Pediatric Measures 2016-2017

Developer Orientation

Suzanne Theberge, Senior Project Manager
Katherine McQueston, Project Manager
Robyn Y. Nishimi, Senior Consultant

NATIONAL QUALITY FORUM

Welcome and Introductions

Project Team

- Suzanne Theberge, MPH
  - Senior Project Manager
- Kate McQueston, MPH
  - Project Manager
- Robyn Y. Nishimi, Ph.D.
  - Senior Consultant

Agenda for the Call

- Overview of NQF, the Consensus Development Process, and the Pediatric project
- Roles of the developers, Standing Committee, co-chairs, NQF staff
- Overview of NQF's measure evaluation criteria
- Changes to submission form
- Overview of SDS Trial Period
- Overview of eMeasure Approval for Trial Use
- Questions
- Next steps

The National Quality Forum: A Unique Role

Established in 1999, NQF is a non-profit, non-partisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality

NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - 600+ NQF-endorsed measures across multiple clinical areas
  - 11 empaneled standing expert committees
- **Measure Applications Partnership (MAP)**
  - Advises HHS on selecting measures for 20+ federal programs, Medicaid, and health exchanges
- **National Quality Partners**
  - Convenes stakeholders around critical health and healthcare topics
  - Spurs action on patient safety, early elective deliveries, and other issues
- **Measurement Science**
  - Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement such as attribution, alignment, sociodemographic status (SDS) adjustment

NQF Consensus Development Process (CDP)

7 Steps for Measure Endorsement

- Call for nominations for Standing Committee
- Call for candidate standards (measures)
- Candidate consensus standards review
- Public and member comment
- NQF member voting
- Consensus Standards Approval Committee (CSAC) endorsement decision
- Appeals

Endorsement Decision and Appeals Process

NQF's Measure Endorsement Decision and Appeal Process

STANDING COMMITTEE REVIEW

A Standing Committee recommends or does not recommend a measure for endorsement.

CSAC REVIEW

The Consensus Standards Approval Committee (CSAC) reviews Standing Committee recommendations, public comments, and the results of Member voting on a measure and makes a final measure endorsement decision.

APPEALS PERIOD

Once the CSAC's decision about a measure is made public on NQF's website, a 30-day appeals period begins. Any interested party may file an appeal during this time.

APPEALS BOARD REVIEW

NQF's Appeals Board will review all submitted appeals and decide to uphold or overturn the CSAC endorsement decision, or to dismiss the appeal.

These changes apply to measure endorsement projects that have their in-person meetings after August 2016

Appeals Board 2016-2018 Roster

- **Pam Cipriano, PhD, RN**
  President
  American Nurses Association
- **Joyce Dubow, MUP**
  Retired
  AARP
- **William Golden, MD, MACP**
  Medical Director
  Arkansas Medicaid
- **Laurel Pickering, MPH**
  President and CEO
  Northeast Business Group on Health (NEBGH)
- **David Shahian, MD**
  Vice President
  Massachusetts General Hospital Center for Quality and Safety

- Eligible for 2 terms of 2 years each
- Appointed by the NQF Board of Directors
- Responsible for adjudicating all submitted appeals regarding measure endorsement decisions

Pediatric Portfolio of Measures

- This project will evaluate measures related to children's health that can be used for accountability and public reporting for all populations and in all settings of care. This second phase of this project will address topic areas including:
  - Management of acute and chronic conditions
  - Mental and behavioral health
- NQF solicits new measures for possible endorsement
- NQF currently has more than 100 endorsed measures within the pediatric portfolio, crossing many of our topic areas. Endorsed measures undergo periodic evaluation to maintain endorsement – "maintenance". There are no maintenance measures in this project.

Activities and Timeline

*All times ET

Meeting	Date/Time
1-1 Technical Assistance Calls	October – November
Pre-Submission Review Deadline	October 26
Measure Submission Deadline	6:00 PM ET, December 7, 2016
Committee Orientation Call OPTIONAL	February 7, 2017 from 3:00-5:00 PM ET
Committee Measure Evaluation Q & A - OPTIONAL	February 16, 2017 from 1:00-3:00 PM ET
In-person Meeting (2 days in Washington, DC)	March 2, 2017 from 8:30 AM-5:00 PM ET March 3, 2017 from 8:00 AM-2:00 PM ET
Post-meeting Follow-up Call	March 10, 2017, 12:00-2:00PM ET
Post Comment Call	May 31, 2017, 2:00-4:00PM EST

Role of the Measure Developer

- Participate in one-to-one TA calls with NQF staff in October/November
- Ensure the submission form is complete and responds appropriately to all required fields in the requested format, including:
  - Measure Steward Agreement or Addendum
  - All conditions are met (measure is fully specified and tested; intended use includes both accountability and quality improvement; etc.)
  - All appropriate sections of the form are completed
  - All required attachments included
- Submit all materials required for measure review, via the online submission form, by **6:00pm ET on December 7**

Role of the Measure Developer

- Respond by requested deadlines to follow-up queries from NQF staff and the Committee prior to and after the meeting
- Attend Committee calls and meetings as needed; attendance by phone during the in-person meeting is acceptable
- Provide 2-3 minute introduction to measures at in-person meeting; respond to questions from Committee when requested
- Respond in writing to public comments after comment period and attend post-comment call to answer Committee questions

