnosis (collectively referred to as “benign dizziness”). The measure accounts for the epidemiologic base rate of stroke in the population under study using a risk difference approach (observed [short-term rate] minus expected [long-term rate]).





## 0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports

- **Measure Steward:** American College of Radiology
  - ▣ Maintenance measure
- **Brief Description of Measure:**
  - ▣ Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography (MRA), neck computerized tomographic angiography (CTA), neck duplex ultrasound, carotid angiogram) performed that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement



## Related and Competing Measures

- There are no related and competing measures for the two spring 2021 Neurology measures

# NQF Member and Public Comment

# Next Steps



## Measure Evaluation Process After the Measure Evaluation Meeting

- Staff will prepare a draft report detailing the Standing Committee's discussion and recommendations
- This report will be released for a 30-day public and member comment period
- Staff compiles all comments received into a comment table which is shared with developers and Standing Committee members
- Post-comment call: The Standing Committee will reconvene for a post-comment call to discuss comments submitted
- Staff will incorporate comments and responses to comments into the draft report in preparation for the Consensus Standards Approval Committee (CSAC) meeting
- CSAC meets to endorse measures
- Opportunity for public to appeal endorsement decision



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# Activities and Timeline – Spring 2021 Cycle

\*All times ET

Meeting	Date, Time
Draft Report Comment Period	August 10, 2021 – September 8, 2021
Committee Post-Comment Web Meeting	October 6, 2021, 11 am - 2 pm
CSAC Review	November 30 – December 1, 2021
Appeals Period (30 days)	December 7 , 2021 – January 5, 2022

## Next Cycle - Fall 2021 Cycle Updates

- Intent to submit deadline is August 2, 2021
- No new measures submitted
- Topic areas
  - ▣ The Neurology Team will host a fall 2021 Topical Webinar

## Project Contact Info

- Email: [neurology@qualityforum.org](mailto:neurology@qualityforum.org)
- NQF phone: 202-783-1300
- Project page: [https://www.qualityforum.org/Neurology\\_.aspx](https://www.qualityforum.org/Neurology_.aspx)
- SharePoint site: <https://share.qualityforum.org/portfolio/Neurology/SitePages/Home.aspx>



# Questions?

# THANK YOU.

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