

NATIONAL QUALITY FORUM

CALL FOR MEASURES: PULMONARY AND CRITICAL CARE— ENDORSEMENT MAINTENANCE 2011

BACKGROUND

At least 33 million Americans have chronic lung diseases such as asthma, chronic obstructive pulmonary disease (COPD), and pneumonia. Lung disease is the third leading cause of death in the United States.¹ The human and financial burden is enormous:

- In 2008, 23.3 million Americans suffered from asthma. Asthma afflicts people of all ages, races, genders, and socioeconomic status; however, it occurs at disproportionately higher rates among some ethnic and racial populations. Asthma affects an estimated 7 million children and accounts for more than 14 million lost school days every year.² The annual direct healthcare cost of asthma is \$15.6 million.³
- COPD is the third leading cause of death in the United States, costing nearly \$49.9 billion in 2010.⁴
- In 2006, an estimated 1.2 million hospital discharges were attributable to pneumonia.⁵

More than 5 million patients are admitted annually to critical care units in the United States, treating patients with respiratory insufficiency/failure, postoperative management, ischemic heart disorder, sepsis, and heart failure. There are approximately 6,000 ICUs in the United States, caring for 55,000 critically ill patients each day.⁶

This project seeks to identify and endorse performance measures for accountability and quality improvement that specifically address pulmonary and critical care for adults and children in all settings of care. Additionally, 35 pulmonary and critical care consensus standards endorsed by NQF before December 2009 also will be evaluated under the maintenance process. As quality measurement has matured, better data systems have become available, electronic health records are closer to widespread adoption, and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes. An evaluation of all NQF-endorsed[®] pulmonary and critical care measures and consideration of new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

CALL FOR MEASURES

In this call, NQF is seeking performance measures that could be used in accountability in the following topic areas related to pulmonary and critical care for adults and children in all settings of care including treatments, diagnostic studies, interventions, or procedures associated with these conditions:

- asthma;
- chronic obstructive pulmonary disease (COPD);
- pneumonia;
- dyspnea;
- pneumonia;
- sleep/sleep apnea; and
- intensive/critical care.

Measure Submissions Due By Friday, January 13, 2012 6:00 PM ET

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NQF is particularly interested in composite and outcome measures; measures applicable to more than one setting; measures that capture broad populations, including children and adolescents where applicable; measures of chronic care management and care coordination for these conditions; and measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations and, to the extent possible, the inclusion of electronic specifications for the measures submitted to this project.

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure steward is in the public domain, or a [measure steward agreement](#) is signed.
- 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 three years.
- C. The intended use of the measure includes both public reporting and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

Measures without testing data for reliability and validity are not eligible for submission; however, a few exceptions may apply.

To submit a measure, please complete the following:

- [online measure submission form \(available on the](#) project page)
- [measure steward agreement](#)

Please note that materials will not be accepted unless accompanied by a fully executed [measure steward agreement](#). All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET on Friday, January 13, 2012.**

If you have any questions, please contact Reva Winkler, MD, or Kathryn Streeter, MS, at 202.783.1300 or pulmonary@qualityforum.org. Thank you for your assistance.

1 American Lung Association. Available at www.lungusa.org/assets/documents/publications/lung-disease-data/solddc_2010.pdf. Last accessed October 2011.

2. Ibid.

3. National Heart, Lung and Blood Institute. Available at www.nhlbi.nih.gov/resources/docs/2009_ChartBook.pdf. Last accessed October 2011.

4. American Lung Association.

5. Ibid.

6. Society of Critical Care Medicine. Available at <http://sccmwww.sccm.org/Documents/WebStatisticsPamphletFinalJune06.pdf>. Last accessed October 2011.

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