# NATIONAL QUALITY FORUM

**Measure Submission and Evaluation Worksheet 5.0**

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the submitting standards web page.

NQF #: 1853 NQF Project: Cancer Project

(for Endorsement Maintenance Review)
Original Endorsement Date: Most Recent Endorsement Date:

## BRIEF MEASURE INFORMATION

De.1 Measure Title: Radical Prostatectomy Pathology Reporting

Co.1.1 Measure Steward: College of American Pathologists

De.2 Brief Description of Measure: Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status.

2a1.1 Numerator Statement: Numerator: Radical prostatectomy pathology reports that include the pT category, the pN category, Gleason score and a statement about margin status

? Report the following CPT Category II code to confirm the inclusion of the designated elements in a radical prostatectomy pathology report: 3267F –pathology report

2a1.4 Denominator Statement: All radical prostatectomy pathology reports

2a1.8 Denominator Exclusions: Documentation of medical reason for exclusion (e.g. specimen originated from other malignant neoplasms, secondary site prostatic carcinomas, and transurethral resections of the prostate (TURP)

1.1 Measure Type: Process
2a1. 25-26 Data Source: Administrative claims, Other, Paper Records
2a1.33 Level of Analysis: Clinician : Group/Practice, Clinician : Individual

1.2-1.4 Is this measure paired with another measure? No

De.3 If included in a composite, please identify the composite measure (*title and NQF number if endorsed*):
Not applicable.

## STAFF NOTES (*issues or questions regarding any criteria*)

Comments on Conditions for Consideration: New process measure, untested but in the PQRS program; and testing is in the planning phase. Care setting is laboratory.

Is the measure untested? Yes☒ No☐ If untested, explain how it meets criteria for consideration for time-limited endorsement: in federal program: 2012 CMS Physician Quality Reporting System (PQRS): measure #250 Radical Prostatectomy Pathology Reporting. This measure is eligible only for time-limited endorsement, and the measure steward must complete testing within 12 months of time limited endorsement.

1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (*check De.5*): Care Coordination
5. Similar/related endorsed or submitted measures (*check 5.1*): No
Other Criteria:
Importance to Measure and Report
Opportunity for Improvement

1b.1-1b3 – developer may need to provide fuller explanation of benefit and summary of evidence of high impact, tying the impact on a large number of patients to the measure focus of prostatectomy pathology reporting

1b.4 – no data provided related to disparities; Steering Committee may advise if aware data exist

Evidence

1c.1 Structure-Process-Outcome relationship – please review for evidence that the measure focus leads to the desired improvement. The measure focus is stated, the relationship to desired impact is unclear.

1c.2-3 Type of evidence is a protocol: Cancer Protocol Review Panel. In 1c.5 and 1c.6 – information is not provided regarding quantity of studies in the body of evidence, and quality of body of evidence however, section 1c.7 relating to consistency of results references studies. May be a disconnect; need clarification from developer. If data are not available, the measure focus should have been systematically assessed (e.g. with an expert panel rating) and judged to be an area for improvement.

1c.12 Other grading scale. Need designations of levels of evidence that serve as basis for the grading scale (NHMRC Evidence Hierarchy).

1c.13 Controversy/Contradictory Evidence. Is not available; Steering Committee may advise if aware data exist.

Reliability/Validity Testing

2a1.6 Denominator Time Window (The time period in which cases are eligible for inclusion): developer notes measurement time period is not specified and can be determined by program.

2b1.1 Measure specifications consistency with evidence cited in support of measure focus and differences from the evidence: Steering Committee please note that the measure includes Gleason Score and margin status though developer states there was not evidence of a gap in care; the elements were felt to be too important to omit.

2a2.1-2a2.3 and 2b2.1-2b2.3: Testing is not yet available for this measure. Once testing is available it should be clear it was conducted with results, numerical data provided.

Usability

NOTE: Confirm with developer measure as submitted conforms with measure as specified in PQRS, including time window (typically one year).

Staff Reviewer Name(s): Angela J. Franklin

## 1. IMPACT, OPPORTUITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

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. See guidance on evidence.
*Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria.* (evaluation criteria)

1a. High Impact: H☐ M☐ L☐ I ☐
(*The measure directly addresses a specific national health goal/priority identified by DHHS or NPP, or some other high impact aspect of healthcare.*)

De.4 Subject/Topic Areas *(Check all the areas that apply)*: Cancer, Cancer : Prostate
De.5 Cross Cutting Areas (*Check all the areas that apply)*: Care Coordination

1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, A leading cause of morbidity/mortality, Frequently performed procedure

1a.2 If "Other," please describe:

1a.3 Summary of Evidence of High Impact *(Provide epidemiologic or resource use data)*:

"It was estimated that 240,890 men would be diagnosed with and 33,720 men would die of cancer of the prostate in 2011."

