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Neurology, Spring 2021 Measure Review Cycle

Post-Comment Standing Committee Meeting

October 27, 2021

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Welcome

Housekeeping Reminders

- This is a Webex meeting with audio and video capabilities:
 - **Meeting**
link: <https://nqf.webex.com/nqf/j.php?MTID=m8d89d582d3b9ce22a1725f2143190bb0>
 - **Meeting number:** 2336 690 0143
 - **Password:** QMEvent
- Optional: Dial **1-844-621-3956** and enter passcode [2336 690 0143]
- 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 Standing Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at neurology@qualityforum.org

Project Team — Neurology

- Tamara Funk, MPH, Director
- Erin Buchanan, MPH, Manager
- Yemsrach Kidane, PMP, Project Manager
- Hannah Ingber, MPH, Senior Analyst
- Sean Sullivan, MA, Coordinator
- Jesse Pines, MD, MS, MBA, Consultant
- Chelsea Lynch, MPH, MSN, RN, CIC, Director
- Matthew Pickering, PharmD, Senior Director

Agenda

- Attendance
- Consideration of Consensus Not Reached Measure
- Reconsideration Request Discussion
- Review Reconsidered Measure and Discuss Comments Received
- NQF Member and Public Comment
- Activities and Timelines
- Adjourn

Attendance

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

Spring 2021 Cycle Measures

■ Two Measures

▣ Consensus Not Reached Measure

» *0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports – (American College of Radiology)*

▣ Measure Not Recommended

» *3614 Hospitalization After Release with Missed Dizzy Stroke (H.A.R.M Dizzy-Stroke) – (Johns Hopkins Armstrong Institute for Patient Safety and Quality)*

Voting Test

Consideration of Consensus Not Reached Measure

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

0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports *(continued)*

- **Criteria where consensus was not reached:** Validity
- **Concerns:**
 - ▣ Empirical validity testing is required of maintenance measures, unless adequate justification is provided
 - ▣ The developer attempted construct and criterion validity testing but was unable to perform this empirical validity testing due to data limitations and limited gold-standard comparators.
 - ▣ The developer performed a new face validity study in November 2020, which demonstrated that 82.15% (23 members) of the panel either agreed or strongly agreed that this measure accurately distinguishes good from poor quality

0507 Diagnostic Imaging: Stenosis Measurement in Carotid Imaging Reports *(continued 2)*

- **Summary of Comments Received:** One (from developer)
 - ▣ The developer provided additional testing information as suggested by the Standing Committee to compare data elements from the “registry submissions used in measure calculation with actual exam records from the submitters’ systems.”
 - ▣ The developer reports that the testing shows a high level of agreement (between 98 - 100 percent agreement)
- **Revote on Validity**
 - ▣ If validity passes, revote on overall recommendation for endorsement

Reconsideration Request

Reconsideration Request Process

- A reconsideration request was received for:
 - ▣ *NQF 3614 Hospitalization After Release with Missed Dizzy Stroke (H.A.R.M Dizzy-Stroke) – (Johns Hopkins Armstrong Institute for Patient Safety and Quality)*
 - ▣ The Standing Committee did not pass the measure on Evidence.
- **Action:** The Standing Committee will vote on whether they would like to reconsider the measure based on comments received and the request received by the developer.
 - ▣ If greater than 60% of the Committee votes “yes”, the Committee will continue their review of the measure starting with the criterion on which the measure did not pass (Evidence).
 - ▣ If greater than 60% of the Committee does not vote yes, the Committee will not reconsider the measure.
 - ▣ There is **no grey zone** for reconsiderations.

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:**
 - ▣ Rate of patients admitted to the hospital for a stroke within 30 days of being treated and released from the emergency department with either a non-specific, presumed benign symptom-only dizziness diagnosis or a specific inner ear/vestibular diagnosis. 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]).
 - ▣ Include any notes here that may add clarity for the Committee
- **Criteria where measure did not pass:** Evidence
- **Standing Committee Concerns:**
 - ▣ The Standing Committee had concerns about the evidence presented for interventions to improve the measure and lower stroke rates, the unintended consequence of over-diagnosis, and the sole use of “dizziness” to capture missed stroke diagnoses

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

■ Summary of Reconsideration Request:

- The developer believes that the measure does, in fact, meet the NQF Evidence Criterion, and that the initial submission materials support that contention
- The developer raised concerns that live Committee process was highly fragmented, and the lead developer was not permitted to present the measure to the Committee

Review Measure and Discuss Comments Received

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
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- **Summary of Comments Received:** four
 - ▣ Comments supporting the Standing Committee recommendation *not* to endorse the measure noted that the discussion raised valid concerns about the measure's scientific acceptability.
 - ▣ Comments disagreeing with the Standing Committee recommendation noted that there are diagnostic techniques that could be encouraged by the implementation of this measure. Commenters also noted that future iterations of the measure might consider additional exclusions, case minimums, and risk adjustment to ensure stronger scientific acceptability.

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

- **Measure Steward:** Johns Hopkins Armstrong Institute for Patient Safety and Quality
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 - ▣ Rate of patients admitted to the hospital for a stroke within 30 days of being treated and released from the emergency department with either a non-specific, presumed benign symptom-only dizziness diagnosis or a specific inner ear/vestibular diagnosis. 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]).

Related and Competing Measures

Related and Competing Measures

- There are no related and competing measures for #0507 or #3614.

NQF Member and Public Comment

Activities and Timelines

Activities and Timeline – Spring 2021 Cycle

***All times ET**

Meeting	Date, Time*
CSAC Review	November 30 – December 1, 2021
Appeals Period (30 days)	December 7, 2021 – January 5, 2022

Project Contact Info

- Email: neurology@qualityforum.org
- NQF phone: 202-783-1300
- Project page: <https://www.qualityforum.org/Neurology.aspx>
- SharePoint site: <https://prod.qualityforum.org/portfolio/Neurology/SitePages/Home.aspx>

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