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NATIONAL QUALITY FORUM

Project Name	
Measure #	3118
Measure Title	Untitled Submission
Last Edit Date	09.30.2016 - 12:24 AM
Last Edit By	Mark Tobias
Measure Process	New Measure
Status	Unassigned Draft

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 use, 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 where possible is consistent with the data fields agreed upon in the *Common Data Fields Collaboration*.

In addition, NQF has modified what is required to be entered in the electronic submission form with certain sections submitted as an attachment in a require d Word form (i.e., addressing the measure testing form scientific acceptability). This information will be attached to the measure submission and is required for submission.

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? 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 lists the conditions that must be met before your proposed measures may be considered and evaluated for suitability as NQF-endorsed voluntary consensus standards; you will be asked to acknowledge reading the conditions.

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. If something needs to be corrected, contact the project staff.

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.

NQF Conditions

Several conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. If any of the conditions are not met, the measure will not be accepted for consideration.

A. The measure is in the public domain or a Measure Steward Agreement is signed. *(All non-government organizations must sign a Measure Steward Agreement even if measures are made publicly and freely available.)*

Please check if either of the following apply (as defined in the measure steward agreement):

☐ Proprietary measure or components (e.g., risk model, codes)

☐ Proprietary measure or components with fees

B. The measure owner/steward verifies there is an identified responsible entity and a 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.

C. The intended use of the measure includes both accountability applications (including public reporting) and performance improvement to achieve high-quality, efficient healthcare.

D. The measure is fully specified and tested for reliability and validity.

E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.

F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

I have read and accept the conditions as specified above

☐ I have read and accept the conditions as specified above *

Specifications

Descriptive Information

De.1. Measure Type *

Cost/Resource Use

De.2. Measure Title*

De.3. Brief description of measure *(including type of score, measure focus, target population, timeframe)*

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

De.7. Care Setting *(Select all the settings for which the measure is specified and tested):*

- ☐ Ambulatory Surgery Center
- ☐ Behavioral Health : Inpatient
- ☐ Behavioral Health : Outpatient
- ☐ Birthing Center
- ☐ Clinician Office/Clinic
- ☐ Dialysis Facility
- ☐ Emergency Department
- ☐ Emergency Medical Services/Ambulance
- ☐ Home Health
- ☐ Hospice
- ☐ Hospital : Hospital
- ☐ Hospital : Acute Care Facility
- ☐ Hospital : Critical Care
- ☐ Imaging Facility
- ☐ Inpatient Rehabilitation Facility
- ☐ Laboratory
- ☐ Long Term Acute Care
- ☐ No Applicable Care Setting
- ☐ Nursing Home / SNF
- ☐ Outpatient Rehabilitation
- ☐ Pharmacy
- ☐ Urgent Care - Ambulatory
- ☐ Other

Measure Specifications

S.1. Measure-specific Web Page *(Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)**

S.2. Type of resource use measure *(Select the most relevant)*

- [ ] Per admission (e.g. hospitalization)
- [ ] Per procedure
- [ ] Per capita (population- or patient-based)
- [ ] Other
- [ ] Per episode

S.3. Level of Analysis *(Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED):*

- [ ] Clinician : Group/Practice
- [ ] Population : Community, County or City
- [ ] Clinician : Individual
- [ ] Population : Regional and State
- [ ] Facility
- [ ] Other
- [ ] Health Plan
- [ ] Integrated Delivery System

S.5. Data Source *(Check ONLY the sources for which the measure is SPECIFIED AND TESTED). If other, please describe in S.5.1.*

- [ ] Claims (Only)
- [ ] Paper Records
- [ ] Claims (Other)
- [ ] Patient Reported Data
- [ ] EHRs Hybrid
- [ ] Pharmacy
- [ ] Electronic Health Record (Only)
- [ ] Provider Tool
- [ ] Imaging-Diagnostic
- [ ] Registry
- [ ] Laboratory
- [ ] Other
- [ ] Management Data
- [ ] Non-Medical Data

S.5.1. Data Source or Collection Instrument *(Identify the specific data source or data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.)*