Role of the Standing Committee
General Duties

- Act as a proxy for the NQF multi-stakeholder membership
- Serve 2-year or 3-year terms
- Work with NQF staff to achieve the goals of the project
- Evaluate candidate measures against the measure evaluation criteria
- Respond to comments submitted during the review period
- Respond to any directions from the CSAC

Role of the Standing Committee

Measure Evaluation Duties

- All members review ALL measures
- Evaluate measures against each criterion
  - Indicate the extent to which each criterion is met and rationale for the rating
- Make recommendations to the NQF membership for endorsement
- Oversee pediatric portfolio of measures
  - Promote alignment and harmonization
  - Identify gaps

Role of the Standing Committee Co-Chairs

- Co-facilitate Standing Committee (SC) meetings
- Work with NQF staff to achieve the goals of the project
- Assist NQF in anticipating questions and identifying additional information that may be useful to the SC
- Keep SC on track to meet goals of the project without hindering critical discussion/input
- Represent the SC at CSAC meetings
- Participate as a full SC member

Role of NQF Staff

- **NQF project staff works with SC to achieve the goals of the project and ensure adherence to the consensus development process:**
  - Provides technical assistance to measure developers (education, submission guidance)
  - Organizes and staffs SC meetings and conference calls
  - Guides the SC through the steps of the CDP and advises on NQF policy and procedures
  - Works with measure developers to provide necessary information for the SC to evaluate measures against NQF endorsement criteria
  - Reviews measure submissions and prepare materials for Committee review, including preliminary analyses and ratings
  - Drafts and edits reports for SC review
  - Ensures communication among all project participants (including SC and measure developers)
  - Facilitates necessary communication and collaboration between different NQF projects

Role of NQF Staff
Communication

- Responds to NQF member or public queries about the project
- Maintains documentation of project activities
- Posts project information to NQF website
- Publishes final project report

Role of NQF Staff
Preliminary Analysis

- Completeness check – ensures complete submissions
- Preliminary analysis (PA) – NQF staff review and summary of all materials submitted by developer
- Preliminary recommendations – NQF staff provide a preliminary recommendation of how well the submission meets each subcriterion based on the NQF evidence, reliability, and validity algorithms which have been adopted to ensure Committees apply the endorsement criteria consistently to the extent possible

Measure Evaluation Criteria Overview

Updates to the Measure Evaluation Criteria

Updated Measure Evaluation Criteria and Guidance document – August 2016

- Measure types – definitions in Criteria and Guidance document
  - Staff will push back if developer selection doesn't match
- New "Endorsement +" designation may be added to endorsement recommendation
  - Eligible measure – passes evidence without exception; passes reliability and empirical validity testing of the measure score and passes vetting by those being measured and others.
- Usability and Use – new criterion 4b:
  - "Vetting by those being measured and others"
  - Required to be eligible for endorsement + designation
- "Any or none" measures no longer considered a composite

NQF Measure Evaluation Criteria for Endorsement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

- Standardized evaluation criteria
- Criteria have evolved over time in response to stakeholder feedback
- The quality measurement enterprise is constantly growing and evolving – greater experience, lessons learned, expanding demands for measures – the criteria evolve to reflect the ongoing needs of stakeholders

Major Endorsement Criteria
(page 38 in developer guidebook)

- **Importance to measure and report**: Goal is to measure those aspects with greatest potential of driving improvements; if not important, the other criteria are less meaningful (***must-pass***)
  - Evidence & Performance Gap
- **Scientific Acceptability:** Goal is to make valid conclusions about quality; if not reliable and valid, there is risk of improper interpretation (***each must-pass***)
  - Reliability & Validity
- **Feasibility**: Goal is to, ideally, cause as little burden as possible; if not feasible, consider alternative approaches
- **Usability and Use**: Goal is to use for decisions related to accountability and improvement; if not useful, probably do not care if feasible
- Comparison to related or competing measures

Criterion #1: Importance to Measure and Report (pg 7, Guidance)

1. **Importance to measure and report -** Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance.

   1a. Evidence: the measure focus is evidence-based

   1b. Opportunity for Improvement: demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or disparities in care across population groups

