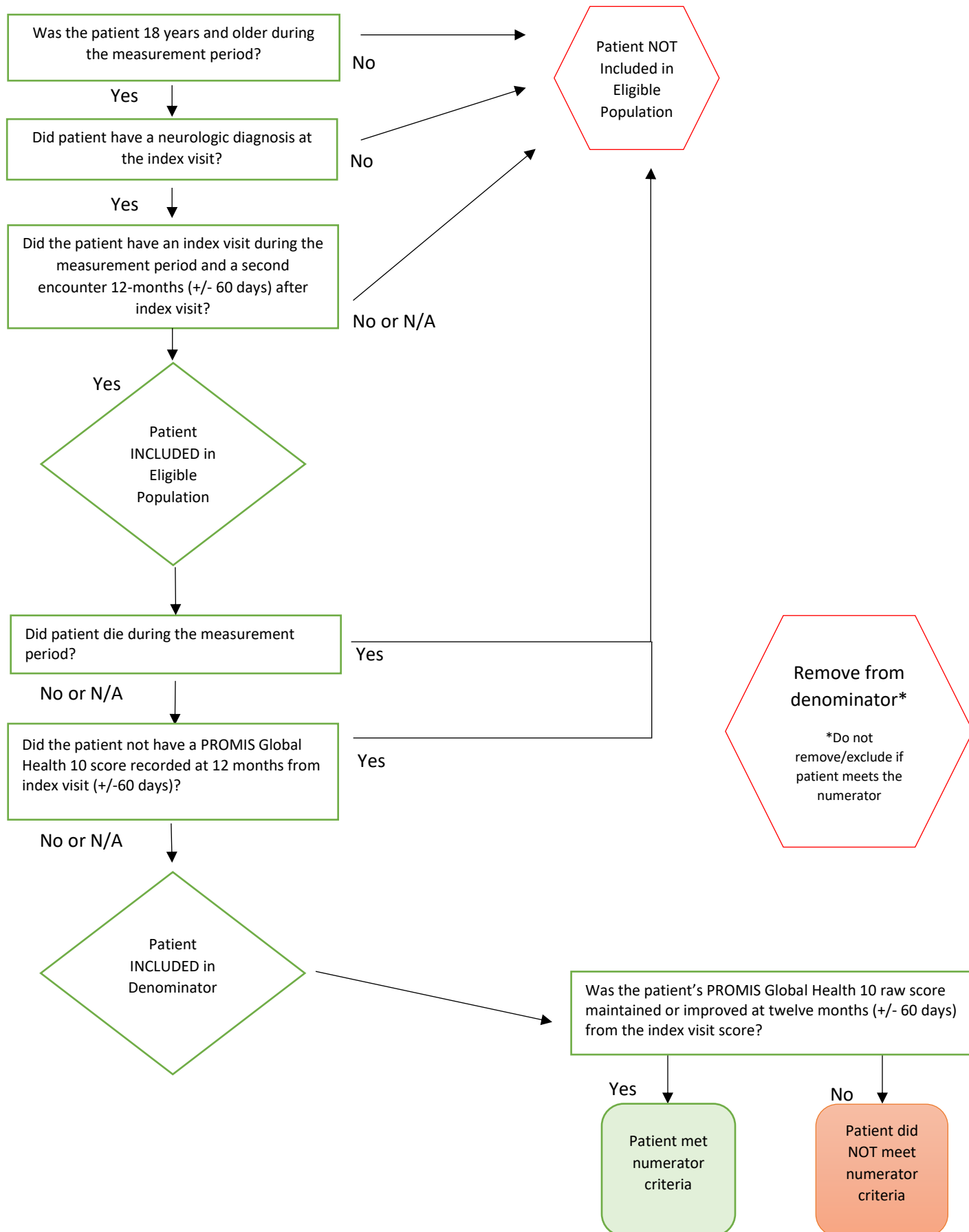


Quality of Life Outcome for Patients with Neurologic Conditions

Measure Title	Quality of Life Outcome for Patients with Neurologic Conditions	
Description	Percentage of patients whose quality of life assessment results are maintained or improved during the measurement period.	
Measurement Period	January 1, 20xx to December 31, 20xx (See below denominator identification period.)	
Eligible Population	Eligible Providers	Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioners (NP), Physician Assistant (PA), Advanced Practice Registered Nurse (APRN)
	Care Setting(s)	Outpatient
	Ages	Age 18 years and older
	Event	<p>An index event date occurs when ALL of the following criteria are met during a face-to-face visit:</p> <ul style="list-style-type: none"> • An active diagnosis of a neurologic condition • The first instance a PROMIS Global Health-10 score was recorded • The patient is NOT in a prior index period.(The first instance in the denominator identification period). <p><i>An index period begins with an index visit and is 10-14 months in duration.</i></p>
	Diagnosis	<p>All active neurologic conditions.</p> <p>**See Axon 54 Data Dictionary for CMS Dementia Care Model which includes diagnostic codes include ICD codes related dementia. This AAN measure implemented in the Axon Registry, a neurology registry, includes neurologic encounters and is not limited by diagnosis code.</p>
Denominator	Patients aged 18 years and older diagnosed with neurologic condition	
Denominator Identification Period	The period in which eligible patients can have an index event. The denominator identification period occurs prior to the measurement period and is defined as 14 months to two months prior to the start of the measurement period. For example, the denominator identification period for the 2019 calendar year is from 11/1/2017 to 10/31/2018. For patients with an index event, there needs to be enough time following index for the patients to have the opportunity to reach comparison twelve months +/- 60 days after the index event date.	
Numerator	<p>Patients whose PROMIS Global Health-10 score(1)* at twelve months (+/-60 days) was maintained or improved from the index score^.</p> <p>*For patients with more than 2 scores present at twelve months (+/- 60 days) the last score recorded shall be compared to the index visit score.</p>	
Required Exclusions	<ul style="list-style-type: none"> • Patients who died • Second PROMIS Global Health-10 score not collected at twelve months (+/-60 days) 	
