

NATIONAL QUALITY FORUM

CALL FOR MEASURES: PHASE II NEUROLOGY ENDORSEMENT MAINTENANCE 2012

BACKGROUND

Neurological conditions and injuries affect millions of Americans each year, taking a tremendous toll on patients, families, and caregivers, and costing billions of dollars in treatment, rehabilitation, and lost or reduced earnings. Specifically:

- An estimated 5.4 million Americans have Alzheimer's disease, and an estimated 16 million will have Alzheimer's by 2050.¹ The disease accounts for 70 percent of the cases of dementia in the country.² In 2009, Alzheimer's disease was the fifth leading cause of death for adults ages 65 and over. Medicare and Medicaid spending on people with Alzheimer's disease totaled \$130 billion in 2011; this could rise to \$1.1 trillion by 2050.³
- Epilepsy affects two million Americans and is estimated to cost \$15.5 billion each year in medical costs and lost or reduced earnings and production.⁴
- One million Americans have Parkinson's disease, and the combined direct and indirect costs are estimated at \$25 billion per year.⁵
- Approximately 400,000 Americans have multiple sclerosis.⁶
- Traumatic brain injury (TBI) is a major health issue affecting all age groups in the United States, causing 52,000 deaths and 275,000 hospitalizations each year. An additional 1.3 million people are treated for mild TBI and released annually from emergency departments. Direct and indirect costs for treatment and lost productivity add up to an estimated \$76.5 billion yearly. These numbers do not include TBI associated with serving overseas in the military.⁷

NQF has endorsed a number of consensus standards to evaluate the quality of care for neurological conditions over the past decade. As quality measurement has matured, better data systems have become available, electronic health records are closer to widespread adoption, and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes for neurological conditions. An evaluation of the NQF-endorsed® neurology measures and consideration of new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

This project seeks to identify and endorse new performance measures for accountability and quality improvement that specifically address neurological conditions.

Measure Submissions Due By Friday, July 13, 2012 6:00 PM ET

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As quality measurement has matured, better data systems have become available, electronic health records are closer to widespread adoption, and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes. An evaluation of all NQF-endorsed[®] neurology measures and consideration of new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

In Phase I, the project will review measures of quality for stroke. In Phase II, the project will review measures related to all other neurological conditions, including, but not limited to, Parkinson's disease, dementia, delirium, and epilepsy. The measure submission deadline for Phase II is July 13, 2012, at 6:00pm ET.

CALL FOR MEASURES—PHASE II

In this call, NQF is seeking performance measures that could be used for accountability and public reporting in the following topic areas related to neurology for adults and children in all settings of care. Measures including treatments, diagnostic studies, interventions, or procedures associated with these conditions will be considered:

- Cognitive impairment and dementia (including Alzheimer's disease);
- Headache (including migraine);
- Epilepsy and related disorders;
- Parkinson's disease
- Multiple Sclerosis and other demyelinating diseases;
- Movement disorders;
- Disorders of consciousness;
- Spinal cord disorders;
- Brain injuries; and
- Other disorders of the nervous system.

NQF is particularly interested in composite and outcome measures; measures applicable to more than one setting; measures that capture broad populations, including children and adolescents where applicable; measures of chronic care management and care coordination for these conditions; and measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations. To the extent possible, NQF encourages the inclusion of electronic specifications for the measures submitted to this project.

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure steward is in the public domain, or a [measure steward agreement](#) is signed.

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- B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
- C. The intended use of the measure includes both accountability and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.*
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

*Measures without testing data for reliability and validity are not eligible for submission; however, a few exceptions may apply.

To submit a measure, please complete the following:

- [online measure submission form](#) (available on the project page)
- [measure steward agreement](#)

Please note that materials will not be accepted unless accompanied by a fully executed [measure steward agreement](#). All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET on July 13, 2012, for consideration in this project.**

Questions

If you have any questions, please contact Karen Johnson, MS or Suzanne Theberge, MPH, at 202-783-1300 or neurology@qualityforum.org. Thank you for your assistance.

¹Centers for Disease Control. Available at http://www.cdc.gov/mentalhealth/data_stats/alzheimers.htm

² American Health Assistance Foundation. Available at <http://www.ahaf.org/alzheimers/about/understanding/facts.html> Last accessed February 2012

³Centers for Disease Control. Available at http://www.cdc.gov/mentalhealth/data_stats/alzheimers.htm Last accessed February 2012

Alzheimer's Association. Available at http://www.alz.org/documents_custom/2011_Facts_Figures_Fact_Sheet.pdf Last accessed February 2012

⁴ Centers for Disease Control. Available at http://www.cdc.gov/epilepsy/basics/fast_facts.htm

⁵ Parkinson's Disease Foundation. Available at http://www.pdf.org/en/parkinson_statistics Last accessed February 2012

⁶ National Multiple Sclerosis Society. Available at <http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/faqs-about-ms/index.aspx#howmany> Last accessed February 2012

⁷ Centers for Disease Control. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6005a1.htm?s_cid=ss6005a1_w Last accessed February 2012

Centers for Disease Control. Available at <http://www.cdc.gov/traumaticbraininjury/statistics.html> Last accessed February 2012

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