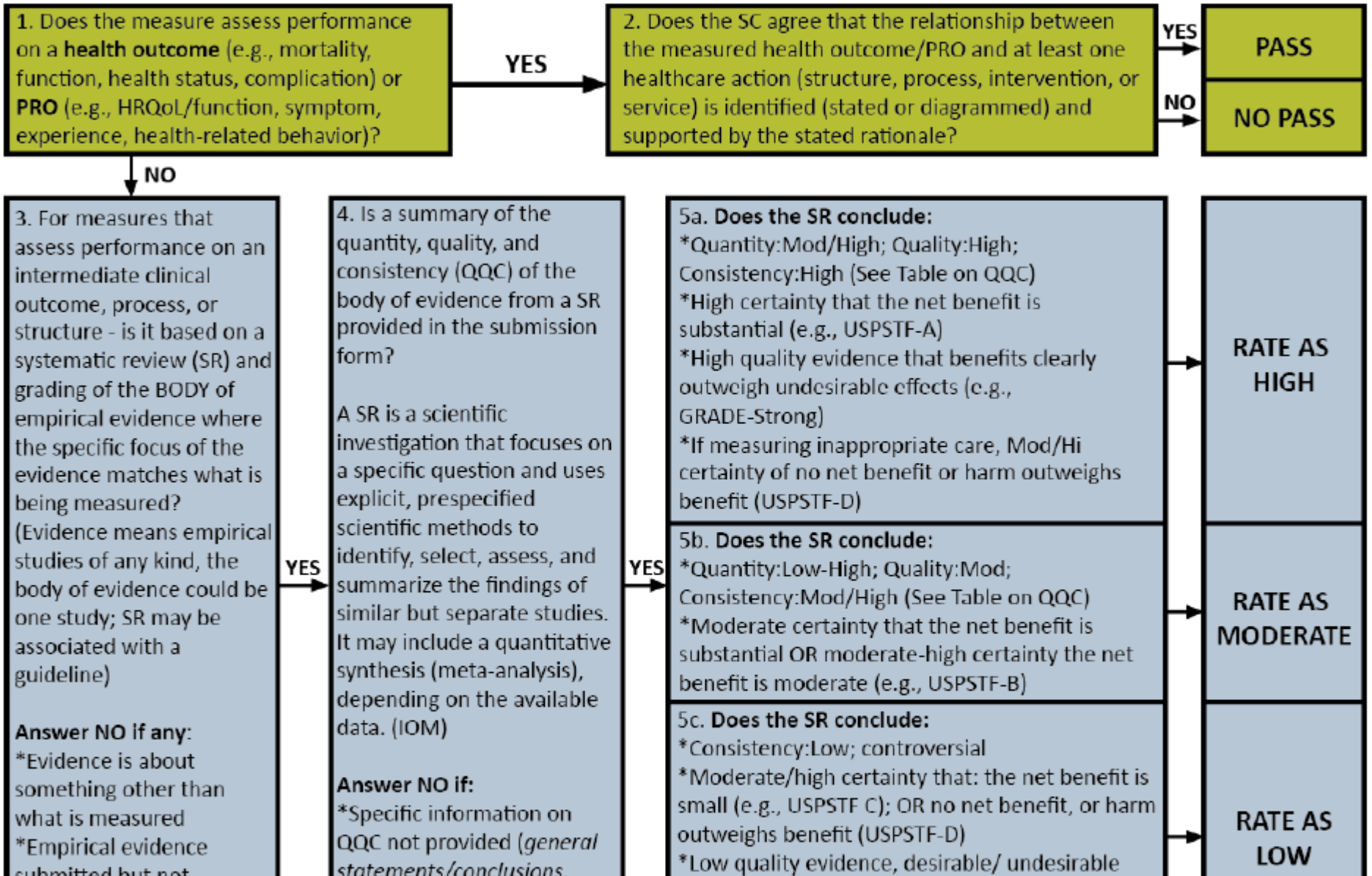
   1c. Quality construct and rationale (composite measures only)

Subcriteron 1a: Evidence

- Outcome measures
  - A rationale (which often includes evidence) for how the outcome is influenced by healthcare processes or structures.
- Process, intermediate outcome measures
  - the quantity, quality, and consistency of the body of evidence underlying the measure should demonstrate that the measure focuses on those aspects of care known to influence desired patient outcomes
    - » Empiric studies (expert opinion is not evidence)
    - » Systematic review and grading of evidence
      - *Clinical Practice Guidelines – variable in approach to evidence review*

Rating Evidence: Algorithm #1 (pg 11)

Algorithm #1. Guidance for Evaluating the Clinical Evidence



Criterion #1: Importance to measure and report

Criteria emphasis is different for new vs maintenance measures

New measures	Maintenance measures
• Evidence – Quantity, quality, consistency (QQC) • Established link for process measures with outcomes	**DECREASED EMPHASIS**: Require measure developer to attest evidence is unchanged evidence from last evaluation; Standing Committee to affirm no change in evidence IF changes in evidence, the Committee will evaluate as for new measures
• Gap – opportunity for improvement, variation, quality of care across providers	**INCREASED EMPHASIS**: data on current performance, gap in care and variation

Criterion #2: Reliability and Validity– Scientific Acceptability of Measure Properties (page 14)

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of health care delivery

2a. **Reliability (must-pass)**

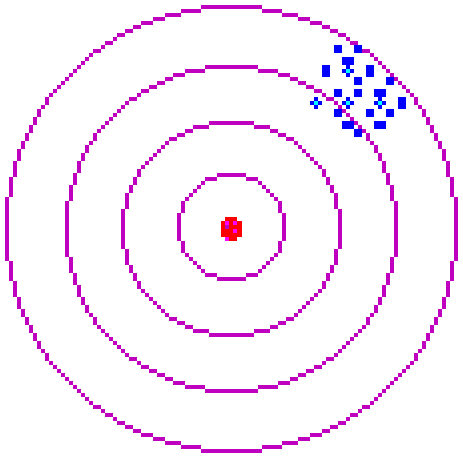
- 2a1. Precise specifications including exclusions
- 2a2. Reliability testing—data elements or measure score

