# **2024 MIPS Peer-Reviewed Journal Article Requirement Template**

Section 101(c)(1) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires submission of new measures for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementing in the Merit-based Incentive Payment System (MIPS). Such measures will be submitted by the Centers for Medicare & Medicaid Services (CMS), to a journal(s), before including any new measure on the MIPS Quality Measures List. The measure submitter shall provide the required information for article submission under the MACRA per the MIPS Annual Call for Quality Measures submission process.

Interested parties submitting measures for consideration through the MIPS Annual Call for Quality Measures must complete the required information by the CMS Annual Call for Measures deadline (8 p.m. ET on May 10, 2024). Some of the information requested below may be listed in specific fields in the CMS Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT); however, to ensure that CMS has all of the necessary information and avoid delays in the evaluation of your submission, please fully complete this form as an attached Word document. The information in MERIT must be consistent with the information below, including the following, but not limited to:

* **[Measure Title] Quality of Life Outcome for Patients with Neurologic Conditions**
* **[Meaningful Measures 2.0 Framework Domain] Chronic Conditions**

**Measure Steward:** [Name] American Academy of Neurology

**Measure Developer:** [Name] American Academy of Neurology

**Description:** [Text] Percentage of patients whose quality of life assessment results are maintained or improved during the measurement period.

# **Statement**

* Background (Why is this measure important?). Measuring quality of life allows patients and providers to identify areas of concern and develop appropriate treatment plan adjustments as needed. Collecting quality of life data in a neurology ambulatory setting is feasible and found to be meaningful.
* Environmental scan (Are there existing measures in this area?). There are no known similar measures applicable to patients with neurologic conditions.

## **Gap Analysis**

* Provide evidence for the measure (What are the gaps and opportunities to improve care?). Measuring quality of life allows patients and providers to identify areas of concern and develop appropriate treatment plan adjustments as needed. Collecting quality of life data in a neurology ambulatory setting is feasible and found to be meaningful.
* Expected outcome (patient care/patient health improvements, cost savings). Patient health improvements, patient-centered care
* Recommendation for the measure (Is it based on a study, consensus opinion, USPSTF recommendation etc.?). Empirical evidence

## **Reliability/Validity**

* What testing has been performed at the level of implementation? (MIPS requires full measure testing at the individual clinician level (and may also need to be tested at the group level) for MIPS Clinical Quality Measures (CQMs) and Electronic Clinical Quality Measures (eCQMs) collection types. Administrative claims measures tested at the group level require a reliability threshold to be implemented at the group level.)

Please provide testing results including the N value, Bonnie test case results, correlation coefficient and any other pertinent information or values to be considered.

* + Reliability Testing Results at the accountable entity level Reliability testing has not been completed.
  + Face Validity Testing Results, Clinician Sites The AAN conducted a face validity survey of clinician experts. The sample size was 17, and 12 voted in agreement that the measure could differentiate good from poor quality care.
  + Empiric Validity Testing Results at the accountable entity level Empiric validity testing has not been completed.
  + Data Element/Patient Encounter Level Testing Data element testing has not been completed.
  + Exclusion Frequency
  + What were the minimum sample sizes used for reliability results? N/A
  + Other Information
* Is it risk adjusted? No If so, how?
* What benchmarking information is available?
* Collection Type: Specify the data collection type. Clinical registries, electronic health record data, patient-reported health data or survey data (electronic), patient portal data, non-digital-patient-reported health data or survey data (telephonic or paper-based)
* Specify measure stage of development.

Measure use, continuing evaluation & maintenance

* For Patient Reported Outcome Performance Measures:
  + The survey or tool has been tested and doesn’t require modifications based on results? Tool does not require modifications.
  + Patient/encounter level testing for each critical data element doesn’t require changes to the tool base on the results? Not tested.

## **Endorsement**

* Provide the Consensus-Based Entity (CBE) (i.e., Partnership for Quality Measures (PQM)) endorsement status (and CBE ID) and/or other endorsing body. If the measure is only endorsed for paper records, please note endorsement for only the data source being submitted. Not endorsed. Will submit for endorsement in next available cycle.

## **Summary**

* Alignment with CMS Meaningful Measures Initiative or MACRA (if applicable). Person-centered care, chronic conditions
* Relevance to MIPS or other CMS programs. This measure is currently being used in the American Academy of Neurology’s Axon Registry. It has been approved by CMS for use since 2019 as AAN 22. The AAN’s QCDR is shutting down operations as of June 1, 2024. The AAN is seeking to submit this measure through the MUC process so neurologists and other clinicians may maintain access to reporting neurology-specific measures.

CMS is currently using this measure in the CMMI Dementia Care Model and in two MVPs: Supportive Care for Neurodegenerative Conditions and Optimal Care for Patients with Episodic Neurological Conditions.

* Rationale: Use of measure for inclusion in program (specialty society, regional collaborative, other).

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* Public reporting (if applicable). Because this measure has not been implemented, it is not publicly reported.
* Preferable relevant peer-reviewed journal for publication.

*Neurology*

* Rationale as to how the measure correlates to existing cost measures and improvement activities, as applicable and feasible.

Neurology currently has one cost measure for stroke inpatient care. There are no relevant cost measures.

Relevant Improvement Activities include:

* IA\_PM\_13: Chronic care and preventative care management for empaneled patients
* IA\_PM\_5: Engagement of community for health status improvement
* IA\_BE\_15: Engagement of patients, family, and caregivers in developing a plan of care
* IA\_BE\_22: Improved practices that engage patients pre-visit
* IA\_BE\_23: Integration of patient coaching practices between visits
* IA\_BE\_16: Promote self-management in usual care
* IA\_BE\_12: Use evidence-based decision aids to support shared decision-making
* IA\_BE\_1: Use of certified EHR to capture patient reported outcomes