NATIONAL QUALITY FORUM

RESOURCE USE MEASURE SUBMISSION FORM GUIDANCE

VERSION 1.0

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This document is designed to aid resource use measure submitters in completing the online measure submission tool. For many items, examples are provided to help the submitter determine the information required.

GENERAL REQUIREMENTS

Defining Resource Use Measures

- This submission form is designed for the entry of specifications and supporting information for resource use measures.
- NQF defines resource use measures as broadly applicable and comparable measures of input counts (in terms of units or dollars) applied to a population or population sample and count the frequency of specific resources (these resource units may be monetized as appropriate).

Entering Information

- You must complete EACH field in the submission form.
- Most text boxes allow for 20,000 characters (~80 pages, 12 pt font, double spaced).
- If you are entering information that is organized under several headers in a single text box, ensure that your headers are clear and consistent for that response item.

Attachments

- The submission form allows for a total of 11 attachments (excluding the measure steward agreement). Supplemental attachments are allowed for these fields:
  1. General Approach
  2. Data Dictionary
  3. Code Table
  4. Data Protocol
  5. Data Source Reference
  6. Clinical Logic
  7. Construction Logic
  8. Resource Use Service Categories
  9. Risk-Adjustment Methods
  10. Sample Score Report
  11. Measure Testing (Reliability and Validity)
- Maximum 5MB file size per attachment
- Use only for supplemental information required to fully evaluate the measure against the criteria (e.g., tables, charts).

- All fields of the submission form that are supplemented within the attachment must include a summary of important information included in the attachment and its intended purpose, including any references to page numbers, tables, text, etc.
- Attachment fields support MS Word, PowerPoint, and Excel files.
- Attachments must be uploaded to the submission form with the item description and number in the file name (e.g., item #_Item Description→ S9.7_RU_Categories).
- For each item that allows an attachment, a URL can be provided instead. If a URL is provided, it should link to the specific information/documents required for that item. URLs are preferred to attachments, if available. If a password is required to access the information, please include it in the field provided.

NQF CONDITIONS

NQF conditions must be met before the Technical Advisory Panel (TAP) or Steering Committee can begin to evaluate the measure.

A. Measure Steward

To submit the measure to NQF, the measure steward must hold the intellectual property rights to the measure. The submitter must also select if the measure is proprietary or not, or if it is proprietary and requires fees for individuals to use the measure specifications to implement the measure.

B. Measure Steward Agreement (MSA)

The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years. (If no, do not submit.)

The measure steward agreement can be found on the NQF website under the project detail "Call for Nominations." Please complete the MSA electronically, then save and upload it as an attachment here. If your organization is a government entity within the public domain, you are not required to submit a measure steward agreement. By signing the measure steward agreement, you are agreeing to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation or every three years. If you cannot be held responsible for this measure in the future, please do not submit it.

The MSA must be updated every three years. If you believe your organization already has an MSA on file, please contact NQF staff to verify. If a valid MSA is on file, you may be eligible to submit an Addendum to the MSA listing the measures submitted in the current project.

C. Purpose/Use

At a minimum, the measure must be useful for public reporting and quality improvement.

D. Testing

Untested resource use measures will not be accepted for consideration. The measure MUST be fully specified and tested for reliability AND validity. If the measure is not tested or you are unsure if the measure has been adequately tested, please contact NQF staff for assistance.

E. Harmonization and Competing Measures

NQF is interested in harmonizing its endorsed measure portfolio; however, we recognize that resource use measures submitted to this 2011 effort have already been fully specified and tested based on their current use, limiting the opportunity for upstream harmonization. We also recognize that to date, NQF has endorsed only a small number of measures that may be categorized as resource use measures, namely length of stay measures. Measures submitted for this 2011 endorsement effort, however will not be expected to harmonize with existing NQF-endorsed measures. Later in the measure review process developers should expect there to be discussion and potential requests for harmonization with other submitted measures to this effort. Requests for harmonization will only be made for changes to specifications (e.g., age range) that do not require retesting of a measure's reliability and validity. Further guidance will be provided for the submission items related to harmonization later in the usability section (refer to items U3, U3.1, and U3.2).

