Measure Developer Guide to Submitting Measures to NQF October 2013

Updated October 14, 2013

Contents

Introduction

The *Measure Developer Guidebook to Submitting Measures to NQF (Guidebook)* is intended to serve as a resource for measure developers and organizations submitting measures to the National Quality Forum (NQF) for endorsement. This second edition *Guidebook* builds on the first edition which was specific to the 2012 Gastrointestinal and Genitourinary two-stage endorsement pilot project. Developers who participated in the pilot indicated that the *Guidebook* was helpful in informing them about the NQF measure submission, evaluation and endorsement process. This updated and revised edition of the *Guidebook* has been expanded to include comprehensive information and guidance regarding the NQF consensus development process (CDP) and the information developers need to know when submitting measures to NQF.

The *Guidebook* is organized to provide an overview of NQF goals, priorities and resources, guide measure developers and stewards through the eight steps of the CDP, and provide tips for submitting proposed consensus standards. The *Guidebook* aims to:

- explain the measure submission and evaluation process and the consensus development process;
- describe the expectations for measure developers and stewards as participants in the process, and
- serve as the main resource for NQF CDP-related processes and policies for measure developers and stewards.

In the past year, NQF has solicited feedback from a wide variety of stakeholders and has implemented changes to the CDP respond to the feedback. Throughout this *Guidebook* those changes are indicated with a star to alert developers of new processes.

Additionally, several ongoing activities will impact the CDP in the near future, including:

- **Review and Update of Guidance for Evaluating Evidence and Measure Testing: A Technical Report** reviewed the implementation of the 2011 guidance on evaluating evidence and measure testing (including eMeasure testing requirements) to recommend modifications that would address major challenges, increase clarity and understanding of the guidance; and promote greater consistency in the evaluation of performance measures for potential endorsement across measures and projects.

- The **Consensus Task Force** was approved by the Board to review and recommend options for defining and achieving consensus within NQF's consensus development process. The Task Force is not constrained within the current consensus development process, but rather, will explore different approaches for establishing consensus. The charge to the Consensus Task Force is to:

    1. Review different approaches to establishing consensus;

2. Identify the strengths and weaknesses of the current process; and
3. Recommend enhancements to the current process.

Final Board approval of proposed changes to the CDP as a result of these activities is expected in late 2013.

The *Guidebook* will be updated on a timely basis to maintain a current reference point to assist measure developers and steward in navigating the CDP.

National Quality Forum (NQF)

Despite the hard work of many, there is broad recognition that our healthcare system can do a better job on quality, safety, and affordability. NQF is an organization that is honored to be recognized and funded in part by Congress and entrusted with the important public service responsibility of bringing together various public and private sector organizations to reach consensus on how to measure quality in healthcare as the nation works to make it better, safer, and more affordable. NQF was established in 1999, and is a non-profit, non-partisan, membership-based organization.

NQF has 440 organizational members who give generously of their time and expertise. In 2012, more than 822 individuals volunteered on more than 41 NQF-convened committees, working groups, and partnerships. The NQF Board of Directors governs the organization and is composed of 31 voting members - key public and private-sector leaders who represent major stakeholders in America's healthcare system. Consumers and those who purchase healthcare hold a simple majority of the at-large seats.

Ten years ago, working with all major healthcare stakeholders, NQF endorsed its first voluntary, national consensus performance measures to answer the call for standardized measurement of healthcare services. The results of this 10-year collaboration are a portfolio of more than 600 NQF-endorsed measures – most of which are in use by both private and public sectors, and an enormous body of knowledge about measure development, use and quality improvement. NQF also plays a key role in our national health and healthcare improvement priorities, including the National Quality Strategy, through its convening of the National Priorities Partnership, and provides public input to the federal government and the private sector on optimal, aligned measure use via its convening of the Measure Applications Partnership.

NQF endorses quality performance measures that provide information about the quality of care provided. The Institute of Medicine's (IOM) widely accepted definition of healthcare quality is "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (Institute of Medicine, Medicare: A Strategy for Quality Assurance, Volume I 1990, p.21).

Standardized healthcare performance measures help clinicians and other health care providers understand whether the care they offered their parents was optimal and appropriate, and if not, where to focus their efforts to improve the care they deliver. Measures are also used by all types of public and private payers for a variety of accountability purposes, including public reporting and pay-for-performance. Measures are an essential part of making healthcare more transparent to all, importantly for those who receive care or help make care decisions for loved ones. Use of standardized healthcare performance measures allows for comparison across clinicians, hospitals, health plans, and other providers.

You can only improve what you measure, so measurement plays a central role in current healthcare quality improvement efforts. NQF endorses measures that are intended for use in *accountability applications* as well as quality improvement. Accountability applications are the use of performance results about identifiable, accountable entities to make judgments and decisions as a consequence of performance, such as reward, recognition, punishment, payment, or selection (e.g., public reporting, accreditation, licensure, professional certification, health information technology incentives, performance-based payment, and network inclusion/exclusion). *Selection* is the use of performance results to make or affirm choices regarding providers of healthcare or health plans.

NQF works closely with measure developers to evaluate measures that meet NQF's evaluation criteria. NQF's criteria have evolved over time to reflect the input of a wide variety of stakeholders and the needs that those stakeholders have voiced in terms of measures that are going to be used to improve the health of patients and hold providers accountable for the care that they deliver. The standard criteria foster consistency and predictability for measure developers and for those using NQF-endorsed measures.

NQF Program priorities

NQF organizes measures by topic area, i.e., cardiovascular, surgery, safety, etc. NQF-endorsed measures undergo review of maintenance of endorsement approximately every three years. A priority is being placed on evaluating related and competing measures at the same time to foster harmonization of endorsed measures. Following the identification of specific national priorities, specific project topics are prioritized and coordinated with available funding.

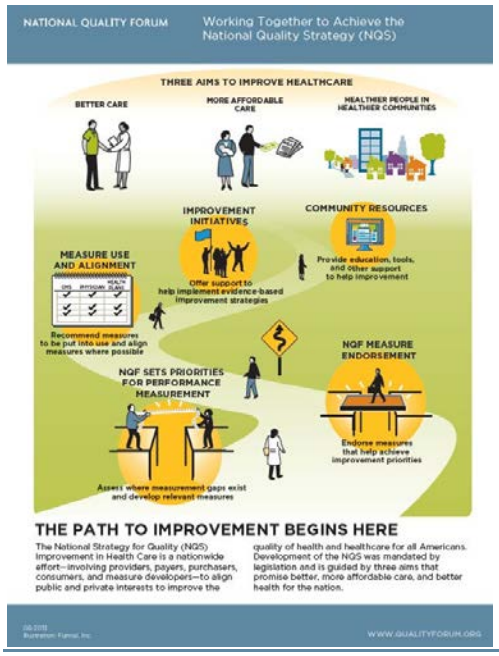
NQF is looking to work more closely with developers as measures become fully developed and ready for submission to NQF. NQF has begun asking developer to share any information on measures that will be

ready for submission within 12 months and inform NQF of any endorsed measures that will be retired. An ongoing dialogue between developers and NQF will facilitate planning the various CDP projects and bring measures into the process as quickly as possible.

NQF's CDP projects consider both newly submitted measures for initial endorsement as well as reviewed endorsed measures for maintenance of endorsement. These projects are called "endorsement maintenance projects."

National Quality Strategy (NQS)

The Department of Health and Human Services' (HHS) release of the first National Quality Strategy (NQS) in 2011 marked a significant step forward in the effort to align a healthcare system characterized by intense fragmentation. The NQS' aims and goals set forth a unified vision of the healthcare system that was understandable and applicable to all stakeholders at every level—local, state, and national.



The National Quality Strategy—heavily informed by the NQF-convened, private-public National Priorities Partnership—laid out a series of six priorities for focusing the nation on how to best and most rapidly improve our health and healthcare. NQF has carefully aligned its work with these goals, utilizing them as a roadmap for much of its work. Currently, NQF-endorsed measures are being tagged to the NQS.

