NATIONAL QUALITY FORUM

Measure Evaluation 4.1
January 2010

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The sub-criteria and most of the footnotes from the evaluation criteria are provided in Word comments and will appear if your cursor is over the highlighted area (or in the margin if your Word program is set to show revisions in balloons). Hyperlinks to the evaluation criteria and ratings are provided in each section.

TAP/Workgroup (if utilized)**:** Complete all yellow highlighted areas of the form. Evaluate the extent to which each sub-criterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

Note: *If there is no TAP or workgroup, the SC also evaluates the* sub-criteria *(yellow highlighted areas)*.

Steering Committee: Complete all pink highlighted areas of the form. Review the workgroup/TAP assessment of the sub-criterion, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met
C = Completely (unquestionably demonstrated to meet the criterion)
P = Partially (demonstrated to partially meet the criterion)
M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)
N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)
NA = Not applicable (only an option for a few sub-criteria as indicated)

(for NQF staff use) **NQF Review** #: OT3-032-10 **NQF Project:** Patient Outcomes Measures: Child Health and Mental Health (Phase III)
MEASURE DESCRIPTIVE INFORMATION
De.1 Measure Title: Number of School Days Children Miss Due to Illness
De.2 Brief description of measure*:* Measures the quantitative number of days of school missed due to illness or condition among children and adolescents age 6-17 years.
1.1-2 Type of Measure: outcome **De.3 If included in a composite or paired with another measure, please identify composite or paired measure**
De.4 National Priority Partners Priority Area: population health **De.5 IOM Quality Domain**: effectiveness **De.6 Consumer Care Need:** Staying Healthy

CONDITIONS FOR CONSIDERATION BY NQF	
Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	**NQF Staff**
A. The measure is in the public domain or an intellectual property (measure steward agreement) is signed. *Public domain only applies to governmental organizations. All non-government organizations must sign a measure steward agreement even if measures are made publicly and freely available.* **A.1 Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)?** Yes **A.2 Indicate if Proprietary Measure** (*as defined in measure steward agreement*)**:** **A.3 Measure Steward Agreement:** agreement signed and submitted **A.4 Measure Steward Agreement attached:** 2-2-2010 NQF Agreement Form for new measures.pdf	**A** **Y**☐ **N**☐
B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and	**B**

update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. Yes, information provided in contact section	Y☐ N☐
C. The intended use of the measure includes both public reporting and quality improvement. ►**Purpose:** public reporting, quality improvement 0,0,0,	C Y☐ N☐
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. D.1**Testing:** Yes, fully developed and tested D.2 **Have NQF-endorsed measures been reviewed to identify if there are similar or related measures?** Yes	D Y☐ N☐
(for NQF staff use) **Have all conditions for consideration been met?** **Staff Notes to Steward** (*if submission returned*)**:**	**Met** Y☐ N☐
Staff Notes to Reviewers (*issues or questions regarding any criteria*)**:**	
Staff Reviewer Name(s):	

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
1. IMPORTANCE TO MEASURE AND REPORT	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. *Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria.* (evaluation criteria) **1a. High Impact**	Eval Rating
(for NQF staff use) Specific NPP goal:	
1a.1 **Demonstrated High Impact Aspect of Healthcare:** affects large numbers, severity of illness 1a.2 1a.3 **Summary of Evidence of High Impact:** Nationally 5.8% of children miss more than 2 weeks of school per year due to illness. Among children living with illness, the proportion of children missing that amount of school is 13.5%. 1 in 7 children living with illness is missing a significant amount of school. 1a.4 **Citations for Evidence of High Impact:** Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health website. www.nschdata.org	**1a** C☐ P☐ M☐ N☐
1b. Opportunity for Improvement 1b.1 **Benefits (improvements in quality) envisioned by use of this measure:** Each missed school day contributes to a potential in disparities in learning. This outcome can help researchers and policy makers understand the complexity of children with special health care needs, as well as formulate interventions that would decrease the impact of a chronic condition on the child. 1b.2 **Summary of data demonstrating performance gap (variation or overall poor performance) across providers:** There is a broad range in the proportion of children who are missing more than two weeks of school across states. The range across states is 3.2% of children in Georgia to 9.8% of children living in Montana.	**1b** C☐ P☐ M☐ N☐

1b.3 Citations for data on performance gap:

1. Bethell CD, Read D, Blumberg SJ, Newacheck PW. What is the prevalence of children with special health care needs? Toward an understanding of variations in findings and methods across three national surveys. Matern Child Health J. 2008;12(1):1-14.

