



Summary of Quality Measurement Set for **CLINICIANS**

QUALITY MEASUREMENT SET ON CARE FOR CHILDREN WITH NEUROLOGIC ILLNESSES

This is a summary of the American Academy of Neurology's quality measurement set on care for children with neurologic illnesses. Please refer to the full measurement set at *AAN.com/practice/quality-measures* for more information, including the complete set of measurement specifications. These measures use the following formulae to identify quality of care performance.

QUALITY OF PATIENT CARE = Patients Who Meet Criterion
(Eligible Population – Exceptions)

First-line Treatment for Infantile Spasms

MEASURE PURPOSE: Ensure rapid and appropriate treatment of infantile spasms (IS).

TO MEET THE MEASURE: In patients who have been diagnosed with infantile spasms, prescribe ACTH, or high dose prednisolone, or vigabatrin within one week of infantile spasms diagnosis.

NUMERATOR: Patients who received any guideline-recommended* first-line therapy as initial treatment for IS as soon as diagnosed, but no later than 1 week after initial, confirmed diagnosis*

DENOMINATOR:

All patients aged 2 weeks to 36 months diagnosed with IS

EXCEPTIONS:

- Medical provider identified all three treatments are contraindicated
- Caregiver refuses all three treatments
- · Patient is participating in a research trial that precludes the use of these medications
- · Presence of an inborn error of metabolism disorder
- Resective epilepsy surgery is recommended as first-line treatment

Quality of care provided to your patients with infantile spasms

Rescue Seizure Therapy for Children with Epilepsy

MEASURE PURPOSE: Decrease emergency department utilization and decrease episodes of treatment-resistant seizures.

TO MEET THE MEASURE: Prescribe an appropriately dosed rescue seizure therapy for pre-hospital settings if one has not already been prescribed.

NUMERATOR: Patients who receive or have received a prescription for an appropriately dosed* rescue seizure therapy (i.e., midazolam or diazepam) in the pre-hospital* setting

DENOMINATOR:

Patients aged 6 months and older with documented prolonged convulsive* seizure ≥ 5 minutes

EXCEPTIONS:

- Patient contraindication documented for all rescue medications
- Patient/caregiver refuse
- IV access established
- · Undocumented seizure duration recorded
- Documentation that supports patient has self-resolving seizures that last more than 5 minutes

Time to Third-line Therapy for Refractory Convulsive Status Epilepticus

MEASURE PURPOSE: Rapid treatment and cessation of seizures.

*See full specifications for additional details at AAN.com/practice/quality-measures.

TO MEET THE MEASURE: Start a third-line anti-seizure therapy within 60 minutes of seizure onset or upon arrival to the emergency department in patients greater than one month old with refractory convulsive status epilepticus.

NUMERATOR: Patients who were started on a third-line therapy* within 60 minutes of seizure onset (inpatient setting) or after arrival to the emergency department (outpatient setting)

DENOMINATOR:

Patients ≥ 1 month old with refractory convulsive status epilepticus*

EXCEPTIONS:

- Patient/caregiver refuse
- Care team documents goals of treatment are not seizure control
- Patient in palliative care setting
- Patient is participating in clinical trial for the treatment of status epilepticus
- Intervention is delayed by clinical status such as hypotension precluding intravenous access

Quality of care provided to your patients with convulsive seizures

Quality of care

with refractory

convulsive status

provided to your patients

epilepticus

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Neuropsychological/Neurodevelopmental Screening

MEASURE PURPOSE: Initiate interventions earlier for neuropsychological or neurodevelopmental issues to increase developmental achievement.

TO MEET THE MEASURE: Screen or refer epilepsy patients for neurodevelopmental and/or neuropsychological deficits screening within one year of epilepsy diagnosis.

NUMERATOR: Patients who were screened* or referred for screening for neurodevelopmental and/or neuropsychological deficits within 1 year of initial epilepsy diagnosis

DENOMINATOR: Patients aged 1 month and older diagnosed with epilepsy within the past 12 months without severe or profound intellectual disability who are not currently under the care of a psychiatrist or psychologist

EXCEPTION:

• Patient/caregiver refuse

Quality of care provided to your patients with epilepsy

Querying for Co-morbid Conditions of Tic Disorder and Tourette Syndrome

MEASURE PURPOSE: Identify co-morbid conditions of tic disorder and Tourette syndrome

TO MEET THE MEASURE: Ask patients about symptoms of co-morbid conditions at least once per year

NUMERATOR: Patients who were queried* for symptoms of psychological and/or behavioral co-morbid conditions* at least once per year.

DENOMINATOR: All patients aged ≤ 18 years with the diagnosis of TD* or TS who do not have an existing diagnosis of a co-morbid condition

EXCEPTION:

Patient/caregiver refuse

Quality of care provided to your patients with tic disorders or Tourette syndrome

Management of Co-morbid Symptoms of Tic Disorder or Tourette Syndrome

MEASURE PURPOSE: Treat co-morbid symptoms of tic disorders or Tourette syndrome.

