**Neurology Endorsement Maintenance Phase II**
**Summary of Steering Committee Call: Discussion of Comments Received**
**Thursday, December 13, 2012**

**Evidence review:**

- The call opened with a discussion of NQF's evidence criteria and the evidence exception, led by Helen Burstin, MD, MPH, Senior Vice President of NQF's Performance Measures Department.

**Reconsideration of AAN/AMA-PCPI measures**

- 1953: Seizure type(s) and current seizure frequency(ies)
- 1954: Documentation of etiology of epilepsy or epilepsy syndrome
- 1973: Annual Parkinson's disease diagnosis review
- 1982: Parkinson's disease psychiatric disorders or disturbance assessment
- 1983: Parkinson's disease cognitive impairment or dysfunction assessment
- 1985: Parkinson's disease querying about sleep disturbances
- 1988: Parkinson's disease rehabilitative therapy options
- 2029: Dementia: Counseling regarding risks of driving

- AAN had formally requested reconsideration of eight of the measures submitted to the project. In their discussion of these measures, the Committee in general agreed that while the measures focus on important care processes (e.g., documenting seizure frequency), those processes are relatively distal to desired outcomes. They also noted that evidence linking the measures to a desired outcome generally was not provided. The Committee also agreed that while two of these measures met the Importance criterion because the exception to the evidence criterion was invoked, their concerns around the measure specifications had not been eliminated.
- The Committee also noted that many of the measures are standards of care, but do not necessarily rise to the level of an NQF-endorsed performance measure. They felt that no new evidence or analysis was presented that would lead them to wish to revote on the measures.
- Committee members encouraged AAN to continue work on the measures, to test them with the Neuro PI data, and to potentially resubmit them to NQF in the future.

**Reconsideration of measure #2111: Antipsychotic use in persons with dementia**

- The developer noted their attempt to address two of the Committee's concerns: 1) the ability to exclude from the measure those patients with psychosis for whom the psychosis wasn't clearly documented, and 2) that using drug markers for dementia may inappropriately include in the measure those patients without dementia (see letter from PQA). The developers explained that the measure uses a relatively narrow list of ICD-9 codes to identify dementia patients and therefore would <u>not</u> include dementia patients with ICD-9 codes for dementia-related diagnoses that indicate a behavioral disturbance or psychoses (such patients might appropriately be prescribed antipsychotics). Additionally, they noted that dementia medications may be used for late effects of traumatic brain injury (TBI), but presented data to show that less than 0.1% of their testing sample had this diagnosis.

- The Committee noted that several comments were received in support of the measure, including one from a researcher at a pharmacy benefits manager organization who has found that it is extremely rare for providers to prescribe Alzheimer's drugs for non-dementia conditions.
- One Committee member expressed the belief that the additional analysis submitted by the developer provided evidence that use of dementia medications as a way to identify dementia patient was a valid proxy. Additionally, she noted that this measure is actually tied to an outcome, and recommended reconsideration of the measure.
- In seconding this recommendation, another Committee member noted that earlier concerns around whether TBI patients would be included in this measure had also been addressed by the developer.
- The Committee agreed to revote on the measure via a survey to be sent out after the call. To aid Committee members in their re-vote of this measure, NQF staff will provide information on the comments received on this measure, the full summary of the Committee's discussion of the measure during the in-person meeting, and the additional analysis submitted by the developer in response to the Committee's concerns about the validity of the measure.

**Measure #0507**

- The Committee reviewed the six comments received on measure #0507: Stenosis measurement in carotid imaging studies. One commenter expressed concern that stenosis is based on physician's judgment of patient's symptoms; however, the Committee agreed that this was a misunderstanding of the measure.
- Another commenter suggested that more than just stenosis severity should be standardized, but the Committee did not think that was a criticism of the existing measure, rather a suggestion for future measure development.
- Finally, the measure received some comments stating that it was a documentation measure. Committee members agreed with this concern, but reiterated their agreement that there is sufficient evidence indicating that the results of the documentation are interpretable and decisions can be made based on those results.
- None of the comments submitted persuaded the Committee to re-consider their vote on this measure.

**Additional Comments**

- Several comments were received supporting recommended measures #2091/#2092: Persistent indicators of dementia without a diagnosis—long stay/short stay and #1814: Counseling for women with childbearing potential with epilepsy. The Committee appreciated the comments.
- The Committee agreed with all of the suggested additions to measure gaps list.