



Project Name

Measure Title

Deadline Date

Last Edit Date

Status

Introduction

Thank you for your interest in submitting a measure to NQF for possible endorsement.

What criteria are used to evaluate measures? Measures are evaluated on four standardized criteria: importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. For your measure to be evaluated against these measure evaluation criteria, you must complete the measure submission form.

Why do I have to complete a form? Due to the volume and/or complexity of proposed measures, NQF provides measure information to committee reviewers in a standardized format to facilitate their evaluation of whether the measure meets NQF's measure evaluation criteria. This form allows the measure steward to present information demonstrating that the proposed measure meets NQF's criteria.

What is on the form? The information requested in this form is directly related to NQF's measure evaluation criteria and is consistent with the data fields agreed upon in the *Common Data Fields Collaboration*.

Can't I just submit our files for consideration? No. Measures must be submitted through the online form to be considered. Requested information should be entered directly into this form.

Can I submit additional details and materials? Additional materials will be considered only as supplemental. Do NOT rely on material provided in attachments or in links to provide measure specifications or to demonstrate meeting the criteria. For example, definitions should be provided in the measure specification detail fields. Some examples of appropriate supplemental materials include code lists that exceed two pages, data collection tools, and methodology reports for complex measures. Even in these examples, the core information should be provided in the appropriate submission form fields. If supplemental materials are provided, a link to a web page is preferred over attached materials. Be sure to indicate specific page numbers or web page locations for the relevant information. Please contact **the designated project staff** regarding questions about submitting supplemental materials.

What do I do first? When you first start a new submission or click on 'Begin Submission', you will be directed to the "NQF Conditions" tab, which asks questions about four conditions that must be met before your proposed measures may be considered and evaluated for suitability as NQF-endorsed voluntary consensus standards:

- Is there a signed Measure Steward Agreement (applicable to all non-government organizations)?

- Have you identified the entity and process that will be used to maintain and update the measure? (You will be asked to affirm this in the submission form.)
- Does the intended use include both public reporting and quality improvement? (You will be asked to affirm this in the submission form.)
- Is the measure submission information complete (generally, measures fully developed and tested)?

Once you have agreed that the four conditions have been met, you can finish completing the measure submission form.

Can I come back later to complete a submission once I have started? Yes. You can return to your submission at your convenience to complete the form until the designated deadline for the specific project. To save and return, simply click on the "save-draft" option anytime during the submission process. When you want to continue, please login to the National Quality Forum website, go to your Dashboard, and click on submission.

Can I make changes to a form once I have submitted it? No. Once you submit your measure, you will NOT be able to return to this submission form to make further revisions.

What if I need additional help? Please contact the project director identified in the call for measures if you have questions regarding the information requested or submitting supplemental materials.

Please email us at web-help@qualityforum.org if you experience technical difficulties using the online submission form.

Thank you for your interest in submitting measures to NQF.

Project Instructions:

For assistance with the content of this form or for more information about the project, contact designated staff at 202-783-1300 or designated_email@qualityforum.org.

NQF Conditions

Conditions that must be met for consideration by NQF

Type of measure * --- Select ---

Four conditions must be met before a proposed measure may be considered and evaluated for suitability as voluntary consensus standards:

A. The measure steward is a governmental organization or a Measure Steward Agreement is signed.

(Measure evaluation criterion A)

Public domain only applies to governmental organizations. All non-government organizations must sign a Measure Steward Agreement even if measures are made publicly and freely available.

Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)? *

Yes

Please check if either of the following apply

Proprietary measure

Proprietary complex measure with fees

Measure Steward Agreement *

- Agreement will be signed and submitted prior to or at the time of measure submission
- Government entity and in the public domain - no agreement necessary

Attach measure steward agreement MeasureStewardAgreement.docx

B. 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 3 years.

(Measure evaluation criterion B) *

- Yes, information will be provided in the contact section (in the Additional tab)

C. The intended use of the measure includes both public reporting and quality improvement.

(Measure evaluation criterion C)

Purpose *

- Public reporting
- Internal quality improvement

Additional purposes

- Accountability
- Payment incentive
- Accreditation
- Other

D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. (Measure evaluation criterion D)

Testing *

- Yes, fully developed and tested
- No, testing will be completed within 12 months

Have NQF-endorsed@ measures been reviewed to identify if there are similar or related measures?

