NATIONAL QUALITY FORUM—Evidence (subcriterion 1a)

Measure Number (*if previously endorsed*): Click here to enter NQF number Measure Title: Click here to enter measure title IF the measure is a component in a composite performance measure, provide the title of the Composite Measure here: Click here to enter composite measure #/ title Date of Submission: Click here to enter a date

Instructions

- Complete 1a.1 and 1a.2 for all measures. If instrument-based measure, complete 1a.3.
- Complete **EITHER 1a.2, 1a.3 or 1a.4** as applicable for the type of measure and evidence.
- For composite performance measures:
 - A separate evidence form is required for each component measure unless several components were studied together.
 - If a component measure is submitted as an individual performance measure, attach the evidence form to the individual measure submission.
- All information needed to demonstrate meeting the evidence subcriterion (1a) must be in this form. An appendix of *supplemental* materials may be submitted, but there is no guarantee it will be reviewed.
- If you are unable to check a box, please highlight or shade the box for your response.
- Contact NQF staff regarding questions. Check for resources at <u>Submitting Standards webpage</u>.

<u>Note</u>: The information provided in this form is intended to aid the Standing Committee and other stakeholders in understanding to what degree the evidence for this measure meets NQF's evaluation criteria.

1a. Evidence to Support the Measure Focus

The measure focus is evidence-based, demonstrated as follows:

- <u>Outcome</u>: ³ Empirical data demonstrate a relationship between the outcome and at least one healthcare structure, process, intervention, or service. If not available, wide variation in performance can be used as evidence, assuming the data are from a robust number of providers and results are not subject to systematic bias.
- Intermediate clinical outcome: a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence ⁴ that the measured intermediate clinical outcome leads to a desired health outcome.
- <u>Process</u>: ⁵ a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence ⁴ that the measured process leads to a desired health outcome.
- <u>Structure</u>: a systematic assessment and grading of the quantity, quality, and consistency of the body of evidence ⁴ that the measured structure leads to a desired health outcome.
- Efficiency: ⁶ evidence not required for the resource use component.
- For measures derived from <u>patient reports</u>, evidence should demonstrate that the target population values the measured outcome, process, or structure and finds it meaningful.
- <u>Process measures incorporating Appropriate Use Criteria</u>: See NQF's guidance for evidence for measures, in general; guidance for measures specifically based on clinical practice guidelines apply as well.

Notes

3. Generally, rare event outcomes do not provide adequate information for improvement or discrimination; however, serious reportable events that are compared to zero are appropriate outcomes for public reporting and quality improvement.

4. The preferred systems for grading the evidence are the Grading of Recommendations, Assessment, Development and Evaluation (<u>GRADE) guidelines</u> and/or modified GRADE.

5. Clinical care processes typically include multiple steps: assess \rightarrow identify problem/potential problem \rightarrow choose/plan intervention (with patient input) \rightarrow provide intervention \rightarrow evaluate impact on health status. If the measure focus is one

step in such a multistep process, the step with the strongest evidence for the link to the desired outcome should be selected as the focus of measurement. Note: A measure focused only on collecting PROM data is not a PRO-PM. **6.** Measures of efficiency combine the concepts of resource use <u>and</u> quality (see NQF's <u>Measurement Framework:</u> <u>Evaluating Efficiency Across Episodes of Care</u>; <u>AQA Principles of Efficiency Measures</u>).

1a.1.This is a measure of: (should be consistent with type of measure entered in De.1) Outcome

□ Outcome: Click here to name the health outcome

Patient-reported outcome (PRO): Click here to name the PRO

PROs include HRQoL/functional status, symptom/symptom burden, experience with care, healthrelated behaviors. (A PRO-based performance measure is not a survey instrument. Data may be collected using a survey instrument to construct a PRO measure.)

- □ Intermediate clinical outcome (e.g., lab value): Click here to name the intermediate outcome
- □ Process: Click here to name what is being measured
 - Appropriate use measure: Click here to name what is being measured
- Structure: Click here to name the structure
- Composite: Click here to name what is being measured

1a.2 LOGIC MODEL Diagram or briefly describe the steps between the healthcare structures and processes (e.g., interventions, or services) and the patient's health outcome(s). The relationships in the diagram should be easily understood by general, non-technical audiences. Indicate the structure, process or outcome being measured.

1a.3 Value and Meaningfulness: IF this measure is derived from patient report, provide evidence that the target population values the measured *outcome, process, or structure* and finds it meaningful. (Describe how and from whom their input was obtained.)

**RESPOND TO ONLY ONE SECTION BELOW -EITHER 1a.2, 1a.3 or 1a.4) **

1a.2 FOR OUTCOME MEASURES including PATIENT REPORTED OUTCOMES - Provide empirical data demonstrating the relationship between the outcome (or PRO) to at least one healthcare structure, process, intervention, or service.

1a.3. SYSTEMATIC REVIEW(SR) OF THE EVIDENCE (for INTERMEDIATE OUTCOME, PROCESS, OR STRUCTURE PERFORMANCE MEASURES, INCLUDING THOSE THAT ARE INSTRUMENT-BASED) If the evidence is not based on a systematic review go to section 1a.4) If you wish to include more than one systematic review, add additional tables.

What is the source of the <u>systematic review of the body of evidence</u> that supports the performance measure? A systematic review is a scientific investigation that focuses on a specific question and uses explicit, prespecified scientific methods to identify, select, assess, and summarize the findings of similar but separate studies. It may include a quantitative synthesis (meta-analysis), depending on the available data. (IOM)

Clinical Practice Guideline recommendation (with evidence review)

US Preventive Services Task Force Recommendation

Other systematic review and grading of the body of evidence (*e.g., Cochrane Collaboration, AHRQ Evidence Practice Center*)

Other

Source of Systematic Review:
Title
Author
Date
Citation, including page number
• URL
Quote the guideline or recommendation
verbatim about the process, structure or
intermediate outcome being measured. If
not a guideline, summarize the
conclusions from the SR.
Grade assigned to the evidence associated
with the recommendation with the
definition of the grade
Provide all other grades and definitions
from the evidence grading system
Grade assigned to the recommendation
with definition of the grade
Provide all other grades and definitions
from the recommendation grading system
Body of evidence:
 Quantity – how many studies?
 Quality – what type of studies?
Estimates of benefit and consistency
across studies
What harms were identified?
Identify any new studies conducted since
the SR. Do the new studies change the
conclusions from the SR?

1a.4 OTHER SOURCE OF EVIDENCE

If source of evidence is NOT from a clinical practice guideline, USPSTF, or systematic review, please describe the evidence on which you are basing the performance measure.

1a.4.1 Briefly SYNTHESIZE the evidence that supports the measure. A list of references without a summary is not acceptable.

1a.4.2 What process was used to identify the evidence?

1a.4.3. Provide the citation(s) for the evidence.