# 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)

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| (for NQF staff use) **NQF Review** #: OT3-036-10 **NQF Project:** Patient Outcomes Measures: Child Health and Mental Health (Phase III) |
| **MEASURE DESCRIPTIVE INFORMATION** |
| De.1 **Measure Title:**<br>Children who had problems obtaining referrals when needed |
| De.2 **Brief description of measure***:* The measure aims to ascertain the perceived difficulty in obtaining referrals for children when needed for optimum health. |
| 1.1-2 **Type of Measure:** outcome<br>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:** patient and family engagement<br>De.5 **IOM Quality Domain**: timeliness<br>De.6 **Consumer Care Need:** Staying Healthy |

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| **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.*<br>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<br>A.2 **Indicate if Proprietary Measure** (*as defined in measure steward agreement*)**:**<br>A.3 **Measure Steward Agreement:** agreement signed and submitted<br>A.4 **Measure Steward Agreement attached:** 2-2-2010 NQF Agreement Form for new measures- | **A**<br>**Y**☐<br>**N**☐ |

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| 634006397091358885.pdf | |
| **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 3 years. Yes, information provided in contact section | **B**<br>**Y**☐<br>**N**☐ |
| **C.** The intended use of the measure includes <u>both</u> public reporting <u>and</u> quality improvement.<br>▶**Purpose:** public reporting, quality improvement 0,0,0, | **C**<br>**Y**☐<br>**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.<br>D.1**Testing:** Yes, fully developed and tested<br>D.2 **Have NQF-endorsed measures been reviewed to identify if there are similar or related measures?**<br>Yes | **D**<br>**Y**☐<br>**N**☐ |
| (for NQF staff use) **Have all conditions for consideration been met?**<br>**Staff Notes to Steward** (*if submission returned*)**:** | **Met**<br>**Y**☐<br>**N**☐ |
| **Staff Notes to Reviewers** (*issues or questions regarding any criteria*)**:** | |
| **Staff Reviewer Name(s):** | |

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| **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)<br>**1a. High Impact**[KP1] | Eval Rating |
| (for NQF staff use) Specific NPP goal: | |
| 1a.1 **Demonstrated High Impact Aspect of Healthcare:** patient/societal consequences of poor quality<br>1a.2<br><br>1a.3 **Summary of Evidence of High Impact:** Nationally, 15.9% of children needed a referral to see any doctor or receive any services in the past year. Of these children who needed a referral, 17.7% had big or small problems getting the referral(s) they needed.<br><br>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**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **1b. Opportunity for Improvement**[KP2]<br><br>1b.1 **Benefits (improvements in quality) envisioned by use of this measure:** Children who have problems getting referrals when they need them are at increased risk of lower health outcomes. Lack of access to care is consistently related to reduced health outcomes.<br><br>1b.2 **Summary of data demonstrating performance gap**[k3] **(variation or overall poor performance) across providers:**<br>There is a broad range in the proportion of children who have problems obtaining referrals when needed. The | **1b**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |

range across states is 9.6% of children in Vermont to 28.8% of children living in D.C.

1b.3 **Citations for data on performance gap:**
1. 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
2. Kogan MD, Newacheck PW, Honberg L, Strickland B. Association between underinsurance and access to care among children with special health care needs in the United States. Pediatrics. 2005;116(5):1162-1169.
3. Kogan MD, Strickland BB, Blumberg SJ, Singh GK, Perrin JM, van Dyck PC. A national profile of the health care experiences and family impact of autism spectrum disorder among children in the United States, 2005-2006. Pediatrics. 2008;122(6):e1149-58.
4. Singh GK, Strickland BB, Ghandour RM, van Dyck PC. Geographic disparities in access to the medical home among US CSHCN. Pediatrics. 2009;124 Suppl 4:S352-60.
5. Turchi RM, Berhane Z, Bethell C, Pomponio A, Antonelli R, Minkovitz CS. Care coordination for CSHCN: associations with family-provider relations and family/child outcomes. Pediatrics. 2009;124 Suppl 4:S428-34.
6. Young MC, Drayton VL, Menon R, et al. CSHCN in Texas: meeting the need for specialist care. Matern Child Health J. 2005;9(2):S49-57.
7. Yu SM, Singh GK. Household language use and health care access, unmet need, and family impact among CSHCN. Pediatrics. 2009;124 Suppl 4:S414-9.