F. Submission Complete

Submitters must verify they have completed the submission with the necessary information.

PLEASE NOTE: The following provides clarification of certain submission items. These items do NOT include ALL items requested on the form, but have been selected to provide further guidance where needed during the submission process.

DESCRIPTIVE INFORMATION

De1. Measure Title

The title of a measure should be distinct and provide a short description of the target population, measure focus, and type of measure.

Example: Total resource use for pneumonia episode of care

De2. Brief Description of Measure

The brief description should expand upon the title and include the type of score, measure focus, target population, timeframe, and type of measure.

Example: Total inpatient, outpatient, and pharmacy per member per month resource use (using provided standardized dollar amounts) for patients diagnosed with pneumonia who are between 65 and 75 years of age.

De4. Subject/Topic Areas

Select the most relevant topic or topics that apply to the measure. For non-condition specific, or population based measures, skip to De5.

De5. Cross-Cutting Areas

If the measure is non-condition specific or population based, select the cross-cutting area that best fits your measure focus.

MEASURE SPECIFICATIONS

S1. Measure Webpage

NQF prefers the use of URLs for sharing additional measure information. If available, please provide the URL of the webpage that links directly to the measure or information directly related to the measure. URLs for organization-wide websites or general information should not be included in this response.

S2. General Approach

If applicable, summarize the general approach or methodology for the measure specification. This information is most relevant to measures that are part of or rely on the execution of a measure system or to multiple measures.

Attachment or URL allowed:
Save and upload attachment as: S2_General Approach

S5. Data Dictionary or Code Table

For all codes used in the measures, provide a list/table/Excel spreadsheet of all codes and their definitions (e.g., ICD-9 486: pneumonia).

Attachment or URL allowed:

- One each for Code Table and Data Dictionary
- Save and upload attachments as: S5_DataDictionary and S5_CodeTable.

S6. Data Protocol

The measure developer must determine if the following data protocol steps—data preparation, data inclusion criteria, data exclusion criteria, and missing data—are submitted as measure specifications or as guidelines. Specifications limit user options and flexibility and must be strictly adhered to, whereas guidelines are well thought out guidance to users, which allow for user flexibility. If you determine that the requested specification approach is better suited as guidelines, please select the appropriate radio button and submit guidelines, otherwise specifications *must* be provided. If the measure does not use specifications or guidelines, a text box will be generated for you to enter a rationale.

Attachment or URL allowed:

- Save and upload attachment as: S6_DataProtocol.
- Attachment should include any information related to this module such as data prep, data inclusion, data exclusions, and missing data.

S6.1. Data Preparation for Analysis

Detail which types of data are required (e.g., administrative inpatient, outpatient, and pharmacy claims data). Include any other data preparation steps that the measure requires to produce valid results (e.g., requires 12 consecutive months of enrollment or patient encounter data).

S6.2. Data Inclusion Criteria

Detail data to be included in the measure production (e.g., 24 months of claims data), regardless of any patient, clinical, or procedural event criteria.

S6.3. Data Exclusion Criteria

Detail information about the data that should be excluded (e.g., rejected claims, zero dollar claims, claims above a certain amount) that should be dropped or adjusted (e.g., truncated) from the measure estimation, regardless of any clinical or procedural event.

S6.4. Missing Data

Exclusion from measurement is not the only option when missing claims data or enrollment gaps exist. Detail any statistical techniques specified or recommended (e.g., imputation) that assign values to missing data.

S7.1. Data Source or Collection Instrument

Identify any specific and existing data source(s) or data collection instrument(s) necessary to estimate the measure results (e.g., name of database, clinical registry, collection instrument, etc.). This item collects information on proprietary or existing data sources or collection instruments (e.g., a clinical registry collected by a certain entity) that the measure user would require access to estimate the measure.

