

NATIONAL QUALITY FORUM

CALL FOR CONCEPTS

Gastrointestinal & Genitourinary Endorsement Maintenance Pilot 2012

This project seeks to evaluate measure concepts and measures that address gastrointestinal (GI) and genitourinary (GU) conditions using the proposed two-stage consensus development process (CDP).

Concepts are defined as:

- Numerator statement
- Denominator statement
- Exclusions under consideration
- Risk adjustment variables under consideration
- Preliminary specifications (not necessarily coding)
- Planned use
- Mapping to taxonomy (i.e., proposed levels of analysis, data source, settings of care, topic area)
- Description of proposed risk adjustment/stratification methodology for complex/outcome measures

This call is for concepts that will be evaluated against the importance criterion in stage one of the pilot, including:

- New measure concepts that have not been fully specified or tested
- Conceptual components of fully specified and tested measures including those measures undergoing endorsement maintenance

NQF TWO-STAGE CONSENSUS DEVELOPMENT PROCESS PILOT

The GI/GU measure endorsement project is a pilot of the proposed two-stage Consensus Development Process (CDP), which is consistent with, but not identical to, the NQF CDP version 1.9. The pilot will begin with the evaluation of concepts against the importance criteria in stage one, including concepts for measures that are submitted with full specifications and testing. Measures with full specifications and completed testing that pass the importance criterion will be further evaluated against the remaining criteria (scientific acceptability, usability, and feasibility) in stage two. This project will involve the active participation of representatives from across the spectrum of healthcare stakeholders and will be guided by a multiple-stakeholder Steering Committee.

By using an actual measure endorsement project with both concepts and fully specified and tested measures for the pilot, NQF will be able to obtain tangible experience from the perspectives of measure developers, Steering Committee members, membership, and other stakeholders, which will help to refine and improve the proposed process. This pilot will allow NQF to specifically assess the new process steps, estimated timeline for each stage of work, and tools and educational materials needed to ensure success.

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NQF is seeking concepts that could be used for accountability and public reporting in the following topic areas related to GI and GU health for adults and children in all settings of care. Concepts and measures for assessing quality of treatments, diagnostic studies, interventions, screening or procedures associated with these organ systems and conditions will be considered:

- GI
 - Gastroesophageal reflux disease (GERD)
 - Gastroenteritis
 - GI bleeding
 - Peptic ulcer disease
 - Liver disease (cirrhosis, end-stage liver disease, portal hypertension)
 - Colitis
 - Diverticulitis
 - Irritable bowel syndrome (IBS)
 - Gallstones
 - Diarrhea/constipation
 - Pancreatitis
 - Appendicitis
 - Celiac disease
 - Other related conditions

- GU
 - Incontinence
 - Neurogenic bladder
 - Urinary tract infection
 - Urinary tract stones
 - Cystitis
 - Hernias
 - Congenital anomalies of the urinary tract
 - Other related conditions

This project launched June 4, 2012. The final concept submission deadline is **July 16, 2012, at 6:00pm ET**.

NQF is particularly interested in concepts and measures (composite and outcome):

- applicable to more than one setting;
- that capture broad populations, including children and adolescents where applicable;
- of chronic care management and care coordination for these conditions;
- sensitive to the needs of vulnerable populations, including racial/ethnic minorities; and Medicaid populations.

Technical assistance review must be sought by June 25, 2012 6:00 PM ET
Concept submissions due by July 16, 2012 6:00 PM ET

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CONCEPT SUBMISSION

Any organization or individual may submit measures or concepts for consideration.

To be included as part of the initial evaluation, candidate concepts must be within the scope of the project and meet the following general conditions:

- All submissions will require a signed agreement. Please contact NQF staff for more information.
- The intended use of the measure, once in its fully specified form, includes both accountability and quality improvement.
- The measure developer/steward attests that harmonization with related measures and issues with competing concepts/measures have been considered and addressed, as appropriate. Please review the attached table of endorsed GI & GU measures (Appendix A) as you prepare your submission.
- The requested concept submission information is complete and responsive to the questions so that all the information needed to evaluate the importance criteria is provided.

