

## Meeting Summary

### Full Collaborative Meeting 6

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The National Quality Forum (NQF) convened a closed session web meeting for the full Collaborative on October 2, 2020.

#### Welcome and Review of Meeting Objectives

NQF staff and the Behavioral Health and Neurology co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Collaborative of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Collaborative members that the meeting is being recorded for the purpose of accurately capturing the discussion for meeting minutes and to allow CQMC members to listen to the meeting for a limited time only. The recording will be destroyed as soon as reasonably practical. NQF shared that CQMC is a membership-driven and funded effort, with additional funding provided by Centers for Medicare and Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff reviewed the following meeting objectives:

- Review voting procedures
- Discuss workgroup recommendations for Behavioral Health and Neurology core sets
- Review next steps

#### Review of Voting Procedures

NQF staff reminded the full Collaborative of the core set maintenance process, where the specialty workgroups present their recommendations to the Steering Committee and, after approval, bring the recommendations to the full Collaborative for final discussion and voting. NQF reminded the Collaborative that they should rely on the recommendations of the workgroup to avoid duplication of efforts unless there are significant concerns with the measures being proposed.

NQF reminded the Collaborative that for full Collaborative proceedings, the vote must achieve quorum (i.e., representation from at least 20 percent of the health plan members, at least 20 percent of the provider members, and at least 20 percent of members from the remaining Voting Participant category). A passing vote must achieve supermajority (i.e., 60 percent of votes affirmative and at least one affirmative vote from each voting category).

A Collaborative member sought clarification on the 20 percent threshold for quorum and expressed that voting participation should be higher at the full Collaborative level when core sets are undergoing final approval. NQF staff clarified that quorum was set at 20 percent of each voting participant category. Quorum is specified in the CQMC charter and approved by the Steering Committee. NQF noted this feedback will be considered if the CQMC revisits quorum thresholds in the future. NQF staff also noted that some organizations abstain from votes when they are related to specialty measures outside their area of expertise.

## Discussion of Behavioral Health Core Set Recommendations

The Behavioral Health co-chairs presented the workgroup voting results, which reflect the workgroup's recommendations for which measures should be included in the core set. Collaborative members can refer to the "2020 Recommended Core Set" tab in the measure scan spreadsheet distributed with the meeting materials to review the recommended set. The spreadsheet also contains details for all measures considered (37 measures). A co-chair expressed that the workgroup noted that some of the behavioral health measures discussed are more applicable to general providers, some measures are more applicable to specialties, and some measures apply to both. The table below reflects measures that were moved to a vote by the workgroup, categorized by topic area; it does not include all measures discussed.

Category	Measure	Voting Totals	Result
Tobacco, Alcohol, and other substance use	#2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	Add: 14 Do not add: 1 Abstain: 1	Add
	#N/A: Use of Opioids at High Dosage (HDO) (HEDIS)	Add: 11 Do not add: 6 Abstain: 2	Add
	#N/A: Use of Opioids from Multiple Providers (UOP) (HEDIS)	Add: 8 Do not add: 9 Abstain: 2	Do not add
	#N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS)	Add: 14 Do not add: 3 Abstain: 2	Add
	#3389: Concurrent Use of Opioids & Benzodiazepines	Add: 10 Do not add: 8 Abstain: 1	Do not add
	#3400: Use of pharmacotherapy for opioid use disorder (OUD)	Add: 7 Do not add: 7 Abstain: 2	Do not add
	#3175: Continuity of Pharmacotherapy for Opioid Use Disorder	Add: 4 Do not add: 9 Abstain: 3	Do not add
	#2950: Use of Opioids from Multiple Providers in Persons without Cancer	Add: 3 Do not add: 11 Abstain: 2	Do not add
	#2940: Use of Opioids at High Dosage in Persons without Cancer	Add: 3 Do not add: 11 Abstain: 2	Do not add
	#2600: Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	Add: 8 Do not add: 7 Abstain: 1	Do not add
	#2599: Alcohol Screening and Follow-up for People with Serious Mental Illness	Add: 7 Do not add: 8 Abstain: 1	Do not add
	#0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Add: 7 Do not add: 7 Abstain: 2	Do not add
	#0028/0028e: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Add: 9 Do not add: 5 Abstain: 2	Add