2b. **Validity (must-pass)**

- 2b1. Specifications consistent with evidence
- 2b2. Validity testing—data elements or measure score
- 2b3. Justification of exclusions—relates to evidence
- 2b4. Risk adjustment—typically for outcome/cost/resource use
- 2b5. Identification of meaningful differences in performance
- 2b6. Comparability of data sources/methods
- 2b7. Missing data

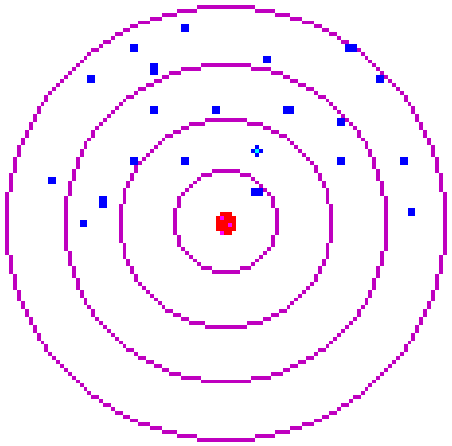
Reliability and Validity

Assume the center of the target is the true score…



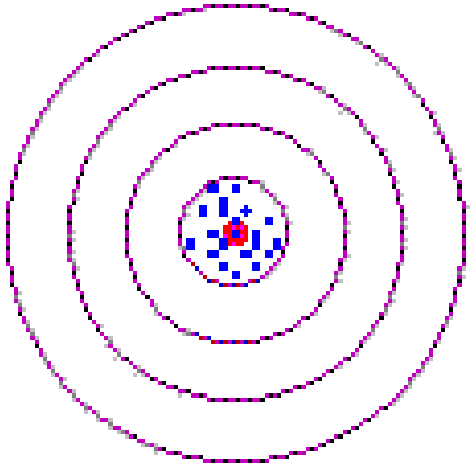
Reliable Not Valid

Consistent, but wrong



Neither Reliable Nor Valid

Inconsistent & wrong



Both Reliable And Valid

Consistent & correct

Measure Testing – Key Points

Empirical analysis to demonstrate the reliability and validity of the *measure as specified,* including analysis of issues that pose threats to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

Reliability Testing - Key Points

- Reliability of the ***measure score*** refers to the proportion of variation in the performance scores due to systematic differences across the measured entities in relation to random variation or noise (i.e., the precision of the measure).
  - Example - Statistical analysis of sources of variation in performance measure scores (signal-to-noise analysis)

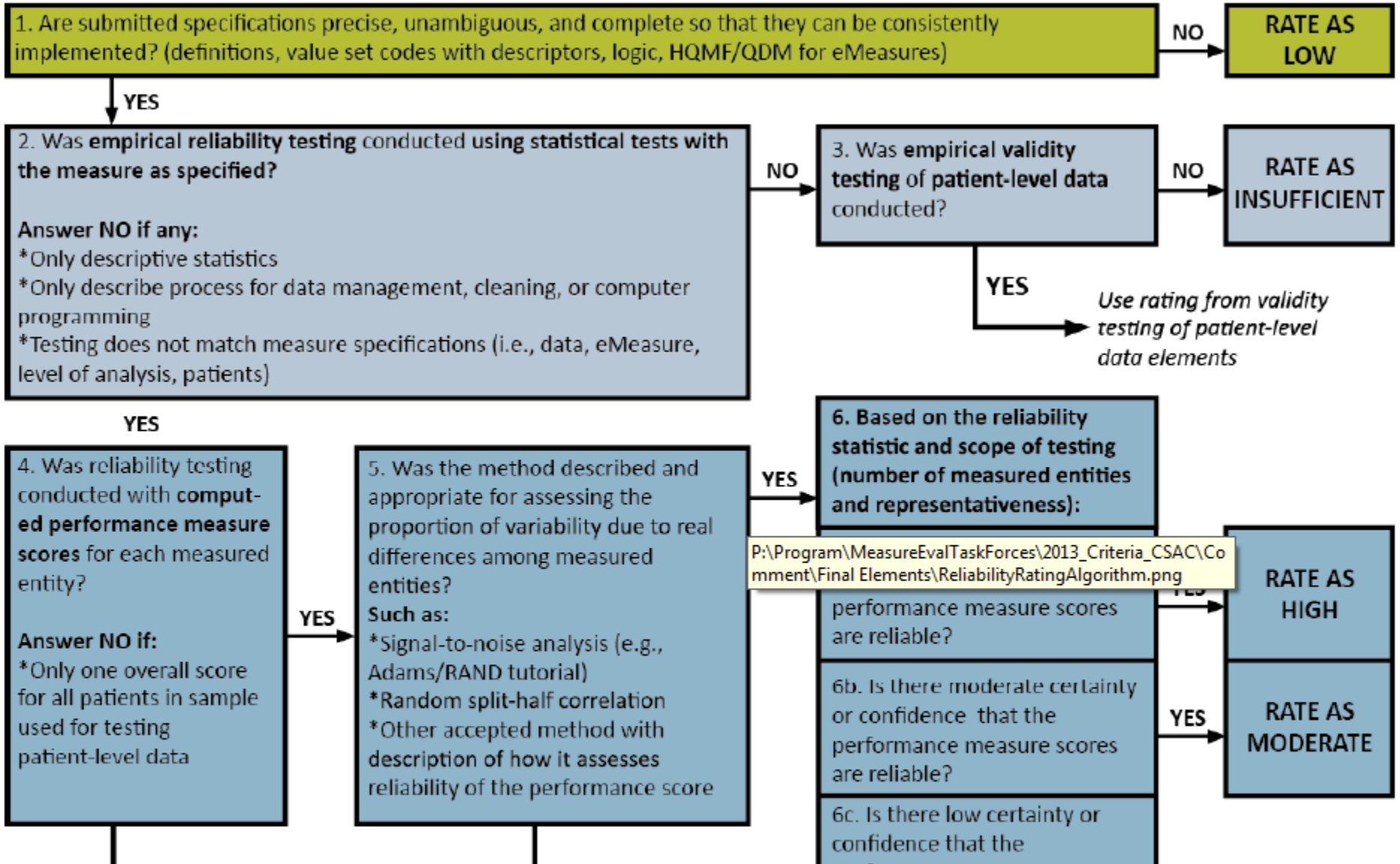
- Reliability of the ***data elements*** refers to the repeatability/reproducibility of the data and uses patient-level data
  - Example –inter-rater reliability

