Neurology’s Commitment to Quality

THE AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION

The American Academy of Neurology Professional Association is a worldwide medical specialty society established to promote the highest quality patient-centered neurologic care. Comprised of more than 21,000 practicing and research neurologists, the Academy’s membership includes most of the neurology professionals in the United States complemented by several thousand neurologists from throughout the world.

St. Paul Headquarters:
Catherine M. Rydell, CAE
Executive Director/CEO
1080 Montreal Avenue
St. Paul, MN 55116
(800) 879-1960
crydell@aan.com

Rod Larson
Chief Health Policy Officer
1080 Montreal Avenue
St. Paul, MN 55116
(651) 695-2772
rlarson@aan.com

Washington Office:
Michael Amery, Esq.
Legislative Counsel
1501 M Street, NW, 7th Floor
Washington, DC 20005
(202) 349-4299
mamery@aan.com

Alzheimer’s Disease
Dystonia
Parkinson’s Disease
Brain Injury
American Academy of Neurology Commitment to Quality

The American Academy of Neurology (AAN), the premier medical specialty society for neurology, is dedicated to high-quality, patient-centered neurologic care. The AAN’s long-standing commitment to quality has resulted in the development of over 110 rigorous, evidence-based clinical practice guidelines and quality measures. The AAN promotes and enables the adoption and understanding of these recommendations by neurologists and health care systems to improve the care—and lives—of the one in six Americans suffering from neurologic illnesses.

The Evidence Base
At the core of the AAN’s commitment to quality is a focus on the evidence. The content and quality of the evidence drives guidelines and performance measures that are explicitly linked to quality and safety. Significant efforts are made to eliminate bias. The fully evidence-based recommendations are designed to work together with physicians’ experience and knowledge of their patients to improve outcomes.

Overcoming Information Overload
One obstacle to the provision of high quality, up-to-date care is the volume of new information available to physicians. While medical knowledge used to double every generation, it now doubles every eight years. Several AAN activities seek to summarize the data and provide clear, evidence-based practice advice.

Clinical Practice Guidelines. The AAN evaluates, rates, and summarizes thousands of articles in areas of controversy or practice variation, resulting in eight clinical practice guidelines per year. The guidelines are rigorous, transparent, defensible, and of the highest quality. An independent report by researchers at the Johns Hopkins University awarded only the AAN’s guidelines perfect scores on the AHRQ requirements for quality guidelines. The AAN distills guideline information further into concise summaries for physicians and patients, illustrative case studies, and slide presentations.

Patient Safety Tips and Tools. The AAN alerts members to potential safety issues in neurology practice—such as systemic problems and common medication errors—and provides education programming and over 320 easy-to-use patient safety tips and tools.

Education on Evidence-Based Medicine. Through an annual course and the creation of an Evidence-Based Medicine Toolkit, the AAN is preparing members to integrate the results of clinical trials into their day-to-day practice. By increasing their skills in retrieving, interpreting, and applying the results of scientific studies and communicating the risks and benefits of different courses of action to patients, neurologists can provide the best available care. The Toolkit has been launched to over 40 neurology residency programs, reaching 23 percent of neurology residents. The goal is for this information to reach every neurology resident.

Accountability and Improvement
Measuring performance has the potential to accelerate improvement. The AAN seeks to provide members with measures to evaluate their performance against standards of care and tools to facilitate improvement.

Performance Measures. The AAN develops two performance measurement sets per year that provide a quantitative basis for improving outcomes and care processes, supply information for quality oversight by external agencies, provide comparative information to assist consumers and purchasers in selecting among providers and health plans, and facilitate management of health care resources. The AAN led the development of performance measurement sets for quality improvement and accountability in stroke. These measures are integrated into CMS’s pay-for-reporting initiative. Epilepsy measures will be released shortly, followed by measures on Parkinson’s disease and multiple sclerosis. The AAN has been proactive in building relationships with private and public sector measure developers to ensure all neurology measures are appropriate.

The AAN supports high standards for performance measures. They must be appropriate for their intended use and valid when used for comparative purposes. The AAN advocates for standardization in performance measurement, transparency in reporting, and education in quality and performance measurement. Furthermore, the AAN is developing technical experts in performance measurement, data collection, public reporting, and assessing incentive design to manage the impact of these activities on practicing neurologists and the quality of care delivered to their patients.

Maintenance of Certification and Quality Improvement Programs. At the center of measurement activity is improving performance in practice. The AAN is developing programs and tools to help members meet the Performance in Practice requirements of Maintenance of Certification and/or improve their care. The tools will compare participants’ practice to guidelines and measures and provide tools to help members improve care in identified areas.

Pay-for-Performance. The AAN is monitoring and participating in the ongoing dialogue regarding the appropriate role and structure of pay-for-performance (P4P) in both the private and public sectors. The AAN has promoted participation in CMS’s Physician Quality Reporting Initiative (PQRI) in order to better explore key policy issues. Because P4P is influencing payment reform and the movement toward value-based purchasing, the AAN is closely monitoring its implementation in the public arena for evidence of it achieving meaningful improvements to health care access, quality, and efficiency.

The AAN emphasizes that P4P programs should be evidence-based and improve patient outcomes; data collection and reporting should not be complicated. There must be adequate bonuses for compliance with measures. The reimbursement level for providing high-quality cognitive services should obviate the need to rely on ancillary testing to generate income. Ongoing analysis of P4P outcomes is important and must be included in all programs, as interweaving payment with indicators of quality may only increase documentation burdens while doing little to improve clinical outcomes.