REQUIRED TECHNICAL ASSISTANCE

- Technical Assistance is required in order to submit to this project.
- If you plan to submit two or more concepts for review, you are required to complete a minimum of half of the submissions for technical assistance review by the technical assistance deadline.
- Developers who plan to submit only one concept must complete a draft of that concept submission for technical assistance review by the technical assistance deadline.
- Developers are strongly encouraged to review the NQF Developers Guidebook (v1.0) for further details on submission form items and the review process that will be used in this project.

The deadline to seek technical assistance review is COB, June 25, 2012.

Please contact NQF Technical Assistance staff for further information on submission requirements, timeline, and process.

NQF Technical Assistance: gi_gu@qualityforum.org or 202-783-1300.

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QUESTIONS

Additional information on the project can be found on the [project page](#). If you have any questions, please contact Ashlie Wilbon, RN, MPH, at 202-783-1300 or gi_gu@qualityforum.org. Thank you for your assistance.

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Appendix A: NQF-Endorsed GI & GU Measures

NQF #	Title	Measure Steward	Topic
0021	Therapeutic monitoring: Annual monitoring for patients on persistent medications	National Committee for Quality Assurance	GI/GU
0030*	Urinary Incontinence Management in Older Adults - a. Discussing urinary incontinence, b. Receiving urinary incontinence treatment	National Committee for Quality Assurance	GU
0034	Colorectal Cancer Screening	National Committee for Quality Assurance	GI
0098*	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	National Committee for Quality Assurance	GU
0099*	Urinary Incontinence: Characterization of Urinary Incontinence in Women Aged 65 Years and Older	National Committee for Quality Assurance	GU
0100*	Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older	National Committee for Quality Assurance	GU
0223	Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer	American College of Surgeons	GI

**Maintenance measures to be reviewed during this project*

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Updated: 6/1/12

NQF #	Title	Measure Steward	Topic
0225	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	American College of Surgeons	GI
0360	Esophageal Resection Mortality Rate (IQI 8)	Agency for Healthcare Research and Quality	GI
0361	Esophageal Resection Volume (IQI 1)	Agency for Healthcare Research and Quality	GI
0385	Oncology: Chemotherapy for Stage IIIA through IIIC Colon Cancer Patients	American Medical Association - Physician Consortium for Performance Improvement	GI
0388	Prostate Cancer: Three-Dimensional Radiotherapy	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	GU
0389	Prostate Cancer: Avoidance of Overuse Measure – Isotope Bone Scan for Staging Low-Risk Patients	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	GU
0390	Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Patients	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	GU
0392	Colorectal Cancer Resection Pathology Reporting- pT category (primary tumor) and pN category (regional lymph nodes) with histologic grade	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	GI
0455	Recording of Clinical Stage for Lung Cancer and Esophageal Cancer Resection	The Society of Thoracic Surgeons	GI

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Updated: 6/1/12

NQF #	Title	Measure Steward	Topic
0457	Recording of Performance Status (Zubrod, Karnofsky, WHO or ECOG Performance Status) Prior to Lung or Esophageal Cancer Resection	The Society of Thoracic Surgeons	GI
0572	Follow-up after initial diagnosis and treatment of colorectal cancer: colonoscopy	Health Benchmarks-IMS Health	GI
0622*	GERD - Upper Gastrointestinal Study in Adults with Alarm Symptoms	ActiveHealth Management	GI
0625	Prostate Cancer - Cancer Surveillance	ActiveHealth Management	GU
0635*	Chronic Liver Disease - Hepatitis A Vaccination	ActiveHealth Management	GI
0658*	Endoscopy/Poly Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	GI
0659*	Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use	American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)	GI
0684	Percent of Residents with a Urinary Tract Infection (Long-Stay)	Centers for Medicare and Medicaid Services	GU
0685	Percent of Low Risk Residents Who Lose Control of Their Bowels or Bladder (Long-Stay)	Centers for Medicare and Medicaid Services	GU
0686	Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay)	Centers for Medicare and Medicaid Services	GU

****Maintenance measures to be reviewed during this project***

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Updated: 6/1/12

NQF #	Title	Measure Steward	Topic
0727	Gastroenteritis Admission Rate (Pediatric)	Agency for Healthcare Research and Quality	GI
1617	Patients Treated with an Opioid who are Given a Bowel Regimen	RAND Corporation	GI

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