

Meeting Summary

Neurology Workgroup Web Meeting 1

The National Quality Forum (NQF) convened a closed session web meeting for the Neurology Workgroup on January 8, 2020.

Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff reviewed the following meeting objectives:

- CQMC overview and workgroup charge
- Review of past CQMC work
- Discuss potential sources for new measures

Overview of the CQMC and Workgroup Charge

NQF staff reviewed the background and aims of the CQMC, current measure sets, project approach, and timeline. NQF, in collaboration with CMS and AHIP, will convene the workgroups over a series of web meetings to maintain the core sets, identify priority areas for new core sets, prioritize measure gaps and provide guidance on dissemination and adoption of the core sets.

Review of past CQMC work

NQF staff shared the Principles for measures included in the CQMC core measure sets as:

- Advance health and healthcare improvement goals and align with stakeholder priorities.
 - *Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.*
- Are unlikely to promote unintended adverse consequences.
- Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
 - *The source of the evidence used to form the basis of the measure is clearly defined.*
 - *There is high quality, quantity, and consistency of evidence.*
 - *Measure specifications are clearly defined.*
- Represent a meaningful balance between measurement burden and innovation.

- *Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).*
- *Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.*
- *Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.*

NQF staff shared the Principles for the CQMC core measure sets as follows:

- Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
- Provide meaningful and usable information to all stakeholders.
- Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
- Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
- Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome measures).
- Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

NQF staff provided an overview of the Core Set Progress to Date as follows:

- NQF convened the CQMC to update the existing eight core sets
- CQMC workgroups, made up of subsets of CQMC members with expertise in the respective topic areas, reviewed new measures that could be added to the core sets to address high-priority areas
- Workgroups removed measures that no longer show an opportunity for improvement, do not align with clinical guidelines, or have implementation challenges
- HIV/Hepatitis C and Gastroenterology workgroups finalized their maintenance discussion and voted on measures to be added or removed from their respective existing core sets. Voting results for the two workgroups were presented to the Steering Committee and are waiting to be presented the Full Collaborative for final approval in early 2020.
- Voting for the Cardiology, Orthopedics, and Pediatrics core sets was finalized and is awaiting presentation to the Steering Committee and Full Collaborative in early 2020.
- Final maintenance discussions for the Medical Oncology, ACO/PCMH/Primary Care, and Obstetrics and Gynecology workgroups are expected to take place in early 2020 with all voting to be completed by spring 2020.

Discussion on Potential Sources for New Measures Review of Current Core Set

NQF staff shared with the workgroup that during the initial environmental scan staff identified the following potential sources for new measures: measures currently endorsed by NQF, measures used in public programs with specifications available, and measures from the American Academy of Neurology’s Axon Registry.

Identification of Future Measures

NQF staff shared that during the initial environmental scan the following Neurology measure areas were identified:

- Stroke
- Dementia
- Readmissions
- Functional Change
- Amyotrophic Lateral Sclerosis (ALS)
- Epilepsy
- Primary Headache
- Parkinson's disease

NQF noted that the above list was not exhaustive. A workgroup member recommended multiple sclerosis. Another workgroup member recommended a review of the Axon registry which has 16 different disease states with over 150 measures. It was noted that the Axon registry measures were not NQF endorsed but that 38 measures may be appropriate for the CQMC as they are specified at the provider level. A workgroup member recommended outreach to AAPMNR as they are currently in the process of working on brain injury and stroke measures. A workgroup member identified potential additional measure areas: sleep medicine, low-back pain, pain in general, and neuropathy. The co-chair recommended that when considering measures that they be cross-cutting and focused on outcomes. A member inquired if the workgroup would consider telehealth/remote care measures. A member noted that updates to some measure specifications include telehealth visits as an option. The workgroup noted that social determinants of health is an important measure area; however, few measure options exist.

SharePoint Tutorial/Next Steps

NQF staff briefly introduced the CQMC SharePoint site and shared that all CQMC-related correspondence should be sent to CQMC@qualityforum.org. The workgroup was notified that the next meeting would be held on February 24, where the workgroup would continue discussion on measures for addition to the core set.