S7.2. Data Source or Collection Instrument Reference

Reference or identify the location of the data source or collection instrument identified in S7.1, if any are used for this measure.

Attachment or URL allowed:

- Save and upload attachment as: S7.2_DataSourceReference.
- Costing tables, or standard price tables may also be attached here.

S8. Measure's Clinical Logic

The measure's clinical logic includes the steps that identify the condition or event of interest and any clustering of diagnoses or procedures, for example, the diagnoses and procedures that qualify for a cardiac heart failure episode, including any disease interaction, co-morbid conditions, or hierarchical structure to the clinical logic of the model. (Some of the steps listed separately below may be embedded in the risk-adjustment description; if so, please indicate NA and in the rationale space list "see risk-adjustment details.")

Attachment or URL allowed:

- Save and upload files as: S8_ClinicalLogic.
- Attachment should include any information related to this module, such as the clinical framework, co-morbid interactions, clinical hierarchies, and clinical severity levels.

S8.1. Brief Description of Clinical Framework

Briefly describe the clinical logic approach including clinical topic area and whether or not the measure accounts for co-morbid conditions, disease interactions, clinical hierarchies, clinical severity levels, and concurrency of clinical events. For each item below, please indicate whether any related information will be addressed in the adjustments for comparability section.

S8.2. Clinical Framework

Detail any clustering and the assignment of codes, including the grouping methodology, the assignment algorithm, and relevant codes and rationale for these methodologies.

Example: Patients with one or more discharges from an acute-care setting with any diagnosis of diabetes (list codes).

S8.3. Co-morbid Conditions and Disease Interactions

- Detail the relevant co-morbid conditions and how the measure accounts for them (e.g., patients with specified co-morbid condition are excluded).
- Detail the relevant disease interactions and how the measure accounts for them. List which conditions result in an "interaction" and how they affect the measure's clinical framework.

If the measure does not account for co-morbid conditions, provide a rationale. If the measure does not account for disease interactions, provide a rationale.

- If co-morbid or disease interactions are addressed in the measure's comparability for adjustment approaches (e.g., risk adjustment or stratification), please indicate in the text box provided.

S8.4. Clinical Hierarchies

Detail the methods, definitions and approach to the clinical hierarchy. A broad clinical area may have more than one clinical category—for example, diabetes may have as many as four separate clinical categories to which diagnoses or events are mapped. If clinical hierarchies are addressed in the measure's comparability for adjustment approaches (e.g., risk adjustment or stratification), please indicate in the provided text box.

S8.5. Clinical Severity Levels

Detail the methods, definitions and approach to the clinical severity levels. Severity levels also can be assigned based on the patient's underlying health status. If severity levels are addressed in the measure's comparability for adjustment approaches (e.g., risk adjustment or stratification), please indicate in the provided text box.

S8.6. Concurrency of Clinical Events (That May Lead to a Distinct Measure)

Detail the method used for identifying concurrent clinical events, how to manage them, and provide the rationale for this methodology. Specify the method for identifying concurrent clinical events. If applicable, specifications and rules on how to manage concurrent clinical events should be provided.

S9. Measure Construction Logic

The measure's construction logic includes steps used to cluster, group, or assign claims *beyond* those associated with the measure's clinical logic. This includes any temporal or spatial (i.e., setting of care) parameters used to determine if a particular diagnosis or event qualifies for the measure of interest.

Attachment or URL allowed:

- Save and upload attachment as: S9_ConstructionLogic.
- Attachment should include any information related to this module such as the construction logic, trigger and end mechanisms, redundancy and overlap, and complementary services.

S9.1. Brief Description of Construction Logic

The purpose of this description is to provide reviewers and users a high-level description of how the measure is constructed.

Example: For services identified in the clinical framework, include those occurring on or between January 1 and December 1 of the measurement time period. This measure includes services in all settings of care and examines inpatient, outpatient, and pharmacy resource use.

