***NQF Call for Measures***

***August 2009***

**Call for Measures:**

**Patient Outcomes**

(Phase 1)

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). These cross-cutting measures have the advantage of applicability across a wide range of patients, including those with multiple co-morbid conditions – a common reality for older Americans. It is expected that these cross-cutting outcome measures could be used across conditions and complement disease-specific outcome measures. These outcomes measures need to be reflective of care within specific settings, such as hospitals, skilled nursing facilities, home health, and ambulatory care. However, there is also a growing recognition of the importance of transitions between hospitals, ambulatory care, home care, and skilled nursing facilities that require a broader view of results beyond the walls of a single entity.

There is also a need for measures that address the needs of a changing healthcare system. For example, outcomes can provide the longitudinal data that provides an ability to reward high performing care across patient-focused episodes.

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. There are many potential types of outcome measures, including:

* patient function, symptoms, health-related quality of life (physical, mental, social);
* intermediate clinical outcomes (physiologic, biochemical);
* non-mortality, clinical morbidity related to disease control and treatment;
* healthcare-acquired adverse event or complication (non-mortality);
* survival/mortality;
* patient experience with care; knowledge, understanding, motivation; health risk status/behavior (including adherence); and
* service utilization as proxy for patient outcome (e.g., change in condition) or potential indicator of efficiency.

To meet the need for additional quality measures for use in public reporting, NQF will use its formal Consensus Development Process (CDP) to seek consensus-based endorsement of performance measures (individual or composite). This “Call” solicits candidate measures for review, evaluation, and potential endorsement as national voluntary consensus standards for the following:

1. Intermediate and/or long-term outcome measures for cross-cutting (not condition specific) outcomes such as, but not limited to: health-related quality of life; functional status; productivity; symptom relief or resolution; and complications or adverse events.
2. Condition-specific intermediate and long-term outcome measures, such as, but not limited to: morbidity and mortality; resolution or control of presenting symptoms (pain, difficulty breathing, etc.); complications such as sepsis or venous thromboembolic disease; readmission to the hospital for the same condition or complications of prior hospitalization; adverse events such as healthcare-acquired infections and avoidable harms such as fracture from a fall; and success of the treatment or intervention related to the condition.

At this time, measures are being solicited for the following conditions:

* Congestive Heart Failure
* Ischemic Heart Disease
* Acute Myocardial Infarction
* Atrial Fibrillation
* Stroke/TIAs
* Diabetes Mellitus
* Chronic Kidney Disease
* Chronic Obstructive Pulmonary Disease (COPD)
* Asthma

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must meet the following general criteria:

* be fully developed for use (e.g., research and testing have been completed);
* be open source or in the public domain[[1]](#footnote-2)
* have an identified measure steward[[2]](#footnote-3); and
* be intended for both public reporting and quality improvement

**To submit a measure**, please complete the following:

* [Online Measure Submission Form](http://www.qualityforum.org/projects/Patient_Outcome_Measures_Phases1-2.aspx?section=CallforCandidateConsensusStandards2009-08-20)   
  Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
* [Measure Steward Agreement Form](http://www.qualityforum.org/docs/txNQFMeasureStewardAgreement_020309_Final.aspx)

Please note that no material will be accepted without fully executing the attached *Measure Steward Agreement Form.* All materials not meeting this requirement will be returned to the sender.

**Materials must be submitted using the online measure submission form by 6:00 pm, ET on Friday, September 18, 2009.** 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 email [outcomes@qualityforum.org](mailto:outcomes@qualityforum.org). Thank you for your assistance with this project!

1. [↑](#footnote-ref-2)
2. 1 NQF requires any organization submitting a measure for endorsement to execute an intellectual property agreement that addresses disclosure of the measure’s proprietary components, including but not limited to specifications, risk adjustment methodologies, data collection instrument, data collection or analysis software, and database access. For details, please see our [Policy on Endorsement of Proprietary Measures](http://www.qualityforum.org/docs/txProprietaryPoliciesNon-DisclosureAgreement.aspx)

   2 NQF requires any measure considered for endorsement to have an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years. [↑](#footnote-ref-3)