1a.4 Citations for Evidence of High Impact cited in 1a.3: Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2008, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011.

1b. Opportunity for Improvement: H☐ M☐ L☐ I ☐
(*There is a demonstrated performance gap - variability or overall less than optimal performance*)

1b.1 Briefly explain the benefits (improvements in quality) envisioned by use of this measure:
The measure focus on four elements critical to cancer staging and subsequent therapeutic decisions.

1b.2 Summary of Data Demonstrating Performance Gap *(Variation or overall less than optimal performance across providers)*: [*For Maintenance – Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.*]
The CAP Q probes data (2006) indicates that 11.6% of prostate pathology reports had missing elements. Extent of invasion (pTNM) was most frequently missing (52.1% of the reports missing elements), and extraprostatic extension was the second most frequently missing (41.7% of the reports missing elements). Margin status was missing in 8.3% of reports missing elements.

A sampling from prostate cancer cases in 2000 through 2001 from the College of Surgeons National Cancer Data Base found only 48.2% of surgical pathology reports for prostate cancer documented pathologic stage similar to the more recent data from the CAP Q probes study. The NCDB data showed the Gleason score was present 86.3% of the time, slightly less than the 100% compliance found in the CAP Q probes study and that margin status was present in 84.9% of reports.

1b.3 Citations for Data on Performance Gap: [*For Maintenance – Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*]
Spencer, BA, et al. Variations in Quality of Care for Men with Early-Stage Prostate Cancer. J Clin Onclol 26:3735-3742.

Michael O. Idowu, Leonas G. Bekeris, Stephen Raab, Stephen G. Ruby, and Raouf E. Nakhleh (2010) Adequacy of Surgical Pathology Reporting of Cancer: A College of American Pathologists Q-Probes Study of 86 Institutions. Archives of Pathology & Laboratory Medicine: July 2010, Vol. 134, No. 7, pp. 969-974.

1b.4 Summary of Data on Disparities by Population Group: [*For Maintenance –Descriptive statistics for performance results for this measure by population group*]
None available

1b.5 Citations for Data on Disparities Cited in 1b.4: [*For Maintenance – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*]
None available

1c. Evidence (*Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.*)
Is the measure focus a health outcome? Yes☐ No☐ If not a health outcome, rate the body of evidence.

Quantity: H☐ M☐ L☐ I ☐ Quality: H☐ M☐ L☐ I ☐ Consistency: H☐ M☐ L☐ I ☐

| Quantity | Quality | Consistency | Does the measure pass subcriterion1c? |
|---|---|---|---|
| M-H | M-H | M-H | Yes☐ |
| L | M-H | M | Yes☐ IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No☐ |
| M-H | L | M-H | Yes☐ IF potential benefits to patients clearly outweigh potential harms: otherwise No☐ |
| L-M-H | L-M-H | L | No ☐ |

| Health outcome – rationale supports relationship to at least | Does the measure pass subcriterion1c? |
|---|---|

| one healthcare structure, process, intervention, or service | Yes☐ IF rationale supports relationship |
|---|---|

1c.1 Structure-Process-Outcome Relationship *(Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process- health outcome; intermediate clinical outcome-health outcome)*:
The measure is focused on assuring that key information necessary for pathological staging of cancer from the pathologist´s analysis is provided to the oncologists.

1c.2-3 Type of Evidence *(Check all that apply)*:
Other
Prostate gland, Protocol applies to invasive carcinomas of the prostate gland. College of American Pathologists. Revised January 2005. Available at: http://www.cap.org/apps/docs/cancer_protocols/2006/prostate06_pw.doc Accessed April 6, 2007.

1c.4 Directness of Evidence to the Specified Measure *(State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target population)*:
The central topci is the completeness of information for pathological staging for prostate cancer. The population is patients undergoing radical prostatectomy. I do not have access to the full body of evidence reviewed by the Cancer Protocol Review Panel (CPRP), however, the evidence for the data elements have been graded and harmonized by the International Collaboration on Cancer Reporting.

1c.5 Quantity of Studies in the Body of Evidence *(Total number of studies, not articles)*: Not available.