S.5.2. Data Source or Collection Instrument Reference *(available at measure-specific Web page URL identified in S.1 OR in the file attached here) (Save file as: S_5_2_DataSourceReference)*

S.6. Data Dictionary or Code Table *(Please provide a web page URL or attachment if exceeds 2 pages. NQF strongly prefers URLs. Attach documents only if they are not available on a web page.)*

- [ ] Data dictionary URL
- [ ] Data dictionary attachment (5MB or less) (Save file as: S_6_Data_Dictionary)
- [ ] Code table URL
- [ ] Code table attachment (5MB or less) (Save file as: S_6_Code_Table)

Construction Logic

S.7.1. Brief Description of Construction Logic

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

S.7.2. Construction Logic *(Detail logic steps used to cluster, group or assign claims beyond those associated with the measure's clinical logic.)*

S.7.2a. CONSTRUCTION LOGIC ATTACHMENT or URL: If needed, attach supplemental documentation (Save file as: S_7_2_Construction_Logic). 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.

- URL
- Attachment

S.7.3. Concurrency of clinical events, measure redundancy or overlap, disease interactions *(Detail the method used for identifying concurrent clinical events, how to manage them, and provide the rationale for this methodology.)*

- We do not provide specifications for concurrency of clinical events. Rationale:

S.7.4. Complementary services *(Detail how complementary services have been linked to the measure and provide rationale for this methodology.)*

- We do not provide specifications for linking complementary services. Rationale:

S.7.5. Clinical hierarchies *(Detail the hierarchy of codes or condition groups used and provide rationale for this methodology.)*

- We do not provide specifications for clinical hierarchies. Rationale:

S.7.6. Missing Data *(Detail steps associated with missing data and provide rationale for this methodology (e.g., any statistical techniques to impute missing data)*

- We do not provide measure specifications for missing data. Rationale:

S.7.7. Resource Use Service Categories (Units) (Select all categories that apply)

- Inpatient services: Inpatient facility services
- Inpatient services: Evaluation and management
- Inpatient services: Procedures and surgeries
- Inpatient services: Imaging and diagnostic
- Inpatient services: Lab services
- Inpatient services: Admissions/discharges
- Inpatient services: Labor (hours, FTE, etc.)
- Other inpatient services
- Ambulatory services: Pharmacy
- Ambulatory services: Evaluation and management
- Ambulatory services: Procedures and surgeries
- Ambulatory services: Imaging and diagnostic
- Ambulatory services: Lab services
- Ambulatory services: Labor (hours, FTE, etc.)
- Other ambulatory services
- Durable Medical Equipment (DME)
- Other services not listed

☐ Ambulatory services: Outpatient facility services

☐ Ambulatory services: Emergency Department

S.7.8. 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.)

S.7.8a. If needed, provide supplemental resource use service category specifications in either URL (preferred) or as an attachment (Save file as S.7.8a_RU_Service_Categories):

○ URL

○ Attachment

Clinical Logic

S.8.1. Brief Description of Clinical Logic *(Briefly describe your clinical logic approach including clinical topic area, whether or not you account for comorbid and interactions, clinical hierarchies, clinical severity levels and concurrency of clinical events.)*

S.8.2. Clinical Logic *(Detail any clustering and the assignment of codes, including the grouping methodology, the assignment algorithm, and relevant codes for these methodologies.)*

S.8.3. Evidence to Support Clinical Logic Described in S.8.2 *Describe the rationale, citing evidence to support the grouping of clinical conditions in the measurement population(s) and the intent of the measure (as described in IM3)*

S.8.3a. CLINICAL LOGIC ATTACHMENT or URL: If needed, attach supplemental documentation (Save file as: S_8_3a_Clinical_Logic). 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.