	#2803: Tobacco Use and Help with Quitting Among Adolescents	Add: 6 Do not add: 7 Abstain: 3	Do not add
Schizophrenia and Bipolar Disorder, Serious Mental Illness	#1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Add: 11 Do not add: 3 Abstain: 2	Add
	#2601: Body Mass Index Screening and Follow-up for People with Serious Mental Illness	Add: 5 Do not add: 9 Abstain: 2	Do not add
	#2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Add: 6 Do not add: 7 Abstain: 3	Do not add
	#2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics	Add: 10 Do not add: 4 Abstain: 2	Add
Attention Deficit Hyperactivity Disorder	#0108: Follow-Up Care for Children Prescribed ADHD Medication	Add: 12 Do not add: 2 Abstain: 2	Add
Depression	#0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Add: 16 Do not add: 1 Abstain: 0	Add
	#0710: Depression Remission at Twelve Months	Add: 8 Do not add: 9 Abstain: 0	Do not add
	#0711: Depression Remission at Six Months	Add: 3 Do not add: 14 Abstain: 0	Do not add
	#1884: Depression Response at Six Months - Progress Towards Remission	Add: 9 Do not add: 6 Abstain: 2	Add
	#1885: Depression Response at Twelve Months - Progress Towards Remission	Add: 10 Do not add: 4 Abstain: 2	Add
	#0712e: Depression Utilization of the PHQ-9 Tool	Add: 7 Do not add: 7 Abstain: 3	Do not add
	#0105: Anti-Depressant Medication Management	Add: 8 Do not add: 7 Abstain: 1	Do not add
Other Measures	#0576: Follow-Up After Hospitalization for Mental Illness (FUH)	Add: 13 Do not add: 3 Abstain: 1	Add
	#3205: Medication Continuation Following Inpatient Psychiatric Discharge	Add: 5 Do not add: 9 Abstain: 3	Do not add
	#0008: Experience of Care and Health Outcomes (ECHO) Survey	Add: 7 Do not add: 10 Abstain: 0	Do not add
	#3488: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Add: 10 Do not add: 7 Abstain: 2	Do not add
	#3489: Follow-Up After Emergency Department Visit for Mental Illness	Add: 11 Do not add: 6 Abstain: 2	Add
	#3538: All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from	Add: 5 Do not add: 8	Do not add

	Integrated Physical and Behavioral Health Care (population-level measure; not yet endorsed)	Abstain: 4	
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*#2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure into the core set. It was noted that the measure was also voted for inclusion in the Accountable Care Organization (ACO) core set. The full Collaborative did not offer any additional comments.

*#N/A: Use of Opioids at High Dosage (HDO) (HEDIS)*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of including the measure in the core set. The co-chair noted that psychiatry and behavioral health specialists are not the main prescribers of opioids. The workgroup discussed that the measure is important as it aims to address unsafe prescribing and associated consequences for patients.

A Collaborative member advised that they are not in favor of including the measure in the core set. The same Collaborative member shared that their organization prefers a measure that focused on how well pain is managed and suggested that other ways of monitoring for unsafe opioid use e.g., the CMS Overutilization Monitoring System. A co-chair shared that the workgroup discussed that a measure on appropriate pain control would be clinically useful and had discussed the unintended consequences that could result from abrupt discontinuation of opioids, but overall the voting results reflect the majority perspective that the HDO measure would serve as an important indicator of overuse and should be included.

A workgroup member inquired if it were possible to include a mitigating note in the published core set describing appropriate and inappropriate use of the HDO measure, agreeing with the concern that that use of administrative data to make decisions on prescribing/dispensing medication could indeed put patients at risk. NQF staff shared that the idea was to use measures as they were specified but clarifying notes can be added to the core set presentation.

