



**CALL FOR MEASURES AND MEASURE CONCEPTS:
Pulmonary and Critical Care Project 2015-2016 Measures**

NQF is seeking new performance measures and concepts on pulmonary conditions and critical care and any treatments, interventions, procedures, and outcomes that are associated with these areas (except “lung cancer” measures, which are considered in the “cancer” topic area).

NQF is particularly interested in measures:

- measures of intermediate clinical outcomes or longer term health outcomes, including complications;
- composite performance measures;
- measures applicable to more than one setting;
- measures that capture broad populations, including children and adolescents where applicable;
- measures that are harmonized with similar measures; and,
- measures that are sensitive to vulnerable populations, including racial/ethnic minorities; and Medicaid populations.

This project’s call for measures opens on **October 9, 2015**. The final submission deadline is **December 14, 2015**.

BACKGROUND

Chronic lower respiratory disease caused 138,000 deaths in 2010 and is the third leading cause of death.ⁱ In 2012, the Behavioral Risk Factor Surveillance System (BRFSS) survey found that approximately 8.9 percent (21.1 million) of adults residing in the United States and 9.0 percent of children from thirty-six states and Washington, DC reported currently having asthma, and approximately 15.3 million adults (6.4 percent) reported having been diagnosed with COPD. The burden on the healthcare system to treat and manage pulmonary conditions is enormous, with an estimated economic cost of \$106 billion for asthma, COPD, and pneumonia in 2009 (\$81 billion in direct health expenditures and \$25 billion in indirect cost of mortality).ⁱⁱ In terms of critical care, there are approximately 6,000 ICU beds in the United States, caring for 55,000 critically ill patients each day. The mean age of patients admitted to the ICU is rising and the number of individuals aged 65 years and older is increasing, primarily due to the baby boom generation. Also evident is the dramatic rise in patients 85 years and older, from 4.1% of the population in 1991 to 6.9% in 2004.ⁱⁱⁱ

This project seeks to identify and endorse performance measures for accountability and quality improvement that address conditions, treatments, diagnostic studies, interventions, procedures, or outcomes specific to pulmonary conditions and critical care, including: asthma management, COPD mortality, pneumonia management and mortality, and critical care mortality and length of stay.

MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through NQF's new Measure Inventory Pipeline. This pipeline will serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. It will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures.

In an effort to capture comprehensive information on measures in development, NQF seeks input on several variables including:

- measure description;
- numerator statement;
- denominator statement (target population);
- planned use,
- stage of development; and
- other relevant information.

Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Standing Committee against the NQF Criteria. Submitted information will be catalogued by NQF and used to help inform the Standing Committee's measure gaps discussion. NQF will also share the information with HHS to inform CMS' Measure Inventory Pipeline, which is a reference for several stakeholders.

NQF's Measure Inventory Pipeline will be available for concept submissions in November, 2013.

MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- [Measure Submission Form](#) 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](#) Please note that no materials will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

PROCESS PARTICIPATION

Measure developers are strongly encouraged to attend (either in person or via web/conference call) the following scheduled meeting dates to represent their measure(s) and respond to questions from the Committee and members of the public.

Scheduled meeting dates

Meeting	Date/Time
Standing Committee Orientation Webinar (2 hours)	February 3, 2016 1:00-3:00 PM EST
Measure Evaluation Q&A Call 1	February 16, 2016 12:00-2:00 PM EST
Measure Evaluation Q&A Call 2	February 18, 2016 1:00-3:00 PM EST
Workgroup Webinars (2 hours)	March 1, 2016 12:00-2:00 PM EST March 3, 2016 1:00-3:00 PM EST March 8, 2016 12:00-2:00 PM EST March 10, 2016 1:00-3:00 PM EST
In-person meeting (2 days in Washington, DC)	March 15- March 16, 2016
Post-Meeting Webinar (2 hours)	March 22, 2016 from 12:00-2:00 PM EST
Post Draft Report Comment Webinar (2 hours)	June 13, 2016 from 1:00-3:00 PM EST

Materials must be submitted using the online submission form by 6:00 pm, ET December 14, 2015. If you have any questions, please contact Shaconna Gorham or Poonam Bal at 202-783-1300 or via e-mail at pulmonary@qualityforum.org.

