

## **NATIONAL QUALITY FORUM**

### **CALL FOR NOMINATIONS TO STEERING COMMITTEE Infectious Disease Endorsement Maintenance Project 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.<sup>1</sup>
- An estimated 1.2 million Americans are living with HIV/AIDS, and nearly 642,000 Americans have died from AIDS since 1981.<sup>2</sup> 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.<sup>3</sup>
- According to the Centers for Disease Control and Prevention (CDC), every year the healthcare system spends \$17 billion on sexually transmitted infections.<sup>4</sup> It is estimated that in the U.S. there are roughly 19 million new infections every year.<sup>5</sup>

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.<sup>6</sup> A University of Maryland study indicated that over 8 years, an antibiotic stewardship program saved \$17 million.<sup>7</sup>

This project seeks to identify and endorse new performance measures for accountability and quality improvement that specifically address infectious disease conditions. Additionally, 27 infectious disease consensus standards endorsed by NQF before 2010 also will be evaluated under the maintenance process.

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;

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- 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.

## **STEERING COMMITTEE**

A multi-stakeholder Steering Committee will evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. The Steering Committee, comprising of 20-22 individuals, will represent the variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, screening, vaccinations, treatment, diagnostic studies, interventions, or procedures associated with the topics listed above, across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including but not limited to physicians, physician assistants, nurses, pharmacists, laboratory technicians, case managers, social workers, executives (hospital, clinic and/or education/intervention/prevention programs) and researchers. We also are seeking expertise in disparities and care of vulnerable populations.

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

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will evaluate 27 NQF-endorsed measures for maintenance review and any new measures submitted for initial evaluation. The Committee will work with NQF staff to develop specific project plans, provide advice about the subject, ensure input is obtained from relevant stakeholders, review draft products, and recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process.

**Steering Committee members should not have a vested interest in the candidate measures. This includes employees or contractors of measure owners/developers, members of workgroups that developed the measures, and members of committees that approve measures or direct or set policy for measure development.** Please see the NQF website for additional information about the [conflict of interest policy](#). All potential Steering Committee members must disclose any current and past activities associated with the development of performance measures during the nomination process.

## TIME COMMITMENT

*The Steering Committee will meet in person for a two-day meeting on August 28-29, 2012, in Washington, DC.* Committee members must be available to attend the meeting. Additionally, Steering Committee members will meet approximately three times by conference call for two hours each before the meeting and one time after the meeting, and will be asked to review materials and provide feedback throughout the process. Additional conference calls may be needed.

The introductory orientation call is mandatory for all Steering Committee members and is scheduled for **July 10, 2012, from 2:00pm-4:00pm ET**. There will be a measure evaluation tutorial call scheduled on **July 24, 2012 from 2:00-4:00pm ET**; Committee members are strongly encouraged to attend one of these calls. Committee members will be assigned to a work group and required to attend one workgroup call before the meeting. These calls are scheduled for **August 15, 2012 (2:00-4:00pm ET), August 16, 2012 (2:00-4:00pm ET), August 22, 2012 (2:00-4:00pm ET), and August 23, 2012 (2:00-4:00pm ET)**. Committee members will be assigned to workgroups after the Committee has been seated. There will be a required post-comment period conference call on **November 19, 2012, from 2:00-4:00pm ET** to discuss the comments received on the measures and the responses.

Depending on the number of measures received, this project may be phased, meaning that half of the measures would be reviewed by the Committee in Fall 2012, and a second process would begin in Summer 2013, to review the remaining measures. The Committee for Phase II would remain substantially the same, pending a review of the expertise needed for the project content and assuming that there are no conflicts identified.

## CONSIDERATION AND SUBSTITUTION

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Priority will be given to nominations from NQF Members. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls or meetings is not permitted.

## MATERIAL TO SUBMIT

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering Committee, please send the following information:

- a completed nomination form;
- confirmation of availability to participate in the **orientation call on July 10, 2012**; the **August 28-29, 2012 in-person meeting**; and the **November 19, 2012 post-comment period call**;
- a 2-page letter of interest and a short biography (maximum 750 characters), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
- curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*; and
- a completed [conflict of interest](#) form.

Materials should be submitted through the project page on the NQF website.

## DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Monday, May 14, 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](mailto:infectiousdisease@qualityforum.org). Thank you for your assistance.

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<sup>1</sup> K. Christensen, R. Holman, C. Steiner, et al. Infectious Disease Hospitalizations in the United States. *Clinical Infectious Diseases*, October 2009; 49(7):1025-1035.

<sup>2</sup> The Henry J. Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet. *The HIV/AIDS Epidemic in the United States*, March 2012. Available at: <http://www.kff.org/hivaids/upload/3029-13.pdf>. Accessed March 2012.

<sup>3</sup> The Henry J. Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet. *U.S. Federal Funding for HIV/AIDS: The President's FY 2013 Budget Request*, February 2012. Available at: <http://www.kff.org/hivaids/upload/7029-08.pdf>. Accessed March 2012.

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<sup>4</sup> Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention. *Sexually Transmitted Disease Surveillance, 2010*. Available at: <http://www.cdc.gov/std/stats10/trends.htm>. Accessed March 2012.

<sup>5</sup> Ibid.

<sup>6</sup> Centers for Disease Control and Prevention National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Division of Healthcare Quality Promotion (DHQP). *Antibiotic stewardship — the ultimate return on investment*. Available at: <http://www.cdc.gov/getsmart/healthcare/learn-from-others/factsheets/antibiotic-use.html>. Accessed March 2012.

<sup>7</sup> Ibid.

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