NATIONAL QUALITY FORUM

Call for Nominations

Pulmonary and Critical Care 2015-2016 Standing Committee

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 chronic obstructive pulmonary disease (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, and procedures specific to pulmonary conditions and critical care. In addition, maintenance reviews of previously endorsed measures in these areas, using the most recent NQF measure evaluation criteria, will be conducted.

COMMITTEE CHARGE

A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new performance measures for accountability and quality improvement that specifically address pulmonary conditions and critical care including, but not limited to: asthma management, COPD mortality, pneumonia management and mortality, and critical care mortality and length of stay. Measures including outcomes, treatments, diagnostic studies, interventions, or procedures associated with these conditions will be considered. Additionally, the Committee will evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard measure evaluation criteria and make recommendations for endorsement. The

Committee will also:

- oversee the Pulmonary and Critical Care portfolio of measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio
- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our Committee Guidebook

COMMITTEE STRUCTURE

This Committee will be seated as a standing committee comprised of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

Terms

Standing Committee members will initially be appointed to a 2 or 3 year term. Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the Standing Committee Policy.

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

Committee participation includes:

- Review measure submission forms during each cycle of measure review
- Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
- Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q &A calls (1 hour)
- Review measures with the full Committee by participating in one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)

- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

Table of scheduled meeting dates

Meeting	Date/Time
Orientation Call (2 hours)	February 3, 2016 at 1:00-3:00 PM ET
Measure Evaluation Q & A **(Attend one of the two)**	February 16, 2016 at 12:00-2:00 PM ET February 18, 2016 at 1:00-3:00PM ET
Workgroup Call (2 hours) **(Attend one of the four calls. Committee members will be assigned to a workgroup based on expertise and availability.)**	March 1, 2016 at 12:00-2:00 PM ET March 3, 2016 at 1:00-3:00 PM ET March 8, 2016 at 12:00-2:00 PM ET March 10, 2016 at 1:00-3:00 PM ET
In-person Meeting (2 days in Washington, D.C.)	March 15 - March 16, 2016
Post-meeting Follow-up Call (2 hours)	March 22, 2016 12:00-2:00 PM ET
Post Draft Report Comment Call (2 hours)	June 13, 2016 at 1:00-3:00 PM ET

PREFERRED EXPERTISE & COMPOSITION

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with pulmonary conditions and critical care, across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives, health plans and purchasers, as well as methodologists. We also are seeking expertise in disparities and care of vulnerable populations.

Please review the NQF Conflict of Interest Policy to learn about NQF's guidelines for actual or

perceived conflicts of interest. All potential Steering Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a Committee.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. [Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals is *not permitted.* Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individuals with relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise associated with pulmonary and critical care conditions. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Standing Committee, please **submit** the following information:

- a completed online nomination form, including:
    - a brief statement of interest
    - a brief description of nominee expertise highlighting experience relevant to the committee
    - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development
    - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- a completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on November 20, 2015.**

QUESTIONS

If you have any questions, please contact Shaconna Gorham and Poonam Bal, at 202-783-1300 or pulmonary@qualityforum.org. Thank you for your interest.

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[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.