**CALL FOR NOMINATIONS**

***NQF Call for Nominations***

***August 2009***

**PATIENT OUTCOMES**

NQF is seeking nominations for members of three Steering Committees and several Technical Advisory Panels (TAPs) for a new project to endorse cross-cutting measures of patient outcomes as well as patient outcomes for more than twenty conditions.

**BACKGROUND**

To achieve quality healthcare across the full continuum, there is a need for more measures that specifically address various outcomes of care provided in our nation’s healthcare system. Many outcome measures are inherently relevant because they reflect the reason consumers seek healthcare (e.g., to improve function, decrease pain, survive), as well as reflect the result healthcare providers are trying to achieve. To date, NQF has endorsed only a few outcome measures, typically focused on mortality, readmission, and complications. However, a major gap remains for more patient-focused outcomes, such as patient-reported health-related quality of life, functional status (e.g., ambulation) and productivity (e.g., days lost from work). It is expected that these cross-cutting outcome measures could be used across conditions and complement disease-specific outcomes. In addition to cross-cutting outcomes, NQF will consider measures of patient outcomes for a variety of specific conditions as outlined below.

**STEERING COMMITTEES**

This project will use three Steering Committees to address cross-cutting and condition-specific outcomes for adults, children, and mental health. Each Steering Committee will oversee the development of a draft consensus report, including recommendation of which measures of patient outcomes should be endorsed as consensus standards and an assessment of the gaps in important outcome measures.

Main Outcomes Steering Committee, comprising 20-25 individuals, will represent the range of stakeholder perspectives possessing relevant knowledge and/or experience in measurement of adult outcomes and risk adjustment.

Child Health Steering Committee, comprising 15-20 individuals, will represent the range of stakeholder perspectives possessing relevant knowledge and/or experience in measurement of child health outcomes and risk adjustment.

Mental Health Steering Committee, comprising 15-20 individuals, will represent the range of stakeholder perspectives possessing relevant knowledge and/or experience in measurement of mental health outcomes and risk adjustment and/or clinical expertise in depression and other serious mental illnesses or Alzheimer’s disease and related disorders.

**Steering Committee members should not have a bias or conflict of interest in the candidate measures. This means “having an ownership interest (such as intellectual property rights) and/or having a direct, material influence on management decisions or policies that govern (i) the candidate consensus standard under consideration by the Company or (ii) a standard that is in direct competition with the candidate consensus standard under consideration by the Company.”** Please see the NQF website for additional information about the [Conflict of Interest policy](http://www.qualityforum.org/uploadedFiles/Quality_Forum/Measuring_Performance/Consensus_Development_Process%E2%80%99s_Principle/Conflict_of_Interest_Policy.pdf?n=6170). All potential Steering Committee members must disclose any current and past activities during the nomination process.

As with all NQF projects, the Steering Committees will work with NQF staff to 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.

**Time Commitment:** Each Steering Committee will meet during two in-person meetings and conference calls as needed. In addition, steering committee members who are selected to serve as TAP co-chairs will be asked to also attend TAP meetings and calls.

All Steering Committees: Introductory conference call

October 13, 2009 3-4:30 p.m. ET

Main Outcomes Steering Committee: In-person meetings

Week of October 19, 2009 and March 2010

Child Health Steering Committee: In-person meetings

November 12-13, 2009 and April 2010

Mental Health Steering Committee: In-person meetings

November 16-17, 2009 and April 2010

**Technical Advisory Panels**

This project will also use multiple TAPs of up to 10 members each to provide additional measurement and clinical expertise in specific condition areas. The TAPs will work with NQF staff to provide technical evaluation of the measures against NQF’s standard measure evaluation criteria. To foster consistency of approach and shared clinical consultation across related concepts, each TAP will support both this Outcomes project as well as an upcoming project on Resource Use. The TAPs will be co-chaired by a member of the Main Outcomes Steering Committee and the Resource Use Steering Committee with the relevant clinical expertise. NQF is soliciting nominations for the following TAPs:

Cardiovascular – TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for cardiovascular conditions, including congestive heart failure, ischemic heart disease, acute myocardial infarction, atrial fibrillation, stroke, and transient ischemic attacks (TIAs).

Diabetes/Metabolic – TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for diabetes, chronic kidney disease, and related conditions.

Pulmonary **-** TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for pulmonary conditions, including asthma and chronic obstructive pulmonary disease (COPD).

Cancer **-** TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for cancer, including prostate cancer, breast cancer, lung cancer, endometrial cancer and colorectal cancer.

Bone/Joint - TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for bone and joint-related disorders, including osteoporosis, hip/pelvic fractures, osteoarthritis and rheumatoid arthritis.

Infectious Disease - TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for infectious diseases, including pneumonia and urinary tract infection.

Biliary/GI -TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for biliary and gastrointestinal disorders, including cholecystitis, cholelithiasis and other gastrointestinal conditions.

Eye Care - TAP members should have expertise in patient outcomes, quality measurement and/or clinical care for eye care, including cataracts and glaucoma.

**Time Commitment:** Each TAP will meet in Washington, DC for a one-day in-person meeting for this Patient Outcomes project and again for the Resource Use project (dates to be announced later). If only a few measures are identified for condition areas, NQF may change the in-person meeting to a conference call. An introductory conference call on October 13, 2009 3-4:30pm ET and additional calls as needed may be scheduled.

Cardiovascular TAP: In-person meeting – November 18, 2009

Diabetes/Metabolic TAP: In-person meeting – November 10, 2009

Pulmonary TAP: In-person meeting – November 2, 2009

Cancer TAP: In-person meeting – January 2010

Bone/Joint TAP: In-person meeting – January 2010

Infectious Disease TAP: In-person meeting – December 2009

Biliary/GI TAP: In-person meeting – December 2009

Eye Care TAP: In-person meeting – January 2010

**CONSIDERATION AND SUBSTITUTION**

All nominations will be considered for either the Steering Committees or the Technical Advisory Panels. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at meetings and conference calls are not permitted. Steering Committee and TAP members will be sent meeting materials electronically 10-14 days prior to each meeting. Steering Committee members are strongly encouraged to bring a laptop computer to the meetings. No paper copies of meeting materials will be distributed.

**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 Committees or TAPs, please send the following information:

* A completed [Patient Outcomes Nomination Form](http://www.qualityforum.org/http%3A/www.qualityforum.org/projects/Patient_Outcome_Measures/Nomination_Form.aspx);
* Confirmation of availability to participate at the in person meeting;
* A two-page letter of interest and a 100 word maximum biography, highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development; and
* Curriculum vitae and/or list of relevant experience (e.g., publications) *up to 20 pages*; and
* Completed [Non-Disclosure Agreement](http://www.qualityforum.org/docs/txProprietaryPoliciesNon-DisclosureAgreement.aspx) form.

Materials should only be submitted via email to outcomes@qualityforum.org with the subject line “Nominations”.

**DEADLINE FOR SUBMISSION**

All nominations MUST be submitted by **6:00 p.m. ET on Tuesday, September 15, 2009**.

**QUESTIONS**

If you have any questions, please contact, Alexis Forman, MPH; Lindsay Lang, MHSA, RN; Kristyne McGuinn, MHS; or Reva Winkler, MD, MPH at 202-783-1300 or via e-mail at outcomes@qualityforum.org.