S9.2. Construction Logic

The measure's construction logic includes steps used to cluster, group, or assign claims *beyond* those associated with the measure's clinical logic. This includes information about exclusions or truncations that should occur prior to the final measure estimation, (e.g., an inpatient stay during the treatment period that exceeds a pre-determined or specified amount may be truncated to a maximum allowed amount for that service).

S9.3. Measure Trigger and End Mechanisms

A description of when to start or end a measurement period must be specified for each measure.

Example: The first acute myocardial infarction event during the calendar year with a clean claim period for AMI of at least 90 days. The measurement time-period ends 90 days after the date of the first AMI (start and end dates are inclusive).

S9.4. Measure Redundancy or Overlap

Detail and explain decisions about assigning services to the measure(s), including how to manage different claims that provide information for the same event (especially those that result in an inflation of resource use amounts) and when and which services trump other services.

Example: For a measure of cardiac care, detail how claims are assigned to more than one measure examining resource use for cardiac conditions, or a known co-morbid condition like diabetes, during the same period.

S9.5. Complementary Services

Detail how complementary services (e.g., emergency department visit that leads to an inpatient admit or an acute inpatient transfer to skilled nursing facility) have been addressed in the measure and provide rationale for this methodology.

Example: An emergency department (ED) visit that results in an inpatient admission is captured as an inpatient stay only; only ED visits discharged from the ED count as an ED visit.

S9.6. Resource Use Service Categories (Units)

Select the most relevant category or categories that apply to this measure.

S9.7. Identification of Resource Use Service Categories (Units)

For each of the resource use service categories selected above, provide the rationale for their selection and detail the method or algorithms to identify resource units, including codes, logic and definitions.

Attachment or URL allowed:
Save and upload attachment as: S9.7_ RU_Categories

S10. Adjustments for Comparability

A measure's estimate is influenced by external factors that can co-mingle and impact the result. Measure developers often include steps to adjust the measure to increase comparability. Risk adjustment is designed to reduce any negative or positive consequences associated with caring for patients of higher or lower health risk or a propensity to require health services. Another type of adjustment is stratification, which is important where known disparities exist or where there is a need to expose differences in results so that stakeholders can take appropriate action. Costing is another type of adjustment method that may be used. Service prices vary substantially and measure users may find more utility in one costing method than another.

S10.1 Risk Adjustment

Define the risk-adjustment variables and describe the conceptual, statistical, or other relevant aspects of the model and provide rationale for this methodology. Include a description of:

- the statistical risk model and variables (name the statistical method, e.g., logistic regression and list all the risk factor variables); and
- the risk model (include coefficients, equations, codes with descriptors, definitions or specific data collection items/responses).

If the measure is not risk-adjusted, you must provide a rationale.

Attachment or URL allowed:
Save and upload attachment as: S10.1_ Risk-adjustment method.

S10.2. Stratification Methods

For this item, provide all information required to stratify the measure results including the stratification variables, codes with descriptions, definitions, and or specific data collection items/ responses. Stratification may also include stratification by clinical severity, such as Type 1 and Type 2 diabetes.

Stratification for Disparities: If measure is stratified for disparities as reported in IM2.4, define and describe the strata and method for identifying them.

If the measure is not stratified to detect disparities or otherwise, please provide a rationale.

S10.3. Costing Method

Costing methods may include the actual amount paid or an approach that allows users to compare the use and intensity of health services while holding actual paid amounts constant (e.g., standardized prices). Detail the costing method, e.g., none (utilization count), approach to estimate standard dollar, standard dollar provided. If the measure does not include a costing method, please provide a rationale. Attach any costing or standard price tables under item 7.2, Data Source or Collection Instruments.

S11. Measure Reporting

The measure developer must determine the measure reporting steps: attribution, peer grouping, defining outliers and thresholds, sample size requirements, and benchmarking are submitted as either measure specifications or guidelines. Specifications limit user options and flexibility and must be strictly adhered to, whereas guidelines are well thought out guidance to users, which allow for user flexibility. If you determine that the requested specification approach is better suited as guidelines, please select the appropriate radio button and submit guidelines, otherwise specifications *must* be provided. Not all of the measures reporting approaches have this option. If the measure does not use specifications or guidelines, a text box will be generated for you to enter a rationale.