○ URL

○ Attachment

S.8.4. Measure Trigger and End mechanisms *(Detail the measure's trigger and end mechanisms and provide rationale for this methodology)*

S.8.5. Clinical severity levels *(Detail the method used for assigning severity level and provide rationale for this methodology)*

☐ We do not provide specifications for clinical severity levels. Rationale:

S.8.6. Comorbid and interactions *(Detail the treatment of co-morbidities and disease interactions and provide rationale for this methodology.)*

☐ We do not provide specifications for co-morbidities and disease interactions. Rationale:

Adjustments for Comparability

S.9.1. Inclusion and Exclusion Criteria *Detail initial inclusion/exclusion criteria and data preparation steps (related to clinical exclusions, claim-line or other data quality, data validation, e.g. truncation or removal of low or high dollar claim, exclusion of ESRD patients)*

☐ We do not provide measure specifications or guidelines for data inclusion criteria. Rationale:

S.9.2. Risk Adjustment Type (Select type)

S.9.3. Statistical risk model method and variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables.)*

S.9.4. Detailed Risk Model Specifications *available at measure-specific Web page URL identified in S.1 OR in attached data dictionary/code list Excel or csv file.*

○ Available at measure-specific web page URL identified in S.1

○ Available in attached Excel or csv file

S.9.5. Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, definitions, specific data collection items/responses, code/value sets)*

S.9.6. Costing method

Detail the costing method including the source of cost information, steps to capture, apply or estimate cost information, and provide rationale for this methodology.

○ Standardized pricing

○ Actual prices paid

○ Relative Value Units (RVUs)

○ Other

○ We do not provide specifications for a costing method. Rationale (e.g. this is a utilization measure only)

S.10. Type of Score *(Select the most relevant)*

☐ Count

☐ Frequency Distribution

☐ Non-weighted score/composite/scale

☐ Rate/proportion

☐ Ratio

- [ ] Weighted score/composite scale
- [ ] Categorical
- [ ] Continuous variable
- [ ] Other (specify):
- [ ] Attachment:

If available, please provide a sample report (5MB or less): (Save file as: S10_sample score report)

S.11. Interpretation of Score *(Classifies interpretation of a ratio score(s) according to whether higher or lower resource use amounts is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score, etc.)*

S.12. Detail Score Estimation *(Detail steps to estimate measure score.)*

Reporting Guidelines

This section is optional and will be available for users of the measure as guidance for implementation and reporting.

S.13.1. Describe discriminating results approach

Detail methods for discriminating differences (reporting with descriptive statistics--e.g., distribution, confidence intervals).

S.13.2. Detail attribution approach

Detail the attribution rules used for attributing resources/costs to providers (e.g., a proportion of total measure cost or frequency of visits during the measure's measurement period) and provide rationale for this methodology.

S.13.3. Identify and define peer group

Identify the peer group and detail how peer group is identified and provide rationale for this methodology.

S.13.4. Sample size

Detail the sample size requirements for reporting measure results.

S.13.5. Define benchmarking and comparative estimates

Detail steps to produce benchmarking and comparative estimates and provide rationale for this methodology.

Importance

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion.

IM.1. High Priority

IM.1.1. Demonstrated High Priority Aspect of Healthcare

- ☐ Affects large numbers
- ☐ Patient/societal consequences of poor quality
- ☐ A leading cause of morbidity/mortality
- ☐ Severity of illness
- ☐ Frequently performed procedure
- ☐ Other
- ☐ High resource use

IM.1.2. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare. List citations in IM.1.3.

IM.1.3. Citations for data demonstrating high priority provided in IM.1.2

IM.2. Opportunity for Improvement

IM.2.1. Briefly explain the rationale for this measure *(e.g., the benefits or improvements in performance envisioned by use of this measure)*

IM.2.2. Provide performance scores on the measure as specified (*current and over time*) at the specified level of analysis. (*This is required for endorsement maintenance. Include mean, stddev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include*). This information also will be used to address the subcriterion on improvement (U.2.1.) under Usability and Use.

IM.2.3. If no or limited performance data on the measure as specified is reported in IM.2.2., then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

IM.2.4. Provide disparities data from the measure as specified (*current and over time*) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (*This is required for endorsement maintenance. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.*) This information also will be used to address the subcriterion on improvement (U.2.1.) under Usability and Use.