(Measure evaluation criterion 3b) *

If there are similar or related measures, be sure to address those items in the Usability tab.

- Yes

Specifications

S.1. Measure Web Page *(In the future, NQF will require measure stewards to provide a link to a web page where current detailed specifications can be obtained.)*

Do you have a web page where current detailed measure specifications can be obtained? *

- Yes No

S.2. Provide the web page URL*:

Descriptive Information

De.1. Measure Title*

De.2. Brief description of measure *(Including type of score, measure focus, target population, time, e.g., Percentage of adult patients aged 18-75 years receiving one or more HbA1c tests per year)*

De.3. If this measure is included in a composite or paired with another measure, please identify the composite or paired measure

De.4. National Priority Partnership priority area *(Select the most relevant)*

- | | |
|--|--|
| <input type="checkbox"/> Patient and family engagement | <input type="checkbox"/> Care coordination |
| <input type="checkbox"/> Population health | <input type="checkbox"/> Palliative and end of life care |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Overuse |

De.5. IOM Quality Domain *(Select the most relevant)*

- | | |
|--|---|
| <input type="checkbox"/> Effectiveness | <input type="checkbox"/> Patient-centered |
| <input type="checkbox"/> Efficiency | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Equity | <input type="checkbox"/> Timeliness |

De.6. Consumer Care Need *(Select the most relevant)*

- | | |
|--|--|
| <input type="checkbox"/> Getting better | <input type="checkbox"/> Staying healthy |
| <input type="checkbox"/> Living with illness | |

Measure Specifications **(Measure evaluation criterion 2a)**

2a.1. Numerator Statement *(Brief text description of the numerator - what is being measured about the target population, e.g., target condition, event, or outcome)*

2a.2. Numerator Time Window *(The time period in which cases are eligible for inclusion in the numerator)*

2a.3. Numerator Details *(All information required to collect or calculate the numerator, including all codes, logic, and definitions)*

2a.4. Denominator Statement *(Brief text description of the denominator - target population being measured)*

2a.5. Target Population Gender

- Female Male

2a.6. Target Population Age Range

2a.7. Denominator Time Window *(The time period in which cases are eligible for inclusion in the denominator)*

2a.8. Denominator Details *(All information required to collect or calculate the denominator - the target population being measured - including all codes, logic, and definitions)*

2a.9. Denominator Exclusions *(Brief text description of exclusions from the target population)*

2a.10. Denominator Exclusion Details *(All information required to collect exclusions to the denominator, including all codes, logic, and definitions)*

2a.11. Stratification Details/Variables *(All information required to stratify the measure including the stratification variables, all codes, logic, and definitions)*

2a.12. Risk Adjustment Type

: Not selected

2a.14. Risk Adjustment Methodology/Variables *(List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method)*

2a.15. Detailed Risk Model *(Please provide a web page URL or attachment. NQF strongly prefers URLs. Attach documents only if they are not available on a web page and keep attached file to 5 MB or less.)*

URL

Attachment

2a.18. Type of Score

: Not selected

2a.20. Interpretation of Score *(Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)*

: Not selected

2a.21. Calculation Algorithm *(Describe the calculation of the measure as a flowchart or series of steps)*

2a.22. Describe the method for discriminating performance *(E.g., significance testing)*

2a.23. Sampling (Survey) Methodology

If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey, and guidance on minimum sample size (response rate).

