

NATIONAL QUALITY FORUM

CALL FOR MEASURES: INFECTIOUS DISEASE ENDORSEMENT MAINTENANCE 2012

BACKGROUND

While many infectious diseases have been controlled or eradicated through the use of vaccines and advanced medicine, infectious disease continues to cause widespread morbidity and mortality, and rising health care costs. Specifically:

- In 2008, hospital charges for infectious disease averaged \$96 billion per year with an average 4.5 million hospital days per year.¹
- An estimated 1.2 million Americans are living with HIV/AIDS, and nearly 642,000 Americans have died from AIDS since 1981.² Last year total federal spending on HIV/AIDS-related medical care, research, prevention, and other activities was \$21.3 billion. For fiscal year 2013, President Obama has requested \$22.4 billion to combat HIV in the U.S.³
- According to the Centers for Disease Control and Prevention (CDC), every year the healthcare system spends \$17 billion on sexually transmitted infections.⁴ It is estimated that in the U.S. there are roughly 19 million new infections every year.⁵

Providing resources, such as patient education and intervention programs along with continued scientific research for existing and emerging diseases, will reduce mortality and healthcare costs. Appropriate use of antibiotics and antibiotic stewardship are critical factors in management of infectious disease. Antibiotic stewardship provides an opportunity to not only shorten an individual's length-of-stay in the hospital and improve patient outcomes, but also has the potential to reduce healthcare costs.⁶ A University of Maryland study indicated that over 8 years, an antibiotic stewardship program saved \$17 million.⁷

NQF has endorsed a number of consensus standards to evaluate the quality of care for topic areas related to infectious disease over the past decade. As quality measurement has matured, better data systems have become available, electronic health records are closer to widespread adoption, and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes for infectious disease conditions. An evaluation of the NQF-endorsed® infectious disease measures and consideration of new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

This project seeks to identify and endorse new performance measures for accountability and quality improvement that specifically address infectious disease conditions. Additionally, 29 infectious disease consensus standards endorsed by NQF before 2010 also will be evaluated under the maintenance process.

Measure Submissions Due By Monday, July 2, 2012 6:00 PM ET

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This project will launch April 13, 2012. The measure submission deadline is July 2, 2012, at 6:00pm ET. The project may be phased, depending on the number of measures received.

CALL FOR MEASURES

In this call, NQF is seeking performance measures that can be used for accountability and public reporting in the following topic areas related to infectious disease (viral, bacterial, fungal, or parasitic infections) for adults and children in all settings of care. Measures addressing screening, vaccinations, treatments, diagnostic studies, interventions, or procedures associated with infectious diseases including but not limited to:

- HIV/AIDS;
- Hepatitis;
- Respiratory infections including URI, acute bronchitis, influenza, tuberculosis and other respiratory infections (except pneumonia*);
- Infections of the various organ systems including neurologic, musculoskeletal, gastrointestinal, genitourinary or skin and soft tissues;
- Sexually transmitted infections;
- Opportunistic and atypical infections;
- Sepsis and septic shock;
- Adult immunizations (except influenza and pneumococcal**); and
- Infectious disease threats: bioterrorism, pandemics and emerging infections.

*Measures for pneumonia are being considered in the Pulmonary and Critical Care project.

**Measures for influenza and pneumococcal immunization have recently been considered in the Population Health project: Phase 1.

NQF is also soliciting performance measures related to antimicrobial use including appropriate care, antimicrobial stewardship and management of antimicrobial resistance such as MRSA.

NQF is particularly interested in composite and outcome measures; measures applicable to more than one setting; measures that capture broad populations, including children and adolescents where applicable; measures of chronic care management and care coordination for these conditions; and measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations. To the extent possible, NQF encourages the inclusion of electronic specifications for the measures submitted to this project.

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Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure steward is in the public domain, or a [measure steward agreement](#) is signed.
- B. 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.
- C. The intended use of the measure includes both accountability and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.* Testing method, data and results must be included in the online submission. Supplemental information may be included as an attachment but the essential information must be included in the online submission.
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

*Measures without testing data for reliability and validity are not eligible for submission; however, a few exceptions may apply.

To submit a measure, please complete the following:

- online measure submission form (available on the project page)
- [measure steward agreement](#)

Please note that materials will not be accepted unless accompanied by a fully executed [measure steward agreement](#). All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET on July 2, 2012, for consideration in this project. Incomplete submissions or submissions that do not respond to the questions will not be accepted. A developer may request a preview of their submission for completeness and responsiveness if submitted by June 10, 2012.**

QUESTIONS

If you have any questions, please contact Reva Winkler, MD, MPH or Alexis Forman Morgan, MPH, at 202-783-1300 or infectiousdisease@qualityforum.org. Thank you for your assistance.

¹ Christensen KL, Holman RC, Steiner CA, et al. Infectious disease hospitalizations in the United States. *Clin Infect Dis*, 2009;49(7):1025-1035.

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²The Henry J. Kaiser Family Foundation (KFF). *HIV/AIDS Policy Fact Sheet. The HIV/AIDS Epidemic in the United States*. Menlo Park, CA:KFF March 2012. Available at www.kff.org/hivaids/upload/3029-13.pdf. Last accessed March 2012.

³KFF. *HIV/AIDS Policy Fact Sheet. U.S. Federal Funding for HIV/AIDS: The President's FY 2013 Budget Request*. Menlo Park, CA:KFF, February 2012. Available at www.kff.org/hivaids/upload/7029-08.pdf. Last accessed March 2012.

⁴Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Disease Surveillance, 2010*. Atlanta, GA:CDC, 2011. Available at www.cdc.gov/std/stats10/trends.htm. Last accessed March 2012.

⁵Ibid.

⁶CDC. *Antibiotic stewardship — the ultimate return on investment*. Atlanta, GA:CDC, 2011. Available at www.cdc.gov/getsmart/healthcare/learn-from-others/factsheets/antibiotic-use.html. Last accessed March 2012.

⁷Ibid.