- Consider whether testing used an appropriate method and included adequate representation of providers and patients and whether results are within acceptable norms

- Algorithm #2 – page 17

Rating Reliability: Algorithm #2 – page 17

Algorithm #2. Guidance for Evaluating Reliability



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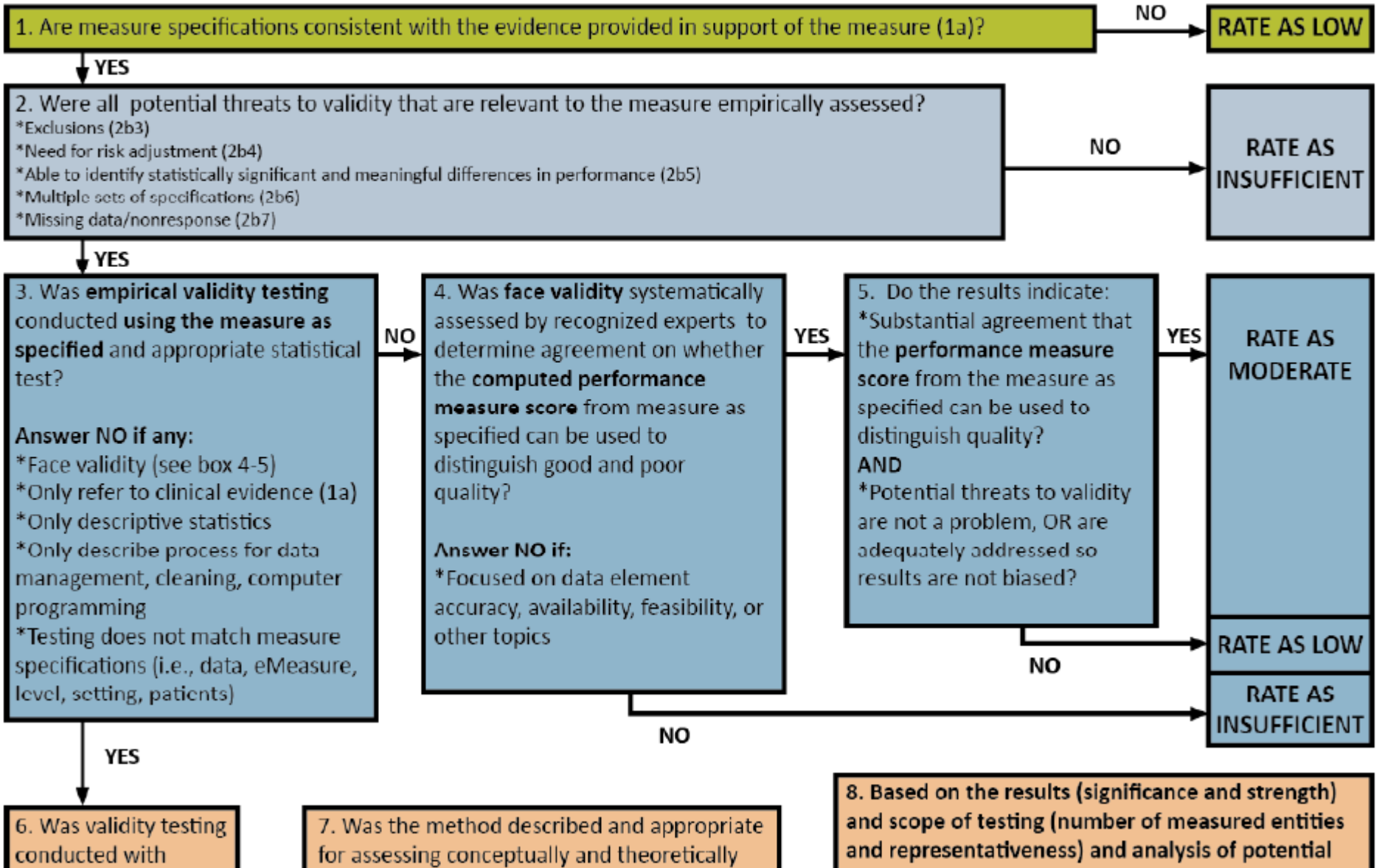
Validity Testing - Key Points