IM.2.5. If no or limited data on disparities from the measure as specified is reported in IM.2.4., then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

IM.3. Measure Intent

IM.3.1. Describe intent of the measure and its components/ Rationale (including any citations) for analyzing variation in resource use in this way.

Scientific Acceptability

Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. See guidance on measure testing. Testing information and results should be entered in the appropriate field in the required measure testing form attachment (see item SA.1.).

SA.1. Attach measure testing form (Click to here to download the Measure Testing Submission Form)

Usability and Use

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.

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

U.1.1. Current and Planned Use *(check all the current and planned uses; for any current uses that are checked, provide a URL for the specific program)*

Intended Use	Specific Plan for Use	Current Use	For current use, provide Program Name and URL
b. Payment Program	○	○	
c. Professional Certification or Recognition Program	○	○	
d. Public Health/Disease Surveillance	○	○	
e. Public Reporting	○	○	
f. Quality Improvement (external benchmarking to organizations)	○	○	
g. Quality Improvement (Internal to the specific organization)	○	○	
h. Regulatory and Accreditation Programs	○	○	

a. Not in use	○
i. Use Unknown	○

U.1.2. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

U.1.3. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (*e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation*?)

U.1.4. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (*Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.*)

U.2.1. Progress on Improvement. (*Not required for initial endorsement unless available.*) Performance results on this measure (*current and over time*) should be provided in IM.2.2 and IM.2.4.
Discuss:

- Purpose Progress (trends in performance results)
- Geographic area and number and percentage of accountable entities and patients included

U.2.2. If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

U.3.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

Feasibility

F.1. Data Elements Generated as Byproduct of Care Processes

F.1.1. How are the data elements needed to compute measure scores generated? (Check all that apply)

- ☐ Generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition
- ☐ Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims)

- [ ] Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)
- [ ] Other

F.2. Electronic Sources

F.2.1. To what extent are the specified data elements available electronically in defined fields *(i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields)*

- ALL data elements are in defined fields in electronic health records (EHRs)
- ALL data elements are in defined fields in electronic claims
- ALL data elements are in defined fields in a combination of electronic sources
- Some data elements are in defined fields in electronic sources
- No data elements are in defined fields in electronic sources

F.2.2. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL.

- Available in attached Excel or csv file
- Available at measure-specific web page URL identified in S.1

F.3. Data Collection Strategy

F.3.1. Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

F.3.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm)?

F.3.3. If there are any fees associated with the use of this measure as specified, attach the fee schedule here. (Save file as: F3_3_FeeSchedule) (Click here to download Fee Schedule Template)

Related and Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

H.1. Relation to Other NQF-endorsed® Measures

H.1.1. If there are related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population), list the NQF # and title of all related and/or competing measures. (Can search and select measures.)

H.1.2. If related or competing measures are not NQF endorsed please indicate measure title and steward.

H.2. Harmonization

H.2.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

- Yes
- No

H.3. Competing Measure(s)

H.3.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

Additional

Authorized Users

Steward	Developer	Username	First Name	Last Name	Organization
○	○	MTOBIAS	Mark	Tobias	NQF TEST

View / Edit My Account

Contact Information

Co.1. Steward Point of Contact

Co.1.1. Organization

Co.1.2. First Name

Co.1.3. Last Name

Co.1.4. Email Address

Co.1.5. Phone Number

( ) - ext.

Co.2. Developer Point of Contact

☐ Same as Measure Steward Point of Contact

Co.2.1. Organization

Co.2.2. First Name

Co.2.3. Last Name

Co.2.4. Email Address

Co.2.5. Phone Number

( ) - ext.

Additional Information

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

List the workgroup/panel members' names and organizations.

Describe the members' role in measure development.

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2. Year the Measure Was First Released

Ad.3. Month and Year of Most Recent Revision

Ad.4. What is your frequency for review/update of this measure?

Ad.5. When is your next scheduled review/update for this measure?

Ad.6. Copyright Statement

Ad.7. Disclaimers

Ad.8. Additional Information/Comments