1b.4 **Summary of Data on disparities by population group:**
21.6% of children with special health care needs had problems obtaining referrals when needed compared to only 15.2% of children without special health needs.

Children who are currently uninsured are the most likely to have problems obtaining referrals (31.8%), followed by children with public insurance (23.9%) and children with private insurance (13.0%).

1b.5 **Citations for data on Disparities:**
1. 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
2. Kogan MD, Newacheck PW, Honberg L, Strickland B. Association between underinsurance and access to care among children with special health care needs in the United States. Pediatrics. 2005;116(5):1162-1169.
3. Kogan MD, Strickland BB, Blumberg SJ, Singh GK, Perrin JM, van Dyck PC. A national profile of the health care experiences and family impact of autism spectrum disorder among children in the United States, 2005-2006. Pediatrics. 2008;122(6):e1149-58.
4. Singh GK, Strickland BB, Ghandour RM, van Dyck PC. Geographic disparities in access to the medical home among US CSHCN. Pediatrics. 2009;124 Suppl 4:S352-60.
5. Turchi RM, Berhane Z, Bethell C, Pomponio A, Antonelli R, Minkovitz CS. Care coordination for CSHCN: associations with family-provider relations and family/child outcomes. Pediatrics. 2009;124 Suppl 4:S428-34.
6. Young MC, Drayton VL, Menon R, et al. CSHCN in Texas: meeting the need for specialist care. Matern Child Health J. 2005;9(2):S49-57.
7. Yu SM, Singh GK. Household language use and health care access, unmet need, and family impact among CSHCN. Pediatrics. 2009;124 Suppl 4:S414-9.

**1c. Outcome or Evidence to Support Measure Focus** [k4]

1c.1 **Relationship to Outcomes** (*For non-outcome measures, briefly describe the relationship to desired outcome*[k5]. *For outcomes, describe why it is relevant to the target population*)**:** Increasing access to referrals should have numerous benefits for improving the health of children, both directly and indirectly.

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*)**:**
Children who have problems accessing referrals are more likely to report being in fair/poor health versus those who do not have problems getting referrals (11% vs. 5%).

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**N**☐

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| 1c.5 **Rating of strength/quality of evidence**[k6] **(***also provide narrative description of the rating and by whom***):**<br>1c.6 **Method for rating evidence:**<br>1c.7 **Summary of Controversy/Contradictory Evidence:**<br>1c.8 **Citations for Evidence (***other than guidelines***):**<br>1c.9 **Quote the Specific guideline recommendation (***including guideline number and/or page number***):**<br>1c.10 **Clinical Practice Guideline Citation:**<br>1c.11 **National Guideline Clearinghouse or other URL:**<br>1c.12 **Rating of strength of recommendation**[k7] **(***also provide narrative description of the rating and by whom***):**<br>1c.13 **Method for rating strength of recommendation** (*If different from* USPSTF system, *also describe rating and how it relates to USPSTF)***:**<br>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?**<br>**Rationale:** | **1**<br>**Y**☐<br>**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?**<br>S.2 **If yes, provide web page URL:**<br>**2a. Precisely Specified**[KP8] | |
| 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***):**<br>Children who needed referrals and had a problem obtaining them (big or small problem)<br>2a.2 **Numerator Time Window (***The time period in which cases are eligible for inclusion in the numerator***):**<br>Encounter or point in time.<br>2a.3 **Numerator Details (***All information required to collect/calculate the numerator, including all codes, logic, and definitions***):** | **2a-specs**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |

The numerator describes the number of children who needed referrals (K5Q10=YES) and had a problem obtaining them (K5Q11=BIG PROBLEM or SMALL PROBLEM)

2a.4 **Denominator Statement (***Brief, text description of the denominator - target population being measured***):**
Children 0-17 years old who needed referrals during the past 12 months

2a.5 **Target population gender:** Female, Male
2a.6 **Target population age range:** Children age 0-17 years

2a.7 **Denominator Time Window (***The time period in which cases are eligible for inclusion in the denominator***):**
Encounter or point in time data collection. This item is anchored in fixed period windows of time, to "the last 12 months or since the child was born" (for children younger than 12 months old).