The Collaborative member who opposed inclusion of the measure in the core set shared that due to potential adverse consequences of using this measure, they cannot support a policy or core set that includes the measure even if an additional note was added. The member shared their organization's concern over the use of this measure in payment programs rather than internal quality improvement and tracking efforts. Another workgroup member who was also opposed to including the measure in the core set shared that CQMC measures are ideally supposed to be tested at the clinician level and noted this measure is not tested at the clinician level. Another workgroup member added that in addition to concerns about negative consequences of this measure the measure is not directly applicable to care provided by behavioral health providers and therefore it may not be within the scope of the core set.

A workgroup member offered a different opinion by stating the need to include and focus on measure like the HDO measures which address topics important to patients. They added that inclusion of this measure will encourage progress on quality in this topic area.

*#N/A: Use of Opioids from Multiple Providers (UOP) (HEDIS)*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set as there were other ways of looking at the same phenomenon in real time. The full Collaborative did not offer any additional comments.

*#N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS)*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. It was noted that the measure is applicable care provided by general practitioners or specialists. A workgroup member shared that there is strong evidence supporting positive outcomes when patients take medication-assisted treatment (MAT) for more than 180 days.

A Collaborative member shared that this is the best candidate for addition among all the measures considered related to opioids. The member inquired why this measure was selected over a similar measure currently used in MIPS (#3175). NQF staff responded that this measure and measure #3175 were both reviewed for potential inclusion. The workgroup agreed that use of pharmacotherapy has been a very good indicator of outcomes for OUD and indicated they believe this topic should be reflected by the core set. NQF staff added that these measures are similar, but one focuses on continuity for those already on therapy (#3175) while the other assesses original prescription.

A full Collaborative member noted that the measure is better suited for a larger group practice and not an individual practice per Medicare data that was collected over a 2-year period. It was noted that it is unlikely that individual physicians meet the required denominator/sample size for reporting. In response to a question about whether the HEDIS measure will undergo NQF endorsement, NQF responded that they were not aware if NCQA is seeking NQF endorsement for this measure or several others discussed for potential inclusion. While NQF endorsement is preferred and considered, it is not mandatory for CQMC core set measure to be NQF endorsed. It was noted that per NQF's QPS, measure #3175 is endorsed for use at the health plan and state levels. NQF staff noted that measure #3175 was undergoing NQF endorsement at the clinician level and staff would provide an endorsement status update. Following the meeting NQF clarified that the measure was reviewed by the Behavioral Health and Substance Use Standing Committee in Fall 2019 to expand endorsement to the clinician-level. The Standing Committee recommended the measure for endorsement at the clinician level and the measure will be reviewed by the Consensus Standards Approval Committee (CSAC) in November 2020. A Collaborative member asked if NQF was aware of harmonization efforts in the reporting and use of pharmacotherapy for OUD measures proposed. NQF was not aware of efforts, but suggested NCQA may have additional information regarding the status of their measures.

*#3389: Concurrent Use of Opioids & Benzodiazepines*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. It was noted that it is difficult to track active prescriptions, as opioids and benzodiazepines may be prescribed by different providers (e.g., general care practitioners versus behavioral health providers). It was noted that the prescribing of these medications can also be informed by medication reconciliation and should be the responsibility of the provider actively taking care of the patient. The risk of mortality from concurrent use of these medications was emphasized by the workgroup, but at least one member suggested that dispensing limits at the pharmacy level would be more effective at managing concurrent prescribing. A member noted that despite the use of prescription dashboards at the pharmacy level, there are still patients who are on both medications and this increases their risk for an overdose. It was noted that the close voting

results indicate that it is an important measure as there are patient safety implications related to the prescription of this medication combination.

*#3400: Use of pharmacotherapy for opioid use disorder (OUD)*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. The workgroup preferred the HEDIS measure related to pharmacotherapy for OUD. The full Collaborative did not offer any additional comments.