Quality Positioning System (QPS 2.0)

The Quality Positioning System (QPS) is a web-based tool that helps you more easily find NQF-endorsed® measures. Search by measure title or number, as well as by condition, care setting, or measure steward. Driven by feedback from users, QPS 2.0 now allows users to search for measures by their inclusion in Federal reporting and payment programs; to provide feedback any time about the use and usefulness of measures; and to view measures that are no longer NQF-endorsed; along with other key enhancements. Use QPS to learn from other measure users about how they select and use measures in their quality improvement programs. The QPS may be accessed at http://www.qualityforum.org/QPS/QPSTool.aspx

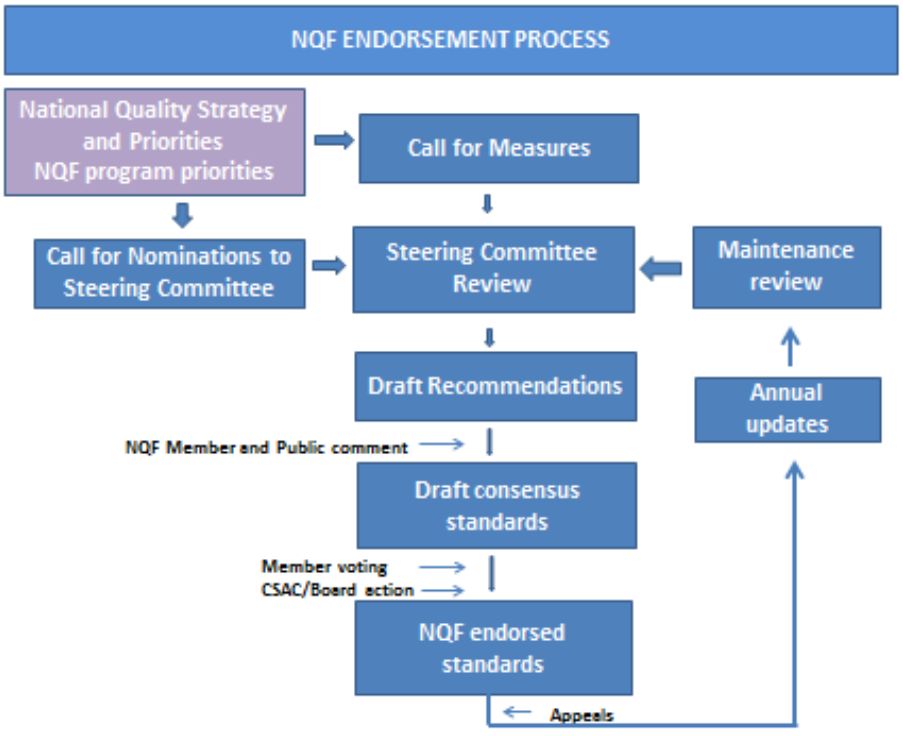
Consensus Development Process

NQF uses its formal Consensus Development Process (CDP) to evaluate and endorse consensus standards, including performance measures, best practices, frameworks, and reporting guidelines. The CDP is designed to call for input and carefully consider the interests of stakeholder groups from across the healthcare industry. Because NQF uses this formal Consensus Development Process, it is recognized as a voluntary consensus standards-setting organization as defined by the *National Technology Transfer and Advancement Act of 1995* and *Office of Management and Budget Circular A-119*.

NQF endorsement projects have increased in number and complexity while stakeholder expectations for the timeliness and effectiveness of the entire measure development, testing, and endorsement process have intensified. To be endorsed, a measure submitted to NQF must satisfy four criteria—*importance to measure and report* (must pass), *scientific acceptability of the measure properties* (must pass), *feasibility to implement*, and *usability of the measure results*. Over the past decade, the procedures that form NQF's Consensus Development Process and its implementation have evolved to ensure that evaluation of candidate consensus standards continues to follow best practices in performance measurement and standards-setting.

Eight Steps of the Consensus Development Process

NQF's Consensus Development Process involves eight primary steps to endorse consensus standards: *call for nominations*, *call for candidate standards*, *candidate consensus standard review*, *public and member commenting*, *member voting*, *CSAC decision*, *Board ratification*, and *appeals*.



Ongoing Enhancements to the Endorsement Process

Since 2000, when NQF first laid out the requirements of measure endorsement into the multi-step Consensus Development Process (CDP), NQF has refined the CDP to address the needs of NQF members and more broadly the needs of the healthcare industry. These refinements have targeted the need for new measures (e.g., time-limited endorsement); for maintenance of the measures portfolio (e.g., competing and related measure assessments); and for increased efficiency of the CDP (e.g., shorter cycle time from submission to endorsement).

These changes were themselves part of a broader process of continuous improvement in the structure and governance of NQF. They reflected what NQF learned as the organization grew, and also responded to the needs of NQF members and more broadly of NQF's multi-stakeholder constituencies – hospitals, physicians and other clinicians, consumers, purchasers, health plans, government organizations and agencies, suppliers and health industry companies, and quality improvement organizations.

Prior to 2010, NQF conducted maintenance on an ad hoc basis, through topic-specific Consensus Standards Maintenance Committees, and through existing projects. As the number of NQF consensus-endorsed measures grew, it became apparent that there was a need to create a more predictable schedule for maintaining the endorsement of NQF-endorsed consensus standards in order for NQF to ensure its portfolio remained current. More specifically, keeping the NQF portfolio current refers to 1) the appropriateness (i.e., the evidence base) of a given measure, 2) the scientific and clinical appropriateness of a measure's specifications, 3) that the specifications are harmonized, and 4) whether the endorsed measure represents the "best in class" for that particular measure.

To accomplish this goal, the NQF Board of Directors in May 2010 approved a process redesign for measure maintenance and endorsement cycles, with approximately one-third of NQF's measures reviewed in a given cycle, according to measure topic. At the three-year cycle review for a topic area, topic/condition-specific committees consider measure endorsement for existing measures, along with newly submitted measures in the same topic area. This new endorsement maintenance process was implemented in late 2010. In addition, NQF put into place processes to ensure each measure is based on current science, and its accompanying specifications are updated through the annual updates and ad hoc reviews. NQF also implemented a newly updated process to address harmonization of measures.

Re-examining the Consensus Process

The 2012 hospital-wide readmissions endorsement project raised questions about NQF's process for making endorsement decisions, and specifically how NQF determines that consensus has been achieved. To address these concerns, NQF's Board of Directors created a Consensus Task Force. The charge of this Task Force was to review and recommend enhancements within NQF's consensus development process (CDP). After considering a number of alternatives to reaching consensus and improving the CDP, the Consensus Task Force elected in 2013 to proceed with both process changes related to efficiency and incremental efforts to achieve consensus.

Some of the Task Force recommendations are straightforward improvements to the endorsement process that should result in greater transparency and consistency in the process. For example, the Task

Force suggested that NQF provide committee members and the public with plain language measure summary documents, develop more detailed educational materials for standing committee members, and limit the exceptions that are made to the submission and evaluation processes.

Call for Nominations – Transitioning to Standing Committees

NQF strives to continually improve its measure endorsement process to remain responsive to its stakeholders' needs. Volunteer, multi-stakeholder steering committees are the central component to this process, and the success of NQF's projects is due in large part to the participation of its Steering Committee members.

Prior to the HHS contract that started in 2009, NQF operated with a great deal of uncertainty regarding resources for proposed projects. Consequently, work was organized on a project-by-project basis with no comprehensive schedule. NQF appointed project-specific Steering Committees, with the nominations process commencing when project funding had been secured.

During the past year, NQF established a three-year schedule for Endorsement Maintenance projects across 20 cross-cutting and condition-specific areas. The combination of longer-term planning and dedicated resources now provides the opportunity to move some of the more time-intensive steps of the CDP to pre-work.