2a.8 **Denominator Details (***All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions***):**
Children 0-17 years old who needed referrals during the past 12 months (K5Q10=YES)

2a.9 **Denominator Exclusions**[k9] **(***Brief text description of exclusions from the target population***):**

Excluded from denominator if child does not fall in target population age range of 0-17 years and if child did not need a referral to any doctor or service

2a.10 **Denominator Exclusion Details (***All information required to collect exclusions to the denominator, including all codes, logic, and definitions***):**
Excluded from denominator if child does not fall in target population age range of 0-17 years, and if child did NOT need a referrals to see any doctors or receive any services during the past 12 months (if K5Q10=NO).

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.

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:** rate/proportion
2a.20 **Interpretation of Score:** better quality = higher score
2a.21 **Calculation Algorithm (***Describe the calculation of the measure as a flowchart or series of steps***):**
To receive the numerator of children needed referrals and did not have a problem getting them, K5Q11=3.

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 Immunization Survey (NIS) estimation area was determined by allocating the total of 1,700 children in the state to each National Immunization Survey (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

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: states, Population: national, Population: regional/network

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**[KP10]

2b.1 **Data/sample** *(description of data/sample and size)***:** Qualitative testing of the entire 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*[k11] *& 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)***:**
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

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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. Validity testing**[KP12]

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*[k13] *& 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)*:
Face validity is conducted in comparing results with prior years of the survey and/or results from other implementations of items. Please see the references section for peer-reviewed articles which have used these items. Peer-reviewed papers generally undertake their own validity testing in order to meet strict peer review standards.
No issues were noted by parents for the particular "Children Who Have No Problems Obtaining Referrals When Needed" measure.

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**P**☐
**M**☐
**N**☐

**2d. Exclusions Justified**[KP14]
Children 0-17 years old who did not need a referral to see any doctors or receive any services are excluded from the denominator because the measure is most useful when it reports on the percent of children who **had a problem** obtaining referrals.

2d.1 **Summary of Evidence supporting exclusion(s)**[k15]:
In the 2007 National Survey of Children's Health (with a survey sample size of 91,642 cases), approximately 16% of all children 0-17 needed a referral during the past 12 months (K5Q10=YES). As for those experiencing a big or small problem obtaining those referrals, 2.8% of children 0-17 years have parents who did in fact say that they encountered any problems with referrals (K5Q11=SMALL or BIG problem). Including the children who did not need a referral in the denominator would make the measure less useful for its intended purpose of ascertaining the perceived difficulty in obtaining referrals for children when needed for optimum health.

2d.2 **Citations for Evidence:**

2d.3 **Data/sample** *(description of data/sample and size)*:

2d.4 **Analytic Method** *(type analysis & rationale)*:

2d.5 **Testing Results** *(e.g., frequency, variability, sensitivity analyses)*:

**2d**
**C**☐
**P**☐
**M**☐
**N**☐
**NA**☐

**2e. Risk Adjustment for Outcomes/ Resource Use Measures**[KP16]

2e.1 **Data/sample** *(description of data/sample and size)*:

2e.2 **Analytic Method** *(type of risk adjustment, analysis, & rationale*[k17]*)*:

2e.3 **Testing Results** *(risk model performance metrics)*:

2e.4 **If outcome or resource use measure is not risk adjusted, provide rationale:**