- **Empirical testing**
  - *Measure score* – assesses a hypothesized relationship of the measure results to some other concept; assesses the correctness of conclusions about quality
  - *Data element* – assesses the correctness of the data elements compared to a "gold standard"
- **Face validity**
  - Subjective determination by experts that the measure appears to reflect quality of care

Rating Validity: Algorithm #3 – page 18

Algorithm #3. Guidance for Evaluating Validity



Threats to Validity

- Conceptual
  - Measure focus is not a relevant outcome of healthcare or not strongly linked to a relevant outcome
- Unreliability
  - Generally, an unreliable measure cannot be valid
- Patients inappropriately excluded from measurement
- Differences in patient mix for outcome and resource use measures
- Measure scores that are generated with multiple data sources/methods
- Systematic missing or “incorrect” data (unintentional or intentional)

Criterion #2: Scientific Acceptability

New measures	Maintenance measures
• Measure specifications are precise with all information needed to implement the measure	NO DIFFERENCE: Require updated specifications
• Reliability • Validity (including risk-adjustment)	**DECREASED EMPHASIS**: If prior testing adequate, no need for additional testing at maintenance with certain exceptions (e.g., change in data source, level of analysis, or setting) Must address the questions for SDS Trial Period

Criterion #3: Feasibility (page 19)

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.

3a: Clinical data generated during care process

3b: Electronic sources

3c: Data collection strategy can be implemented

Criterion #4: Usability and Use (page 20)

Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a: Accountability and Transparency: Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement

4b: Improvement: Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated

4c: Benefits outweigh the harms: The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4d: Vetting by those being measured and others: Those being measured have been given results and assistance in interpreting results; those being measured and others have been given opportunity for feedback; the feedback has been considered by developers.

Criteria #3-4: Feasibility and Usability and Use

New measures	Maintenance measures
Feasibility	
• Measure feasible, including eMeasure feasibility assessment	NO DIFFERENCE: Implementation issues may be more prominent
Usability and Use	
• Use: used in accountability applications and public reporting	**INCREASED EMPHASIS**: Much greater focus on measure use and usefulness, including both impact and unintended consequences
• Usability: impact and unintended consequences	

Criterion #5: Related or Competing Measures (page 22)

If a measure meets the four criteria and there are endorsed/new related measures (same measure focus or same target population) or competing measures (both the same measure focus and same target population), the measures are compared to address harmonization and/or selection of the best measure.

- 5a. The measure specifications are harmonized with related measures **OR** the differences in specifications are justified.
- 5b. The measure is superior to competing measures (e.g., is a more valid or efficient way to measure) **OR** multiple measures are justified.

Evaluation process

- **Preliminary analysis**: To assist the Committee evaluation of each measure against the criteria, NQF staff will prepare a preliminary analysis of the measure submission.
  - This will be used as a starting point for the Committee discussion and evaluation
- **Individual evaluation assignments:** All Committee members are expected to familiarize themselves with all measures. Additionally, each Committee member will be assigned a subset of measures for in-depth evaluation.
  - Those assigned to a measure will lead the discussion of that measure with the entire Committee

Evaluation process (continued)

- **Workgroup calls for new Committees:** To assist Committee members with their first evaluations, Committee members and measures will be divided into groups for preliminary calls to discuss measures and share initial thoughts
  - Since this is largely a returning Committee, there are no workgroup calls for this project
- **Measure evaluation and recommendations at the in-person meeting:** The entire Committee will discuss and rate each measure against the criteria and make recommendations for endorsement.

Recommendation for Endorsement and Endorsement +

- The Committee votes on whether to recommend a measure for NQF endorsement.
- Staff will inform the Committee when a measure has met the criteria for possible “endorsement +” designation:
  - Meets evidence criteria without exception
  - Good results on reliability testing of the measure score
  - Good results on empirical validity testing of the measure score (not just face validity)
  - Well-vetted in real world settings by those being measured and others
- Committee votes on recommending the “Endorsement +” designation indicating that the measure exceeds NQF criteria in key areas.

Measure Worksheet and Measure Information

- Measure Worksheet
  - Preliminary analysis, including eMeasure Technical Review if needed
  - Pre-evaluation comments from Committee
  - Public comments
  - Information submitted by the developer
    - » Evidence and testing attachments
    - » Spreadsheets
    - » Additional documents

Questions?