1c.6 Quality of Body of Evidence (*Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events*): Not available.

1c.7 Consistency of Results across Studies *(Summarize the consistency of the magnitude and direction of the effect):* The studies related to gaps in care showed consistent results; A sampling from prostate cancer cases in 2000 through 2001 from the College of Surgeons National Cancer Data Base found only 48.2% of surgical pathology reports for prostate cancer documented pathologic stage similar to the more recent data from the CAP Q probes study. The NCDB data showed the Gleason score was present 86.3% of the time, slightly less than the 100% compliance found in the CAP Q probes study and that margin status was present in 84.9% of reports.

1c.8 Net Benefit *(Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms)*:
The benefit of the measure is still to be determined, however, complete staging information should improve diagnosis and subsequent therapeutic decision-making for patients.

1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? Yes

1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: Cancer Protocol Review Panel (CPRP)

In the International Collaboration on Cancer Reporting (ICCR) process for harmonizing the 3 major international prostate data sets, CAP, Royal College of Pathologists (RCPath), and Royal College of Pathologists of Australia, (RCPA) have required a level of at least III-2 to include an element as “required”.

1c.11 System Used for Grading the Body of Evidence: Other

1c.12 If other, identify and describe the grading scale with definitions: National Health and Medical Research Council (NHMRC) Evidence Hierarchy. The strength of evidence rating system used by Primary Authors and CPRPs to ensure that required data elements are evidence-based. Acceptable range in evidence is indicated in levels 1 through III-2 in the NHMRC Evidence Hierarchy. Reference:

Merlin T, Weston A, Tooher R. Extending an evidence hierarchy to include topics other than treatment: revising the Australian 'levels of evidence'. BMC Medical Research Methodology, 2009.

1c.13 Grade Assigned to the Body of Evidence: In the International Collaboration on Cancer Reporting (ICCR) process a level of at least III-2 to include an element as "required".

1c.14 Summary of Controversy/Contradictory Evidence: Not available.

1c.15 Citations for Evidence other than Guidelines*(Guidelines addressed below)*:

1c.16 Quote verbatim, the specific guideline recommendation *(Including guideline # and/or page #)*:
Patient management and treatment guidelines promote an organized approach to providing quality care. The (American College of Surgeons Committee on Cancer) CoC requires that 90% of pathology reports that include a cancer diagnosis contain the scientifically validated data elements outlined in the surgical case summary checklist of the College of American Pathologists (CAP) publication Reporting on Cancer Specimens. The College regards the reporting elements in the "Surgical Pathology Cancer Case Summary (Checklist)" portion of the protocols as essential elements of the pathology report. However, the manner in which these elements are reported is at the discretion of each specific pathologist, taking into account clinician preferences, institutional policies, and individual practice.

Pathologic staging is usually performed after surgical resection of the primary tumor. Pathologic staging depends on pathologic documentation of the anatomic extent of disease, whether or not the primary tumor has been completely removed.

1c.17 Clinical Practice Guideline Citation: American College of Surgeons Commission on Cancer. Cancer Program Standards 2004 Revised Edition. Available at: http://www.facs.org/cancer/coc/cocprogramstandards.pdf. Accessed August 29, 2006

Prostate gland, Protocol applies to invasive carcinomas of the prostate gland. College of American Pathologists. Revised January 2005. Available at: http://www.cap.org/apps/docs/cancer_protocols/2006/prostate06_pw.doc Accessed April 6, 2007.

1c.18 National Guideline Clearinghouse or other URL:

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? Yes

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: International Collaboration on Cancer Reporting (ICCR)

1c.21 System Used for Grading the Strength of Guideline Recommendation: Other

1c.22 If other, identify and describe the grading scale with definitions: NHMRC Evidence Hierarchy

1c.23 Grade Assigned to the Recommendation: A level of III-2 or higher

1c.24 Rationale for Using this Guideline Over Others: The (American College of Surgeons Committee on Cancer) CoC requires that 90% of pathology reports that include a cancer diagnosis contain the scientifically validated data elements outlined in the surgical case summary checklist of the College of American Pathologists (CAP) publication Reporting on Cancer Specimens

Based on the NQF descriptions for rating the evidence, what was the developer's assessment of the quantity, quality, and consistency of the body of evidence?
1c.25 Quantity: High 1c.26 Quality: High1c.27 Consistency: High

Was the threshold criterion, *Importance to Measure and Report*, met?
(*1a & 1b must be rated moderate or high and 1c yes*) Yes☐ No☐
Provide rationale based on specific subcriteria:

For a new measure if the Committee votes NO, then STOP.
For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for

improvement), it may be considered for continued endorsement and all criteria need to be evaluated.