Conditions for Consideration:

- 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.^{iv}
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and [tested for reliability and validity](#). Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that [harmonization](#) with related measures and issues with competing measures have been considered and addressed, as appropriate.
- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all [criteria](#) is provided.



Submission Guidance:

- [Developer Guidebook](#):
 - A Developer Guidebook as has been created to assist developers in the measure submission and evaluation process. The Guidebook contains all the information developers need to know when submitting a measure to NQF.
- ICD-10-CM/PCS:
 - Beginning April 1, 2013 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. Click [here](#) for further information on this requirement.
- eMeasures:
 - Must be specified in the Health Quality Measures Format (HQMF) and use the Quality Data Model (QDM) and value sets vetted through the National Library of Medicine's Value Set Authority Center (VSAC);
 - Review the [current measure evaluation criteria and guidance](#)
- Composite measures:
 - Please notify project staff if you plan to submit a composite measure

Technical Assistance

NQF project staff will provide technical assistance to measure developers at any time during the measure submission process up to the submission deadline. Contact the project team with any questions about the criteria, how to answer the questions in the form, any technical issues with the online submission process... or anything else!

MEASURE SUBMISSION COMPLETENESS CHECKLIST

- ☐ Measure steward agreement or concept agreement is completed and signed
- ☐ All conditions for submission are met.
- ☐ There are responses in all fields on measure submission form (MSF) unless a particular item is not applicable as indicated in the item instructions.
- ☐ Attachments include: eMeasure specifications (S.2a) if applicable; data dictionary/code list (S.2b); Evidence and Measure Testing attachments.
- ☐ All URLs are active and accurate.
- ☐ Harmonization/competing measures: Did you present a plan for harmonization of the related/competing measures identified by staff during early identification/triage or justify submitting competing or non-harmonized measures? (see Harmonization process in the [Developer Guidebook](#)).
- ☐ Paired measures should be submitted on separate forms.
- ☐ An eMeasure must be specified in HQMF format, using QDM and value sets vetted through the VSAC.
- ☐ Composite performance measures: responses to the composite measure items are included.



- ☐ Both ICD-9 and ICD-10 codes are included

RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure submission and evaluation, please see:

- [Submitting Standards Web Page](#)
- [Measure Evaluation Criteria Web Page](#)

One these pages you will find the most current criteria and guidance for evaluating the criteria as well as examples of responses for the measure submission form, and special reports.

- [Evidence Task Force Report](#)
- [Measure Testing Task Force Report](#)
- [Harmonization Report](#)
- [Competing Measures Report](#)

Evaluation and Measure Submission Guidance:

- [eMeasure Testing Guidance Report](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Evidence and Importance to Measure and Report](#)
- [Measure Testing and Scientific Acceptability of Measure Properties](#)
- [Composite Evaluation Criteria](#)
- [Resource Use Measure Evaluation Criteria](#)
- [Endorsement Maintenance Policy](#)

ⁱ NHLBI Fact Book, Fiscal Year 2012. <http://www.nhlbi.nih.gov/about/documents/factbook/2012/chapter4>. Accessed July 9, 2015.

ⁱⁱ Estimated Prevalence and Incidence of Lung Disease. American Lung Association. Epidemiology and Statistics Unit. May 2014. <http://www.lung.org/finding-cures/our-research/trend-reports/estimated-prevalence.pdf>

ⁱⁱⁱ Critical Care Statistics. Society of Critical Care Medicine. <http://www.sccm.org/Communications/Pages/CriticalCareStats.aspx>. Accessed July 9, 2015.

^{iv} Measure stewards must execute a Measure Steward Agreement with NQF.