

NATIONAL QUALITY FORUM

Moderator: Suzanne Theberge
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1:00 p.m. ET

Suzanne Theberge: Good afternoon everybody. Welcome to the Neurology Endorsement Maintenance Phase Two Pre-Voting Webinar. I'm Suzanne Theberge. I'm the project manager for this project here in NQF and I'm here with my colleague, Karen Johnson.

Female: And Jessica Weber.

Suzanne Theberge: And if everybody who's on the line could introduce themselves so we know who is with us today that will be great.

(Lauren McCann): This is (Lauren McCann) from America's Health Insurance Plan.

Suzanne Theberge: Welcome.

Diedra Gray: Hi, this is Diedra Gray.

(Judy Cahill): And this is (Judy Cahill) from Pharmacy Quality Alliance.

Suzanne Theberge: Great.

Diedra Gray: Hi, this is Diedra Gray from AMA-PCPI.

Suzanne Theberge: OK. Anyone else?

Stephanie Singleton: Stephanie Singleton from Luke – from WellPoint Place.

Suzanne Theberge: OK and did anybody who's on the line have any particular questions that you wanted to address or really just you wanted to hear the project overview?

All right, it doesn't sound like anybody had any immediate question so we'll just start right in, but please do so as we get over if you have questions.

So, as you probably know by now, the goals of this webinar are just to go over the project, introduce you to what happened, give some information and background and then answer any questions that people might have. As you also may know, this was a two-phase project. In phase one, we looked at stroke measures and those measures have completed the endorsement project – process.

In this phase, phase two, we looked at measures on dementia, Parkinson's disease and epilepsy as well as a measure on stenosis measure and carotid imaging. We reviewed 21 new measures and one maintenance measure in this project. Of the measures that we reviewed, there were five that were recommended. One was a continuation of endorsement and then there were four new measures.

The measure – maintenance measure was stenosis measurement and carotid imaging and the new measures were persistent indicators of dementia without a diagnosis for long-stay patients and then persistent indicators of dementia without a diagnosis for short-stay patients, which are both from AMDA and AAN measure counseling for women with child-bearing potential with epilepsy and the other measure was from PQA antipsychotic use in persons with dementia.

As you are aware, we are now in the member voting period. The 30-day member and public comment period closed on November 29th. It opened October 31st.

We received comments from 10-member organizations and 20 members of the public. Those were all addressed by the Steering Committee and the developers. All the comments as well as responses from the committee, the developers and the NQF staff are posted online on the project page. So, you can review that before voting.

The 15-day voting period opened yesterday and it closes Monday, January 28th at 6:00 p.m. The five recommended measures are open for voting. In addition, the red line comment report is available on the project page and I'm now going to turn this over to Karen to go into our process issues.

Karen Johnson: Yes. Thank you Suzanne. The process issues that we had doing this project really is just that one of the measures, the epilepsy measure for child-bearing potential. I don't have the name exactly right there. Sorry about that.

That one is – it came in as an untested measure so it is eligible for time-limited endorsement and by that the developer has promised to be testing for reliability and validity within 12 months for that measure. The overarching issues that we faced during this project really all kind of mostly went down to the evidence criteria. Really for a lot of the measures, the measure focus was not proximal to desired outcomes and for that a lot of the measures looked at things like assessment or counseling or review or documentation, those sorts of things and generally those kind of measures have a hard time meeting our evidence criteria because there's often not a lot of evidence out there to support this kind of measures.

I think it is important to know – to note that committee members often acknowledged those activities and – that were part of the measure focus for these measures. They are very important for clinical practice and they also acknowledged that oftentimes performance on these types of measures may be less than optimal that still may not meet our evidence criteria. Very much related to that is insufficient evidence.

So and as you probably know, we have criteria related to knowing about the quantity, quality and consistency of the body of evidence for measures and for many of the measures either on the evidence either just did not exist or was not submitted and it's kind of a variety of those reasons and really what happened particularly again with the assessment counseling measures, developers were just unable to show a literature that basically made the link between the measure focus and desired outcomes and even when evidence was given often it had to do with the impact of the measure or sometimes

other inventions that have been shown to be useful, but they didn't actually address the measure focus. So and then also several of the measures relied on clinical practice guidelines, but the guidelines sometimes didn't give enough evidence – didn't give enough information to really understand the evidence underneath the measures or underneath the guidelines.

