



September 9, 2019

**To:** Neurology Standing Committee  
**From:** NQF staff  
**Re:** Post-comment web meeting to discuss public comments received and NQF member expression of support

### Purpose of the Call

NQF closed the public commenting period on the measures submitted for endorsement consideration to the spring 2019 measure review cycle on August 26, 2019.

The Neurology Standing Committee will meet via web meeting on September 11, 2019 from 1:00 pm – 3:00 pm ET. The purpose of this call is to:

- Re-vote on measure 2872e *Dementia – Cognitive Assessment* because consensus on the measure was not reached.
- Review and discuss comments received during the post-evaluation public and member comment period.

### Standing Committee Actions

1. Review this briefing memo and [draft report](#).
2. Review and consider the full text of all comments received and the proposed responses to the post-evaluation comments (included in the excel table).
3. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

### Conference Call Information

Please use the following information to access the conference call line and webinar:

**Speaker dial-in #:** 800-768-2983  
**Conference code pin #:** 4363370  
**Web and registration link:** <https://cc.callinfo.com/r/1s2gko01aeaeh&eom>

### Background

This NQF project aims to evaluate performance measures that will help guide quality improvement in the care and treatment of neurological conditions in the U.S. This work is achieved by a structured review of quality measures by a 17-person [Neurology Standing Committee](#). During this cycle, the Committee reviewed a single measure 2872e *Dementia – Cognitive Assessment*. At present, the Committee has not reached a 60 percent voting consensus regarding endorsement of this measure, and as such the measure will be discussed further and potentially re-voted upon during the call.

## Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

### Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from April 24 to June 19, 2019 for the measure under review. NQF did not receive any comments prior to the measure evaluation web meeting.

### Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on July 26, 2019 for 30 calendar days. During this commenting period, NQF received four comments from two member organizations:

Member Council	# of Member Organizations Who Commented
Health Professional	1
QMRI	1

We have included all comments that we received in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter’s name, comment, associated measure, topic (if applicable), and draft responses for the Committee’s consideration. Please review this table before the meeting and consider the individual comments received and the proposed responses to each. Note that NQF’s Consensus Standards Advisory Committee (CSAC) will ultimately determine whether to uphold the Standing Committee’s recommendation for each measure submitted for endorsement consideration. All Committee members are welcome to attend the CSAC meeting to listen to the discussion.

### Comments and their Disposition

As there were only four comments on a single measure, all comments (and proposed responses to them) are described below.

The comments came from three sources: the developer of the measure under consideration (PCPI Foundation); the American Academy of Neurology (AAN), and the American Occupational Therapy Association.

All comments received supported the measure despite concerns expressed by NQF’s Standing Committee, with a single exception. One commenter did note that measurement burden is a concern thereby supporting, at least partially, the Standing Committee’s suggestion that a single measure of cognition may not be warranted given the potential importance of simultaneously or alternatively assessing other aspects of functioning and mood. Moreover, NQF has deployed

the important criterion of “usability” which requires developers and evaluators to consider if a measure’s benefits exceed its costs.

One of the commenters expressed concern that the Committee attendance did not reach a 66 percent quorum during the webinar when the measure was presented. In response, NQF noted that only a voting quorum, which can be achieved asynchronously, is required. NQF Standing Committee members are strongly encouraged to attend all web meetings, but when they are unable, they are given evaluation materials including meeting audio recordings, and transcripts when available, which allow them to cast an informed vote after a web meeting has occurred.

Commenters expressed concern that if the measure does not receive endorsement it may be eliminated from the Merit-Based Incentive Payment System and the Medicaid Promoting Interoperability program. Moreover, the commenters described several other measures (most not NQF-endorsed) beyond cognitive assessment which are either in use by federal programs or have been developed to complement cognitive assessment. Those measures included metrics for dementia staging, neuropsychiatric symptoms, functional status, counseling for safety, and caregiver education and support.

Within the developer’s comment was a good description of the two Standing Committee concerns regarding the measure: (1) that the evidence linking the measure to quality outcomes was not persuasive, and (2) that cognitive assessment alone may be insufficient given that other forms of functioning including mood may be as, or more, important than cognition as a guide for therapeutic action. Regarding evidence, one commenter suggested an exception be considered for this measure because randomized trials of dementia disorders are especially challenging and impractical. Regarding cognitive assessment in isolation, commenters suggested that some members of the Committee were incorrect to suggest that other forms of assessment are more important.

Finally, one commenter noted that cognition is an integral part of functional assessment and provided a reference to support that connection.<sup>a</sup>

In response to the above comments, NQF suggests the following responses:

- NQF and its standing committees are sensitive to the fact that NQF endorsement has impact on federal programmatic choices. Accordingly, under the “use” criteria NQF requires developers to demonstrate that their measure has been deployed in a formal accountability program. However, it also means that the stakes of NQF endorsement are intensified, i.e., NQF sometimes is compelled to reject a measure in part because it is no longer a good metric for a federal program.
- Thank you for describing other measures related to dementia assessment. NQF appreciates those complementary efforts and would welcome the opportunity to evaluate them and add them to our neurology portfolio—either as singular measures, or

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<sup>a</sup> Piersol; Canton; Connor; Giller; Lipman; Sager. (2017). Effectiveness of Interventions for Caregivers of People With Alzheimer's Disease and Related Major Neurocognitive Disorders: A Systematic Review. *American Journal of Occupational Therapy*, 71, doi:10.5014/ajot.2017.027581

perhaps embedded in composite measures that unify annual comprehensive dementia assessment efforts in a way that minimizes patient and provider burden.

- Regarding evidence supporting the current measure, NQF acknowledges the challenges of implementing RCTs. As you are aware, this challenge is not unique to dementia assessment. Still, NQF holds fast to the general requirement that its measurement endorsement criteria include solid demonstration of experimental or quasi-experimental support for the connection between a measure and specified quality outcomes. NQF believes this can be achieved with respect to NQF 2872e, but further believe (along with the Committee) that evidence could be better compiled to isolate the importance of cognitive assessment, per se, or the measure could otherwise be recast as a composite that contains broader assessment targets.

As stated at the outset of this memo, the next step in this evaluation process will be for the Standing Committee to review the points made in this memo, to accept or refine them, and to possibly re-vote on measure 2872e.

### **NQF Member Expression of Support**

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ('support' or 'do not support') for each measure submitted for endorsement consideration to inform the Committee's recommendations. One NQF member provided an expression of support: See Appendix A.

### Appendix A: NQF Member Expression of Support Results

One NQF member provided an expression of support/nonsupport. Results for the measure are provided below.

#### 2872e Dementia – Cognitive Assessment (PCPI Foundation)

Member Council	Support	Do Not Support	Total
Health Professional	1		1