2. Blanchard LT, Gurka MJ, Blackman JA. Emotional, developmental, and behavioral health of American children and their families: a report from the 2003 National Survey of Children's Health. Pediatrics. 2006;117(6):e1202-12.

3. Bramlett MD, Blumberg SJ. Family structure and children's physical and mental health. Health Aff (Millwood). 2007;26(2):549-558.

4. Bramlett MD, Read D, Bethell C, Blumberg SJ. Differentiating subgroups of children with special health care needs by health status and complexity of health care needs. Matern Child Health J. 2009;13(2):151-163.

5. Centers for Disease Control and Prevention (CDC). Mental health in the United States: health care and well being of children with chronic emotional, behavioral, or developmental problems--United States, 2001. MMWR Morb Mortal Wkly Rep. 2005;54(39):985-989.

1b.4 Summary of Data on disparities by population group:

13.5% of children living with illness miss more than 2 weeks of school compared to only 3% of children who are not living with illness.

Children living in poverty are twice as likely to miss 2 weeks of school (8% vs. 4%) compared with children living at 400% federal poverty level.

1b.5 Citations for data on Disparities:

1. Bethell CD, Read D, Blumberg SJ, Newacheck PW. What is the prevalence of children with special health care needs? Toward an understanding of variations in findings and methods across three national surveys. Matern Child Health J. 2008;12(1):1-14.

2. Blanchard LT, Gurka MJ, Blackman JA. Emotional, developmental, and behavioral health of American children and their families: a report from the 2003 National Survey of Children's Health. Pediatrics. 2006;117(6):e1202-12.

3. Bramlett MD, Blumberg SJ. Family structure and children's physical and mental health. Health Aff (Millwood). 2007;26(2):549-558.

4. Bramlett MD, Read D, Bethell C, Blumberg SJ. Differentiating subgroups of children with special health care needs by health status and complexity of health care needs. Matern Child Health J. 2009;13(2):151-163.

5. Centers for Disease Control and Prevention (CDC). Mental health in the United States: health care and well being of children with chronic emotional, behavioral, or developmental problems--United States, 2001. MMWR Morb Mortal Wkly Rep. 2005;54(39):985-989.

1c. Outcome or Evidence to Support Measure Focus

1c.1 Relationship to Outcomes (*For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population*)**:** The measure of missed school days shows the impact of a child's health on the child's social functioning and educational opportunities. Children with chronic conditions (CSHCN) report higher numbers of missed school days than non-CSHCN. In order to eliminate educational disparities among children living with illness, policy makers must understand the extent of missed school days across populations.

1c
C☐
P☐
M☐
N☐

1c.2-3. **Type of Evidence:** systematic synthesis of research 1c.4 **Summary of Evidence** (*as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome*)**:** Healthcare providers can work with all children, particularly children living with illness, to best prepare them for returning to school. 1c.5 **Rating of strength/quality of evidence (***also provide narrative description of the rating and by whom***):** 1c.6 **Method for rating evidence:** 1c.7 **Summary of Controversy/Contradictory Evidence:** 1c.8 **Citations for Evidence (***other than guidelines***):** 1c.9 **Quote the Specific guideline recommendation (***including guideline number and/or page number***):** 1c.10 **Clinical Practice Guideline Citation:** 1c.11 **National Guideline Clearinghouse or other URL:** 1c.12 **Rating of strength of recommendation (***also provide narrative description of the rating and by whom***):** 1c.13 **Method for rating strength of recommendation** (*If different from* USPSTF system*, also describe rating and how it relates to USPSTF)***:** 1c.14 **Rationale for using this guideline over others:**	
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for** *Importance to Measure and Report?*	**1**
Steering Committee: Was the threshold criterion, *Importance to Measure and Report***, met?** **Rationale:**	**1** **Y☐** **N☐**
2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES	
Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)	Eval Rating
2a. MEASURE SPECIFICATIONS	
S.1 **Do you have a web page where current detailed measure specifications can be obtained?** S.2 **If yes, provide web page URL:** **2a. Precisely Specified**	**2a-specs** **C☐** **P☐** **M☐** **N☐**
2a.1 **Numerator Statement (***Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome***):** Number of school days missed during past 12 months due to illness or injury	

2a.2 Numerator Time Window (*The time period in which cases are eligible for inclusion in the numerator***):**
Encounter or point in time.