*#3175: Continuity of Pharmacotherapy for Opioid Use Disorder*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. Voting results reflected preference for *#N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS)*. Additional discussion of this measure is noted above under the *#N/A: Pharmacotherapy for Opioid Use Disorder (POD) (HEDIS)* section. The full Collaborative did not offer any additional comments.

*#2950: Use of Opioids from Multiple Providers in Persons without Cancer*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. The full Collaborative did not offer any additional comments.

*#2940: Use of Opioids at High Dosage in Persons without Cancer*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. It was noted that when the ACO workgroup reviewed this measure, members suggested the HEDIS POD measure allows for a larger denominator population than measure 2940. The ACO Workgroup did not add any opioid-related measures to their core set. The full Collaborative did not offer any additional comments.

*#2600: Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence*

A co-chair shared the measure specifications, stating that this measure was adapted from measure #0028. It was noted that the workgroup was not in favor of adding the measure into the core set. The workgroup voted to include measure #0028. The full Collaborative did not offer any additional comments.

*#2599: Alcohol Screening and Follow-up for People with Serious Mental Illness*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure into the core set. The workgroup did vote to recommend measure #2152 which focuses on screening and brief counseling for unhealthy alcohol use in the general population. The full Collaborative did not offer any additional comments.

*#0004: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set due to concerns about the measure's level of analysis, if clinicians/clinician groups are able to impact measure performance, and whether they should be held accountable. The full Collaborative did not offer any additional comments.

*#0028/0028e: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure into the core set. The measure extends beyond screening, and the

recommendation for it to be included in the core set reflects the workgroup's discussion that targeting and treating tobacco use for patients with behavioral health needs is important.

*#2803: Tobacco Use and Help with Quitting Among Adolescents*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. The measure was also reviewed by the Pediatrics workgroup but was not selected for addition in their core set due to lack of inclusion of vaping/e-cigarettes. The area was noted as a priority gap area. The workgroup expressed preference for a measure that includes tobacco as well as other substances. The full Collaborative did not offer any additional comments.

*#1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. The ACO workgroup opted not to add the measure to their core set, but suggested it was more suitable for the Behavioral Health core set. The Behavioral Health workgroup was in favor of the measure because medication adherence for individuals with schizophrenia is closely linked to positive outcomes. A full Collaborative member inquired if social determinants were of health considered in the measure specifications. NQF staff shared the numerator and denominator and acknowledged the measure was not risk adjusted. The member expressed that if a provider delivers episodic care to a patient and is not part of the individual's case management, the provider should not be held accountable as they may not have enough influence over outcomes.

*#2601: Body Mass Index Screening and Follow-up for People with Serious Mental Illness*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. It was noted that the measure did not have performance data available and was not risk adjusted. The full Collaborative did not offer any additional comments.

*#2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set, as there was concern over the level of analysis and insufficient patient volume. The full Collaborative did not offer any additional comments.

*#2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. It was noted that the Pediatrics workgroup did not add the measure to their core set due to concern about the measure's level of analysis and insufficient patient volume. However, the Behavioral Health workgroup discussed that the measure addresses the importance of making sure that children and adolescents on antipsychotics are properly monitored.

*#0108: Follow-Up Care for Children Prescribed ADHD Medication*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. The full Collaborative did not offer any additional comments.

*#0418/0418e: Preventive Care and Screening: Screening for Depression and Follow-Up Plan*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. The measure was also added to the Pediatrics, Medical Oncology and Obstetrics/Gynecology core sets. The full Collaborative did not offer any additional comments.

*#0710: Depression Remission at Twelve Months*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. There was some concern over the timeframe in which remission must be achieved to meet measure criteria. A collaborative member who is the measure steward noted there is a reasonable follow-up assessment window of +/- 60 days. It was noted that while remission is the goal, progress towards remission is more important to hold providers accountable for than achieving a certain remission threshold.

*#0711: Depression Remission at Six Months*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. The full Collaborative did not offer any additional comments.