Allowable Exclusions	<ul style="list-style-type: none"> • Patient unable to communicate and informant not available 	
Allowable Exclusion Inclusion Logic	Allowable exclusions can only help measure performance. If a patient has an allowable exclusion but is found to meet the numerator that patient is included in the count to meet the measure.	
Exclusion Rationale	Patients who have died are appropriate to exclude from a quality of life measure requiring patient report of outcomes. Similarly if a follow-up score was not collected performance cannot be calculated and are appropriate for exclusion.	

Measure Scoring	Percentage
Interpretation of Score	Higher Score Indicates Better Quality
Measure Type	Patient Reported Outcome Performance Measure
Level of Measurement	Provider
Risk Adjustment	<p><i>See Appendix B AAN Statement on Comparing Outcomes of Patients</i></p> <p><i>This measure is being made available in advance of development of a risk adjustment strategy. Individuals commenting on the measures are encouraged to provide input on potential risk adjustment or stratification methodologies. The work group identified the following potential data elements that may be used in a risk adjustment methodology for this measure:</i></p> <ul style="list-style-type: none"> • Co-morbidity (other neurologic or neurobehavioral/neuropsychological disorders) • Co-morbidities (medical conditions) • Cognitive impairment and abilities • Trauma exposure • High healthcare utilizer • Duration of the neurology diagnosis • Polypharmacy • Activity level – physical function • Use of an interpreter and primary spoken language
Desired Outcome	Measuring quality of life allows patients and providers to identify areas of concern and develop appropriate treatment plan adjustments as needed.
Opportunity to Improve Gap in Care	Collecting quality of life data in a neurology ambulatory setting is feasible and found to be meaningful.(2,3)
Harmonization with Existing Measures	There are no known similar measures applicable to patients with neurologic conditions.
References	<ol style="list-style-type: none"> 1. Hays RD, Bjorner JB, Revicki DA, et al. Development of physical and mental health summary scores from the patient-reported outcomes measurement information system (PROMIS) global items. Qual Life Res. 2009;18:873–880. 2. Moura LMVR, Schwamm E, Moura Jr V., et al. Feasibility of the collection of patient-reported outcomes in an ambulatory neurology clinic. Neurology. 2016;87:1-8. 3. Katzan IL, Lapin B. PROMIS GH (Patient-Reported Outcomes Measurement Information System Global Health) Scale in Stroke: A Validation Study. Stroke 2018; 49(1): 147-154.