2a.3 Numerator Details (*All information required to collect/calculate the numerator, including all codes, logic, and definitions***):**
Answer to number of days missed during past 12 months is open-ended. Respondent may provide any number of days.

2a.4 Denominator Statement (*Brief, text description of the denominator - target population being measured***):**
Children and adolescents age 6-17 years who have been enrolled in school (public or private) at any time during the past 12 months.

2a.5 Target population gender: Female, Male
2a.6 Target population age range: Children and adolescents age 6-17 years

2a.7 Denominator Time Window (*The time period in which cases are eligible for inclusion in the denominator***):**
Time window is a fixed period of time. Assesses number of school days missed due to illness or injury in the last 12 months.

2a.8 Denominator Details (*All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions***):**
What kind of school does child currently attend? (Public, private, home school, none).
If none, ask if child has attended school at all during the past 12 months?

2a.9 Denominator Exclusions (*Brief text description of exclusions from the target population***):** Children are excluded from denominator if
--child does not fall in target population age range (6-17 years)
--child is currently home schooled and parent indicated that therefore the question did not apply
--child has not attended school in the past 12 months

2a.10 Denominator Exclusion Details (*All information required to collect exclusions to the denominator, including all codes, logic, and definitions***):**
Children are excluded from denominator if
--child does not fall in target population age range (6-17 years). If child is less than six years old, skip questions
--child is currently home schooled and parent indicated that question did not apply (if parent indicated that child is homeschooled and then provided an answer to number of missed days--including 0 missed days--then they are included in the denominator)
--child has not attended school in the past 12 months

2a.11 Stratification Details/Variables (*All information required to stratify the measure including the stratification variables, all codes, logic, and definitions***):**
No stratification is required.

When the missed school days due to illness or injury measure was administered in its most recent form, in the 2007 NSCH, the survey included a number of child demographic variables that allow for stratification of the findings by possible vulnerability:

- Age
- Gender
- Geographic location- State, HRSA Region, National level Rural Urban Commuter Areas (RUCA)
- Race/ethnicity
- Health insurance- status, type, consistency, adequacy
- Primary household language
- Household income
- Special Health Care Needs- status and type

2a.12-13 Risk Adjustment Type: no risk adjustment necessary

2a.14 Risk Adjustment Methodology/Variables (*List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method***):**

2a.15-17 Detailed risk model available Web page URL or attachment:

2a.18-19 Type of Score: continuous variable
2a.20 Interpretation of Score: better quality = lower score
2a.21 Calculation Algorithm (*Describe the calculation of the measure as a flowchart or series of steps***):**
1. If child age 6-17 currently attends any form of school (public, private or home)=YES, skip to #2. If child age 6-17 does not currently attend any form of school=NO, skip to 1a.
1a. Was child enrolled in any school (public, private, home) in the past 12 months? If YES, skip to #2. If NO, child is excluded from denominator
2. During the past 12 months, how many days has child missed school due to illness or injury? All valid answers are coded as number of missed days. If child is homeschooled and answers question #2 as "child is homeschooled" then child is excluded from denominator as parent indicates that "missing" school does not apply

2a.22 Describe the method for discriminating performance *(e.g., significance testing)***:**

2a.23 Sampling (Survey) Methodology *If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate)*:
Best guideline to follow is the survey methodology used in the 2007 National Survey of Children's Health.

