

NATIONAL QUALITY FORUM

CALL FOR NOMINATIONS TO STEERING COMMITTEE Pulmonary and Critical Care Endorsement Maintenance Project 2011

BACKGROUND

At least 33 million Americans have chronic lung diseases such as asthma, chronic obstructive pulmonary disease (COPD), and pneumonia. Lung disease is the third leading cause of death in the United States.¹ The human and financial burden is enormous:

- In 2008, 23.3 million Americans suffered from asthma. Asthma afflicts people of all ages, races, genders, and socioeconomic status; however, it occurs at disproportionately higher rates among some ethnic and racial populations. Asthma affects an estimated 7 million children and accounts for more than 14 million lost school days every year.² The annual direct healthcare cost of asthma is \$15.6 million.³
- COPD is the third leading cause of death in the United States, costing nearly \$49.9 billion in 2010.⁴
- In 2006, an estimated 1.2 million hospital discharges were attributable to pneumonia.⁵

More than 5 million patients are admitted annually to critical care units in the United States, treating patients with respiratory insufficiency/failure, postoperative management, ischemic heart disorder, sepsis, and heart failure. There are approximately 6,000 ICUs in the United States, caring for 55,000 critically ill patients each day.⁶

This project seeks to identify and endorse new performance measures for accountability and quality improvement that specifically address pulmonary and critical care. Additionally, 35 pulmonary and critical care consensus standards endorsed by NQF before December 2009 also will be evaluated under the maintenance process. Measures in the following topic areas related to pulmonary and critical care for adults and children in all settings of care including treatments, diagnostic studies, interventions, or procedures associated with these conditions will be considered:

- asthma;
- chronic obstructive pulmonary disease (COPD);
- pneumonia;
- dyspnea;
- pneumonia;
- sleep/sleep apnea; and
- intensive/critical care.

NQF is particularly interested in composite and outcome measures; measures applicable to more than one setting; measures that capture broad populations, including children and adolescents where applicable; measures of chronic care management and care coordination for these conditions; and measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations and, to the extent possible, the inclusion of electronic specifications for the measures submitted to this project.

Nominations Due By Friday, December 2, 2011 6:00 PM ET

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STEERING COMMITTEE

A multi-stakeholder Steering Committee will evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. The Steering Committee membership will represent the variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with pulmonary and critical care for adults and children, and pulmonary care for conditions including, but not limited to, asthma, COPD, pneumonia, or sleep apnea across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives. We also are seeking expertise in disparities and care of vulnerable populations.

The Steering Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. This Committee will evaluate approximately 40 measures and will work with NQF staff to develop specific project plans, provide advice about the subject, ensure input is obtained from relevant stakeholders, review draft products, and recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process.

Steering Committee members should not have a vested interest in the candidate measures. This includes employees or contractors of measure owners/developers, members of workgroups that developed the measures, and members of committees that approve measures or direct or set policy for measure development. Please see the NQF website for additional information about the [conflict of interest policy](#). All potential Steering Committee members must disclose any current and past activities during the nomination process.

TIME COMMITMENT

The Steering Committee will meet in person for a two-day meeting on March 1-2, 2012, in Washington, DC. Committee members must be available to attend the meetings. Additionally, Steering Committee members will meet two to three times by conference call for two hours each before the meeting and be will asked to review materials and provide feedback throughout the process. Additional conference calls may be needed. The introductory orientation call is mandatory for all Steering Committee members and is scheduled for **January 18, 2012, from 2:00-4:00pm ET**. There will be a required post-comment period conference call on **May 16, 2012, from 2:00-4:00pm ET** to discuss the comments received on the measures and the responses.

CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF Members. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals from an organization at conference calls are not permitted.

Nominations Due By Friday, December 2, 2011 6:00 PM ET

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MATERIAL TO SUBMIT

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering Committee, please send the following information:

- a completed nomination form;
- confirmation of availability to participate in the orientation call on January 18; the March in-person meeting; and the May 16 post-comment period call;
- a 2-page letter of interest and a short biography (750 characters), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
- curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*; and
- a completed [conflict of interest](#) form.

Materials should be submitted through the project page on the NQF website.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Friday, December 2, 2011.**

QUESTIONS

If you have any questions, please contact Reva Winkler, MD, or Kathryn Streeter, MS, at 202-783-1300 or pulmonary@qualityforum.org. Thank you for your assistance.

NOTES

1 American Lung Association. Available at www.lungusa.org/assets/documents/publications/lung-disease-data/solddc_2010.pdf. Last accessed October 2011.

2. Ibid.

3. National Heart, Lung and Blood Institute. Available at www.nhlbi.nih.gov/resources/docs/2009_ChartBook.pdf. Last accessed October 2011.

4. American Lung Association.

5. Ibid.

6. Society of Critical Care Medicine. Available at <http://sccmwww.sccm.org/Documents/WebStatisticsPamphletFinalJune06.pdf>. Last accessed October 2011.

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