NATIONAL QUALITY FORUM

New Measure Submission Form: Version 7.0

NATIONAL QUALITY FORUM

Changes to Measure Submission Form – Consolidation of Data Entry

- Maintenance Measure Checklist
  - Integrated into Measure Submission form; no longer a separate document on SharePoint
- Time Period for Data Collection
  - Explicitly requested in the numerator and denominator details fields – no longer stand alone field.
- Risk adjustment methodology
  - Methods, variables, and specifications only needed in testing attachment

Changes to Measure Submission Form – Consolidation of Data Entry

- Removed “High priority aspect of healthcare” and accompanying questions (including citations) – no longer a criterion
- Missing Data (e.g. imputation) – duplicate question removed
  - Only entered in testing attachment
- Merged improvement/performance trend questions

Changes to Measure Submission Form – Endorsement+

"Endorsement+" - a designation for measures that have exceeded NQF's endorsement criteria in several key areas:

- Passes evidence criterion without an exception
- Demonstrated reliability of measure score
- Demonstrated empirical validity of measure score
- **Well-vetted in real-world settings by those being measured and other users**

Changes to Measure Submission Form – Endorsement+

Vetting of the measure by those being measured and others is demonstrated when:

- Those being measured have been given performance results and data, as well as assistance with interpreting the measure results and data
- Those being measured and other users have been given an opportunity to provide feedback on the measure performance and implementation
- This feedback has been considered when changes are incorporated into the measure

Changes to Measure Submission Form – Endorsement+

New questions in Usability and Use (subcriterion 4d):

4d1.1	Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation. How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.
4d1.2	Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.
4d2.1	Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1. Describe how feedback was obtained.
4d2.2	Summarize the feedback obtained from those being measured.
4d2.3	Summarize the feedback obtained from other users
42.3	Describe how the feedback described in 4d.2 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

Changes to Measure Submission Form – Measure Classification Revision

- New options added to:
  - Target population (e.g. adolescents)
  - Data Source: (e.g. Claims-only, Management data)
  - Care Setting (e.g. Emergency department, Birthing center)
  - Type (e.g. Process: Appropriate Use)
- NQF Staff will assign measure classifications in:
  - Non-Condition Specific (new classifications added in MSF v. 7.0 – was 'Cross-Cutting Area')
  - Subject/Topic Area (new conditions added in MSF v. 7.0)

Changes to the Annual Update Form- Release Notes And Endorsement+

New Release Notes Prompts: *Why was the change in specifications made? How does the change in specification affect the measure results?*

Endorsement+ Queries:

4d1.1	Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation. How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.
4d1.2	Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.
4d2.1	Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1. Describe how feedback was obtained.
4d2.2	Summarize the feedback obtained from those being measured.
4d2.3	Summarize the feedback obtained from other users
4d.3	Describe how the feedback described in 4d.2 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

Changes to Evidence Attachment

- [Screenshare of Evidence Attachment 7.0]

Resources – Submitting Standards

Access the Submitting Standards webpage here:

http://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx

- Revised 'Measure Evaluation Criteria and Guidance' for 2016:
- New edition of the 'Measure Developer Guidebook' – Now Available!

SDS Trial Period Overview

Background

- NQF convened an **SDS Expert Panel** to consider if, when, and how outcome performance measures should be adjusted for socioeconomic status (SDS) or related demographic factors
- There are at least two diverging perspectives on SDS adjustment:
  - Adjusting for sociodemographic factors will mask disparities
  - Adjusting for sociodemographic factors is necessary to avoid making incorrect inferences in the context of comparative performance assessment
- The Panel recommended, and the NQF Board approved, a **two-year trial period** during which adjustment of measures for SDS factors will no longer be prohibited

Background

- Each measure must be assessed individually to determine if SDS adjustment is appropriate
  - Not all outcomes should be adjusted for SDS factors (e.g., central line infection would not be adjusted)
  - Need conceptual basis (logical rationale, theory) and empirical evidence
- Efforts to implement SDS adjustment may be constrained by data limitations and data collection burden

Scope

Newly-submitted measures

- **ALL measures submitted to NQF after April 15, 2015 will be considered part of the trial period**, and Standing Committees may consider whether such measures are appropriately adjusted for SDS factors as part of their evaluation.

Previously-endorsed measures

- **Measures undergoing endorsement maintenance review during the trial period** will also be considered "fair game" for consideration of SDS adjustment.
- Other paths for evaluation of SDS adjustment for endorsed measures:
  - Ad hoc requests
  - Conditional endorsement (e.g., Readmissions, Cost & Resource Use)

SDS Trial Period Evaluation Process

- The Standing Committee will continue to evaluate the measure as a whole, including the appropriateness of the risk adjustment approach used by the measure developer
- The Standing Committee will continue to use the validity criterion to evaluate the appropriateness of the sociodemographic factors, as well as the clinical factors, used in the risk adjustment model
- NQF Staff has completed preliminary analyses of the measures submitted in this project and will identify areas where the Committee should focus to ensure that requirements under the NQF SDS trial period have been met

Standing Committee Evaluation

- The Standing Committee will be asked to consider the following questions:
  - Is there a conceptual relationship between the SDS factor and the measure focus?
  - What are the patient-level sociodemographic variables that were available and analyzed during measure development?
  - Does empirical analysis (as provided by the measure developer) show that the SDS factor has a significant and unique effect on the outcome in question?
  - Does the reliability and validity testing match the final measure specifications?