The goal of the NSCH sample design was to generate samples representative of populations of children within each state. An additional goal of the NSCH was to obtain state-specific sample sizes that were sufficiently large to permit reasonably precise estimates of the health characteristics of children in each state.
To achieve these goals, state samples were designed to obtain a minimum of 1,700 completed interviews. The number of children to be selected in each National Immunication Survey (NIS) estimation area was determined by allocating the total of 1,700 children in the state to each NIS estimation area within the state in proportion to the total estimated number of households with children in the NIS estimation area. Given this allocation, the number of households that needed to be screened in each NIS estimation area was calculated using the expected proportion of households with children under 18 years of age in the area. Then, the number of telephone numbers that needed to be called was computed using the expected working residential number rate, adjusted for expected nonresponse.

A total of 91,642 interviews were completed from April 2007 to July 2008 for the 2007 National Survey of Children's Health. A random-digit-dialed sample of households with children less than 18 years of age was selected from each of the 50 states and the District of Columbia. One child was randomly selected from all children in each identified household to be the subject of the survey. The respondent was a parent or guardian who knew about the child's health and health care.

2a.24 Data Source (*Check the source(s) for which the measure is specified and tested)*
Survey: Patient

2a.25 Data source/data collection instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.***):**
2007 National Survey of Children's Health

2a.26-28 Data source/data collection instrument reference web page URL or attachment: URL
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/slaits/nsch07/1a_Survey_Instrument_English/NSCH_Questionnaire_052109.pdf; http://www.cdc.gov/nchs/data/slaits/NSCSHCNIIEnglishQuest.pdf

2a.29-31 Data dictionary/code table web page URL or attachment: URL
http://nschdata.org/Viewdocument.aspx?item=519

2a.32-35 Level of Measurement/Analysis (*Check the level(s) for which the measure is specified and tested)* Population: national, Population: regional/network, Population: states **2a.36-37 Care Settings (***Check the setting(s) for which the measure is specified and tested)* Other (specify) Survey was conducted over a telephone **2a.38-41 Clinical Services** (*Healthcare services being measured, check all that apply*) Other Patient experience	
TESTING/ANALYSIS	
2b. Reliability testing **2b.1 Data/sample** *(description of data/sample and size)*: Qualitative testing of the most recent version of the number of missed school days due to illness item (from the 2007 National Survey of Children's Health) was conducted by the National Center for Health Statistics. They conducted cognitive interviews with the 2007 NSCH Computer-Assisted Telephone Interview (CATI) to make sure the entire survey instrument was functioning properly. N=640 interviews were completed over 3 days in December 2006. The questionnaire was then revised and finalized based on feedback from participants in these interviews. **2b.2 Analytic Method** *(type of reliability & rationale, method for testing)*: Cognitive testing was conducted to test reliability and interpretability of questions across population. **2b.3 Testing Results** *(reliability statistics, assessment of adequacy in the context of norms for the test conducted)*: Question is easily understood--no reliability results are available.	**2b** C☐ P☐ M☐ N☐
2c. Validity testing **2c.1 Data/sample** *(description of data/sample and size)*: 640 interviews were completed over 3 days in December 2006 **2c.2 Analytic Method** *(type of validity & rationale, method for testing)*: Cognitive testing was conducted with parents of children ages 0-17 years (interviews conducted over the phone with residential households). **2c.3 Testing Results** *(statistical results, assessment of adequacy in the context of norms for the test conducted)*: The Maternal and Child Health Bureau leads the development of the NSCH and NS-CSHCN survey and indicators, in collaboration with the National Center for Health Statistics (NCHS) and a national technical expert panel. The expert panel includes representatives from other federal agencies, state Title V leaders, family organizations, and child health researchers, and experts in all fields related to the surveys (adolescent health, family and neighborhoods, early childhood and development etc.). Previously validated questions and scales are used when available. Extensive literature reviewing and expert reviewing of items is conducted for all aspects of the survey. Respondents' cognitive understanding of the survey questions is assessed during the pretest phase and revisions made as required. All final data components are verified by NCHS and DRC/CAHMI staff prior to public release. Face validity is conducted in comparing results with prior years of the survey and/or results from other implementations of items. No specific reliability results are available for this measure. Please contact the CAHMI if quantitative measures are needed.	**2c** C☐ P☐ M☐ N☐
2d. Exclusions Justified **2d.1 Summary of Evidence supporting exclusion(s):** **2d.2 Citations for Evidence:** **2d.3 Data/sample** *(description of data/sample and size)*:	**2d** C☐ P☐ M☐ N☐ NA☐