S11.1. Detail Attribution Approach

Detail the attribution rules used for attributing resources/costs. Provide rationale for the attribution methodology.

Example: Attribute total resource use per member per month to the physician if the physician had at least two evaluation and management encounters with different dates of service with the patient during the episode of care.

S11.2. Identify and Define Peer Group. Define and specify how to identify the peer group (e.g., health plan, accountable care organization, specialty group).

S11.3. Level of Analysis

For this item, check all the levels at which the measure can be reported. The measure must be specified and tested for all levels selected.

S11.4. Measure Outliers or Thresholds

Detail any outlier or threshold rules for measure estimates. For example, an episode of diabetes care exceeding some set resource use amount may be dropped or truncated at a specified maximum amount.

Example: An episode of diabetes care exceeding $10,000 (standardized dollar) in one calendar year should be excluded from analysis and examined separately.

S11.5. Sample Size Requirements

Detail any sample size requirements for valid reporting. For example, it may be necessary for any given provider to have at least 50 diabetes episodes to be eligible for reporting.

S11.6. Benchmarking or Comparative Estimates

Detail the source and location of pre-determined resource use benchmark amounts or the steps to estimate the comparative resource use amounts for the measure. If you have a table of comparative estimates, please include it in the (S12) sample score report attachment.

S12. Type of Score

For this section, select the types of score(s) used in this measure. You may select more than one option. The following questions will provide the opportunity to further explain how each score is used in the reporting of the measure score.

Attachment or URL allowed:

- Save and upload attachment as: S13_ Sample score report.
- If a sample score report has been generated for the measure, please attach an example.
- If applicable, include the table of comparative estimates for benchmarking.

S12.1. Interpretation of Score

For each type of score selected in S12, provide an explanation of how the score should be interpreted.

S12.2. Score Estimation

Provide any equations, algorithms, or formulas necessary to calculate the score.

S12.3. Discrimination Results Approach

Include findings from testing or current use, providing:

- description of the data or sample including number of measured entities, number of patients, dates of data; if a sample, characteristics of the entities included;
- description of the methods and rationale to identify statistically significant and practically meaningful differences in performance; and
- measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc., and identification of statistically significant and meaningful differences in performance.

IMPORTANCE

In this tab, you will be asked to enter information about whether the measure is important to making significant gains in healthcare quality. The information that you enter into this tab is critical to your submission. In evaluating your responses, NQF must judge that the measure addresses an area that is important to measure and to report. If NQF determines that the measure does not meet these criteria, evaluation of the measure will not proceed.

PLEASE NOTE: A measure MUST be judged to address an area that is important to measure and to report to be evaluated against the other measure evaluation criteria.

IM.1.1 Summary of Evidence of High Impact

Using peer reviewed literature, summarize any evidence supporting the contention that the measure addresses a high impact area.

IM2.4. Summary of Data on Disparities by Population Group

Summarize any relevant literature examining variation in resource use by population group, demonstrating disparities in care.

IM3.1. Describe the Intent of the Measure and Its Components/Rationale (Including Any Citations) for Analyzing Variation in Resource Use in This Way

Describe why the measure has been constructed to measure resource use in this way and how it is intended to be used. Use any relevant citations to support the selection of the resources counted in the measure. (e.g., does the literature describe wide variation in pharmacy costs for congestive heart failure [CHF] patients, and thus it has been selected as one of the "resource use service categories" for this measure? If so, describe the evidence to support the selection of pharmacy costs as a resource counted in this measure.)

SCIENTIFIC ACCEPTABILITY

In this tab, you will be asked to enter information about whether the measure produces consistent, reliable, credible, and valid results about resource use of health services.

