

## Meeting Summary

### Neurology Workgroup Web Meeting 3

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The National Quality Forum (NQF) convened a closed session web meeting for the Neurology Workgroup on June 15, 2020.

#### Welcome and Review of Web Meeting Objectives

NQF staff and Workgroup co-chairs welcomed participants to the meeting. NQF staff read the antitrust statement and reminded the Workgroup of the voluntary nature of the CQMC and the obligation of all participants to comply with all applicable laws. NQF staff notified Workgroup 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 staff reviewed the following meeting objectives:

- Review of potential neurology measures
- Identify potential measure gaps
- Discuss implementation considerations

#### Review of Potential Neurology Measures

##### **Stroke**

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

NQF staff began this portion of the meeting by noting that this measure will be included in the voting for inclusion in the core set and there was no need for discussion around the measure at that time.

##### **Back Pain**

##### *NQF 0425, QPP 220 Functional Status Change for Patients with Low Back Impairments*

The Lead Discussant for this measure noted that during the last discussion, the workgroup liked the concept of the measure, but agreed there was not enough performance data available to warrant inclusion. Another workgroup member raised concerns about a lack of risk adjustment stratification within the measure. NQF staff shared that the Scientific Methods Panel and a Standing Committee reviewed this measure and concluded it passes NQF standards for reliability and validity. There were, however, concerns about this measure from a payer perspective regarding how it would be measured. One workgroup member inquired whether it would be possible to reach out to the developer to gain clarification around the measure. NQF staff shared that the team will share the full measure submission package which came to NQF and includes much more detail. Multiple workgroup members agreed that they are not looking to include this measure in voting without additional information.

## **Sleep**

### *QPP 277 Sleep Apnea: Severity Assessment at Initial Diagnosis*

Discussion around this measure started with questions regarding how relevant this measure is for neurologists. Multiple neurologists on the call noted similar concerns. The measure developer noted that while their organization cannot discern exactly how many neurologists are reporting the measure, they did confirm that there is indeed a population of neurologists who do report on this measure. Concerns were also raised regarding benchmarking for this measure as some data shows it is topped out. The developer noted that the measure is undergoing maintenance and a registry is currently being created for the measure. Workgroup members agreed that while the measure is very well written, they do not believe it is necessarily very applicable in a neurology core set. NQF staff noted that if the measure were to be included, not every neurologist would have to report on the measure, but instead it would be mostly used for alignment with Value-Based Payment programs. Workgroup members noted the possibility of including the measure with a disclaimer suggesting that it is solely for sleep neurologists. The developer stated they would have to check with their organization if this would be a possibility. The group concluded that the measure is not applicable to enough providers to include in the core set.

### *QPP 279 Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy*

This measure was discussed closely with the previous measure. There was discussion that this measure may reach a larger population of neurologists than the previous measure, but with limited potential opportunity. Workgroup members concluded they would not include this measure for in a voting survey.

## **New Measures for Consideration**

### *NQF 2624: Functional Outcome Assessment*

This measure is being considered for addition by multiple workgroups. A workgroup member noted that the measure extends beyond just pediatric neurology. Additionally, they shared that the measure looks at outcomes using tools of standardization and felt that the measure is nicely written. Other workgroup members shared their concerns for the feasibility of this measure. The AAN expressed their support for this measure. Workgroup members agreed the measure is very much applicable to their field and showed positivity around the measure's ties to cross-cutting and to PROM's. The workgroup agreed to include this measure in the voting survey for inclusion in the core set.

## **Cross-cutting Measure Areas from Previous Meeting**

NQF staff then turned discussion to cross-cutting topic areas including Opioid Use and/or Misuse, Quality of Life Assessment, Pediatric Medication Reconciliation, and Patient Experience. Staff noted that a goal for the Opioid Use and/or Misuse topic area is to increase alignment with other workgroups. Other workgroups are still debating how to approach these measures. The group supported the idea to increase alignment and agreed to wait to consider these measures. The group decided not to add Opioid Use and/or Misuse to the voting survey for inclusion in the core set at this time.

The group was not able to find any measures regarding Quality of Life Assessment applicable to neurology.

NQF staff was not able to find a measure directly within the topic of Pediatric Medication Reconciliation, but they did find a medication reconciliation measure for a population of patients 18 and older. The AAN noted they will be testing a pediatric medication reconciliation measure later this year. Some workgroup members shared that they would be open to including the medication reconciliation measure despite its lack of pediatric reach. The group decided to include both 0097 -

Medication Reconciliation Post-Discharge and 0419e - Documentation of Current Medications in the Medical Record into the voting survey for inclusion in the core sets.

NQF staff was able to suggest 0005 – Clinician & Group Surveys for Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) for the Patient Experience topic area. The workgroup agreed that outcome measures are positive. The workgroup agreed to consider CG-CAHPS for inclusion.

### **Identify Potential Measure Gaps**

NQF staff then transitioned the meeting into discussion around identifying potential measure gaps. One workgroup member noted that there is a need for outcome measures for neurological illnesses. AAN noted the outpatient gap areas they are working toward addressing include child neurology, dementia and MCI, polyneuropathy, epilepsy, headache, multiple sclerosis, falls measures, and Parkinson's disease. AAN stated that there was a separate inpatient gaps initiative. The general consensus among the group was around the importance of prioritizing outcomes and outcome measures across neurology. Additionally, transitions of care is an area that a workgroup member expressed to be a gap. Pain assessment measures were also mentioned by the workgroup as a gap area.

### **Discuss Implementation Considerations**

The workgroup then moved into discussion around important factors when looking ahead to core set implementation. A clinician in the workgroup emphasized the importance for clinicians to know how to use these measures and how to collect the data within their current systems. Working in partnership with payors and providers becomes extremely important as neither group can implement measures in isolation. Workgroup members also inquired which ways that our CMS colleagues are able to advertise and communicate the core sets out to the public. Reducing physician burden when collecting data for these measures was another point raised by a workgroup member.

### **Next Steps**

NQF staff shared that following this meeting, an electronic voting survey will be sent to voting workgroup members to cast votes on measures for inclusion in the core set. During the next meeting, the workgroup will review voting results and discuss any remaining items.