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**M**☐
**N**☐
**NA**☐

**2f. Identification of Meaningful Differences in Performance**[KP18]

**2f**

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| 2f.1 **Data/sample from Testing or Current Use** *(description of data/sample and size)*:<br>2f.2 **Methods to identify statistically significant and practically/meaningfully differences**[k19] **in performance** *(type of analysis & rationale)*:<br>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)*: | **C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **2g. Comparability of Multiple Data Sources/Methods**[KP20]<br>2g.1 **Data/sample** *(description of data/sample and size)*: 2005/2006 National Survey of Children with Special Health Care Needs (NS-CSHCN). N=40,804<br>2g.2 **Analytic Method** *(type of analysis & rationale)*:<br>2g.3 **Testing Results** *(e.g., correlation statistics, comparison of rankings)*: | **2g**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐<br>**NA**☐ |
| **2h. Disparities in Care**[KP21]<br>2h.**1 If measure is stratified, provide stratified results** *(scores by stratified categories/cohorts)*:<br>2h.2 **If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:** | **2h**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐<br>**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?**<br>**Rationale:** | *2*<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **3. USABILITY** | |
| Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (evaluation criteria) | Eval Rating |
| **3a. Meaningful, Understandable, and Useful Information**[KP22]<br>3a.1 **Current Use:** in use<br>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). <u>If not publicly reported</u>, state the plans to achieve public reporting within 3 years*)**:**<br>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.<br>U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The 2005/2006 National Survey of Children with Special Health Care Needs Chartbook. Information at http://mchb.hrsa.gov/cshcn05/. | **3a**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |

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| 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***):**<br>The Data Resource Center websites have been accessed more than 18 million times since 2006. Thousands of state and national researchers, MCH providers and analysts use the data to report valid children's health data.<br><br>**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*)<br>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.<br><br>3a.5 **Methods** *(e.g., focus group, survey, QI project)***:**<br>Focus groups<br><br>3a.6 **Results** *(qualitative and/or quantitative results and conclusions)***:**<br>The Data Resource Center websites have been accessed more than 18 million times since 2006. Thousands of state and national researchers, MCH providers and analysts use the data to report valid children's health data. | |
| **3b/3c. Relation to other NQF-endorsed measures**<br><br>3b.1 **NQF # and Title of similar or related measures:** | |
| (for NQF staff use) **Notes on similar/related** endorsed **or submitted measures:** | |
| **3b. Harmonization**[KP23]<br>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):<br>3b.2 **Are the measure specifications harmonized**[k24]**? If not, why?** | **3b**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐<br>**NA**☐ |
| **3c. Distinctive or Additive Value**[KP25]<br>3c.1 **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:**<br><br>5.1 **Competing Measures**[k26] **If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), describe why it is a more valid or efficient way to measure quality:** | **3c**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **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?**<br>**Rationale:** | **3**<br>**C**☐<br>**P**☐<br>**M**☐<br>**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 Ratin |

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| **4a. Data Generated as a Byproduct of Care Processes**[KP27]<br>**4a.1-2 How are the data elements that are needed to compute measure scores generated?**<br>Survey, | **4a**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **4b. Electronic Sources**[KP28]<br>**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*)<br>Yes<br>**4b.2 If not, specify the near-term path to achieve electronic capture by most providers.** | **4b**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **4c. Exclusions**[KP29]<br>**4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications?**<br>No<br>**4c.2 If yes, provide justification.** | **4c**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐<br>**NA**☐ |
| **4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences**[KP30]<br>**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**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **4e. Data Collection Strategy/Implementation**[KP31]<br>**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:**<br>Items are well understood and easy to implement. Items yield very low levels of missing values, don't know or refused answers.<br>**4e.2 Costs to implement the measure** (*costs of data collection, fees associated with proprietary measures*)**:**<br>All items are public domain. Costs of implementing survey items will vary depending on sample size, population and sampling frame.<br>**4e.3 Evidence for costs:**<br>**4e.4 Business case documentation:** | **4e**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **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?**<br>**Rationale:** | **4**<br>**C**☐<br>**P**☐<br>**M**☐<br>**N**☐ |
| **RECOMMENDATION** | |
| (for NQF staff use) **Check if measure is untested and only eligible for time-limited endorsement.** | **Time-limited**<br>☐ |

**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 Health and Child 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- |Maternal Health and Child 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:** 2007
Ad.7 **Month and Year of most recent revision:** 2007-04
Ad.8 **What is your frequency for review/update of this measure?** Updated every 4 years when a new National Survey of Children's Health is developed
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