NQF is convening a set of Standing Committees within various project topic areas. Committee members will initially serve two year or three year terms, and the Committees will be responsible for handling endorsement and measure maintenance, as well as ad hoc and expedited project work in their designated areas.

Standing Committee Composition

Standing topical Committees shall be composed of twenty (20) individuals with the option to flex up to twenty-five (25) individuals to include specialized expertise, after consultation with the members. The Standing Committee will represent a variety of stakeholders, including consumers, purchasers, providers, health professionals, health plans, suppliers and industry, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Standing Committee Terms

During the transition from project specific Steering Committees to Standing Committees, committee members will be appointed to a two or three year term initially, with approximately half of the committee appointed to a two year term and the other half a three year term. Each term thereafter will be a three year term. Committee members may serve two consecutive terms. They must step down for a full term (three years) before becoming eligible for reappointment. The Committee member's term on the Standing Committee begins upon selection to the Committee, immediately following the close of the roster commenting period.

Standing Committee expectations and time commitment
Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates are set based on the availability of the majority of the Committee.

Nominations are to an individual, not an organization, so "substitutions" of other individuals from an organization at conference calls or meetings are not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

Committee participation includes: (these times may vary depending on the number and complexity of the measures under review as well as the complexity of the topic and multi-stakeholder consensus process)

- Review all measure submission forms (approximately 1-2 hours per measure)
- Participate in the scheduled orientation call (2 hours)
- Review measures with the full Committee by participating in a workgroup call (2 hours); workgroup assignments will be made by area of expertise
- Attend scheduled in-person meetings (2 full days in Washington, DC); in-person meetings will take place on an annual basis
- Complete measure review by participating on the post-comment conference call (2 hours)
- Complete additional measure reviews by conference call
- Participate in additional calls as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meetings

If a member has poor attendance or participation:

• The NQF staff will contact the member asking if he/she would like to forego their Committee participation.

If a member is unable to fulfill their term (for any reason):

• The nominations received during the most recent call for nominations would be reviewed for a replacement.

• NQF staff will contact the potential replacement.

• If accepting, the new committee member would complete the term of the individual they have replaced.

- The member may not select a substitute to carry out the remainder of the term.

If a member is not present or inactive at the time Committee votes are collected for measure evaluation criteria or recommendations for endorsement:

- NQF staff will contact the member to submit their vote online by the deadline.

- Votes not submitted by the member on or prior to the deadline will not be included in the final tally. No proxy votes or substitutions are allowed.

Disclosure of Interest

Each member will be asked to complete or update their disclosure of interest form prior to reviewing measures. Per the NQF Disclosure of Interest Policy, member(s) may be required to recuse themselves from discussion of one or more measures based on prior involvement or relationships to entities relevant to the measure endorsement process.

Standing Committee Application Process

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 Standing Committee, please send the following information:

- a completed online nomination form, including:
    - a brief statement of interest
    - a brief description of nominee expertise highlighting experience relevant to the committee
    - a short biography (maximum 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*
- a completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates.

Call for Candidate Standards (Measures)

At the start of a project NQF solicits new candidate standards for review and endorsement. Currently, there are two types of calls for standards: call for measures and call for practices. NQF considers measures to be standards that can specifically be used to assess and quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality care. Practices are defined as a specific process or manner of providing healthcare services or organization-level activities that, when executed, effectively leads to improved outcomes. Measures to be reviewed will include both newly submitted measures and those undergoing scheduled maintenance review. As part of the call for measures NQF will encourage submission of eMeasures (either re-specified from other measures or created de novo.)

Based upon the scope and objective of the consensus development project, NQF may initially issue a call for practices, and issue a subsequent call for measures at a later date. To submit a practice, a practice owner must complete and submit the online form through the NQF website for each practice they wish to be considered.

To submit a measure, a measure steward must complete an online submission form through the NQF website. This step can require significant support from NQF staff who will provide technical assistance and follow-up with stewards and developers.

In addition to the call for new measures, NQF-endorsed measures are fully evaluated approximately every three years for maintenance of endorsement. The NQF Maintenance team works closely with developers to advise the timing of submission for measures undergoing maintenance review. NQF will schedule maintenance reviews of related and competing measures together whenever possible. This may require changes to the every three year maintenance review but developers will not be expected to submit for maintenance review any sooner than 24 months after the prior submission. If you have any questions about the timing of maintenance review for your measures, please

Measure Developer Action Items during Measure Submission

- Create an NQF web site account if you do not already have one
- Notify NQF project staff of plans to submit a measure
- Put the dates of Committee calls and meetings on your calendar – the dates are posted on the project web page early in the project.
- **Know the submission deadline**.
- Review NQF resources to ensure submission form(s) is complete and responsive
- **Take advantage of technical assistance from project staff at any time during the submission process**!
- Complete submission form(s) by the submission deadlines; they will not be extended.
- Submit a signed measure steward agreement (MSA) OR updated list of measures that includes the additional measure(s) that will be appended to an existing MSA
- Ensure the measure submission checklist is complete

contact the maintenance team at maintenance@qualityforum.org .

Submission Deadlines are firm

Deadlines for submitting measures are announced for each topic area and will not be extended. To promote transparency and consistency of the process and thorough review of all measures submitted, and ensure timelines are met, **additional information will not be accepted after the submission deadline**.

The Standing Committee will evaluate the measure(s) based on the information submitted by the deadline. Additional information will not be accepted unless requested by the Committee for measure(s) that are controversial (as determined by a close vote of the committee) where additional information could facilitate reaching greater agreement. To ensure transparency, any additional information requested by the committee will be submitted during the public comment period, using the usual commenting process.

GO to section on creating a good submission and developer resources.

Measure Steward Agreement

Each candidate measure or set of measures has a *measure steward* who assumes responsibility for the submission of the measure to NQF for potential endorsement. The measure steward is responsible for making necessary updates to the measure, and for informing NQF about any changes made to the measure on an annual basis. In addition, the measure steward is responsible for providing the required measure information during the measure maintenance process that occurs approximately every three years.

- The measure steward organization is required to identify a single point of contact who will be notified of any upcoming maintenance deadlines or requirements related to the endorsed measure(s).
- Stewards may be contacted by the public and NQF membership related to inquiries about specifications, updates, and implementation of the endorsed measure(s).
- Stewards are also responsible for maintaining measure details and specifications on any publicly available websites.

A signed Measure Steward Agreement must be submitted on or before the deadline for the measure to be accepted for evaluation by NQF.

Each steward who submits a fully specified and tested measure to NQF must submit a completed and signed Measure Steward Agreement (MSA) on or before the project's measure submission deadline in order for the measure to be considered by the Committee. The agreement is between NQF and the measure steward and only shared between these parties.

- For new measure stewards, the MSA should be accompanied by the completed Exhibit A section of the MSA, in which the steward must list all the measures (NQF measure number and measure title) being submitted for review, or a signed Appendix A listing the title and description of each measure submitted for review.

- For existing measure stewards only a signed Appendix A is needed and will be appended to the existing MSA; a new MSA is not required. Contact NQF project staff to receive the Appendix.

Only one MSA is necessary per measure steward.

Candidate Consensus Standard Review

After the close of a call for candidate consensus standards, the relevant project standing committee will conduct a detailed review of all submitted standards, sometimes with the help of one or more specialized technical advisory panels. The duration of a committee's review of the candidate consensus standards for a given project varies, depending on the scope of the project, the number of standards under review, and the relative complexity of the measures. To ensure greater consistency and familiarity with a portfolio of measures and to provide the infrastructure for a future state of more continuous measure submission, there has been significant support for NQF moving toward the use of topical standing committees that would not disband at the close of a project but would remain available to advise NQF in their topical area of expertise. NQF proposes to pilot test the use of a standing committee within the Endocrine project.