## 2. RELIABILITY & VALIDITY - SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)
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. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See guidance on measure testing.

S.1 Measure Web Page *(In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained*). Do you have a web page where current detailed specifications for this measure can be obtained? Yes

S.2 If yes, provide web page URL: http://www.cap.org/apps/docs/advocacy/pathology_performance_measurement.pdf

### 2a. RELIABILITY. Precise Specifications and Reliability Testing: H☐ M☐ L☐ I ☐

#### 2a1. Precise Measure Specifications. (*The measure specifications precise and unambiguous.*)

2a1.1 Numerator Statement *(Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome)*:
Numerator: Radical prostatectomy pathology reports that include the pT category, the pN category, Gleason score and a statement about margin status

? Report the following CPT Category II code to confirm the inclusion of the designated elements in a radical prostatectomy pathology report: 3267F –pathology report

2a1.2 Numerator Time Window *(The time period in which the target process, condition, event, or outcome is eligible for inclusion)*:
Each event is reported

2a1.3 Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptors, and/or specific data collection items/responses*:
Report the following CPT Category II code to confirm the inclusion of the designated elements in a radical prostatectomy pathology report: 3267F –pathology report

2a1.4 Denominator Statement *(Brief, narrative description of the target population being measured)*:
All radical prostatectomy pathology reports

2a1.5 Target Population Category *(Check all the populations for which the measure is specified and tested if any)*: Adult/Elderly Care

2a1.6 Denominator Time Window *(The time period in which cases are eligible for inclusion)*:
Each event is recorded; measurement time period is not specified and can be determined by program.

2a1.7 Denominator Details (*All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)*:
Denominator (Eligible Population): All radical prostatectomy pathology reports
CPT code: 88309 - Level VI - Surgical pathology, gross and microscopic examination
AND
ICD-9 code: 185 – malignant neoplasm of prostate

2a1.8 Denominator Exclusions *(Brief narrative description of exclusions from the target population)*:
Documentation of medical reason for exclusion (e.g. specimen originated from other malignant neoplasms, secondary site prostatic carcinomas, and transurethral resections of the prostate (TURP)

2a1.9 Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses)*:
Documentation of medical reason for exclusion (e.g. specimen originated from other malignant neoplasms, secondary site prostatic carcinomas, or transurethral resections of the prostate (TURP) [For patient with appropriate exclusion criteria, report 3267F with modifier 1P.]

2a1.10 Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses )*:
Not applicable

2a1.11 Risk Adjustment Type *(Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13)*: No risk adjustment or risk stratification 2a1.12 If "Other," please describe:

2a1.13 Statistical Risk Model and Variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development should be addressed in 2b4.)*:
Not applicable

2a1.14-16 Detailed Risk Model Available at Web page URL (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL. Please supply login/password if needed:

2a1.17-18. Type of Score: Rate/proportion

2a1.19 Interpretation of Score *(Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)*: Better quality = Higher score

2a1.20 Calculation Algorithm/Measure Logic*(Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)*:
Performance Measure:
3267F/Claims using CPT code 88309 and ICD-9 code 185

2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:

2a1.24 Sampling (Survey) Methodology. If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):
Not applicable

2a1.25 Data Source *(Check all the sources for which the measure is specified and tested*). If other, please describe:
Administrative claims, Other, Paper Records

2a1.26 Data Source/Data Collection Instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.*): Medical records/Pathology Report and Claims forms are used as the specific data sources.

2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment:

2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:

2a1.33 Level of Analysis (*Check the levels of analysis for which the measure is specified and tested)*: Clinician : Group/Practice, Clinician : Individual

2a1.34-35 Care Setting *(Check all the settings for which the measure is specified and tested)*: Laboratory

2a2. Reliability Testing. (*Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability*.)

2a2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
To be determined; measure testing in planning stages.

2a2.2 Analytic Method *(Describe method of reliability testing & rationale)*:
To be determined; measure testing in planning stages.

2a2.3 Testing Results *(Reliability statistics, assessment of adequacy in the context of norms for the test conducted)*:
To be determined; measure testing in planning stages.

2b. VALIDITY. Validity, Testing, including all Threats to Validity: H☐ M☐ L☐ I ☐

2b1.1 Describe how the measure specifications *(measure focus, target population, and exclusions)* are consistent with the evidence cited in support of the measure focus (*criterion 1c)* and identify any differences from the evidence:
The measure focuses on reporting on patients undergoing radical prostatectomy.

