

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 #: 1854	NQF Project: Cancer Project
(for Endorsement Maintenance Review)	
Original Endorsement Date: Most Recent Endorsement Date:	
BRIEF MEASURE INFORMATION	
De.1 Measure Title: Barrett's Esophagus	
Co.1.1 Measure Steward: College of American Pathologists	
De.2 Brief Description of Measure: Percentage of patients with esophageal biopsy reports for Barrett's esophagus that contain a statement about dysplasia.	
2a1.1 Numerator Statement: Numerator: Esophageal biopsy reports with the histologic finding of Barrett's mucosa that contain a statement about dysplasia (present, absent, or indefinite.)	
3125F Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite)	
2a1.4 Denominator Statement: Denominator (Eligible Population): All esophageal biopsy reports that document the presence of Barrett's mucosa.	
CPT codes:	
• 88305 Level IV – Surgical pathology, gross and microscopic examination	
AND	
ICD-9 codes:	
• 530.85 Barrett's esophagus	
2a1.8 Denominator Exclusions: Documentation of medical reason for not reporting the histologic finding of Barrett's mucosa (eg, malignant neoplasm or absence of intestinal metaplasia).	
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):	

STAFF NOTES (issues or questions regarding any criteria)
Comments on Conditions for Consideration: New process measure, untested but in PQRS program; testing is in the planning phase. Care setting is laboratory.
Is the measure untested? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If untested, explain how it meets criteria for consideration for time-limited endorsement: In federal program: 2012 CMS Physician Quality Reporting System (PQRS): measure #249 Barrett's Esophagus. 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.4 – no data provided related to disparities; Steering Committee may advise if aware data exist

Evidence

1c.23 Grade Assigned to the Recommendation – the "GRADE" grade assigned to the recommendation is not provided

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 (typically one year).

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, OPPORTUNITY, 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 : Lung, Esophageal**

De.5 Cross Cutting Areas (Check all the areas that apply): **Care Coordination**

1a.1 Demonstrated High Impact Aspect of Healthcare: **Affects large numbers, Frequently performed procedure, Patient/societal consequences of poor quality, Other**

1a.2 If "Other," please describe: **Increasing incidence**

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

There is a rapidly rising incidence of adenocarcinoma of the esophagus in the United States. A diagnosis of Barrett's esophagus increases a patient's risk for esophageal adenocarcinoma by 30 to 125 times that of people without Barrett's esophagus (although this risk is still small 0.4% to 0.5% per year). Esophageal adenocarcinoma is often not curable, partly because the disease is frequently discovered at a late stage and because treatments are not effective. A diagnosis of Barrett's esophagus could allow for appropriate screening of at risk patients as recommended by the American College of Gastroenterology .

1a.4 Citations for Evidence of High Impact cited in 1a.3: **Sampliner RE and the practice parameters committee of the American College of Gastroenterology. Updated practice guidelines on the diagnosis, surveillance and therapy of Barrett's esophagus. Amer J Gastroentrol 97:1888-1895, 2002.**

Barrett's Esophagus, National Digestive Diseases Information Clearinghouse, HHS www.digestive.niddk.nih.gov

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 is intended to ensure better diagnosis and communication of results by pathologists for better surveillance of Barrett's esophagus.

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.]

Ofman, et al note that there is room for improvement, particularly in the quality of biopsy methods. They note the importance of review of the data to minimize the risk of overdiagnosis and inadequate endoscopic surveillance.

The study by Curvers et al. emphasizes the importance of a pathologist's review for accurate diagnosis.

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]

1. Ofman, Joshua, J. M.D., The Quality of Care in Barrett's Esophagus: Endoscopist and Pathologist Practices (Am J Gastroenterol 2001;96: 876–881. © 2001 by Am. Coll. of Gastroenterology).

Curvers, Wouter L, etc, Quality of Barrett's Surveillance in the Netherlands: a standardized review of endoscopy and pathology reports. Am J Gastroenterol 2010; 105:1523–1530; doi: 10.1038/ajg.2010.171; published online 11 May 2010.

1b.4 Summary of Data on Disparities by Population Group: [For **Maintenance** –Descriptive statistics for performance results for this measure by population group]

Not applicable.

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]

Not applicable.