During this review process, the committee evaluates the submitted consensus standards. As required by the topical area, NQF may utilize technical experts to provide specific technical advice to the standing committee. NQF also utilizes the context expertise of other convened standing committees for technical expertise in clinical or cross-cutting areas. While a significant amount of preparatory work, including committee training and initial discussions of measures occurs via teleconference or webinar, topical standing committees typically have an in-person meeting to initiate measure evaluation and consider harmonization concerns and measure gaps.

Call for Implementation comments

NQF solicits comments on how NQF-endorsed measures are being used in the field to inform the Committee for *criterion 4 usefulness and use*. Comments may be submitted through QPS or through the NQF project web page. Comments will be provided to the Standing Committee for consideration during their evaluation.

Staff Review

To assist the Committee in applying the standard evaluation criteria, NQF staff will prepare a summary of the measure information according to the criteria and guide the Committee through the decision algorithms (Appendix A).The Committee will receive the summary before the work group calls. Developers will be sent the summaries at the same time as they are given to the Committee.

Workgroup Calls

To facilitate the Committee's work for some projects, the measures and the Committee may be divided into groups for preliminary review against all criteria and sub-criteria by subsets of the Committee. The comments of the workgroup will be carried forward to the full Standing Committee meeting.

Developers are strongly encouraged to participate in all calls and meetings of the work groups and Standing Committee to respond to questions from the Committee.

Call and Meeting Agendas

The agendas for calls and meetings for Standing Committee evaluation of measures will be organized to discuss related and competing measures and harmonization together. Developers should put the meeting and call dates on their calendars early in the project when the dates are first announced.

Standing Committee Meetings

At the in-person or web meeting of the full Standing Committee, each developer will be provided an opportunity to briefly speak to their measures under consideration. Each measure developer will be given 2-3 minutes to briefly introduce their measure(s), and should focus their remarks on the rationale/intent behind the submitted measure(s), their approach to measure development and testing, lessons learned from use of the measure and any unique issues.

Measure Developer Action Items during Standing Committee Review

Prior to workgroup or full Standing Committee calls or meetings

- Tell project staff who from your organization will be attending (in person or via phone) and representing your measure(s).

During workgroup or full Standing Committee calls or meetings

- Attend the entire call or meeting. Developers may briefly introduce their measure(s) and are asked to be prepared to answer any questions from the Committee.
- Make comments during comment periods designated on the agenda if needed.

The entire Committee then determines to what extent the criteria are met for each measure and whether to recommend measures for endorsement. While Committee members who conducted the preliminary reviews will present the workgroup comments to the entire Committee at the in-person meeting, ultimately, the Standing Committee as a whole will rate each measure on the measure evaluation criteria and sub-criteria.

A simple majority of the Committee members present is required to pass a criterion or recommend a measure. The Consensus Task Force is currently discussing revisions to the voting requirements and may approve a different voting approach for 2014.

Developer Request for Reconsideration of a Measure that is Not Recommended:

The following process for reconsideration will be used to promote consistency, transparency, fairness, and completion of the CDP within project timelines. There are two reasons that may justify a request to reconsider a measure that is not recommended for endorsement:

- NQF's measure evaluation criteria were not applied appropriately; or
- NQF's consensus development process (CDP) was not followed.

A request for reconsideration applies only to the measure as submitted and evaluated by a standing committee – it is not intended to provide another opportunity to add information to the measure submission form.

Process for Reconsideration
There are the only two opportunities for reconsideration, depending on the reason. Requests that come in any other way will not be considered. To request a reconsideration of a measure not recommended because of ***Inappropriate Application of the Evaluation Criteria:***

- Requests for reconsideration related to appropriate application of the criteria are submitted through the public and member comment process. The request must cite the specific evaluation criteria or subcriteria that the developer thinks was not applied properly to the specific information as submitted and evaluated by the standing committee. The standing committee will review the cited information in the submission form and criteria under question during the comment review process with the option to re-vote on the measure. The usual process for handling comments will apply.

- If unsatisfied with the standing committee reconsideration, a request for reconsideration may be made to the CSAC co-chairs.
  - All requests related to the criteria must first go to the standing committee as identified above.
  - Written request must be submitted to the CSAC after the standing committee reconsideration and no less than two weeks prior to the next scheduled CSAC meeting or conference call.
  - The written request must cite the specific evaluation criteria or subcriteria that the developer thinks was not applied properly to the specific information as submitted and evaluated by the standing committee.
  - CSAC Co-Chairs will make a decision with optional input from the entire CSAC.

Public and Member Comment

NQF posts all measures on the NQF website for public and member comment regardless of the committee's recommendation. The standing committee, with support from NQF staff, considers all comments received.

When a commenting period opens, staff will post a notification on the NQF website, the NQF event calendar, and on the specific project page on the website. NQF staff also sends out an email notification to NQF members and members of the public who have signed up for these notifications.

NQF staff compiles the comments and submits them to the committee for consideration. NQF also works with developers to answer specific questions raised in comment. At times, a committee will reconsider the recommendation for endorsement and/or revise the draft report in direct response to comments that are submitted during this phase of the consensus development process. Should the standing committee gauge its revisions to be substantial in nature, a revised version of the draft report may be re-circulated for a second comment period for members and the public.

Standing Committee's consideration of submitted comments

After the conclusion of the member and public review and comment periods, the Standing Committee reviews all submitted comments. The Standing Committee may also seek out technical advice or other specific input from external sources, as needed.

Measure developers may be invited to respond to comments that are measure specific and technical. Prior to Committee review, project staff will notify developers and identify which comments require a developers' response and provide a deadline for submission of that response to staff. Staff will share these responses with the Committee as well as post them on the project webpage during the NQF Member Voting period. Developers are also asked to attend the Standing Committee conference call held a few weeks after the comment period closes to review comments received and discuss responses. The call is generally one to two hours in length, and developers should be prepared to answer any questions from the Committee or public commenters.

After review of the submitted comments, the Standing Committee may choose to revise its recommendations within the draft report in response to a specific comment or series of comments. Any revisions will be reflected in the revised draft report.

Should the Standing Committee determine its revisions to be substantial in nature, a revised version of the draft report may be re-circulated for a second comment period for members and the public. If a revised version of the draft report is re-circulated for a second comment period, the review will follow the same process as the initial review and comment period.

Measure Developer Action Items during Comment Review

During commenting period

- Periodically review submitted comments; begin to think about responses

After commenting period closes

- Watch for staff notification about which comments require a your response and the deadline for submission(usually about one week)
- Submit responses to staff by the deadline; responses will be shared with the Steering Committee and posted to the project page
- Attend the Standing Committee conference call (1-2 hours) to discuss comments, responses, and answer questions

NQF Member Voting

Once a project standing committee has reviewed and adjudicated all of the comments submitted during the public and member commenting period, NQF staff will revise the draft report to include the comments and the Committee's responses to the comments as well as any changes to the recommendations.. Members of NQF are offered an opportunity to vote on the candidate standards that are recommended by the committee. Email notification is sent by NQF staff to NQF member organizations and voting information is posted to the NQF website.

In rare instances, the Consensus Standards Approval Committee (CSAC) may request a second round of member voting. In such cases, NQF follows the same procedure to notify the membership and conduct the voting as outlined in the CDP.

All measures that are recommended by the standing committee, together with the results of the voting by the membership will proceed to the next step in the CDP: review and recommendation by the Consensus Standards Advisory Committee, or CSAC.

Consensus Standards Approval Committee (CSAC)

The Consensus Standards Approval Committee (CSAC) is a standing committee of the NQF Board of Directors. It is the governing body that makes endorsement decisions regarding national voluntary consensus standards and that has the most direct responsibility for overseeing the implementation of NQF's Consensus Development Process.

The work of the CSAC focuses on the approval of proposed consensus standards and the ongoing enhancement of NQF's Consensus Development Process. Members of the CSAC possess breadth and depth of expertise and are drawn from a diverse set of healthcare stakeholders. Some committee members possess specific expertise in measure development, application, and reporting. The CSAC also serves in an advisory capacity to the Board of Directors and NQF management on ongoing enhancements to the Consensus Development Process and emerging issues in performance measurement.