So and then finally untested measures, measures - of the 22 measures that were reviewed in the project 18 had not been reviewed for reliability or validity and that we can look at those untested measures and think about possible time-limited endorsement for them so as Suzanne already mentioned one of the measures that was recommended was one of these untested measures and it is up for time-limited endorsement.

We did have a lot of comments that came through in our public comment period and basically the themes or the major topics had to do with reconsideration of the American Academy of Neurology and the AMA-PCPI measures. Those were measures on epilepsy, Parkinson's disease and dementia and I believe eight of those the AAN requested specifically reconsideration of eight of those measures.

In addition, other comments are (attached) for reconsideration of measure 2111 antipsychotic use in persons with dementia. There are also some comments mainly supportive on the stenosis measurement measure and there was also very interestingly I think support from quite a few folks on the other recommended measures and that is the long-stay, let's see I don't have the name of it in front of me here, the persistent indicators of dementia without a diagnosis short and long stay and also the counseling for women with child-bearing potential with epilepsy.

So, again, in our comment period, we did have a lot of support for these measures.

(Lauren McCann):Hi, this is (Lauren McCann). I have a quick question regarding the slide.

Karen Johnson: Sure.

(Lauren McCann): And what is the – would you decide to reconsider a measure like you know 2111? Was this typically the process or what has to happen in order for you to reconsider a measure that's previously not recommended?

Karen Johnson: Well, basically what happens is we bring this during committees together after the comment period and we asked them to look at all the comments that came in so like I said in this case the - we had several comments asking for reconsideration and along with some of these comments some folks did make some pointed comment that reflected back to the things that the committee had had questions on, but then also the developer as well brought in some additional analyses so that was probably the most important that, you know, reconsideration can happen even without developers bringing in more analyses, but in this case, the commenters as well as the analyses from the developers were brought in and the committee looked at those and basically we leave it up to the committee.

So, they look at those comments and you know what came in the door and decide if they think that there's enough information there to make them want to reconsider. So, in this case, they did and on reconsideration, they felt that their concerns, which had to do in this case with validity of the measure and they felt that those were addressed. Does that help?

(Lauren McCann): Yes. That does. Thank you.

Karen Johnson: Yes. Any other questions before we go on? Oh, well we're almost done.

As Suzanne mentioned, voting period is open. It opened yesterday and it is a 15-day I believe the voting period and closes on January 28th at 6:00 p.m. Eastern Time and we have electronic submissions of voting. So, if you have any questions or concerns about any of that, you know, you can always email us and we can help you out if you need it.

And our last slide is just the big question mark slide. So, is there anything that I can answer for you?

Diedra Gray: Hi, this is Diedra Gray at the AMA-PCPI.

Karen Johnson: Hi, Diedra.

Diedra Gray: Hi. I just wanted to I'm not sure if you are aware that the comment table for phase two...

Karen Johnson: Yes.

Diedra Gray: Neurology. It does not have the responses in it – in the excel file that's online.

Karen Johnson: Oh, really. Are you looking at the one that is under the comment period or the one that's under the voting period?

Diedra Gray: I think I'm under the comment period. It's...

Karen Johnson: There's an updated one under the voting period. I'll have the web team removed the one that's under the comment period to...

Diedra Gray: OK.

Karen Johnson: ...reduce confusion, but yes there should be. Hopefully, the right one got posted. If not, I'll go check as soon as I get back to my desk, but the updated one should be under the voting.

Diedra Gray: Oh, OK, you know I see it. You're right.

Karen Johnson: OK. OK good.

Diedra Gray: OK. Thank you.

Karen Johnson: Great and just so you know we try to get these comments up as soon as we can so that people can see the comments, but then like you say we do try to answer them or respond to them.

Any other questions? No. I guess I'll hand it back to Suzanne and...

Suzanne Theberge: All right. Well, if you have any questions after you review the materials, please don't hesitate to email or call us and we'll be happy to answer those and in the meantime please vote.

So, if nobody has any further questions, I (will return) the call.

Female: Thank you.

Female: Thanks for the overview.

Suzanne Theberge: Thank you for participating.

Female: Thank you.

Female: Bye.

Female: Bye.

Operator: Ladies and gentleman this concludes today's conference call, you may now disconnect.

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