Health Care Reform
The fragmented health care delivery system impacts the ability of neurologists to provide the highest quality, safest, and most effective care. The AAN rejects unnecessary overutilization of diagnostic testing or therapies that have little benefit, as well as underutilization of services that would improve the lives of patients. The AAN supports opportunities to improve patient outcomes through appropriate reimbursement of time spent managing complex chronic conditions, the use of health information technology, streamlining appropriate access to specialty care, improvements in coordination of care, and adherence to meaningful, evidence-based clinical guidelines and performance measures. The AAN is working within the framework of national organizations concerned with quality care (AMA’s Physician Consortium for Performance Improvement, National Quality Forum, AQA, CMS, and AHRQ) in order to ensure that appropriate regulatory decisions, as they relate to the treatment of patients with neurologic disease, are implemented. Health care reform efforts must seek to facilitate the provision of high-quality care.
The American Academy of Neurology (AAN), the premier medical specialty society for neurology, is dedicated to high-quality, patient-centered neurologic care. The AAN’s long-standing commitment to quality has resulted in the development of over 110 rigorous, evidence-based clinical practice guidelines and quality measures. The AAN promotes and enables the adoption and understanding of these recommendations by neurologists and health care systems to improve the care—and lives—of the one in six Americans suffering from neurologic illnesses.

Education on Evidence-Based Medicine. Through an annual course and the creation of an Evidence-Based Medicine Toolkit, the AAN is preparing members to integrate the results of clinical trials into their day-to-day practice. By increasing their skills in retrieving, interpreting, and applying the results of scientific studies and communicating the risks and benefits of different courses of action to patients, neurologists can provide the best available care. The Toolkit has been launched to over 40 neurology residency programs, reaching 23 percent of neurology residents. The goal is for this information to reach every neurology resident.

Accountability and Improvement

Accountability and Improvement

Measuring performance has the potential to accelerate improvement. The AAN seeks to provide members with measures to calibrate their performance to standards of care and tools to facilitate improvement.

Performance Measures. The AAN develops two performance measurement sets per year that provide a quantitative basis for improving outcomes and care processes, supply information for quality oversight by external agencies, provide comparative information to assist consumers and purchasers in selecting among providers and health plans, and facilitate management of health care resources. The AAN led the development of performance measurement sets for quality improvement and accountability in stroke. These measures are integrated into CMS’s pay-for-reporting initiative. Epilepsy measures will be released shortly, followed by measures on Parkinson’s disease and multiple sclerosis. The AAN has been proactive in building relationships with private and public sector measure developers to ensure all neurology measures are appropriate.

The AAN supports high standards for performance measures. They must be appropriate for their intended use and valid when used for comparative purposes. The AAN advocates for standardization in performance measurement, transparency in reporting, and education in quality and performance measurement. Furthermore, the AAN is developing technical experts in performance measurement, data collection, public reporting, and assessing incentive design to manage the impact of these activities on practicing neurologists and the quality of care delivered to their patients.

Maintenance of Certification and Quality Improvement Programs. At the center of measurement activity is improving performance in practice. The AAN is developing programs and tools to help members meet the Performance in Practice requirements of Maintenance of Certification and/or improve their care. The tools will compare participants’ practice to guidelines and measures and provide tools to help members improve care in identified areas.

Pay-for-Performance. The AAN is monitoring and participating in the ongoing dialogue regarding the appropriate role and structure of pay-for-performance (P4P) in both the private and public sectors. The AAN has promoted participation in CMS’s Physician Quality Reporting Initiative (PQRI) in order to better explore key policy issues. Because P4P is influencing payment reform and the movement toward value-based purchasing, the AAN is closely monitoring its implementation in the public arena for evidence of it achieving meaningful improvements to health care access, quality, and efficiency.

The AAN emphasizes that P4P programs should be evidence-based and improve patient outcomes; data collection and reporting should not be complicated. There must be adequate bonuses for compliance with measures. The reimbursement level for providing high-quality cognitive services should obviate the need to rely on ancillary testing to generate income. Ongoing analysis of P4P outcomes is important and must be included in all programs, as interweaving payment with indicators of quality may only increase documentation burdens while doing little to improve clinical outcomes.

Health Care Reform

The fragmented health care delivery system impacts the ability of neurologists to provide the highest quality, safest, and most effective care. The AAN rejects unnecessary overutilization of diagnostic testing or therapies that have little benefit, as well as underutilization of services that would improve the lives of patients. The AAN supports opportunities to improve patient outcomes through appropriate reimbursement of time spent managing complex chronic conditions, the use of health information technology, streamlining appropriate access to specialty care, improvements in coordination of care, and adherence to meaningful, evidence-based clinical guidelines and performance measures. The AAN is working within the framework of national organizations concerned with quality care (AMA’s Physician Consortium for Performance Improvement, National Quality Forum, AQA, CMS, and AHRQ) in order to ensure that appropriate regulatory decisions, as they relate to the treatment of patients with neurologic disease, are implemented. Health care reform efforts must seek to facilitate the provision of high-quality care.
THE AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION

The American Academy of Neurology Professional Association is a worldwide medical specialty society established to promote the highest quality patient-centered neurologic care. Comprised of more than 21,000 practicing and research neurologists, the Academy’s membership includes most of the neurology professionals in the United States complemented by several thousand neurologists from throughout the world.

St. Paul Headquarters:
Catherine M. Rydell, CAE
Executive Director/CEO
1080 Montreal Avenue
St. Paul, MN 55116
(800) 879-1960
crydell@aan.com

Rod Larson
Chief Health Policy Officer
1080 Montreal Avenue
St. Paul, MN 55116
(651) 695-2772
rlarson@aan.com

Washington Office:
Michael Amery, Esq.
Legislative Counsel
1501 M Street, NW, 7th Floor
Washington, DC 20005
(202) 349-4299
mamery@aan.com

Neurology’s Commitment to Quality