The CSAC is responsible for review and approval of proposed consensus standards following comment and voting by the NQF membership. The CSAC has a simple majority of consumers and purchasers drawn from a diverse set of healthcare stakeholders who possess specific expertise in measure development, application, and reporting. The CSAC reviews the recommendations of standing committees, the comments received, and the results of NQF Member voting periods. After detailed review of the candidate standards, the CSAC assesses consensus across the various NQF Member Councils (each NQF member is assigned to one of eight councils, by area of interest or affiliation). The CSAC seeks further input from Council Leaders if there is a lack of consensus. On some occasions, the CSAC may also request a second round of Member voting on a particular candidate standard or set of standards. The CSAC can grant full endorsement, time-limited endorsement, or deny endorsement of a candidate standard. CSAC decisions regarding consensus standards are subject to final ratification by NQF's Board.

The CSAC holds three in-person meetings annually and convenes monthly by conference call. All meetings are open to NQF members and the public and audience members have the opportunity to comment on the concepts or measures under consideration. Following close of voting, project staff will notify developers of the date that the CSAC will review the measures and will provide developers with the materials for the CSAC call (agenda with dial-in information, CSAC memo, etc.). Developers are expected to attend the call, which is generally one to two hours and answer any questions from members of the CSAC. Information about each CSAC meeting is also available on the NQF website, including the meeting's agenda and materials and the physical location or dial-in information.

The CSAC also works with staff when there is a request for reconsideration of any measure, in which case staff will act as a liaison between the CSAC, Standing Committee, and measure developer/steward ensuring communication and cooperation and coordinating activities to complete the project efficiently.

Measure Developer Action Items during CSAC Review

- Watch for staff notification about when the CSAC call will

CSAC Criteria for Decision-making

To ensure a consistent approach to endorsement decisions, the CSAC identified the following criteria to guide its decision-making. The CSAC's rationale for not endorsing a measure that had been recommended by a Standing Committee and approved by the membership will be documented and communicated to the public.

- Strategic importance of the measure. The CSAC will consider the value added of a measure, such as the strategic importance to measure and report on a measure and assess whether a measure would add significant value to the overall NQF portfolio.
- Cross-cutting issues concerning measure properties. The CSAC will consider issues such as harmonization with other applicable measures in the NQF portfolio as well as risk adjustment.
- Adequate consensus across stakeholders. The CSAC will consider concerns raised by councils and may conclude that additional efforts should be made to address these concerns before making an endorsement decision on the measure.
- Consensus development process concerns. The CSAC will consider process concerns raised during the CDP, such as insufficient attention to member comment or issues raised about committee composition.

CSAC Voting: A simple majority of CSAC members present is required to recommend a measure for endorsement. The Consensus Task Force is currently discussing revisions to the voting requirements and may approve a different voting approach for 2014.

Following the call or meeting, all of the CSAC's decisions regarding a measure or measures are posted on the NQF website. In addition, all of the CSAC's recommendations are forwarded to the NQF Board of Directors for ratification within 2-3 weeks..
The CSAC also serves in an advisory capacity to the Board of Directors and NQF management on ongoing enhancements to the Consensus Development Process and emerging issues in performance measurement.

Developer Request for Reconsideration of a Measure that is Not Recommended

If the request for reconsideration is based on a question of whether the CDP was followed, developers may send a written request for reconsideration to the CSAC citing the issues with a specific CDP process step, how it was not followed properly, and how it resulted in the specific measure not being recommended.

- Written request must be submitted to the CSAC no less than two weeks prior to the next scheduled CSAC meeting or conference call.
- CSAC Co-Chairs will make a decision with optional input from the entire CSAC.

Process for CSAC Reconsideration

Staff and standing committee co-chairs compile all information for review by the CSAC co-chairs

- The options for the CSAC co-chairs include:
  - uphold the standing committee final recommendation if the criteria were applied appropriately and process followed; or
  - ask for input from the CSAC, particularly if co-chairs think there is merit to the assertion of inappropriate application of the criteria or not following the CDP;
  - request additional expert input;
  - if a breach in the CDP was identified, determine if it adversely affected the outcome for the specific measure;
  - if the criteria were not applied properly, provide explicit explanation and clarification to the standing committee and ask them to re-evaluate the measure using the clarified guidance.

NQF Board Ratification

CSAC decisions regarding consensus standards are submitted to the NQF Board of Directors. The Board will affirm or deny a CSAC decision. All consensus standards that are recommended must be ratified by the Board for endorsement. After ratification by the NQF Board, the endorsement status of a consensus standard or set of standards is published on the NQF website.

Appeals

After a measure has been formally endorsed by the NQF Board, any interested party may appeal the endorsement decision with the NQF Board of Directors during a 30-day appeal period. An appeal of an endorsed measure must be filed within 30 days of the endorsement decision by going to the project webpage or the searchable list of all NQF-endorsed® national voluntary consensus standards. For an appeal to be considered by NQF, the appeal must include written evidence that the appellant's interests are directly and materially affected by the measure recently endorsed by NQF, and that NQF's endorsement of this measure has had, or will have, an adverse effect on those interests. All appeals are published on the NQF website.

Appeals are compiled by staff and reviewed by CSAC. The CSAC evaluates the concern(s) raised and determines if they are relevant and should warrant consideration of overturning the endorsement

decision. After discussions, the CSAC makes a recommendation to the NQF Board of Directors regarding the appeal. The NQF Board of Directors' decision on an appeal of endorsement is made publicly available on NQF's website.

Project staff will notify developers when the appeals period will open and close, and at the close of the appeals period, staff will notify developers if any appeals were submitted on their measure(s). If an appeal was submitted, staff may request developers (if necessary) to provide a written response to the issues outlined in the letter of appeal. The letter of appeal will be discussed at the next CSAC in-person meeting or conference call. CSAC will review and discuss the letter of appeal and the developer's written response. The appellant will be asked to speak to their concerns and the developer will be provided an opportunity to respond. The developer will be asked to attend the CSAC call (~1-2 hours) and to answer any questions from CSAC. Following the CSAC call, staff will notify the developer of CSAC's recommendation to the NQF Board of Directors and will notify the developer of the Board decision on the appeal.

Throughout the process, staff serves as a liaison between CSAC, the NQF Board, Committee and developer/steward ensuring communication and cooperation and coordinating activities to complete the project efficiently.

Submitting Measures to NQF

NQF endorses performance measures as voluntary consensus standards. Interested stewards and/or developers of performance measures may submit their candidate standards for consideration by NQF. To submit a performance measure, a steward must complete and electronically submit the online measure submission form for each measure they wish to submit to NQF for consideration.

Online submission

To submit a measure for consideration, a measure steward must complete and submit the online form through the NQF website prior to the project's measure submission deadline. The questions in the online submission request the information needed by the Standing Committee to evaluate the measure against the criteria. NQF has many resources to describe the background and rationale of the measure evaluation criteria. Developers should familiarize themselves with these documents to present your measure in the best light.

The online submission form includes a variety of features and allows the user to:

- Gain secure access to the submission form from any location with an internet connection;
- Save a draft version of the form and return to complete it at his or her convenience; and
- Print a hard copy of the submission form for reference.

Word forms for Evidence and Testing information

For submissions beginning in 2013-2014, the required information for ***criterion 1a Evidence*** and criterion ***2 Testing*** will use Word forms rather than the online form. Word forms allow developers to include tables and other formatting options that are not possible in the online form. The Word forms are available on the submitted standards web page.