*#1884: Depression Response at Six Months - Progress Towards Remission*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. The full Collaborative did not offer any additional comments.

*#1885: Depression Response at Twelve Months - Progress Towards Remission*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. It was shared that the ACO workgroup recommended keeping #1885 and removing #0710 from their core set. The full Collaborative did not offer any additional comments.

*#0712e: Depression Utilization of the PHQ-9 Tool*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. It was noted that the vote on the measure was evenly split with some in favor of the measure and others against it.

After discussion of all of the depression remission and response measures, a CQMC member who is the steward of the measures, noted that the measures have been in use for 10 years and are patient reported. The measures were described as assessing outcomes of remission (i.e., patients with an initial PHQ-9 score > 9 who demonstrate remission defined as a PHQ-9 score less than 5) or response (i.e., patients with an initial PHQ-9 score > 9 who demonstrate a response to treatment defined as a PHQ-9 score that is reduced by 50% or greater from the initial score). It was noted that the measures are complimentary and using them together supports both remission and full recovery.

*#0105: Anti-Depressant Medication Management*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. It was noted that the workgroup discussed that the measure did not account for the use of antidepressants for advance psychiatric care that medication management is not as closely tied to depression outcomes as it is other illnesses (e.g., schizophrenia). The full Collaborative did not offer any additional comments.

*#0576: Follow-Up After Hospitalization for Mental Illness (FUH)*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. The full Collaborative did not offer any additional comments.



*#3205: Medication Continuation Following Inpatient Psychiatric Discharge*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure into the core set. Some workgroup members had concerns regarding who is responsible for medication continuation and preferred other measures that address care continuity. The full Collaborative did not offer any additional comments.

*#0008: Experience of Care and Health Outcomes (ECHO) Survey*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. The full Collaborative did not offer any additional comments.

*#3488: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. It was noted that though the measure is valid and there is room for improving follow-up care, it would be difficult to determine accountability for measure performance. It was noted that #3489 was favored over #3488 by the workgroup for that reason.

*#3489: Follow-Up After Emergency Department Visit for Mental Illness*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. The full Collaborative did not offer any additional comments.

*#3538: All-Cause Emergency Department Utilization Rate for Medicaid Beneficiaries Who May Benefit from Integrated Physical and Behavioral Health Care (not yet NQF endorsed)*

A co-chair shared the measure specifications and highlighted that the workgroup was not in favor of adding the measure to the core set. It was noted that the measure was undergoing review by NQF and is not ready for inclusion in the core set. The full Collaborative did not offer any additional comments.

NQF staff shared that the Behavioral Health workgroup reviewed the following measures and was in consensus not to include them in the core set.

- 0104/0104e: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
- 1365e: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
- N/A: Risk of Continued Opioid Use (COU) (HEDIS)
- N/A MIPS ID 325: Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
- N/A: MIPS ID 414: Evaluation or Interview for Risk of Opioid Misuse

NQF staff shared several key themes that emerged from the workgroup's deliberations. The workgroup generally preferred general behavioral health measures rather than similar measures specific to mental illness.

The workgroup prioritized the following as measure gap areas:

- Coordinated care
- Patient-reported measures, including patient experience with psychiatric care
- Suicide risk measures independent of a major depressive disorder diagnosis
- Depression remission measures that span beyond 6 months but count remission if it is achieved earlier than 12 months
- Tobacco use in patients with serious mental illness.

## Discussion of Neurology Recommendations

The Neurology co-chairs presented the workgroup voting results for additions to the core set.

Measure	Voting Totals	Result
QPP 187 Stroke and Stroke Rehabilitation: Thrombolytic Therapy	Add: 6 Do not add: 1 Abstain: 0	Add
#2624: Functional Outcome Assessment	Add: 5 Do not add: 1 Abstain: 1	Add
#0005: The Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)	Add: 6 Do not add: 1 Abstain: 0	Add
#0097: Medication Reconciliation Post-Discharge	Add: 4 Do not add: 2 Abstain: 1	Add
#0419e: Documentation of Current Medications in the Medical Record	Add: 5 Do not add: 1 Abstain: 1	Add

### *QPP 187 Stroke and Stroke Rehabilitation: Thrombolytic Therapy*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set, noting that it was very important to measure. The full Collaborative did not offer any additional comments.

