

## CALL FOR MEASURES AND MEASURE CONCEPTS:

### Renal Measures

NQF is seeking new measures and concepts in the areas of end stage renal disease (ESRD) and chronic kidney disease (CKD).

NQF is particularly interested in the following:

- 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 launched **September 30, 2014**. The final submission deadline is **February 27, 2015**.

### BACKGROUND

Renal disease is a leading cause of morbidity and mortality in the United States. An estimated more than 20 million adults (10 percent of the population) in the United States have CKD. It is associated with premature mortality, decreased quality of life, and increased healthcare costs. Risk factors for CKD include cardiovascular disease, diabetes, hypertension, and obesity<sup>1</sup>. Untreated CKD can result in ESRD. Currently, over half a million people in the United States have received a diagnosis of ESRD. Additionally, racial and ethnic differences continue to persist. African Americans are about three and a half times more likely to develop ESRD than Caucasians<sup>2</sup>.

This project seeks to identify and endorse performance measures for accountability and quality improvement that specifically address conditions, treatments, interventions, or procedures relating to renal disease, including ESRD and CKD. In addition to any new measures submitted, there are twenty-one (21) NQF-endorsed measures that are due for maintenance which will be re-evaluated against the most recent NQF measure evaluation criteria. NQF will convene a new

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<sup>1</sup> U.S. Renal Data System, USRDS 2010 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2009. Available at <http://www.usrds.org/atlas.htm> Last accessed March 2011

<sup>2</sup> Vassalotti, JA, Stevens, LA, Levey, AS, Testing for Chronic Kidney Disease: A Position Statement From the National Kidney Foundation, American Journal of Kidney Disease, 2007; 50(2):169-344, p.A1-A48.

multi-stakeholder Standing Committee composed of twenty to twenty-five (20-25) individuals to evaluate these measures and make recommendations for endorsement.

## MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through NQF's Measure Inventory Pipeline. This pipeline serves as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. It also enables 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 is available for concept submissions on the NQF Website.

## 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
Orientation Call (2 hours)	March 18, 2015, 1:00-3:00 PM ET
Measure Evaluation Q &A (2 hours)	March 31, 2015, 1:00-3:00 PM ET <i>or</i> April 2, 2015, 1:00-3:00 PM ET
Workgroup Call (2 hours)	Workgroup 1: April 16, 2015, 1:00-3:00 PM ET Workgroup 2: April 21, 2015, 1:00-3:00 PM ET Workgroup 3: April 23, 2015, 1:00-3:00 PM ET Workgroup 4: April 28, 2015, 1:00-3:00 PM ET
In-person meeting (2 days in Washington, DC)	May 6-7, 2015
Post meeting conference call (2 hours)	May 12, 2015, 1:00-3:00 PM ET
Post Draft Report Comment Call (2 hours)	July 30, 2015, 1:00-3:00 PM ET

**Materials must be submitted using the online submission form by 6:00 pm ET on Friday, February 27, 2015.** If you have any questions, please send a message via e-mail to [renal@qualityforum.org](mailto:renal@qualityforum.org) or call 202-783-1300.

#### ***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.<sup>3</sup>
- 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

<sup>3</sup> Measure stewards must execute a Measure Steward Agreement with NQF.



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](#)

On 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](#)