NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Neurology Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Neurology Standing Committee for a web meeting on March 3, 2020 to evaluate two measures for maintenance of endorsement.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. NQF Acting Vice President, Quality Measurement Apryl Clark, conducted a roll call, during which Committee members each introduced themselves and disclosed any conflicts of interest; no conflicts were disclosed. Eight out of 11 Committee members attended the web meeting; quorum was not achieved at the start nor throughout the duration of the web meeting. In order to conduct voting for both measures under review, an asynchronous offline voting survey, accompanied by an audio recording of the web meeting, was made available to the Standing Committee for the March 3, 2020 web meeting.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently 18 endorsed measures in the Neurology portfolio. Additionally, NQF reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Measure Evaluation

During the meeting, the Neurology Standing Committee evaluated two measures for endorsement consideration. Both maintenance measures were recommended for continued endorsement. A summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 30, 2020 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

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 (Mathematica/Centers for Medicare and Medicaid Services)

Measure Steward/Developer Representatives at the Meeting

- Angela Flanagan
- Kristin Loret
- Michelle Dardis
- Nicole Hewitt

Standing Committee Votes

- Evidence: H-2; M-9; L-0; I-0
- Performance Gap: H-7; M-4; L-0; I-0
- Reliability: H-3; M-8; L-0; I-0

- Validity: H-3; M-7; L-1; I-0
- Feasibility: H-4; M-7; L-0; I-0
- Use: Pass-11; No Pass-0
- Usability: H-8; M-3; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-11; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee stated that the evidence for the measure remained unchanged since its previous evaluation. The Committee requested that the developer clarify the rationale of using the 45-minute guideline for the Computerized Tomography (CT) and Magnetic Resonance Imaging (MRI) scan, instead of the 20-minute guideline suggested by the American Heart Association. The developer clarified that the 20-minute procedural guideline referred to the length of time allotted to perform the CT scan, while the 45-minute guideline referred to the time provisioned to interpret the CT results. A Committee member stated that the 45-minute guideline is arbitrary in selection and may not be suitable for the clinical operations of the Emergency Department. The Committee member encouraged the developer to review the related clinical performance and modify the 45-minute time frame to ensure that it is still a clinically accurate and appropriate time frame. The Committee member also suggested that there is room for improvement in identifying a more direct relationship between the time frame and clinically-relevant outcomes. When discussing the performance gap criteria, a Committee member inquired if the measure could be applied to the pediatric population. Noting the contrast in time guidelines, and in reference to the American Heart Association's January 2019 scientific statement, the Committee member also explained that the median time to radiologic confirmation of diagnosis for pediatric stroke is 15-24 hours and recommended that this guideline be considered in future measure development. Acknowledging the importance of pediatric stroke care, another Committee member explained that pediatric stroke would warrant a distinctly different set of measurement considerations and reiterated that measure 0661 is designed for adult patients.

The Committee did not have any comments regarding reliability. For validity, the Committee and the measure developer discussed whether the measure should be risk-adjusted based on the hospital setting, emphasizing that there may be unintended consequences of urging rapid evaluation and treatment among rural or safety net settings that have fewer resources, do not see a considerable amount of stroke patients, or are remotely located. The Committee also noted that the timing of the tests might be an issue for patients who live in remote environments or face barriers to timely access. Although the developer noted that process measures are usually not risk-adjusted due to their applicability to all settings, the developer acknowledged the importance of clarifying such unintended consequences and subsequent impacts on payment. The developer also noted that the concern is worth further examination for future measure updates.

The Committee did not have any comments for discussion regarding feasibility. Measure 0661 is publicly reported on Hospital Compare with little to no concerns from its users. Additionally, the Committee members did not have any comments for discussion regarding the Use and Usability criteria.

1952 Time to Intravenous Thrombolytic Therapy (American Heart Association)

Measure Steward/Developer Representatives at the Meeting

- Eric Smith, MD

Standing Committee Votes

- Evidence: H-6; M-5; L-0; I-0
- Performance Gap: H-7; M-4; L-0; I-0

- Reliability: H-1; M-10; L-0; I-0
- Validity: H-2; M-9; L-0; I-0
- Feasibility: H-1; M-10; L-0; I-0
- Use: Pass-11; No Pass-0
- Usability: H-8; M-3; L-0; I-0

Standing Committee Recommendation for Endorsement: Yes-11; No-0

The Standing Committee recommended the measure for continued endorsement. The Committee had no major concerns with the measure's evidence. One Committee member inquired about future efforts to modify the measure towards a more aggressive time goal. The developer stated that their current evidence demonstrates broad improvement and a reduction in time to treatment may be considered in the future. The developer also noted that the distributions of patients who are receiving timely treatment continues to shift in a favorable direction.

The Committee noted that even though there have been improvements in measure rates within categories of race, gender, and geographic locations, several gaps still exist in performance based on race, gender, geographic location, and hospitals that have less experience administering the treatment.

During the Reliability discussion, the Committee shared comments regarding measure exceptions and whether reasons for delay in treatment was documented. The developer noted that they analyzed the recorded delay times and found that improvements in the measure were not a result of inappropriate documentation of delays. The Committee did not have any comments for Validity.

The Committee did not have any comments for discussion concerning the Feasibility, Use, or Usability criteria.

Discussion of Related and Competing Measures

For measure 0661, the Committee noted a non-NQF endorsed measure from the Institute Clinical Systems Improvement (ICSI) is similar, which focuses on a CT scan within 25 minutes of arrival versus the time that the CT scan was interpreted.

For measure 1952, the Committee noted measure 0437 - *STK 04: Thrombolytic Therapy*, which looks at thrombolytic therapy within a 2-hour time period. The measure specifications differed by the target audience and used different processes. A Committee member asked whether these measures should be harmonized. The developer commented that these measures are similar, but reflect different process, so the outcomes associated with these measures are different.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on March 30, 2020 for public comment for 30 calendar days. The continuous public comment with member support will close on April 28, 2020. NQF will re-convene the Standing Committee for the post-comment web meeting on May 7, 2020.