

NQF Measure Submission Form v7.1

High-Level Overview of Changes

October 2017

The NQF Measure Submission Form (MSF) version 7.1 has been updated to reflect a series of changes to the NQF measure endorsement criteria and changes to measure metadata. This document describes the high-level changes.

Instrument-Based Measures have been added to the MSF. The intent of these changes are to support submission of structure, process, or outcome instrument-based measures.

1. Measure Type (De.1) has been slightly modified. PRO-PM and Intermediate Clinical Outcome have been moved to sub domains of Outcome.
2. NEW field: Specification field (S.2c) to capture if an instrument was used to collect data for the measure, as well as (S.2d) the responder to instrument (e.g. patient, caregiver, or provider).
3. Measure Specifications (S.15 & S.16) have revised language to support instrument-based measures.

Data Source - updates to the data source terms and definitions are reflected in S.17 and S.18.

Care Setting updates to the care setting terms and definitions are reflected in S.21.

NEW evidence submission form – to support revised criterion (1a) there is a new form.

NEW Testing Attachment

Usability and Use - To support the change to must-pass for maintenance measures in Use – numbering has been renumbered to accommodate changes.

Revised Data Source Terms and Definitions	Examples
Assessment Data – also referred to as standardized clinical data, is used by nursing homes and home health agencies to report detailed information about the status of each patient at set time intervals.	<ul style="list-style-type: none">• <i>OASIS data for the home health setting</i>• <i>MDS data for the nursing home setting</i>
Claims – also referred to as health care utilization data, administration claims data, or billing data. Claims data are collected for administrative or billing purposes, but often are used for other purposes including health services research and healthcare performance measurement.	<ul style="list-style-type: none">• <i>Medicare claims data, including inpatient, outpatient, carrier, home health, SNF, hospice, and durable medical equipment</i>• <i>Pharmacy claims</i>

Electronic Health Records – also referred to as electronic medical records. A digital version of a patient’s medical record.	<ul style="list-style-type: none"> • <i>Electronic Health Records (EHRs)</i>
Electronic Health Data – is data derived from a repository of electronically maintained information about healthcare.	<ul style="list-style-type: none"> • <i>Digital format health information from laboratories, pharmacy or imaging</i>
Enrollment Data – is data that tracks eligibility for services or programs. These data often also include basic demographic data.	
Instrument-Based Data – is a generic term that researchers use for a measurement device (e.g. survey, test, questionnaire, scale). Instruments are used for consistently obtaining (or presenting) data from respondents. The data derived from an instrument may include ratings or ranking output that is included in the calculation of a performance measure. <ul style="list-style-type: none"> • Survey Instruments may collect information from a variety of individuals including: patients, observers (e.g., family or other caregivers), or clinicians. • Instruments specific to patient-reported outcomes may be referenced as PROMs (patient-reported outcome measures). 	<i>Instrument-based measures should use the evidence requirements for the measure type as well as demonstrate evidence that the survey instrument is of value to the target population when it is a PROM. All Instrument-based measures require item and score level testing.</i>
Management Data – Non-medical data derived within an organization’s management systems.	<ul style="list-style-type: none"> • <i>Faculty census</i> • <i>Staffing rations</i> • <i>Payroll</i>
Paper Medical Records - Data derived from manual abstraction of a non-electronic medical record.	
Registry data – data derived from organized systems that capture data about patients’ health care and status over time, typically focused on a particular condition or performance of a device. The 2014 Medicare Payment Rule created a new avenue for quality reporting, the Qualified Clinical Data Registry (QCDR), as an option for specialty societies to develop and test measures as well as participate in pay for reporting programs.	<ul style="list-style-type: none"> • <i>National Program of Cancer Registries (NPCR)</i> • <i>Surveillance, Epidemiology, and End Results (SEER)</i> • <i>The American Academy of Ophthalmology IRIS CDR</i>
Other – These data can include information on patient characteristics (such as income, access to care, or educational attainment), but may also include other types of data that are not necessarily patient-specific.	<ul style="list-style-type: none"> • <i>Census data</i> • <i>Area resource files</i> • <i>National Death Index</i>

Revised Care Setting Terms and Definitions

Outpatient Services – include a wide range of services including: clinician office and physician practice visits; rehabilitation; behavioral health; birthing and surgery centers; dialysis and imaging facilities; pharmacy and any type of immunization services.

Emergency Department and Services – include services specific to emergency or urgent care including: emergency departments; emergency medical services; and urgent care.

Inpatient/Hospital – include care setting specific to inpatient hospital including inpatient services specific to acute care, critical care, and behavioral health.

Post-Acute Care – setting is specific to care delivered in designated facilities including nursing homes, specialized nursing facilities (SNFs), long term care, and rehabilitation.

Home – home care setting includes a variety of services that are designed to care for individuals in their homes including: home health; hospice; assisted living; and home care (e.g. personal care, equipment, or orthotics).