Testing and Specifications for Stratification

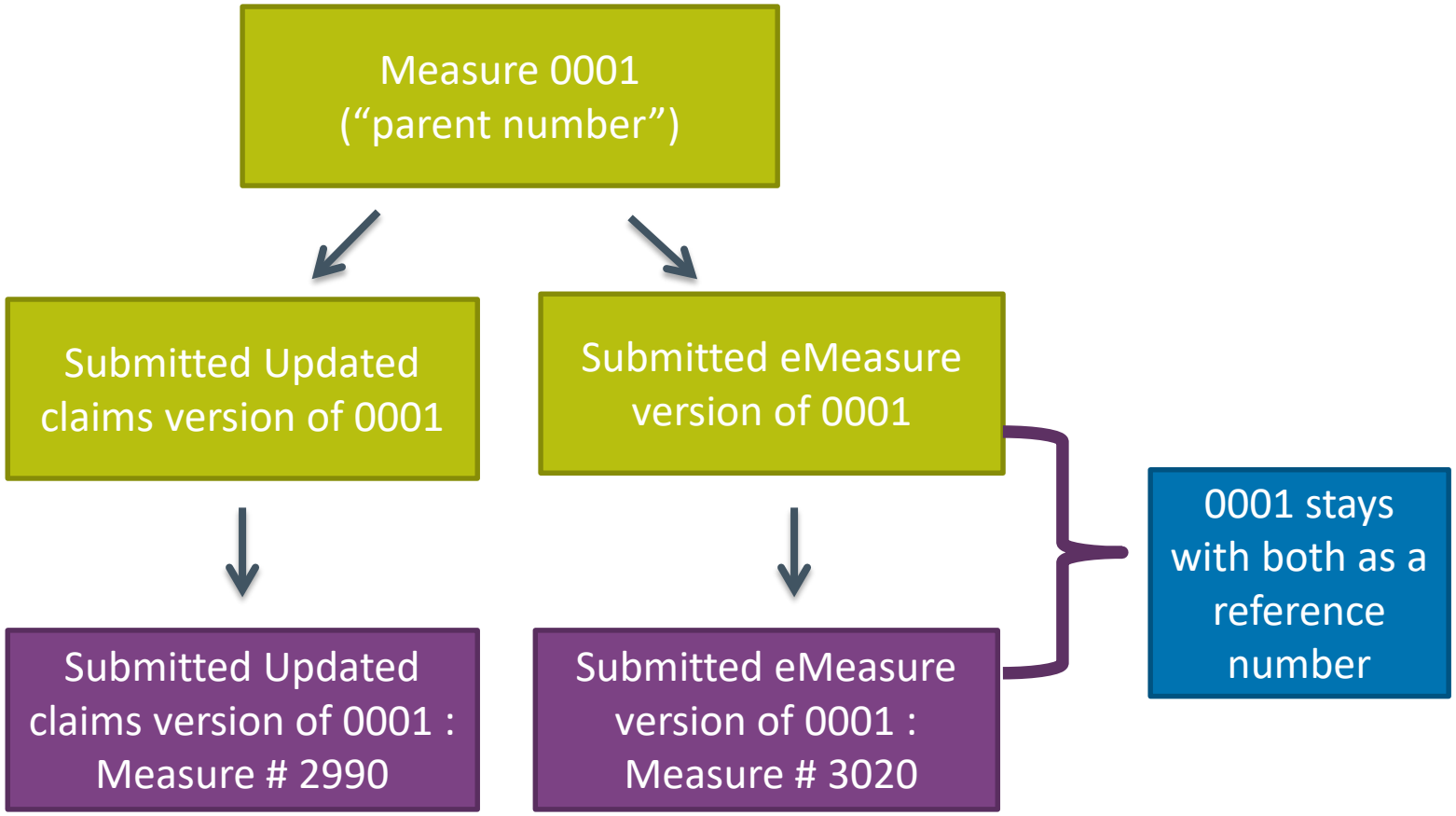
- The measure developer should provide updated reliability and validity testing of the measure as specified
- If a performance measure includes SDS variables in its risk adjustment model, the measure developer must provide the information required to stratify a clinically-adjusted-only version of the measure results by the relevant SDS variables.
- For more information, please see the project webpage: http://www.qualityforum.org/Risk_Adjustment_SES.aspx

eMeasure Approval for Trial Use

Requirements

- eMeasure submissions only
  - HQMF specified, use QDM, use value sets published in the VSAC, as verified by staff review
- Meet NQF criteria, except testing criteria
  - Important to measure
  - Feasibility
    - » specifically eMeasure Feasibility Criteria which gauges "implementation readiness"
  - Plan for Use
  - Harmonization
- **Approval for Trial Use is not NQF endorsement**
  - Approval for further testing
  - 3-year window to bring back testing for endorsement

eMeasure Numbering System



Next Steps

- Schedule 1-1 TA call with NQF staff
- Begin measure submission
- Submit measure by October 26 for pre-submission review
- Submit measures by 6:00pm ET on December 7

Project Contact Info

- Email: PediatricPerformanceMeasures@qualityforum.org
- NQF Phone: 202-783-1300
- Project page:

http://www.qualityforum.org/Project_Pages/Pediatrics.aspx

- SharePoint site:

http://share.qualityforum.org/Projects/Pediatrics/SitePages/Home.aspx

Questions?

NATIONAL QUALITY FORUM