The measure included Gleason Score and margin status as the request of the American Urological Association, though there was not evidence of a gap in care; AUA representatives felt that these elements were too important to omit and the measure would be incomplete without them.

2b2. Validity Testing. (*Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)*

2b2.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
To be determined; measure testing in planning stages.

2b2.2 Analytic Method *(Describe method of validity testing and rationale; if face validity, describe systematic assessment)*:
To be determined; measure testing in planning stages.

2b2.3 Testing Results *(Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment)*:
To be determined; measure testing in planning stages.

POTENTIAL THREATS TO VALIDITY. (*All potential threats to validity were appropriately tested with adequate results.*)

2b3. Measure Exclusions. (*Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.*)

2b3.1 Data/Sample for analysis of exclusions *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
The measure exclusions are based on expert opinion and are designed to alleviate miscalculation of performance due to coding peculiarities.

2b3.2 Analytic Method (*Describe type of analysis and rationale for examining exclusions, including exclusion related to patient*

*preference)*:
Not applicable.

2b3.3 Results *(Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses):*
Not applicable.

2b4. Risk Adjustment Strategy. (*For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.*)

2b4.1 Data/Sample *(Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
Not applicable.

2b4.2 Analytic Method (*Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables)*:
Not applicable.

2b4.3 Testing Results *(Statistical risk model: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. Risk stratification: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata)*:
Not applicable.

2b4.4 If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment: Not applicable.

2b5. Identification of Meaningful Differences in Performance. (*The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.*)

2b5.1 Data/Sample *(Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
To be determined.

2b5.2 Analytic Method *(Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance)*:
To be determined.

2b5.3 Results *(Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*:
To be determined.

2b6. Comparability of Multiple Data Sources/Methods. (*If specified for more than one data source, the various approaches result in comparable scores.*)

2b6.1 Data/Sample *(Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included)*:
To be determined.

2b6.2 Analytic Method *(Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure)*:
To be determined.

2b6.3 Testing Results *(Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted)*:
To be determined.

2c. Disparities in Care: H☐ M☐ L☐ I ☐ NA☐ (*If applicable, the measure specifications allow identification of disparities.*)

2c.1 If measure is stratified for disparities, provide stratified results *(Scores by stratified categories/cohorts)*: Not applicable.

2c.2 If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain:
Not applicable.

2.1-2.3 Supplemental Testing Methodology Information:

Steering Committee: Overall, was the criterion, *Scientific Acceptability of Measure Properties*, met?
(*Reliability and Validity must be rated moderate or high*) Yes☐ No☐
Provide rationale based on specific subcriteria:

If the Committee votes No, STOP

## 3. USABILITY

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

C.1 Intended Purpose/ Use *(Check all the purposes and/or uses for which the measure is intended)*: Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

3.1 Current Use *(Check all that apply; for any that are checked, provide the specific program information in the following questions)*: Not in use

3a. Usefulness for Public Reporting: H☐ M☐ L☐ I ☐
(*The measure is meaningful, understandable and useful for public reporting.*)

3a.1. Use in Public Reporting - disclosure of performance results to the public at large *(If used in a public reporting program, provide name of program(s), locations, Web page URL(s)).* If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: [*For Maintenance – If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.*]
CMS PQRS - https://www.cms.gov/PQRS/15_MeasuresCodes.asp#TopOfPage

3a.2.Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting. If usefulness was demonstrated (e.g., focus group, cognitive testing), describe the data, method, and results: CMS plans to publicly report PQRS performance data.

3.2 Use for other Accountability Functions (payment, certification, accreditation). If used in a public accountability program, provide name of program(s), locations, Web page URL(s): Not applicable.

3b. Usefulness for Quality Improvement: H☐ M☐ L☐ I ☐
(*The measure is meaningful, understandable and useful for quality improvement.*)

3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s):
[*For Maintenance – If not used for QI, indicate the reasons and describe progress toward using performance results for improvement*].
CMS PQRS provides participating eligible professionals feedback reports on their performance that may be used in quality improvement.

3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality

improvement. If usefulness was demonstrated *(e.g., QI initiative),* describe the data, method and results:
Usefulness of the measure has not been demonstrated. Usefulness of the required elements is clearly important for accurate staging of prostate cancer.