PLEASE NOTE: Many of the questions within this tab are very similar in nature; make certain that you are entering the correct information into each field. Be sure to include testing approaches and results for any measure adjustment approaches, i.e., the risk adjustment, stratification, or costing approach, separately with headers.

Attachment or URL allowed:
Save and upload files as: SA_Reliability_Validity Testing. Include the following information related to reliability and validity testing, with clear headers and result displays:

Reliability Testing

SA1.1 Data/Sample

Describe the data or sample used to test reliability (e.g., number of measured entities, number of patients, dates of data; if a sample, characteristics of the entities included). If different samples were used to test the adjustment components of the measure, describe separately. Provide testing data/sample details for:

- overall measure
- risk adjustment model and/or stratification approach, and;
- costing method

SA1.2. Analytic Method

Describe the analytic method; the test statistics should include a rationale for using this method. If different analytic methods were used to test the adjustment components of the measure, describe separately. Provide testing analytic method details for:

- overall measure
- risk adjustment model and/or stratification approach (e.g., methods and rationale for development and testing of risk model or stratification including selection of factors/variable), and;
- costing method

SA1.3. Testing Results

The results of the reliability testing should be easy to review and understand. Describe and present results separately for the testing of any adjustment for comparability approaches the measure specifies. Provide testing results for:

- overall measure
- risk adjustment model and/or stratification approach (e.g., quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models), and;
- costing method

SA1.4. Finding Statement (i.e., Is the Measure Deemed Reliable, Limitations Identified?)

Summarize the results of the reliability testing. Based on the analytic method used and results: is the measure reliable? Include any limitations identified.

Validity Testing

SA2.1 Data/Sample

Describe the data or sample used to test the measure's validity. If different samples were used to test the adjustment components of the measure, describe separately. Provide testing data/sample details for:

- overall measure
- risk adjustment model and/or stratification approach, and;
- costing method

SA2.2. Analytic Method

Describe the analytic method. The test statistics should include a rationale for using this method. If different analytic methods were used to test the adjustment components of the measure, describe separately. Provide testing analytic method details for:

- overall measure
- risk adjustment model and/or stratification approach (e.g., methods and rationale for development and testing of risk model or stratification including selection of factors/variable), and;
- costing method

SA2.3. Testing Results

The results of the validity testing should be easy to review and understand. Describe and present results separately for the testing of any adjustment for comparability approaches the measure specifies. Provide testing results for:

- overall measure

- risk adjustment model and/or stratification approach (e.g., quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models), and;
- costing method

SA2.4. Finding Statement (i.e., Is the Measure Deemed Valid?)

Summarize the results of the validity testing. Based on the analytic method used and results: is the measure valid? Include any limitations identified.

Measure Exclusions

The following questions are focused on measure exclusions applied to patients, episodes, or services after having qualified for the measure.

SA3.1 Describe How the Impact of Exclusions (If Specified) is Transparent as Required in the Criteria

What is the result of the measure's exclusion? (e,g., patients/episodes/services excluded after a patient or service initially qualifies for measure)

SA3.2. Data/Sample of Analysis for Exclusions

Describe the data or sample used to test the measure exclusions.

SA3.3. Analytic Method (Describe the Type of Rationale for Examining Exclusions, Including Exclusion Related Patient Preference)

Describe the analytic method used, including the test statistic WITH rationale for using this method.

SA3.4. Results

Include statistical results for analysis of exclusions (e.g., frequency, variability and sensitivity analysis.)

SA3.5. Finding statement(s)

Is the measure biased due to exclusions, limitations, or other factors? Summarize the results of the testing. Based on the analytic method used and results: is the measure biased because of exclusions? Include any limitations identified.

SA4. Testing Population

Check all of the populations in which the measure was tested. Measures are endorsed for use only in populations for which they have been tested.

USABILITY

In this tab, you will be asked to enter information about the intended audience for the results of the measure. That is, do you intend for consumers, purchasers, providers, and policy makers to use the results of the measure? If so, is your audience likely to find those results useful for decision making?