2a.24. Data Source *(Check the sources for which the measure is specified and tested)*

Documentation of original self-assessment

Paper medical record/flow-sheet

Electronic administrative data/claims

Pharmacy data

Electronic clinical data

Public health data/vital statistics

Electronic Health/Medical Record

Registry data

External audit

Special or unique data

Lab data

Survey: Patient

Management data

Survey: Provider

Organizational policies and procedures

2a.25. Data Source or Collection Instrument *(Identify the specific data source or data collection instrument, E.g. name of database, clinical registry, collection instrument, etc.)*

2a.26. Data Source or Collection Instrument Reference *(Please provide a web page URL or attachment. NQF strongly prefers URLs. Attach documents only if they are not available on a web page and keep attached file to 5 MB or less.)*

- URL
- Attachment

2a.29. Data Dictionary or Code Table *(Please provide a web page URL or attachment. NQF strongly prefers URLs. Attach documents only if they are not available on a web page and keep attached file to 5 MB or less.)*

- URL
- Attachment

2a.32. Level of Measurement/Analysis *(Check the level for which the measure is specified and tested)*

Clinicians

- Individual
- Group
- Other
- Facility/agency
- Health plan
- Integrated delivery system
- Multi-site/corporate chain

Population (Continued)

- States
- Counties or cities
- Prescription drug plan

Program

- Disease management
- Quality improvement organization (QIO)
- Other

Population

- National
- Regional/network
- Can be measured at all levels
- Other

2a.36. Care Setting *(Check the settings for which the measure is specified and tested; check all that apply.)*

Ambulatory Care

- Ambulatory surgery center
- Office
- Clinic
- Emergency Department
- Hospital Outpatient
- Assisted living
- Behavioral health/psychiatric unit
- Dialysis facility
- Emergency medical services/ambulance
- Group homes

- Home
- Hospice
- Hospital
- Long term acute care hospital
- Nursing home (NH) /skilled nursing facility (SNF)
- Rehabilitation facility

- All settings
- Unspecified or "not applicable"
- Other

2a.38. Clinical Services *(Healthcare services being measured; check all that apply.)*

Behavioral Health

- Mental health
- Substance use treatment
- Other

Clinicians (Continued)

- Podiatrist
- Psychologist/LCSW
- PT/OT/Speech
- Respiratory Therapy
- Other
- Dialysis

Clinicians

- Audiologist
- Chiropractor

- | | |
|---|--|
| <input type="checkbox"/> Dentist/Oral surgeon | <input type="checkbox"/> Home health |
| <input type="checkbox"/> Dietician/Nutritional professional | <input type="checkbox"/> Hospice/palliative care |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> Imaging |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> PA/NP/Advanced Practice Nurse | |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physicians (MD/DO) | |

Importance

Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. *Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria.*

High Impact (Measure evaluation criterion 1a)

1a.1. Demonstrated High Impact Aspect of Healthcare

- | | |
|--|---|
| <input type="checkbox"/> Affects large numbers | <input type="checkbox"/> Frequently performed procedure |
| <input type="checkbox"/> Leading cause of morbidity/mortality | <input type="checkbox"/> High resource use |
| <input type="checkbox"/> Severity of illness | |
| <input type="checkbox"/> Patient/societal consequences of poor quality | <input type="checkbox"/> Other: |

1a.3. Summary of Evidence of High Impact

1a.4. Citations for Evidence of High Impact

Opportunity for Improvement (Measure evaluation criterion 1b)

1b.1. Briefly explain the benefits (improvements in quality) envisioned by use of this measure

1b.2. Summary of Data Demonstrating Performance Gap (*Variation or overall poor performance across providers*)

1b.3. Citations for Data on Performance Gap

1b.4. Summary of Data on Disparities by Population Group

1b.5. Citations for Data on Disparities

Evidence-Based (Measure evaluation criterion 1c)

1c.1. Relationship to Outcomes (*For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population.*)

1c.2. Type of Evidence (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Cohort study | <input type="checkbox"/> Observational study |
| <input type="checkbox"/> Evidence-based guideline | <input type="checkbox"/> Randomized controlled trial |
| <input type="checkbox"/> Expert opinion | <input type="checkbox"/> Systematic synthesis of research |

Meta-analysis

Other:

1c.4. Summary of Evidence *(For non-outcome measures, provide evidence of relationship to desired outcome. For outcomes, summarize any evidence that healthcare services/care processes influence the outcome.)*

1c.5. Rating of Strength/Quality of Evidence *(Also provide narrative description of the rating and by whom)*

1c.6. Method for Rating Evidence

1c.7. Summary of Controversy/Contradictory Evidence

1c.8. Citations for Evidence *(Other than guidelines)*

1c.9. Quote the Specific Guideline Recommendation *(Including guideline number and/or page number)*

1c.10. Clinical Practice Guideline Citation

1c.11. National Guideline Clearinghouse or Other URL

1c.12. Rating Strength of Recommendation *(Also provide narrative description of the rating and by whom)*

1c.13. Method for Rating Strength of Recommendation *(If different from USPSTF system, also describe rating and how it relates to USPSTF)*

1c.14. Rationale for Using This Guideline Over Others

Scientific Acceptability

Reliability Testing (Measure evaluation criterion 2b)

2b.1. Data Sample *(Description of data sample and size)*

2b.2. Analytic Methods *(Type of reliability and rationale, method for testing)*

2b.3. Testing Results *(Reliability statistics, assessment of adequacy in the context of norms for the test conducted)*

Validity Testing (Measure evaluation criterion 2c)

2c.1. Data Sample *(Description of data sample and size)*

2c.2. Analytic Method *(Type of validity and rationale, method for testing)*

2c.3. Testing Results *(Statistical results, assessment of adequacy in the context of norms for the test conducted)*

Measure Exclusions (Measure evaluation criterion 2d)

2d.1. Summary of Evidence Supporting Exclusion(s)

2d.2. Citations for Evidence

2d.3. Data Sample *(Description of data sample and size)*

2d.4. Analytic Method *(Type of analysis and rationale)*

2d.5. Testing Results (*E.g., frequency, variability, sensitivity analyses*)

Risk Adjustment Strategy (Measure evaluation criterion 2e)

2e.1. Data Sample from Testing or Current Use (*Description of data sample and size*)

2e.2. Analytic Method (*Type of risk adjustment, analysis and rationale*)

2e.3. Testing Results (*Risk model performance metrics*)

2e.4. If outcome or resource use measure is not risk adjusted, provide rationale

Identification of Meaningful Differences in Performance (Measure evaluation criterion 2f)

2f.1. Data Sample from Testing or Current Use (*Description of data sample and size*)

2f.2. Methods to Identify Statistically Significant and Practical or Meaningful Differences in Performance (*Type of analysis and rationale*)

2f.3. Measure Scores from Testing or Current Use (*Description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningful differences in performance*)

Comparability of Multiple Data Sources/Methods (Measure evaluation criterion 2g)

2g.1. Data Sample (*Description of data sample and size*)

2g.2. Analytic Method (*Type of analysis and rationale*)

2g.3. Testing Results (*E.g., correlation statistics, comparison of rankings*)

Disparities in Care (Measure evaluation criterion 2h)

2h.1. If measure is stratified, provide stratified results (*Scores by stratified categories/cohorts*)

2h.2. If disparities have been reported/identified but measure is not specified to detect disparities, provide follow-up plans

Usability

Extent to which intended audiences (E.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making.

Meaningful, Understandable, and Useful Information (Measure evaluation criterion 3a)

3a.1. Current Use

: Not selected

3a.2. Use in Public Reporting Initiative (*Disclosure of performance results to the public at large*) (*If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years*)

3a.3. Use in QI or Other Programs/Initiatives (*If used in quality improvement (QI) or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years*).

