

**CALL FOR MEASURES AND MEASURE CONCEPTS:  
Health and Well-Being Phase 3**

NQF is seeking new measures and concepts in the areas of preventive care and screening that can be used for accountability and public reporting for all populations in all settings of care. Existing measures that will be reviewed include, are are not limited to the following topic areas: physical activity, cervical and colorectal cancer screening, and adult and childhood vaccinations.

**NQF is particularly interested in:**

- measures that address modifiable social, economic, environmental determinants of health with demonstrable relationship to population health outcomes;
- measures that assess health-related behaviors (e.g. smoking, diet) and practices to promote healthy living;
- community-level indicators of health and disease (e.g. disease incidence and prevalence) and community interventions (e.g. mass screening);
- primary prevention and screening (e.g. influenza immunization);
- measures of intermediate clinical outcomes or longer term health outcomes, including complications;
- composite performance measures, in particular those that assess population experience;
- 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, people with disabilities, and Medicaid populations.

This project launched **on Friday, October 23, 2015**. The final submission deadline is **Thursday, June 30, 2016**.

**BACKGROUND**

Social, environmental and behavioral factors can have significant negative impact on health outcomes and economic stability,<sup>1</sup> and these along with other upstream determinants contribute to 60 percent of deaths in the United States;<sup>2</sup> yet only 3 percent of national health

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<sup>1</sup> Nash DB, Reifsnnyder J, Fabius R, Pracilio VP. Population Health: Creating a Culture of Wellness, Sudbury, Massachusetts: Jones & Bartlett Learning; 2011.

<sup>2</sup> Kindig DA, Asada Y, Booske B, A population health framework for setting national and state health goals, JAMA, 2008;299(17):2081-2083.

expenditure is spent on prevention, while 97 percent is spent on health care services.<sup>3</sup> Population health includes a focus on health and well-being, along with disease and illness, prevention and health promotion, and disparities in outcomes and improvement activities within a group and/or between groups. Developing strategies to strengthen the measurement and analysis of health and well-being given its multi-dimensional focus can be best accomplished using a collaborative approach that includes public health, healthcare delivery systems, and other key sectors whose policies, practices, and procedures influence health. Using the right measures can determine how successful initiatives are in reducing this mortality and excess morbidity and help focus future work to improve population health in appropriate areas.<sup>4</sup>

As an extension of NQF's most recent Population Health Endorsement Maintenance project, which was informed by the [National Quality Strategy \(NQS\)](#) three-tiered approach to working with communities to promote healthy living and well-being and the [Jacobson and Teutsch commissioned paper on Integrated Approaches for Defining and Measuring Total Population Health](#), this multiphase project seeks to identify and endorse measures that can be used to assess health and well-being across all levels of analysis, including healthcare providers and communities. An additional resource is NQF's [Population Health Action Guide 2.0](#), which is a framework to identify key drivers of population health across communities.

The project will evaluate measures that assess health-related behaviors, community-level indicators of health and disease, primary prevention and screening, practices to promote healthy living, community interventions; and modifiable social, economic, environmental determinants of health with demonstrable relationship to health and well-being.

The Health and Well-Being project will also review maintenance measures, using the most recent NQF measure evaluation criteria, including measures targeting physical activity, cervical and colorectal cancer screening, adult and pediatric vaccinations, and other preventive care and screening measures.

## MEASURE CONCEPTS

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<sup>3</sup> Bipartisan Policy Center. 2012. Lots to lose: How America's health and obesity crisis threatens our Economic Future. Washington, DC: Bipartisan Policy Center.

<sup>4</sup> National Research Council. Population Health Implications of the Affordable Care Act: Workshop Summary. Washington, DC: The National Academies Press, 2013.



In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through [NQF's Measure Inventory Pipeline](#). This pipeline is intended to serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. It also enables 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 discussion. NQF also will share the information with the Department of Health and Human Services (HHS) to inform the Centers for Medicare and Medicaid Services's (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 materials 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.

#### PROCESS PARTICIPATION

Measure developers are strongly encouraged to attend (either in person or via web/conference call) the following scheduled meetings to represent their measure(s) and respond to questions from the Committee and members of the public. The in-person meeting date is scheduled and listed below. The remaining meeting dates will be finalized based on Committee availability.

##### Scheduled meeting dates

Meeting	Date/Time
Standing Committee Orientation Webinar (2 hours)	TBD



Measure Evaluation Q&A (1 hour)	TBD
In-person meeting (2 days in Washington, DC)	September 12-13, 2016
Post-Meeting Webinar (2 hours)	TBD
Post Draft Report Comment Webinar (2 hours)	TBD

**Materials must be submitted using the online submission form by 6:00 pm, ET on Thursday, June 30, 2016.** If you have any questions, please contact Zehra Shahab at (202) 783-1300 or via e-mail at [healthandwellbeing@qualityforum.org](mailto:healthandwellbeing@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.<sup>5</sup>
- 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.

***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

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<sup>5</sup> Measure stewards must execute a Measure Steward Agreement with NQF.



### ***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 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 and Guidance PDF](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Endorsement Maintenance Policy](#)
- [What Good Looks Like - Measure Submission Examples](#)
- [Composite Measure Evaluation Guidance Report](#)
- [Patient Reported Outcomes Report](#)
- [eMeasure Feasibility Report](#)
- [Reserve Status Policy](#)