### *#2624: Functional Outcome Assessment*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. It was noted that despite the measure being a process measure, it is cross-cutting and incorporates patient-reported outcomes. The full Collaborative did not offer any additional comments.

### *#0005: The Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. The measure was noted as being a CAHPS measure and preferred for encompassing all forms of care. The full Collaborative did not offer any additional comments.

### *#0097: Medication Reconciliation Post-Discharge*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. It was shared that the American Academy of Neurology is currently working a pediatric version of the measure. The full Collaborative did not offer any additional comments.

### *#0419e: Documentation of Current Medications in the Medical Record*

A co-chair shared the measure specifications and highlighted that the workgroup was in favor of adding the measure to the core set. It was noted that the measure is an outpatient medication reconciliation measure. The full Collaborative did not offer any additional comments.

NQF staff shared that the Neurology workgroup reviewed and discussed additional measures and was in consensus not to add them to the core set at this time. Many of the measures reviewed but not added come from the American Academy of Neurology's Axion registry and are undergoing updated testing for reliability and validity. The workgroup will review the measures for inclusion to the core set when the updated testing results are available. The measures are listed below.

#### **Sleep**

- QPP 277 Sleep Apnea: Severity Assessment at Initial Diagnosis
- QPP 279 Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy

#### **Amyotrophic Lateral Sclerosis (ALS)**

- MIPS ID 386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences

#### **Back Pain**

- AAN ID 26: Activity Counseling for Back Pain
- #0425: Functional Status Change for Patients with Low Back Impairments

#### **Child Neurology**

- AAN20 Querying for co-morbid conditions of tic disorder (TD) and Tourette Syndrome (TS)

#### **Dementia**

- #2872e/QPP 281 Dementia: Cognitive Assessment
- QPP 282 Dementia: Functional Status Assessment
- QPP 283 Dementia: Associated Behavioral and Psychiatric Symptoms Screening and Management
- QPP 288 Dementia: Caregiver Education and Support
- QPP 286 Dementia: Counseling Regarding Safety Concerns

#### **Distal Symmetric Polyneuropathy (DSP)**

- AAN28 Diabetes/Pre-Diabetes Screening for Patients with DSP

#### **Epilepsy**

- QPP 268 Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy
- AAN12 Quality of Life Assessment for Patients with Epilepsy

#### **Headache**

- AAN5 Medication Prescribed for Acute Migraine Attack
- QPP 435 Quality of Life Assessment for Patients with Primary Headache Disorder
- QPP 419 Overuse of Imaging for the Evaluation of Primary Headache

#### **Multiple Sclerosis**

- AAN8 Exercise and appropriate physical activity counseling for patients with Multiple Sclerosis

#### **Neuro-otology**

- AAO35 Benign Positional Paroxysmal Vertigo (BPPV): Dix-Hallpike and Canalith Repositioning

#### **Parkinson's Disease**

- QPP 290 Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease
- AAN9 Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease
- QPP 291 Parkinson's Disease: Cognitive Impairment of Dysfunction Assessment
- QPP 293 Parkinson's Disease: Rehabilitative Therapy Options

#### **Transitions of Care**

- #2789: Adolescent Assessment of Preparation for Transition (ADAPT) to Adult-Focused Health Care

### **Next Steps**

NQF staff shared that a summary of the meeting and a voting survey would be sent to voting

members of the Collaborative. The voting survey will be open for approximately four weeks, but members are encouraged to vote earlier if possible. NQF staff also shared that the first core set press release went out on September 16 and the next core sets will be released in the coming weeks. NQF staff and the Behavioral Health and Neurology co-chairs thanked workgroup members for their discussion and Collaborative members for their participation.