



## Infectious Disease, 2016-2017

### BACKGROUND

Many infectious diseases have been controlled or eradicated as a result of vaccines or treatments. However, infectious diseases persist, from viruses and bacteria that cause respiratory illnesses to sexually transmitted infections and more. The NQF infectious disease portfolio currently includes measures focused on HIV/AIDS, hepatitis, sexually transmitted infections, adult and pediatric respiratory infections, and sepsis. Infectious diseases account for 3.9 million hospital visits per year and are a leading cause of death in the United States. Each year, the nation spends more than \$120 billion to treat infectious diseases. Effective quality measures are critically important to improve national efforts to advance treatment of infectious diseases and improve patient safety and healthcare outcomes.

As part of NQF's ongoing work with performance measurement for infectious diseases and conditions, this project seeks to identify and endorse performance measures for accountability and quality improvement. Sixteen NQF-endorsed measures due for maintenance and newly submitted measures will be re-evaluated against the most recent NQF measure evaluation criteria.

### COMMITTEE CHARGE

The multi-stakeholder Standing Committee will evaluate newly submitted measures and measures undergoing maintenance review, and make recommendations for which measures should be endorsed as national consensus standards. This Committee will identify and recommend endorsement of new performance measures for accountability and quality improvement that specifically address a number of topic areas, including, but not limited to: HIV/AIDS, hepatitis, sexually transmitted infections, adult and pediatric respiratory infections, and sepsis. Additionally, the Committee will evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee will also:

- oversee the portfolio of infectious disease measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio

- provide advice or technical expertise about the subject to other committees (i.e., cross-cutting committees or the Measure Applications Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP)

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

## COMMITTEE STRUCTURE

This Committee is seeking additional Standing Committee members for a full Committee of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

### *Terms*

**Standing Committee members will initially be appointed to a 2 or 3-year term.** Each term thereafter would be a 3-year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

**Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings.** Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

### **Committee participation includes:**

- Evaluate submitted measures against NQF's measure evaluation criteria during each cycle of measure review
  - Each committee member will be assigned a portion (1-5) of the measures to fully evaluate (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
  - Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- Attendance at the NQF staff-hosted measure evaluation Q & A call (2 hours)
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure evaluation by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure evaluations via webinar
- Participate in additional calls as necessary

- Complete surveys and pre-meeting measure evaluations
- Present measure evaluations and lead discussions for the Committee on conference calls and in meetings

**Table of scheduled meeting dates**

Meeting	Date/Time
<b>Committee Orientation Call</b>	January 18, 2017, 1-3PM ET
<b>Measure Evaluation Q&amp;A Call</b>	February 7, 2017, 2-4PM ET
<b>Workgroup Call</b>	Call 1: 2/21/17, 1-3PM ET Call 2: 2/23/17, 11AM-1PM ET Call 3: 2/28/17, 11AM-1PM ET Call 4: 3/1/17, 1-3PM ET (if needed)
<b>In-person Meeting (2 days in Washington, D.C.)</b>	March 13 – 14, 2017 8:30AM-5:00PM ET
<b>Post-meeting Follow-up Call</b>	March 23, 2017, 1-3PM ET
<b>Post Draft Report Comment Call</b>	June 1, 2017, 1-3PM ET

#### PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated on a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with infectious disease. NQF seeks nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives, health plans and purchasers, as well as methodologists. NQF also seeks expertise in pediatrics, disparities and care of vulnerable populations.

**Please review the NQF [Conflict of interest policy](#) to learn about how NQF identifies potential conflict of interest.** All potential Standing Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A

potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

## CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are for an individual, not an organization, so "substitutions" of other individuals from an organization at conference calls or meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

## APPLICATION REQUIREMENTS

Nominations are sought for individuals as subject matter experts, not organizations. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Infectious Disease Standing Committee, please **submit** the following information:

- A completed [online nomination form](#), including:
  - a brief statement of interest
  - a brief description of nominee expertise highlighting experience relevant to the committee
  - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development; CDP only
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

## DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm EST on November 10, 2016**

## QUESTIONS

If you have any questions, please contact Christy Skipper or Mauricio Menendez at 202-783-1300 or the Infectious Disease project team at [infectiousdisease@qualityforum.org](mailto:infectiousdisease@qualityforum.org) . Thank you for your interest.