Overall, to what extent was the criterion, *Usability*, met? H☐ M☐ L☐ I ☐
Provide rationale based on specific subcriteria:

## 4. FEASIBILITY

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

4a. Data Generated as a Byproduct of Care Processes: H☐ M☐ L☐ I ☐

4a.1-2 How are the data elements needed to compute measure scores generated? *(Check all that apply).*
Data used in the measure are:
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)

4b. Electronic Sources: H☐ M☐ L☐ I ☐

4b.1 Are the data elements needed for the measure as specified available electronically *(Elements that are needed to compute measure scores are in defined, computer-readable fields)*: Some data elements are in electronic sources

4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources: CAP measure development team is working with SNOMED Terminology Solutions staff to determine how to electronically specify this measure.

4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H☐ M☐ L☐ I ☐

4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results:
To be determined.

4d. Data Collection Strategy/Implementation: H☐ M☐ L☐ I ☐

A.2 Please check if either of the following apply (*regarding proprietary measures*): Proprietary measure
4d.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 *(e.g., fees for use of proprietary measures)*:
Not applicable.

Overall, to what extent was the criterion, *Feasibility*, met? H☐ M☐ L☐ I ☐
Provide rationale based on specific subcriteria:

## OVERALL SUITABILITY FOR ENDORSEMENT

Does the measure meet all the NQF criteria for endorsement? Yes☐ No☐
Rationale:

If the Committee votes No, STOP.
If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.

## 5. COMPARISON TO 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 before a final recommendation is made.

5.1 If there are related measures *(either same measure focus or target population)* or competing measures *(both the same measure focus and same target population*), list the NQF # and title of all related and/or competing measures:

5a. Harmonization

5a.1 If this measure has EITHER the same measure focus OR the same target population as NQF-endorsed measure(s): Are the measure specifications completely harmonized?

5a.2 If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden:

5b. Competing Measure(s)

5b.1 If this measure has 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)*:

## CONTACT INFORMATION

Co.1 Measure Steward (Intellectual Property Owner): College of American Pathologists, 1350 I St. NW Suite 509, Washington, District Of Columbia, 20005

Co.2 Point of Contact: Fay, Shamanski, PhD, fshaman@cap.org, 202-354-7113-

Co.3 Measure Developer if different from Measure Steward: College of American Pathologists, 1350 I St. NW Suite 509, Washington, District Of Columbia, 20005

Co.4 Point of Contact: Fay, Shamanski, PhD, fshaman@cap.org, 202-354-7113-

Co.5 Submitter: Fay, Shamanski, PhD, fshaman@cap.org, 202-354-7113-, College of American Pathologists

Co.6 Additional organizations that sponsored/participated in measure development:

Co.7 Public Contact: Fay, Shamanski, PhD, fshaman@cap.org, 202-354-7113-, College of American Pathologists

## ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development

Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

David Witte, MD, PhD, FCAP (Chair)
W. Stephen Black-Schaffer, MD, FCAP
Patrick Fitzgibbons, MD, FCAP
Richard C. Friedberg, MD, PhD, FCAP
Mario S. Gonzalez, MD, FCAP
Harvey W. Kaufman, MD, FCAP
Michael Laposata, MD, PhD, FCAP
Carl David Morrison, MD, FCAP
Jonathan Myles, MD, FCAP
Raouf Nakhleh, MD, FCAP
Jan Nowak, MD, PhD, FCAP

Susan D. Roseff, MD, FCAP
Paul Valenstein, MD, FCAP
Emily Volk, MD, PhD, FCAP
Mary K. Washington, MD, FCAP
David Wilber, MD, FCAP

CAP Staff
Lynn Boyd
Janemarie Mulvey, PhD
Fay Shamanski, PhD
Ayanna Wooding

American Urological Association*
David F. Penson, MD, MPH
Beth Kosiak, PhD
Megan Meyler, MHA

CPT Editorial Panel's Performance Measures Advisory Group provided comments and edits.
*AUA representatives provided essential input on the prostate measure.

Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward: Not applicable

Measure Developer/Steward Updates and Ongoing Maintenance
Ad.3 Year the measure was first released: 2008
Ad.4 Month and Year of most recent revision: 08, 2010
Ad.5 What is your frequency for review/update of this measure? 3 years
Ad.6 When is the next scheduled review/update for this measure? 01, 2013



Ad.8 Disclaimers: Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The College of American Pathologists disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

Ad.9 Additional Information/Comments:

Date of Submission (*MM/DD/YY*): 01/13/2012