Flow Chart Diagram: Quality of Life Outcome for Patients with Neurologic Conditions



Step-by-Step Calculation: Quality of Life Outcome for Patients with Neurologic Conditions

Start with Denominator

1. Check Patient Age
 - a. If the Age is less than 18 years on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop processing.
 - b. If the Age is greater than or equal to 18 years on Date of Service and equals Yes during the measurement period, proceed to check Diagnosis, Neurologic Condition.
2. Check Diagnosis, Neurologic Condition
 - a. If there is no diagnosis of neurologic condition on the Date of Service, and equals No during the measurement period, do not include in Eligible Patient Population. Stop processing.
 - b. If there is a diagnosis of neurologic condition on the Date of Service, and equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Index Visit Performed
 - a. If Index Visit Performed in the Denominator equals No, do not include in Eligible Patient Population. Stop processing.
 - b. If Index Visit Performed in the Denominator equals Yes, include in Eligible Patient Population.
4. Check for Required Exclusions
 - a. If Patient met Required Exclusions equals Yes, do not include in Eligible Patient Population. Stop processing.
 - b. If Patient met Required Exclusions equals No, proceed to Denominator Population.
5. Denominator Population
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 90 patients in the Sample Calculation.

Start Numerator

6. Check Patient Quality of Life Maintained or Improved
 - a. If Patient Quality of Life Maintained or Improved (i.e., patient raw score at twelve months (+/- 60 days) was equal to or greater than an index visit raw score) equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data completeness met and performance met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 35 patients in the Sample Calculation.
 - c. If Patient Quality of Life Maintained or Improved equals No, proceed to Check if Patient Quality of Life Worsened.
7. Check Patient Quality of Life Worsened.
 - a. If Patient Quality of Life Worsened (i.e., patient raw score at twelve months (+/- 60 days) was less than an index visit raw score) equals Yes, include in Data Completeness Met and Performance NOT Met.
 - b. Data completeness met and performance NOT met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 40 patients in the Sample Calculation.
 - c. If Patient Quality of Life Worsened equals No, proceed to Data Completeness NOT Met.
8. Check Data Completeness Not Met

- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 15 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness* =

Performance Met (a=30 + b=5) + Performance Not Met (c=40)	=75 Patients	=83.3%
Eligible Population/ Denominator (d=90)	90 Patients	

Performance Rate =

Performance Met (a=30 + b=5)	=35 Patients	=38.8%
Eligible Population/ Denominator (d=90)	90 Patients	

CMS maintains a data completeness threshold for reporting in its Merit-based Incentive Payment System (MIPS). The data completeness threshold changes each year and varies based on which reporting mechanism a provider is using.

- For 2018 and 2019 quality measures reported via Medicare Part B claims, providers must report on 60% of the individual MIPS eligible clinician's Medicare Part B patients for the performance period.
- For 2019 quality measures reported via administrative claims, providers must report on 100% of the individual MIPS eligible clinician's Medicare Part B patients for the performance period.
- For 2018 and 2019 quality measures reported via a QCDR, MIPS CQMs and eCQMs, eligible clinicians must report on 60% of the individual MIPS eligible clinician's patients across all payers for the performance period.