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 <input type="checkbox"/>
L	M-H	M	Yes <input type="checkbox"/> IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No <input type="checkbox"/>
M-H	L	M-H	Yes <input type="checkbox"/> IF potential benefits to patients clearly outweigh potential harms: otherwise No <input type="checkbox"/>
L-M-H	L-M-H	L	No <input type="checkbox"/>

Health outcome – rationale supports relationship to at least one healthcare structure, process, intervention, or service

Does the measure pass subcriterion1c?
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 from the pathologists analysis is provided to the treating physician.

1c.2-3 Type of Evidence (Check all that apply):

Clinical Practice Guideline

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 topic for most of the studies is to determine the diagnosis of low-grade dysplasia in Barrett's Esophagus which is a subset category of the measure. The population for all of the studies is patients with Barrett's esophagus diagnosis.

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

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*): To date, two studies have investigated the quality of care or bettering the process of care in barrett's esophagus patients. An important difference between the studies is the location of the studies, the results reflect the status of barrett's esophagus surveillance in a large community cohort and not in a single centre.

1c.7 Consistency of Results across Studies (*Summarize the consistency of the magnitude and direction of the effect*): Studies have consistently shown a benefit of surveillance for survival of esophageal adenocarcinoma patients over those without surveillance although the magnitude of the benefit has varied between studies.

1c.8 Net Benefit (*Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms*):

Estimate of benefit to harms is not available.

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: The American College of Gastroenterology during Guideline development

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

1c.12 If other, identify and describe the grading scale with definitions:

1c.13 Grade Assigned to the Body of Evidence:

1c.14 Summary of Controversy/Contradictory Evidence: There is some controversy over the natural history of dysplasia in Barrett's patients. As described by Curvers, et al "There is, however, considerable controversy regarding the natural history of LGD. Some studies have reported that in 66 – 75 % of patients initially diagnosed with LGD, subsequent endoscopic biopsies fail to confirm LGD. These reports ostensibly suggest that a diagnosis of LGD is innocent and that LGD commonly "regresses" to NDBE.. Other studies, however, have shown that in patients in whom the diagnosis of LGD is confirmed by multiple pathologists, the risk for progression to high-grade dysplasia (HGD) or carcinoma (Ca) may be as high as 40% within 2 years (14,15). These conflicting results may be partially explained by the variability of the endoscopic work-up in earlier studies and the quality of the baseline histological diagnosis of LGD."

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

Curvers, Wouter L, etc, Quality of Barrett's Surveillance in the Netherlands: a standardized review of endoscopy and pathology reports. Am J Gastroenterol 2010; 105:1523–1530; doi: 10.1038/ajg.2010.171; published online 11 May 2010.

1c.16 Quote verbatim, the specific guideline recommendation (*Including guideline # and/or page #*):

The diagnosis of Barrett's esophagus requires systematic biopsy of the abnormal-appearing esophageal mucosa to document intestinal metaplasia and to detect dysplasia.

1c.17 Clinical Practice Guideline Citation: [Sampliner RE and the practice parameters committee of the American College of Gastroenterology. Updated practice guidelines on the diagnosis, surveillance and therapy of Barrett's esophagus. Amer J Gastroentrol 97:1888-1895, 2002](#)
[Wang, K.K. and Sampliner, RE. Updated Guidelines 2008 for the Diagnosis, Surveillance and Therapy of Barrett's Esophagus, Am J Gastroenterol 2008;103:788-797](#)

1c.18 National Guideline Clearinghouse or other URL: www.digestive.niddk.nih.gov

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: [The American College of Gastroenterology during Guideline development. No information on balance or disclosures.](#)

1c.21 System Used for Grading the Strength of Guideline Recommendation: [GRADE](#)

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

1c.23 Grade Assigned to the Recommendation:

1c.24 Rationale for Using this Guideline Over Others: [This is practice guideline used by pathologists and clinicians treating Barrett's esophagus.](#)

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: [High](#) 1c.27 Consistency: [Moderate](#)

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: [Esophageal biopsy reports with the histologic finding of Barrett's mucosa that contain a statement about dysplasia \(present, absent, or indefinite.\)](#)

3125F Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite)

2a1.2 Numerator Time Window (*The time period in which the target process, condition, event, or outcome is eligible for inclusion*):
Report once per patient per date of service

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*):
Numerator: Esophageal biopsy reports with the histologic finding of Barrett's mucosa that contain a statement about dysplasia (present, absent, or indefinite.)

