



CALL FOR MEASURES AND MEASURE CONCEPTS:

Cost and Resource Use Project: Phase 3 - Pulmonary Condition-Specific

NQF is seeking new measures and concepts in the area of Pulmonary condition-specific measures of cost, using both per-capita or per-episode approaches for evaluation through the Consensus Development Process (CDP).

NQF is particularly interested in measures:

- measures applicable to more than one setting;
- measures that capture broad populations, including children and adolescents where applicable;
- measures that are harmonized with similar measures; and,
- measures that are sensitive to vulnerable populations, including racial/ethnic minorities; and Medicaid populations.

This project launched **October 14th, 2013**. The final submission deadline is **April 18th 2014**.

BACKGROUND

In January 2010, NQF released the [Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care](#), which addressed cost and resource use as one of the three overarching domains for assessing efficiency. This framework advised that measures of resource use and cost should acknowledge the value of measuring actual prices paid, standardized prices, in addition to measuring overall utilization. Further, inappropriate care, including failing to provide an evidence-based intervention to an eligible patient or administering an intervention that is unwarranted, cannot be efficient.

Later in 2010, NQF embarked on its first effort to evaluate and endorse cost and resource use measures to expand the NQF portfolio of endorsed cost and resource use measures that in turn could be used as building blocks toward understanding efficiency and value. This learning was captured in the [final](#) and [technical reports](#), yielded the first eight endorsed cost and resource use measures in the NQF portfolio, and the [NQF Resource Use Measure Evaluation Criteria](#). Building on this work, NQF began another project to evaluate non-condition specific measures of resource use, using per-capita and per-hospitalization approaches. This work is currently ongoing. In upcoming work, NQF will continue efforts to evaluate cost and resource use measures focused cardiovascular and pulmonary conditions across two phases of work.

For the purposes of this project, *resource use measures* are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters). A resource use measure counts the frequency of defined health system resources; some may



further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource use. Current approaches for measuring resource use range from broadly focused measures, such as per capita measures, which address total healthcare spending (or resource use) per person, to those with a more narrow focus, such as measures dealing with the healthcare spending or resource use of an individual procedure (e.g., a hip replacement). Although resource use measures alone do not capture efficiency, through the measurement of resource use, providers and other stakeholders can associate a measure of cost with a specified level of quality of care toward understanding the efficiency of care for a population.

MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through NQF's new Measure Inventory Pipeline. This pipeline will serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. 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 (target population);
- planned use,
- stage of development; and
- other relevant information.

Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Standing Committee against the NQF Criteria. Submitted information will be catalogued by NQF and used to help inform the Standing Committee's measure gaps discussions. NQF will also share the information with HHS to inform CMS' Measure Inventory Pipeline, which is a reference for several stakeholders.

MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- [Measure Submission Form](#) Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- [Measure Steward Agreement](#) Please note that no material will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.



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PROCESS PARTICIPATION

Measure developers are strongly encouraged to attend (either in person or via web/conference call) the following scheduled meeting dates to represent their measure(s) and respond to questions from the Committee and members of the public.

Scheduled meeting dates

Meeting		Date/Time
Standing Committee Orientation Webinar (2 hours)	April 23, 2014	12:00 – 2:00 PM EST
Q&A Webinar #1 (2 hours)	May 28, 2014	12:00 – 2:00 PM EST
Q&A Webinar #2 (2 hours)	June 11, 2014	12:00 – 2:00 PM EST
In-person meeting (2 days in Washington, DC)	June 25-26, 2014	
Post Draft Report Comment Webinar (2 hours)	September 17, 2014	12:00 – 2:00 PM EST

Materials must be submitted using the online submission form by 6:00 pm, ET April 18th 2014.

If you have any questions, please contact, Evan M. Williamson, MPH, MS, at 202-783-1300 or via e-mail at efficiency@qualityforum.org

Conditions for Consideration:

- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.¹
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and [tested for reliability and validity](#). Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that [harmonization](#) with related measures and issues with competing measures have been considered and addressed, as appropriate.
- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all [criteria](#) is provided.

¹ Measure stewards must execute a [Measure Steward Agreement](#) with NQF.



Submission Guidance:

- [Developer guidebook:](#)
 - A Developer Guidebook as has been created to assist developers in the measure submission and evaluation process. The Guidebook contains all the information developers need to know when submitting a measure to NQF.
- ICD-10-CM/PCS:
 - Beginning April 1, 2013 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. Click [here](#) for further information on this requirement.
- eMeasures:
 - Must be specified in the Health Quality Measures Format (HQMF) and use the Quality Data Model (QDM) and value sets vetted through the National Library of Medicine's Value Set Authority Center (VSAC);
 - Review the current [measure evaluation criteria and guidance](#)
- Composite measures:
 - Please notify project staff if you plan to submit a composite measure

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!

MEASURE SUBMISSION COMPLETENESS CHECKLIST

- Measure steward agreement or concept agreement is completed and signed
- All conditions for submission are met.
- There are responses in all fields on measure submission form (MSF) unless a particular item is not applicable as indicated in the item instructions.
- Attachments include: eMeasure specifications (S.2a) if applicable; data dictionary/code list (S.2b); Evidence and Measure Testing attachments.
- 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 or justify submitting competing or non-harmonized measures? (see Harmonization process in the [Developer Guidebook](#)).
- Paired measures should be submitted on separate forms.
- An eMeasure must be specified in HQMF format, using QDM and value sets vetted through the VSAC.
- Composite performance measures: responses to the composite measure items are included.



- Both ICD-9 and ICD-10 codes are included

RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure submission and evaluation, please see:

- [Submitting Standards Web Page](#)
- [Measure Evaluation Criteria Web Page](#)

On these pages you will find the most current criteria and guidance for evaluating the criteria as well as examples of responses for the measure submission form, and special reports.

- [Evidence Task Force Report](#)
- [Measure Testing Task Force Report](#)
- [Harmonization Report](#)
- [Competing Measures Report](#)

Evaluation and Measure Submission Guidance:

- [eMeasure Testing Guidance Report](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Evidence and Importance to Measure and Report](#)
- [Measure Testing and Scientific Acceptability of Measure Properties](#)
- [Composite Evaluation Criteria](#)
- [Resource Use Measure Evaluation Criteria](#)
- [Endorsement Maintenance Policy](#)