2d.4 **Analytic Method** *(type analysis & rationale)*: 2d.5 **Testing Results** *(e.g., frequency, variability, sensitivity analyses)*:	
2e. Risk Adjustment for Outcomes/ Resource Use Measures 2e.1 **Data/sample** *(description of data/sample and size)*: 2e.2 **Analytic Method** *(type of risk adjustment, analysis, & rationale)*: 2e.3 **Testing Results** *(risk model performance metrics)*: 2e.4 **If outcome or resource use measure is not risk adjusted, provide rationale:**	**2e** C☐ P☐ M☐ N☐ NA☐
2f. Identification of Meaningful Differences in Performance 2f.1 **Data/sample from Testing or Current Use** *(description of data/sample and size)*: 2f.2 **Methods to identify statistically significant and practically/meaningfully differences in performance** *(type of analysis & rationale)*: 2f.3 **Provide Measure Scores from Testing or Current Use** *(description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance)*:	**2f** C☐ P☐ M☐ N☐
2g. Comparability of Multiple Data Sources/Methods 2g.1 **Data/sample** *(description of data/sample and size)*: Similar items were used in the 2005/2006 National Survey of Children with Special Health Care Needs to assess impact of missed school days. N=40,804 2g.2 **Analytic Method** *(type of analysis & rationale)*: 2g.3 **Testing Results** *(e.g., correlation statistics, comparison of rankings)*:	**2g** C☐ P☐ M☐ N☐ NA☐
2h. Disparities in Care 2h.**1 If measure is stratified, provide stratified results** *(scores by stratified categories/cohorts)*: 2h.2 **If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:**	**2h** C☐ P☐ M☐ N☐ NA☐
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for** *Scientific Acceptability of Measure Properties?*	**2**
Steering Committee: Overall, to what extent was the criterion, *Scientific Acceptability of Measure Properties*, **met?** **Rationale:**	*2* C☐ P☐ M☐ N☐
3. USABILITY	
Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand	Eval

the results of the measure and are likely to find them useful for decision making. (evaluation criteria)	Rating
3a. Meaningful, Understandable, and Useful Information 3a.1 **Current Use:** in use 3a.2 **Use in a public reporting initiative (disclosure of performance results to the public at large)** (*If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years*)**:** U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The Health and Well-Being of Children: A Portrait of States and the Nation 2007. Chartbook based on data from the 2007 National Survey of Children's Health. http://mchb.hrsa.gov/nsch07/index.html. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The 2006/2006 National Survey of Children with Special Health Care Needs Chartbook. Information at http://mchb.hrsa.gov/cshcn05/. 3a.3 **If used in other programs/initiatives (***If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years***):** U.S. Department of Health and Human Services. Healthy People 2020. http://www.healthypeople.gov/HP2020/. **Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) 3a.4 **Data/sample** *(description of data/sample and size)***:** Focus groups were held with numerous stakeholder groups—family advocates, clinicians, Title V leaders, researchers—to obtain feedback on report formats. The Child and Adolescent Health Measurement Initiative led the focus groups and developed reports in accordance with a general consumer information framework. Additional focus groups were held when preparing data and reports for display on the Data Resource Center website. The Data Resource Center executive committee also reviewed report formats for interpretability and applicability. 3a.5 **Methods** *(e.g., focus group, survey, QI project)***:** Focus groups 3a.6 **Results** *(qualitative and/or quantitative results and conclusions)***:**	**3a** C☐ P☐ M☐ N☐
3b/3c. Relation to other NQF-endorsed measures 3b.1 **NQF # and Title of similar or related measures:**	
(for NQF staff use) **Notes on similar/related** endorsed **or submitted measures:**	
3b. Harmonization If this measure is related to measure(s) already endorsed by NQF (e.g., same topic, but different target population/setting/data source or different topic but same target population): 3b.2 **Are the measure specifications harmonized? If not, why?**	**3b** C☐ P☐ M☐ N☐ NA☐
3c. Distinctive or Additive Value 3c.1 **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** 5.1 **Competing Measures If this measure is similar to measure(s) already endorsed by NQF (i.e., on the**	**3c** C☐ P☐ M☐ N☐