To review the questions included in the submission forms, review the online form (PDF) on the NQF website or the Guidance on Measure Submission and Review. The majority of quality performance measures will use the standard submission form; however, there are two special types of measures – *cost and resource use measures* and *composite measures* -- that have separate forms to capture information about their unique characteristics:

Quality Measure Submission Form (V6.5, 2013)

Cost and Resource Use Measure Submission Form (V2.0, 2013)

Composite Measure Submission Form (V2.0, 2013)

Submission of eMeasures

The October 2013 Measure Evaluation Criteria and Guidance [link] requires that *eMeasures* meet all of the existing endorsement criteria. The criteria make the following clarifications that are specific to eMeasures:

must be in *Extensible Markup Language (XML)* files that are compliant with the accepted version of the *Health Quality Measures Format (*HQMF) R1 schema. eMeasures created using the *Measure Authoring Tool* (MAT) are compliant with this *schema*.

submissions will require an *eMeasures Feasibility assessment* to ensure that data elements and measure logic can be used to unambiguously interpret the eMeasure specifications. If components of the eMeasure cannot be specified in either HQMF or the Quality Data Model (QDM), then the submission should include a description of the limitations of the HQMF/QDM so that feedback can be directed to Health Level Seven (HL7) to continue to improve the HQMF or to Centers for Medicare & Medicaid Services (CMS) to continue to improve the QDM.

eMeasures are encouraged to use value sets that are vetted through the National Library of Medicine's *Value Set Authority Center (VSAC)* to reduce implementation issues due related to value sets and code system validation and encourage the use of harmonized value sets. If eMeasures use value sets that have not been vetted through the VSAC, the submission should include the rationale for not using value sets that are not vetted and stored in the VSAC.

eMeasures –Approved for Trial Measures for Implementation and Testing

For eMeasures that are not ready to be tested for reliability and validity and evaluation for endorsement, there will be a new, optional path for "approved for trial implementation and testing" The goal of approving eMeasures for *Trial Implementation and Testing* is to encourage the use of eMeasures that are technically sound enough to be implemented even though they are not yet appropriate for use for accountability applications or performance improvement. eMeasures that are evaluated for approval for trial use will still need to meet the Importance Criteria and provide an eMeasure Feasibility assessment to ensure that the measure logic is unambiguous. Such eMeasures will also need to be compliant with the accepted version of the *HQMF R1 schema*.

Harmonization

The current quality landscape contains a proliferation of measures, including some that could be considered duplicative or overlapping, and others that measure similar but not the same concepts and/or patient populations somewhat differently. Such duplicative measures and/or those with similar but not identical specifications may increase data collection burden and create confusion or inaccuracy in interpreting performance results for those who implement and use performance measures.

Resolving issues around harmonizing measures and handling competing measures remains one of the key challenges in NQF measure endorsement projects. Two recent process improvements are intended to confront those challenges:

Implementation of NQF's Harmonization and Competing Measures process as described in the **Information for Developers report of January 2013**. Developers must respond to the questions about harmonization in the submission.

ICD -10

The HHS implementation deadline for conversion to ICD-10 coding is **October 1, 2014.** Further details explaining the changed can be accessed at http://www.amaassn.org/amednews/2012/04/09/gvsc0412.htm .

As of **April 1, 2013** NQF required ICD-10 codes for all new submissions, measures undergoing endorsement maintenance and measures due for annual update. By **December 31, 2014** NQF will no longer accept ICD-9 codes for measures. As a facilitator in this conversion process, NQF has specific requirements that developers must adhere to in accordance with this process.

Requirements

A statement of intent for the selection of ICD-10 codes, chosen from the following:

- Goal was to convert this measure to a new code set, fully consistent with the intent of the original measure.
- Goal was to take advantage of the more specific code set to form a new version of the measure, but fully consistent with the original intent.
- The intent of the measure has changed.

xcel spreadsheet, including:

- Full listing of ICD-9 and ICD-10 codes, with code definitions
- The conversion table (if there is one)

Description of the process used to identify ICD-10 codes, including:

- Names and credentials of any experts who assisted in the process
- Name of the tool used to identify/map to ICD-10 codes

Summary of stakeholder comments received

New Measures or Measures Undergoing Maintenance

Include ICD-10 codes in Numerator Details, Denominator Details, and/or Exclusion Details as appropriate.
Requirement 1 is satisfied by including one of the sentences in the documentation of Requirement 3 for new measures and measures undergoing maintenance.
Requirement 2 is satisfied by attaching Excel files at data field **S.2b. Data Dictionary or Code Table**.
Requirement 3 can be documented in the Validity section, data field **2b2.2.** in the ***Measure Testing Submission Form***. If ICD-10 testing results are available, enter those into the Validity section at data field **2b2.3.** in the ***Measure Testing Submission Form***. If necessary, document a Web page URL or attach a Word or PDF file in the data field **A.1. Supplemental Materials**.

Annual Update

Include ICD-10 codes (with definitions) in Numerator Details, Denominator Details, and/or Exclusion Details as appropriate.
Requirement 1 is satisfied by an entry in the **Release Notes** section of the Annual Update Form.
Requirement 2 is satisfied by attaching Excel files at data field **S.2b. Data Dictionary or Code Table**.
Requirement 3 Word or PDF) must be e-mailed to **measuremaintenance@qualityforum.org** when submitting the Annual Update.

Guidance

http://www.qualityforum.org/Publications/2010/10/ICD-10CM/PCS_Coding_Maintenance_Operational_Guidance.aspx

Measure Submission Completeness Checklist

Developers are also encouraged to follow the checklist to ensure the measure submission is complete and responsive prior to Standing Committee consideration.

- ☐ Measure steward agreement or concept agreement is completed and signed, and attached to the submission.
- ☐ Conditions for submission are addressed.
- ☐ There are responses in all fields on measure submission form (MSF).
- o Attachments included: eMeasure specifications (S.2a); data dictionary/code list (S.2b); Evidence and Measure Testing appendices.
- ☐ All URLs are active and accurate.
- ☐ Harmonization/competing measures: Did you present a plan for harmonization of the related/competing measures identified by staff during early identification/triage? (see Harmonization process)
- ☐ Paired measures should be submitted on separate forms.
- ☐ An eMeasure must be submitted in HQMF format.
- ☐ Composite measures (contains individual measures with a single score) - responses to the composite measure questions are included.
- ☐ Both ICD-9 and ICD-10 codes included

Technical Assistance

NQF project staff will provide technical assistance to measure developers at any time during the measure submission process up to the submission deadline. Contact the project team with any questions about the criteria, how to answer the questions in the form, any technical issues with the online submission process… or anything else!

How to create a good submission

NQF has many resources for developers that provide helpful tips on creating good submission:

- ***What Good Looks Like! - Measure Submission Examples (2013)*** For examples of the type of information NQF is seeking in the measure submission forms, review the *What Good Looks Like!* document on the submitting standards web page.

- ***Tutorial webinar*** A recording of the August 19, 2013 Measure Developer webinar that explains the July 2013 measure submission form is available on the submitting standards web page. If you did not attend the August 19 call, please listen to the recording.

Additional Developer Resources

The NQF website (**www.qualityforum.org**) has a number of resources for Measure Developers. To start, below are useful links:

Submitting Standards web page: This page contains information and resources for submitting your measure(s) to NQF.

http://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx

Maintenance of Endorsement web page

This page contains information on what happens after a measure is endorsed by NQF.

Measure Developer Webinars

A monthly Measure Developer webinar is held on the third Monday of each month. Each month, details of the webinar are posted to NQF's web calendar, or developers may email maintenance@qualityforum.org to be added to the distribution list for this webinar.

Field Guide to NQF Resources

The Field Guide to NQF Resources is a dynamic, online resource designed to help those involved with measurement and public reporting more easily access basic information and NQF resources related to quality measurement. Within the Field Guide is a quick-reference glossary of measurement terms and phrases that are frequently used at NQF.

Project web pages

As each project begins a web page is created on the NQF web site: http://www.qualityforum.org/Projects.aspx . From your NQF dashboard you can register to follow any project .