3125F Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite)

2a1.4 Denominator Statement (*Brief, narrative description of the target population being measured*):
Denominator (Eligible Population): All esophageal biopsy reports that document the presence of Barrett's mucosa.

CPT codes:

- 88305 Level IV – Surgical pathology, gross and microscopic examination

AND

ICD-9 codes:

- 530.85 Barrett's esophagus

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*):
Once per patient per date of service; time period not specified in the measure and can be determined by the program (typically one year.)

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*):

The pathology report is needed as well as access to correct coding of claims to identify patients:

CPT codes:

- 88305 Level IV – Surgical pathology, gross and microscopic examination

AND

ICD-9 codes:

- 530.85 Barrett's esophagus

2a1.8 Denominator Exclusions (*Brief narrative description of exclusions from the target population*):
Documentation of medical reason for not reporting the histologic finding of Barrett's mucosa (eg, malignant neoplasm or absence of intestinal metaplasia).

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 not reporting the histologic finding of Barrett's mucosa (eg, malignant neoplasm or absence of intestinal metaplasia). [For patient with appropriate exclusion criteria, report 3125F 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:](#)

[3125F/CPT codes 88305 and ICD-9 codes 530.85](#)

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/Claims forms](#)

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](#)

<p>2a2. Reliability Testing. (<i>Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability.</i>)</p>
<p>2a2.1 Data/Sample (<i>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</i>): To be determined; testing in the planning phase.</p>
<p>2a2.2 Analytic Method (<i>Describe method of reliability testing & rationale</i>): To be determined; testing in the planning phase.</p>
<p>2a2.3 Testing Results (<i>Reliability statistics, assessment of adequacy in the context of norms for the test conducted</i>): To be determined; testing in the planning phase.</p>
<p>2b. VALIDITY. Validity, Testing, including all Threats to Validity: H <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> I <input type="checkbox"/></p>
<p>2b1.1 Describe how the measure specifications (<i>measure focus, target population, and exclusions</i>) 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 patients with a pathologic diagnosis of Barrett's Esophagus.</p>
<p>2b2. Validity Testing. (<i>Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.</i>)</p>
<p>2b2.1 Data/Sample (<i>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</i>): To be determined; testing in the planning phase.</p>
<p>2b2.2 Analytic Method (<i>Describe method of validity testing and rationale; if face validity, describe systematic assessment</i>): To be determined; testing in the planning phase.</p>
<p>2b2.3 Testing Results (<i>Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment</i>): To be determined; testing in the planning phase.</p>
<p>POTENTIAL THREATS TO VALIDITY. (<i>All potential threats to validity were appropriately tested with adequate results.</i>)</p>
<p>2b3. Measure Exclusions. (<i>Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.</i>)</p>
<p>2b3.1 Data/Sample for analysis of exclusions (<i>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</i>): To be determined.</p>
<p>2b3.2 Analytic Method (<i>Describe type of analysis and rationale for examining exclusions, including exclusion related to patient preference</i>): To be determined.</p>
<p>2b3.3 Results (<i>Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses</i>): To be determined.</p>
<p>2b4. Risk Adjustment Strategy. (<i>For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.</i>)</p>
<p>2b4.1 Data/Sample (<i>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</i>): Not applicable.</p>
<p>2b4.2 Analytic Method (<i>Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables</i>): Not applicable.</p>

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.]

[Measure include in the 2012 PQRS program; CMS plans to publicly report performance results in the future.](#)

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: [The measure provides information on whether an eligible professional communicates information important for the care and management of patient's with a chronic condition.](#)

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 used for other functions at this time.](#)

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].

[Not in use at this time.](#)

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:

[A statement on dysplasia is critical information for the treating clinician in determine how to best manage Barrett's patients.](#)

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; not known at this time.](#)

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*):
[To be determined; testing in planning phase.](#)

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 590, 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 590, 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.

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CPT Editorial Panel's Performance Measures Advisory Group provided comments and edits.

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:

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? The measure will be reviewed when new data or guidelines are available or every three years.

Ad.6 When is the next scheduled review/update for this measure? 01, 2013

Ad.7 Copyright statement: © 2007 College of American Pathologists. All Rights Reserved

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