



Neurology Project 2015-2016

BACKGROUND

Neurological conditions are a leading cause of death in the United States and a major contributor to health care costs. Almost 800,000 Americans have a stroke each year, accounting for the fifth leading cause of death in the US.ⁱ More than five million Americans are estimated to be living with Alzheimer's disease, and dementia care which is estimated to cost \$226 billion in 2015.ⁱⁱ

This project seeks to identify and endorse performance measures for accountability and quality improvement that specifically address conditions, treatments, interventions, or procedures relating to neurological conditions. Conditions include, but are not limited to, strokes, epilepsy, multiple sclerosis, dementia and Alzheimer's disease, Parkinson's, traumatic brain injury, and other neurological conditions.

Neurology continues to be an important topic within NQF's measure portfolio. In 2012, NQF endorsed 22 measures of neurological care. In addition to any new measures submitted, these 22 NQF-endorsed measures that are due for maintenance will be re-evaluated against the most recent NQF measure evaluation criteria.

COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate new measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse performance measures for accountability and quality improvement that specifically address, but are not limited to, strokes, epilepsy, multiple sclerosis, dementia and Alzheimer's disease, Parkinson's, traumatic brain injury, and other neurological conditions. Measures including outcomes, treatments, diagnostic studies, interventions, or procedures associated with these conditions will be considered.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard measure evaluation criteria and make recommendations for endorsement. The Committee will also:

- oversee the Neurology portfolio of measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio
- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders

- review draft reports and recommendations
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Standing Committee Guidebook](#) and [Standing Committee Policy](#).

COMMITTEE STRUCTURE

This Committee will be seated as a Standing Committee composed of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

Terms

Standing Committee members will initially be appointed to a 2 or 3 year term. Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

Committee participation includes:

- Review measure submission forms during each cycle of measure review
 - Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
 - Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q&A calls (1 hour)
- Review measures with the full Committee by participating in at least one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

Table of scheduled meeting dates

Meeting	Date/Time
Committee Orientation (2 hours)	February 18, 2016 at 2-4pm ET
Measure Evaluation Q &A (1 hour) (Attend one of the two)	March 3, 2016, 1-2pm ET March 9, 2016, 3-4pm ET
Workgroup Calls (2 hours) (Attend one of the four calls. Committee members will be assigned to a workgroup based on expertise and availability.)	March 16, 2016, 12-2pm ET March 17, 2016, 12-2pm ET March 21, 2016, 2-4pm ET March 24, 2016, 2-4pm ET
In-Person Meeting (2 days in Washington, D.C.)	April 4, 2016 at 8:30am-5pm ET April 5, 2016 at 8:30am-5pm ET
Post-Meeting Conference Call (2 hours)	April 22, 2016, 1-3pm ET
Post Draft Report Comment Call (2 hours)	June 23, 2016, 2-4pm ET

PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with stroke, epilepsy, multiple sclerosis, dementia and Alzheimer's disease, Parkinson's, traumatic brain injury, and other neurological conditions across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives, health plans and purchasers, as well as methodologists. We also are seeking expertise in disparities and care of vulnerable populations.

Please review the NQF [Conflict of interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls, meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individuals as individual subject matter experts, not organizations. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To be considered for appointment to the Committee, please **submit** the following information:

- a completed [online nomination form](#), including:
 - a brief statement of interest
 - a brief description of nominee expertise highlighting experience relevant to the committee
 - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development
 - curriculum vitae or list of relevant experience (e.g., publications) up to 20 pages
- a completed disclosure of interest form which will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Friday, December 18, 2015**.

QUESTIONS

If you have any questions, please contact Wunmi Isijola or Michael Pheulpin at 202-783-1300 or neurology@qualityforum.org. Thank you for your interest.

ⁱ 2015 Stroke Facts. Center for Disease Control and Prevention. Available at <http://www.cdc.gov/stroke/facts.htm>. Accessed September 30, 2015.

ⁱⁱ 2015 Alzheimer’s Disease Facts and Figures. Alzheimer’s Association. Available at <http://www.alz.org/facts/#quickFacts>. Accessed July 13, 2015.