same topic and the same target population), describe why it is a more valid or efficient way to measure quality:	
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for** *Usability?*	**3**
Steering Committee: Overall, to what extent was the criterion, *Usability*, **met?** **Rationale:**	**3** **C☐** **P☐** **M☐** **N☐**
4. FEASIBILITY	
Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)	Eval Rating
4a. Data Generated as a Byproduct of Care Processes **4a.1-2 How are the data elements that are needed to compute measure scores generated?** Survey,	**4a** **C☐** **P☐** **M☐** **N☐**
4b. Electronic Sources **4b.1 Are all the data elements available electronically?** (*elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims*) Yes **4b.2 If not, specify the near-term path to achieve electronic capture by most providers.**	**4b** **C☐** **P☐** **M☐** **N☐**
4c. Exclusions **4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications?** No **4c.2 If yes, provide justification.**	**4c** **C☐** **P☐** **M☐** **N☐** **NA☐**
4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences **4d.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results.**	**4d** **C☐** **P☐** **M☐** **N☐**
4e. Data Collection Strategy/Implementation **4e.1 Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:** **4e.2 Costs to implement the measure** (*costs of data collection, fees associated with proprietary measures*)**:** **4e.3 Evidence for costs:**	**4e** **C☐** **P☐** **M☐** **N☐**

4e.4 **Business case documentation:**	
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria **for** *Feasibility*?	**4**
Steering Committee: Overall, to what extent was the criterion, *Feasibility*, **met?** **Rationale:**	**4** **C☐** **P☐** **M☐** **N☐**
RECOMMENDATION	
(for NQF staff use) **Check if measure is untested and only eligible for time-limited endorsement.**	**Time-limited ☐**
Steering Committee: Do you recommend for endorsement? **Comments:**	**Y☐** **N☐** **A☐**

CONTACT INFORMATION

Co.1 **Measure Steward (Intellectual Property Owner)**
Co.1 **Organization**
Child and Adolescent Health Measurement Initiative on behalf of the Maternal and Child Health Bureau | Oregon Health & Science University, 707 SW Gaines Street | Portland | Oregon | 97239

Co.2 **Point of Contact**
Christina | Bethell, Ph.D., MPH, MBA | bethellc@ohsu.edu | 503-494-1892

Measure Developer If different from Measure Steward
Co.3 **Organization**
Maternal and Child Health Bureau | Parklawn Building Room 18-05, 5600 Fishers Lane | Rockville | Maryland | 20857

Co.4 **Point of Contact**
Christina | Bethell, Ph.D., MPH, MBA | bethellc@ohsu.edu | 503-494-1892

Co.5 **Submitter If different from Measure Steward POC**
Christina | Bethell, Ph.D., MPH, MBA | bethellc@ohsu.edu | 503-494-1892- |Child and Adolescent Health Measurement Initiative on behalf of the Maternal and Child Health Bureau

Co.6 **Additional organizations that sponsored/participated in measure development**
The Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Dept of Health & Human Services.
The National Center of Health Statistics, Centers for Disease Control and Prevention.

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development
Ad.1 **Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.**

Ad.2 **If adapted, provide name of original measure:**
Ad.3-5 **If adapted, provide original specifications URL or attachment**

Measure Developer/Steward Updates and Ongoing Maintenance
Ad.6 **Year the measure was first released:** 2001
Ad.7 **Month and Year of most recent revision:** 2009-10
Ad.8 **What is your frequency for review/update of this measure?** Every 2 years when a new national survey is developed (either the NSCH or NS-CSHCN)
Ad.9 **When is the next scheduled review/update for this measure?** 2011-01

Ad.10 Copyright statement/disclaimers: CAHMI- The Child and Adolescent Health Measurement Initiative.
Ad.11 -13 Additional Information web page URL or attachment:
Date of Submission (*MM/DD/YY*)**:** 04/06/2010