NATIONAL QUALITY FORUM
Driving measurable health improvements together

Intent to Submit Checklist and Guidance

National Quality Forum (NQF) prepared this checklist and guidance to assist measure developers and stewards with the intent to submit (ITS) process through the Measure Information Management System (MIMS). The ITS step is required for all measures each cycle. The ITS requirements described below apply to all measures submitted for endorsement consideration in each cycle and must be completed by the ITS deadline.

Intent to Submit Overview

The purpose of the ITS process is for measure developers and stewards to notify NQF of their readiness to submit a measure for endorsement review and for NQF to provide proactive technical assistance prior to full measure submission. Measure developers and stewards need to submit complete measure specifications and scientific acceptability testing by the ITS deadline. The ITS deadline is approximately three months before the full measure submission deadline. For spring cycles, the ITS deadline is 11:59 pm ET on January 5, and for fall cycles the deadline is 11:59 pm ET on August 1. If these dates fall on a weekend, the deadline is 11:59 pm ET on the next business day.

Required Sections

Within the measure submission form of MIMS, the following sections are required at the ITS deadline and noted with two red plus signs (++). MIMS will not allow a measure to be submitted as part of the ITS process if any of the required sections are incomplete or the deadline has passed. After completing the ITS process, measure stewards and developers can continue working towards the full measure submission but will not be able to edit ITS sections unless requested to do so by NQF staff. Additional information about submitting measures and the NQF Consensus Development Process (CDP) can be found in the NQF Measure Developer Guidebook.

- Previous Submission Information
- NQF Conditions
- Specifications: Maintenance Update *(for measures that are returning for endorsement maintenance)*
- Measure Specifications
    - Description of the measure (including numerator and denominator statements)
    - Level of analysis and care settings
    - Data dictionary and/or Health Quality Measure Format (HQMF) specifications
    - Type of measure score and appropriate interpretation
    - Description and copy of the instrument *(if an instrument-based measure)*
    - Data sources
    - Component measures and composite construction *(if a composite measure)*
- Construction Logic *(if a cost/resource use measure)*
- Clinical Logic *(if a cost/resource use measure)*
- Adjustments for Comparability and Reporting Guidelines
- Scientific Acceptability:
    - Maintenance *(for measures that are returning for endorsement maintenance)*

- Reliability – Testing
- Validity – Testing
- Validity – Threats to Validity (Statistically Significant Differences, Multiple Data Sources, Missing Data)
- Validity – Other Threats to Validity (Exclusions, Risk Adjustment)
- Empirical Analysis to Support Composite Construction Approach *(if a composite measure)*

General Considerations

Listed below are general requirements for sections required at ITS. This checklist can be used to track your progress while completing your ITS submission. Some types of measures may require additional items which have been described under Additional Considerations by Measure Type.

☐ ICD coding, and respective data dictionary, use ICD-10 data.

☐ Care setting(s) selected in sp. 08 matches what is tested and specified throughout the submission.

☐ Level of testing matches what is required for the measure type (see Additional Considerations by Measure Type).

☐ Testing information is provided for each level of analysis selected in sp. 07.

☐ Appropriate validity testing is presented:

For initial endorsement consideration (i.e., a new measure submission), at a minimum face validity is presented. Note: face validity is acceptable as a substitute for empirical validity testing **only** for initial endorsement consideration.

For maintenance of endorsement, empirical validity testing is provided. Note: empirical validity testing requirements by measure type can be found in the Additional Considerations by Measure Type section.

☐ For person or encounter level testing (previously known as data element testing), methodology is clearly described including what data elements are tested. All critical data elements are included in testing. At a minimum, the numerator, denominator, and exclusions are assessed. Something more than percent agreement statistics is provided.

☐ For accountable or reporting entity level testing (previously known as performance score level testing), the methodology is clearly described and all results are interpreted.

☐ For risk adjustment, a conceptual rationale (e.g., logic model, flow chart, summary of the literature) for risk factors (e.g., clinical, social) and their relationship with the outcome is provided.

☐ Risk adjustment methodology, specifications (including all data sources, factors tested, and factors included in the final model), and statistics are clearly described and interpreted.

☐ Exclusions are addressed.

☐ Missing data are tested for significance and addressed.

☐ Full and thorough responses are provided for all required sections.

☐ The measure steward and developer organizations are listed, primary contacts are provided, and all contact information is up to date.

Additional Considerations by Measure Type

This section provides measure-specific requirements that must be addressed in addition to the general requirements listed in the previous section.

Composite Measure

☐ Reliability testing: accountable/reporting entity level testing of the composite measure score is provided.

☐ Validity testing: accountable/reporting entity level testing of the composite measure score is provided.

For initial endorsement consideration only, empirical or face validity testing of the components, or face validity of the composite score is acceptable.

Cost and Resource Use Measure

☐ Reliability testing: either person/encounter level or accountable/reporting entity level testing is provided.

☐ Validity is considered in the context of measure intent and threats to validity based on these cost measure-specific components:

- Attribution approach
- Cost categories
- Approach to outliers
- Impact of carve outs.

☐ Validity testing: either person/encounter level or accountable/reporting entity level testing is provided. Note: face validity will not be accepted for maintenance measures unless justification is provided/accepted. Examples of rationale for not conducting empirical validity testing may include but are not limited to ethical concerns around withholding treatment, or unavoidable interruption in operations at the test site(s).

Electronic Clinical Quality Measure (eCQM)

☐ Tested using the HQMF specifications, which should also use the Quality Data Model (QDM) and value sets published through Value Set Authority Center (VSAC).

☐ HTML output is provided (zip file).

☐ Utilizes data from structured data fields; otherwise, unstructured data is shown to be both reliable and valid. Testing for elements that are not included in structured data fields are tested at the person/encounter level.

☐ Empirical validity testing is provided.

☐ Data element validation is provided or acceptable justification.

☐ Simulated testing attachment is provided to confirm that the HTML output from Bonnie testing (or testing of some other simulated data set) includes 100% coverage of measured patient population

testing, with pass/fail test cases for each sub-population. NQF could accept this in the form of a screenshot(s).

☐ Feasibility scorecard is complete and submitted.

Instrument-based Measure

☐ Reliability testing: both person/encounter level and accountable/reporting entity level testing is provided.

☐ Validity testing: both person/encounter level and accountable/reporting entity level testing is provided.

All Other Measures

This includes process, appropriate use, structure, efficiency, outcome, intermediate clinical outcome, and access measures. If person/encounter level validity is demonstrated, additional reliability testing is not required.

☐ Reliability testing: either person/encounter level or accountable/reporting entity level testing is provided.

☐ Validity testing: either person/encounter level or accountable/reporting entity level testing is provided. Note: face validity will not be accepted for maintenance measures unless justification is provided/accepted. Examples of rationale for not conducting empirical validity testing may include but are not limited to ethical concerns around withholding treatment, or unavoidable interruption in operations at the test site(s).

Next Steps

After the ITS deadline passes, measure developers and stewards will not be able to edit these fields. Other fields of the measure submission form will remain open for edits. NQF staff will perform a review to confirm the submission is complete and meets the criteria described above. If revisions or further clarification are needed, staff will send comments in MIMS and reopen select fields for editing. Measure developers and stewards can continue to work on the full measure submission throughout this time. Measures that have not successfully completed the ITS process will not be considered for the corresponding review cycle.