

THE NATIONAL QUALITY FORUM

CALL FOR NOMINATIONS TO STEERING COMMITTEE NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR AMBULATORY CARE: ADDITIONAL OUTPATIENT MEASURES 2010

NQF is seeking nominations for members of two Steering Committees for a new project to endorse measures for outpatient care addressing emergency department and/or urgent care and ambulatory surgery.

BACKGROUND

To date, NQF has endorsed a wide variety of ambulatory care measures for assessment of the quality of care provided in outpatient facilities, including hospital outpatient departments (HOPD), emergency departments, urgent care facilities, ambulatory surgery centers, community health centers, and clinician offices. As more NQF-endorsed measures are implemented, the demand for measures to fill important gaps is growing. The implementation and reporting of quality measures for hospital outpatient services builds on previous efforts in the inpatient area, having the same purpose. Endorsement of measures is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with quality information to make informed decisions about their healthcare.

Ambulatory medical care is the predominant method of providing healthcare services in the United States and occurs in a wide range of settings. The largest proportion of ambulatory care services occurs in physician offices. Moreover, approximately 11 percent of all ambulatory medical care visits in the United States occur in the ED.ⁱ From 1996 through 2006, the number of ED visits increased from 90.3 million to 119.2 million visits annually, a 32% increase.ⁱⁱ Yet the number of hospital EDs in the United States decreased by about 12.4 percent during the same period. Demand and capacity issues have contributed to increased patient wait-time and decreased physician productivity, placing patients at risk for poor outcomes.

From the Medicare perspective, 17% of ED visits are covered by this payment source. Since 2008, CMS has adopted outpatient measures specifically addressing ED and ambulatory surgical center (ASC) quality of care. CMS projects that total payments for services furnished to people with Medicare in HOPDs during CY 2010 under the Outpatient Prospective Payment System (OPPS) will be \$32.2 billion, while total projected CY 2010 payments under the ASC payment system will be approximately \$3.4 billion. To date, NQF has endorsed measures for these healthcare facilities, but few measures have been endorsed beyond process measures.

STEERING COMMITTEES

In order to endorse consensus standards applicable for emergency department and/or urgent care and ambulatory surgery, which have the potential to improve patient outcomes, quality and affordability of healthcare, NQF is seeking nominations for members of two Steering Committees. Each Steering Committee will oversee the development of a draft consensus report, including recommendation of which measures should be endorsed as consensus standards. Both Steering Committees will be comprised of a variety of stakeholders including, but not limited to, consumers, purchasers, providers, plans, clinicians and quality improvement professionals.

NOMINATIONS DUE BY WEDNESDAY, FEBRUARY 17, 2010 6:00 PM ET

Emergency Department and/or Urgent Care Steering Committee, comprising 10-15 individuals, will represent the range of stakeholder perspectives possessing relevant knowledge and/or experience in measurement of emergency department and/or urgent care. Based on the measures we anticipate will be submitted to this project, specific expertise in the following areas is requested:

- Emergency medicine, including nursing and other non-physician clinicians;
- Cardiology;
- Neurology;
- Pulmonary medicine;
- Emergency services for pediatrics;
- Management of emergency/urgent care services;
- Use of imaging in emergency or trauma situations; and
- Quality improvement and performance measurement.

Ambulatory Surgery Steering Committee, comprising 10-15 individuals, will represent the range of stakeholder perspectives possessing relevant knowledge and/or experience in measurement of outpatient (i.e., office-based, free-standing ASCs, or other ambulatory settings) surgery and other invasive procedures in which sedation or general anesthesia is utilized. Based on the measures we anticipate will be submitted to this project, specific expertise in the following area is requested:

- Surgery and other invasive procedures;
- Peri-operative care, including nursing;
- Anesthesia, including conscious sedation;
- Management of office-based and ambulatory surgical facilities; and
- Quality improvement and performance measurement.

Steering Committee members should not have a vested interest in the candidate measures.

This includes employees or contractors of measure owners/developers; members of workgroups that developed the measures; and members of committees that approve measures, or direct or set policy for measure development. All potential Steering Committee members must review the attached Disclosure of Interest Policy and complete the attached Disclosure of Interest Form in order to be considered for participation on a Steering Committee.

As with all NQF projects, the Steering Committees will work with NQF staff to develop specific project plans, provide advice about the subject, ensure input is obtained from relevant stakeholders, review draft products, and recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process.

TIME COMMITMENT: *The Emergency Department and/or Urgent Care Steering Committee will meet in person for a two-day meeting on Tuesday and Wednesday, April 6-7, 2010 and the Ambulatory Surgery Steering Committee will meet on Thursday and Friday, April 8-9, 2010 in Washington, DC.* Additionally, Steering Committee members will meet by conference call on Tuesday, March 30, 2010 from 1-3 pm ET. Follow-up e-mail communications and conference calls may be needed.

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

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

- A completed [Nomination Form](#);
- confirmation of availability to participate in the April 6 and 7, 2010 or April 8 and 9, 2010 in person meeting;
- a 2-page letter of interest and a 100 word maximum biography, highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development; and
- curriculum vitae and/or list of relevant experience (e.g., publications) *up to 20 pages*; and
- completed [Disclosure of Interest Form](#).

Materials should be submitted only via e-mail to ambulatorycare@qualityforum.org with the subject line “Nominations.”

DEADLINE FOR SUBMISSION: All nominations MUST be submitted by **6:00pm ET on Wednesday, February 17, 2010.**

QUESTIONS: If you have any questions, please contact, Elisa Munthali, MPH or Del Conyers, MPH at 202-783-1300 or ambulatorycare@qualityforum.org. Thank you for your assistance!

ⁱ Schappert SM, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2006. National health statistics reports; no 8. Hyattsville, MD: National Center for Health Statistics. 2008. Available from: www.cdc.gov/nchs/data/nhsr/nhsr008.pdf.

ⁱⁱ Pitts SR, Niska RW, Xu J, Burt CW. National Hospital Ambulatory Medical Care Survey: 2006 emergency department summary. National health statistics reports; no 7. Hyattsville, MD: National Center for Health Statistics. 2008.

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