Testing of Interpretability (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*)

3a.4. Data Sample (*Description of data sample and size*)

3a.5. Methods (*E.g., focus group, survey, QI project*)

3a.6. Results (*Qualitative or quantitative results and conclusions*)

Relation to Other NQF-endorsed® Measures (**Measure evaluation criteria 3b, 3c**)

3b.1. NQF # and Title of Similar or Related Measures: (*Leave blank if none*)

Competing Measure(s)

If this measure is similar to measure(s) already endorsed by NQF (*i.e., on the same topic and the same target population*)

5.1. Describe why it is a more valid or efficient way to measure quality.

Feasibility

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

Data Elements Generated as Byproduct of Care Processes (**Measure evaluation criterion 4a**)

4a.1. How are the data elements needed to compute measure scores generated? (*Check all that apply*)

- Data generated as byproduct of care processes during care delivery (Data are generated and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition)
- Coding/abstraction performed by someone other than person obtaining original information (E.g., DRG, ICD-9 codes on claims, chart abstraction for quality measure or registry)
- Survey
- Other:

Electronic Sources (**Measure evaluation criterion 4b**)

4b.1. Are all the data elements available electronically? (*Elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims*)

Yes No

Exclusions (**Measure evaluation criterion 4c**)

4c.1. Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications?

Yes No

Susceptibility to Inaccuracies, Errors, or Unintended Consequences (**Measure evaluation criterion 4d**)

4d.1. Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited.

If audited, provide results

Data Collection Strategy (**Measure evaluation criterion 4e**)

4e.1. Describe what you have learned/modified as a result of testing and operational use of the measure regarding data collection, availability of data/missing data, timing and frequency of data collection, patient confidentiality, time and cost of data collection, and other feasibility or implementation issues

4e.2. Costs to Implement the Measure (*Costs of data collection, fees associated with proprietary measures*)

4e.3. Evidence for Costs

4e.4. Business Case Documentation

Additional

Contact Information

Co.1. Measure Steward (*Intellectual Property Owner*)

Co.1.1. Organization*

Co.1.2. Street Address 1*

Co.1.3. Street Address 2

Co.1.4. Street Address 3

Co.1.5. City*

Co.1.6. State*

: Not selected

Co1.7. Postal Code*

Co.2. Measure Steward Point of Contact

Co.2.1. First Name*

Co.2.2. Last Name*

Co.2.3. Credentials

Co.2.4. Email Address*

Co.2.5. Phone Number*

() - ext.

Co.3. Measure Developer

Same as Measure Steward

Co.3.1. Organization*

Co.3.2. Street Address 1*

Co.3.3. Street Address 2

Co.3.4. Street Address 3

Co.3.5. City*

Co.3.6. State*

: Not selected

Co.3.7. Postal Code*

Co.4. Developer Point of Contact

Same as Measure Steward Point of Contact

Co.4.1. First Name*

Co.4.2. Last Name*

Co.4.3. Credentials

Co.4.4. Email Address*

Co.4.5. Phone Number*

() - ext.

Co.5. Submitter

I am from the: Developer Steward

Copy contact information

Co.5.1. First Name*

Co.5.2. Last Name*

Co.5.3. Credentials

Co.5.4. Email Address*

Co.5.5. Phone Number*

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Co.5.6. Organization*

Co.6. List any additional organizations that sponsored/participated in measure development.

Additional Information

Ad.1. Workgroup/Expert Panel Involved in Measure Development

Provide a list of workgroup or panel member names and organizations.

Describe the group's role in measure development.

Ad.2. If Adapted, Name of Original Measure

Ad.3. If Adapted, Original Specifications

(Please provide a web page URL or attachment. NQF strongly prefers URLs. Attach documents only if they are not available on a web page and keep attached file to 5 MB or less.)

URL

Attachment

Measure Developer/Steward Updates and Ongoing Maintenance**Ad.6. Year the Measure Was First Released**

: Year not selected

Ad.7. Month and Year of Most Recent Revision

: Month not selected : Year not selected

Ad.8. What is your frequency for review/update of this measure?**Ad.9. When is your next scheduled review/update for this measure?**

: Month not selected : Year not selected

Ad.10. Copyright Statement/Disclaimers**Ad.11. Additional Information**

(Please provide a web page URL or attachment. NQF strongly prefers URLs. Attach documents only if they are not available on a web page and keep attached file to 5 MB or less.)

URL

Attachment