U1. Current Use

Check all items that apply; for any that are checked, provide the specific program information in the following questions. Note that two options refer to quality improvement uses. Quality improvement in this context should be understood to be quality in a broad context of improving patient care as defined in IOM's five domains of quality, which includes efficiency. This may include efforts to contain or reduce resource use in the context of quality. Examples may include feedback reports to providers to better understand resource use. .

U1.1. Use in Public Reporting Initiative Use in Public Reporting.

If the measure is used in a public reporting program as indicated in U1, provide name of program(s), locations, Web page URL(s). Please include all types of known reporting activities, including physician/provider feedback reports, community collaborative efforts and other "level' of public reporting. If not publicly reported in a national or community program, state the plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement.

U1.2. Use in QI

If used in improvement programs as indicated in U1, provide name of program(s), locations, Web page URL(s).

U1.3. Use for other Accountability Functions.

If used in a public accountability program as indicated in U1, provide name of program(s), locations, Web page URL(s).

U2.1. Testing of Interpretability

If the developer used focus groups to determine interpretability or uses of the measure, or provides end-users with an opportunity to communicate challenges with using the measure, please describe how this feedback was obtained, the results or action taken based on the feedback, and how it was used to improve the measure's usability. NQF recognizes that developers do not always have the opportunity to participate in this type of testing; if this type of testing has not been done, please indicate in the text box provided.

Harmonization

As discussed in Harmonization Condition E, submitters will not be required at the time of submission to describe or justify harmonization efforts with existing NQF-endorsed measures. Consequently, U3, U3.1, and U3.2, should be left blank at the time of submission. We anticipate

some harmonization issues will arise during the project amongst the submitted measures. During the Steering Committee review, developers may be asked to harmonize certain aspects of their measures (e.g., age ranges) that does not require re-testing of the measure's validity and reliability. Harmonization requests of this nature will require you to return to the online submission form and complete U3.1 stating specific aspects of the measure that were harmonized. If the Steering Committee requests harmonization that you deem is not feasible then you will be required to resubmit the online submission form and complete U3.2 prior to final endorsement consideration. Submission item U3.2 will be important in helping users and subsequent reviewers understand how and why, for example, this CHF episode measure is specified differently than another CHF episode measure that was submitted.

U3. Similar or Related NQF-Endorsed Measures

Response not required. Leave blank for initial submission.

U3.1. Harmonization of Specifications to Endorsed Measures

Response not required. Leave blank for initial submission.

U3.2. Justification of Differences

Leave blank for initial submission. If requested by the Committee during review, the developer may be asked to enter information for this item based on comparison to other submitted measures undergoing review. If required, an appropriate response should address the following items: If a similar endorsed measure is identified and the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and the data collection instrument.

FEASIBILITY

In this tab, you will be asked to enter information about the required data for the measure. Is the required data readily available, retrievable without undue burden, and can the data be implemented for performance measurement?

PLEASE NOTE: Some questions in this tab are directly related to the Conditions checklist that you completed at the beginning of the submission process. When you select certain responses under the Electronic Sources and Exclusions sections of this tab, pop-up windows with additional questions will appear. You MUST respond fully to the questions within the pop-ups; failure to do so will jeopardize your ability to submit the form for NQF consideration.

F2. Electronic Sources

You may only select ONE answer. If ALL data elements are not from electronic sources, please detail your plan to capture them electronically in the future.

F3. Susceptibility to Inaccuracies, Errors, or Unintended Consequences

This section will inform consumers how to avoid problems when implementing this measure.

F4. Data Collection Strategy

Use this section to describe what has been modified as a result of barriers to operationalize this measure.

ADDITIONAL

In this tab, you will be asked to enter the name and contact information for several key persons associated with the measure. You are required to enter the name and contact information for the measure steward, the measure steward point of contact, the developer, the developer point of contact, and the person who is submitting the form to NQF through the online submission form.