TO MEET THE MEASURE: Patients with co-morbid symptoms are treated or referred to specialist treatment for their co-morbid symptoms.

NUMERATOR: Patients who were treated* or referred for treatment for co-morbid conditions* annually

DENOMINATOR: All patients aged 18 years of age and below with a diagnosis of TD* or TS and co-morbid mood disorder, OCD, ADHD, or ODD diagnosis who are not currently under the care of a psychiatrist or psychologist

EXCEPTION:

Patient/caregiver refuse

Quality of care provided to your patients with TD or TS who have co-morbid symptoms

Behavioral Therapy for Tic Disorder or Tourette Syndrome

MEASURE PURPOSE: Increase use of behavioral therapy to improve the frequency of tics and increase function, adaption, and coping skills.

TO MEET THE MEASURE: Counsel or refer patients with tic disorders or Tourette syndrome for behavioral therapy.

NUMERATOR: Patients who were counseled or referred for behavioral therapy*

DENOMINATOR: Patients aged 8 years of age and above diagnosed with chronic* TD or TS without severe or profound intellectual disability who are currently not receiving behavioral therapy

EXCEPTIONS:

- Patient/caregiver refuse
- Patient has already received referral in the 12-month measurement year

Quality of care provided to your patients with chronic tic disorders to Tourette syndrome

Transition to Adult Neurology Care

MEASURE PURPOSE: Improve patient and caregiver satisfaction with transition, stability, or improvement of neurological condition, decrease emergency department utilization, and improve quality of life.

TO MEET THE MEASURE: Document a neurological transition plan of care that is initiated and updated annually for pediatric patients aged 13 years of age and older

NUMERATOR: Pediatric neurology patients with chronic ongoing neurological condition ≥ 13 years of age who have had a documented neurological transition plan of care* initiated and updated annually with copy given to patient and/or caregiver

DENOMINATOR: Pediatric neurology patients with chronic ongoing neurological conditions ≥ 13 years of age

EXCEPTIONS:

- Patient does not need continued care
- Patient/caregiver refuse to see adult provider or participate in the transition planning

Quality of care provided to your pediatric patients with chronic neurological conditions

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^{*}See full specifications for additional details at AAN.com/practice/quality-measures

Psychological Interventions for Headache

MEASURE PURPOSE: Promote psychological or bio-behavioral interventions for the multi-disciplinary management of chronic headache.

TO MEET THE MEASURE: Counsel patients with chronic headache who are 8 years and older to seek a behavioral health evaluation or refer them for psychological or bio-behavioral interventions.

NUMERATOR: Patients ≥ 8 years of age who have been counseled to seek a behavioral health evaluation or are referred for psychological or bio-behavioral interventions* to manage chronic headache*

DENOMINATOR: Patients ≥ 8 years of age diagnosed with chronic headache without severe or profound intellectual disability who are not currently under the care of a psychologist

EXCEPTION:

Patient/caregiver refuse

Quality of care provided to your patients with chronic headache

Botulinum Toxin Serotype A (BoNT-A) for Spasticity or Dystonia

MEASURE PURPOSE: Improve spasticity and dystonia by BoNT-A injection to allow better delivery of care and hygiene, improve tolerance to other treatments (such as orthoses and equipment to support posture), reduce pain from spasticity, and reduce disturbance of sleep from pain and spasticity.

TO MEET THE MEASURE: Evaluate, or treat, or refer patients less than 18 years of age with moderate to severe localized/segmental spasticity or dystonia in the upper and/or lower extremities for BoNT-A injection.

NUMERATOR: Patients who were evaluated OR treated OR referred for BoNT-A injection

DENOMINATOR: All patients ≤ 18 years of age with moderate to severe localized/segmental spasticity or dystonia in the upper and/or lower extremities

EXCEPTIONS:

- Patient/caregiver refuse
- BoNT-A is contraindicated
- Patient has established care with another neurology or non-neurology provider that can evaluate the need for and/or provide BoNT-A injections

Quality of care provided for your patients with spasticity or dystonia

Genetic Testing for Global Developmental Delay

MEASURE PURPOSE: Establish an etiologic diagnosis for global developmental delay (GDD).

TO MEET THE MEASURE: Order chromosomal microarray for patients less than 6 years of age with GDD of unknown etiology.

NUMERATOR: Patients for whom chromosomal microarray (CMA) was ordered

DENOMINATOR: All children less than 6 years of age with GDD* of unknown etiology

EXCEPTIONS:

- Patient/caregiver refuse
- Referred to or under the care of a geneticist

Quality of care provided for your patients with global developmental delay

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