The details tab of each project web page provides the activities and timeline for the steps in the CDP. The project web pages have the most accurate information about the project activities. All changes to the timelines will be reflected on the project web page under the DETAILS tab.

Alert lists for CDP projects

NQF is also launching alert lists for new CDP projects. Sign up on the project page to receive an email notification of upcoming calls/meetings, deadlines, and the open and close date of each step. (These lists are intended for interested stakeholders, not developers, submitting measures to a particular project; each project has a developer-specific email list to receive project notifications.)

Call for measure concepts

NQF and many stakeholders are intensely interested in learning about measures under development, i.e., "the pipeline." NQF encourages developers and end-users of performance measures to submit concepts to NQF in any topic area through NQF's new Measure Inventory Pipeline. This will serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. The pipeline will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures. **These concepts will not be evaluated by NQF**; however, Standing Committees may use the information submitted to help inform their harmonization and measure gaps discussions. It will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures.

In an effort to capture comprehensive information on measures in development, NQF seeks input on several variables including:

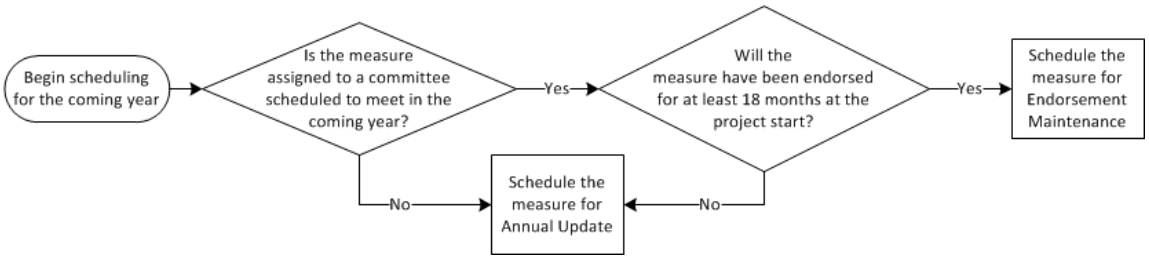
- Measure description;
- Numerator statement;
- Denominator statement;
- Planned use;
- Stage of development; and
- Other relevant information.

NQF's Measure Pipeline Inventory will be available for concept submissions in November 2013.

Maintenance of Endorsed Measures

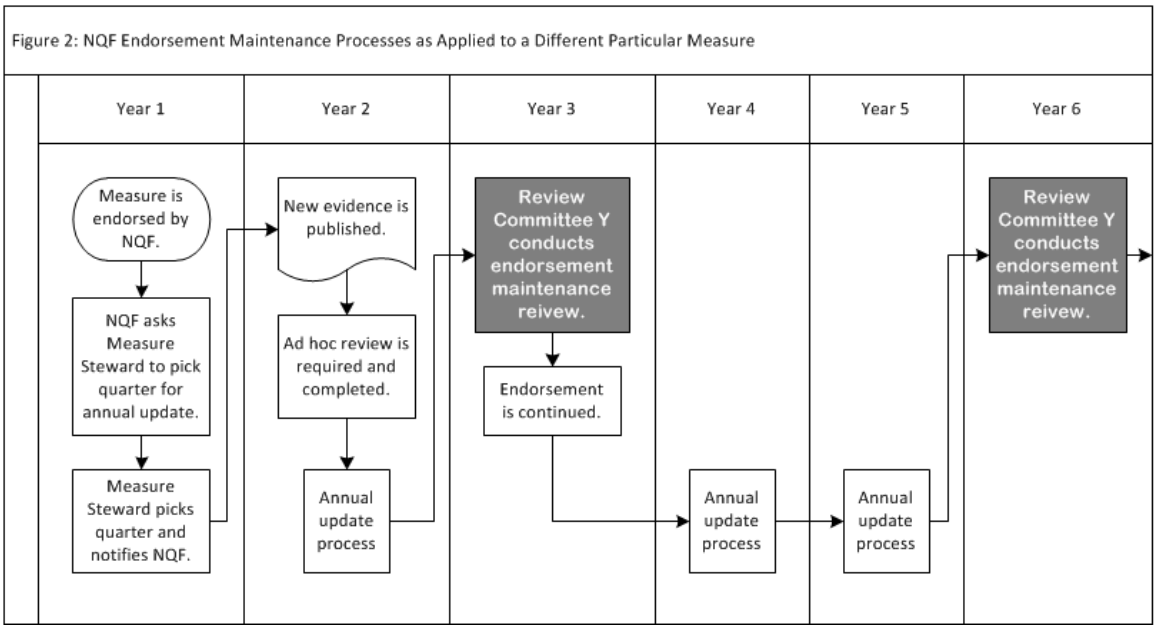
As an endorsing body, NQF is committed to ensuring the performance measures endorsed continue to meet the rigorous NQF measure evaluation criteria. NQF's measure endorsement - which includes this important three-year review of previously endorsed measures - is standardized in a regular cycle of topic-based measure evaluation. NQF follows a three year schedule that outlines the review and endorsement of measures in approximately 21 topic areas, such as cardiology, perinatal, care coordination, and patient safety. As the need arises, these topic areas may be revised to account for measures that may require a new or more appropriate topic area. Figure 1, below, shows the decision process involved in scheduling measures for endorsement maintenance.

Figure 1: Considerations for scheduling measures for endorsement maintenance



Prior to the scheduled three-year maintenance review, stewards of endorsed measures will provide NQF with any modifications to the measure specifications, current evidence supporting the measure, data supporting use of the measure, testing results, and other relevant information. NQF will also solicit stakeholder input on the use of the measure and changes in evidence, scientific soundness, and feasibility.

Figure 2: In this example, the measure is endorsed in Year 1 and assigned to Review Committee Y, which meets again in Year 3. The measure is reviewed in Year 3, and again in Year 6.



NQF Endorsement Maintenance Policy (PDF)

Maintenance Processes

Maintenance of NQF-endorsed measures encompasses several processes: 1) review of time-limited measure results, 2) annual updates to measure specifications of endorsed measures, 3) endorsement maintenance projects, 4) ad hoc reviews, 5) analysis and guidance for methodological and technical challenges, and 6) education and technical assistance to measure developers on endorsement maintenance activities. As the science of measurement and the uses of measures have evolved, NQF has worked continually to improve its evaluation and endorsement processes to meet the needs of stakeholders involved in performance measurement and improvement. Below are full descriptions of time-limited reviews, annual updates and ad-hoc reviews.

Time-Limited Review

Time-limited reviews involve the submission of testing results not previously available at the time of consideration for endorsement. The measure steward verifies a timeline and committed resources to conduct testing within 12 months if granted time-limited endorsement.
Time limited endorsement is only available for use if all of the following conditions are met:

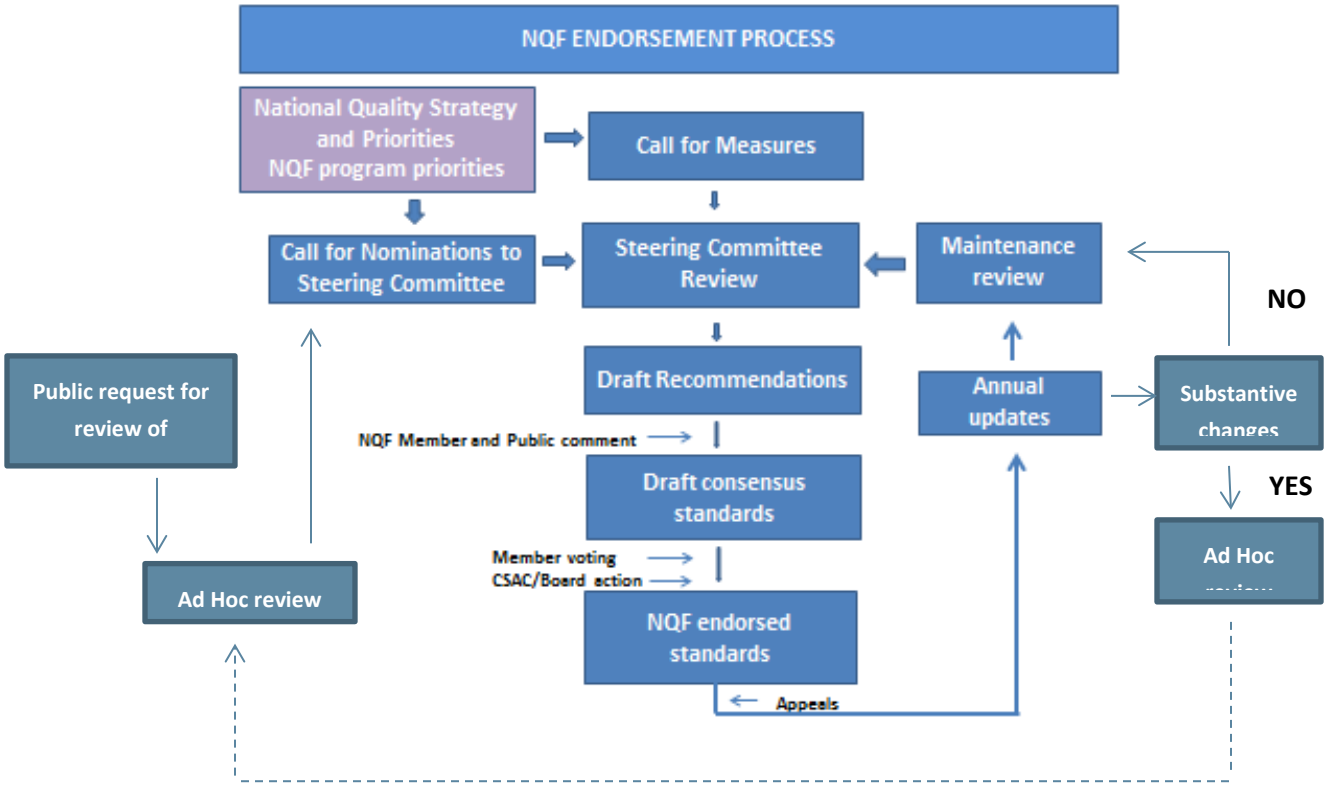
- An incumbent measure does not address the specific topic of interest in the proposed measure;
- A critical time line must be met (e.g., legislative mandate);
- The measure is not complex (e.g., composite, require risk adjustment);

Upon submission of testing results, NQF will conduct an internal review and then share the testing results with the Consensus Standards Approval Committee (CSAC) for recommendation on full endorsement

Annual Updates

In the two years when an endorsed measure is not being re-evaluated for continued endorsement, measure stewards will submit a status report of the measure specifications to NQF. This report will either reaffirm that the measure specifications remain the same as those at the time of endorsement or last update, or outline any changes or updates made to the endorsed measure.

If changes occur to a measure at any time in the three-year endorsement period, the measure steward is responsible for informing NQF immediately of the timing and purpose of the changes. An ad hoc review will be conducted if the changes materially affect the measure's original concept or logic.



Ad Hoc Review

An *ad hoc* review may be conducted on an endorsed measure at any time if the evidence supporting the measure has changed, implementation of the measure results in unintended consequences, or material changes have been made to the measure. *Ad hoc* reviews can be requested at any time by any party, as long as there is adequate evidence to justify the review. When requesting an *ad hoc* review, requestors should indicate under which criterion they are requesting the *ad hoc* review and should provide in writing adequate evidence to justify the review. The criteria for an *ad hoc* review are:

- the evidence supporting the measure has changed;
- implementation of the measure results in unintended consequences; or

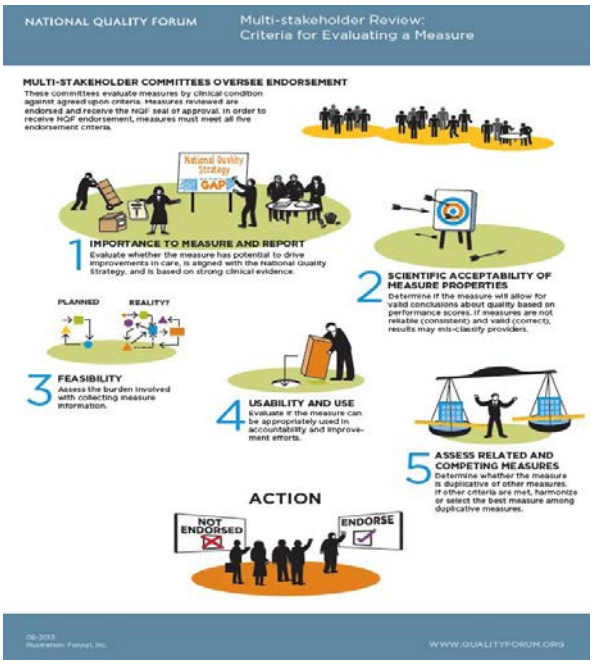
- material changes have been made to the measure.

The *ad hoc* review process follows a shortened version of the Consensus Development Process and includes a call for nominations for technical experts, review by the expert panel, a public and Member comment period of no less than 10 days, review by the CSAC, ratification by the NQF Board of Directors, and an appeals period.

If a measure remains endorsed after an *ad hoc* review, it is still subject to its original maintenance cycle.

APPENDIX A: NQF's Measure Evaluation Criteria

NQF endorses performance measures that are suitable for both accountability applications (e.g., public reporting, accreditation, performance-based payment, network inclusion/exclusion, etc.) as well as internal quality improvement efforts. NQF's *measure evaluation criteria* and *subcriteria* are used to determine the suitability of measures for use in these activities. Because endorsement initiates processes and infrastructure to collect data, compute performance results, report performance results, and improve and sustain performance, NQF endorsement is intended to identify those performance measures that are most likely to facilitate achievement of high quality and efficient healthcare for patients. The criteria and subcriteria also relate to the concept of "fit for purpose". For example, the clinical evidence should support use of a measure with a specific target patient population (e.g., foot care for patients with diabetes) and testing of the measure as specified indicates under what circumstances reliable and valid results may be obtained (i.e., using the measure with a specified data source and level of analysis or for the accountable entity whose performance is being measured).



Throughout the various iterations of the NQF measure evaluation criteria, the basic criteria and concepts have remained largely unchanged. However, the measure evaluation guidance—which focuses on the specificity and rigor with which the criteria are applied—has become more comprehensive and more specific over time. The guidance on measure evaluation is intended first for standing committees that evaluate performance measures and make recommendations for NQF endorsement, as well as the staff who assist them. Second, the guidance informs measure developers about how to demonstrate that a measure meets the criteria. Third, the guidance informs NQF members and the public about how measures are evaluated and informs those who use NQF-endorsed performance measures about what endorsement means.

Review and Update of Guidance for Evaluating Evidence and Measure Testing: A Technical Report (2013)

This report reviewed the implementation of the 2011 guidance on evaluating evidence and measure testing (including eMeasure testing requirements) to recommend modifications that would address major challenges, increase clarity and understanding of the guidance; and promote greater consistency in the evaluation of performance measures for potential endorsement across measures and projects.

For more details on measure evaluation criteria, please see the following reports:

Evidence Task Force Report (2011)

Measure Testing Task Force Report (2011)

eMeasure Feasibility Assessment report (2013)

Composite Measure Evaluation Guidance Report (2013)

Patient Reported Outcomes Report (2012)

Usability Report (2012)

Competing Measures Report (2011)

Harmonization Guidance and Definitions (2013)

Measure Harmonization Report (2011)

Reserve Status Report (2011)

Draft eMeasure Testing Guidance (2012)

eMeasure Feasibility Report (2013)

Guidance on Quality Performance Measure Construction (2011)