**Intent to Submit (ITS)**

**Instructions:** You must complete all required fields (denoted by \*) to save the ITS as a draft and to submit. You may return to edit the required fields prior to submitting.

**Endorsement and Maintenance (E&M) Cycle(s) \***

Please select the cycle for which you intend to submit.

|  |  |  |
| --- | --- | --- |
| **Fall 2023** ITS deadline: Monday, October 2nd, 2023  Full Submission deadline: Wednesday, November 1st, 2023  Fall 2023 | **Spring 2024**  ITS deadline: Monday, April 1st, 2024  Full Submission deadline: Wednesday, May 1st, 2024  Spring 2024 | **Fall 2024**  ITS deadline: Tuesday, October 1st, 2024  Full Submission deadline: Friday, November 1st, 2024  Fall 2024 |

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**New or Maintenance\***

Select whether this is a new measure or maintenance measure. If a maintenance measure, please provide the consensus-based entity (CBE) ID number as “0123.” Measures seeking initial endorsement will be assigned a CBE ID after ITS.

New  Maintenance (CBE ID:\_\_\_\_\_\_\_\_)

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**Provide the Measure Title\***

Title example: The rate (type of score) of 30-day all-cause mortality (measure focus) among patients discharged from an acute inpatient facility with a diagnosis of acute myocardial infarction (target population)

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**Measure Description\***

Briefly describe the type of score, measure focus, target population, and timeframe. Note that there are separate fields for numerators and denominators.

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**Project \***

Select one. To see the project descriptions and examples of project-related measures, please refer to the [E&M projects page](https://p4qm.org/EM/projects) on the PQM website.

Primary Prevention

Initial Recognition and Management

Management of Acute Events, Chronic Disease, Surgery, and Behavioral Health

Advanced Illness and Post-Acute Care

Cost and Efficiency

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**Measure Type \***

Select one.

Cost /resource use

Efficiency

Intermediate outcome

Outcome

Population health

Process

Patient-reported Outcome Performance Measure (PRO-PM)

Structure

Other (Please specify in the text box that opens if this option is selected)

**Is this a composite measure? \***

Yes  No

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**Electronic Clinical Quality Measure (eCQM)\***

Is this measure an eCQM (i.e., based on the Quality Improvement Core (QI-Core), the Quality Data Model (QDM), Clinical Quality Language (CQL), and specified using value sets)? Includes hybrid measures.

Yes  No

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**Level of Analysis \***

Select the levels of analysis for which the measure is specified and tested. Check all that apply.

Accountable Care Organization

Clinician: Group/Practice

Clinician: Individual

Facility

Health Plan

Population or Geographic Area

Other

**If you selected Population or Geographic Area or Other, please describe the specific Population, Geographic Area, or Other level of analysis.**

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**Care Setting \***

Select the care setting(s) for which the measure is specified and tested. Check all that apply.

☐ Ambulatory Surgery Center

☐ Behavioral Health: Inpatient

☐ Behavioral Health: Outpatient

☐ Birthing Center

☐ Clinician Office/Clinic

☐ Dialysis Facility

☐ Emergency Medical Services/Ambulance

☐ Emergency Department

☐ Home Health

☐ Hospice

☐ Hospital: Inpatient

☐ Hospital: Outpatient

☐ Hospital: Critical Access

Hospital: Rural Emergency

☐ Imaging Facility

☐ Inpatient Rehabilitation Facility

☐ Laboratory

☐ Long-Term Acute Care

☐ Nursing Home/Skilled Nursing Facility

☐ Outpatient Rehabilitation

☐ Pharmacy

☐ Urgent Care – Ambulatory

☐ No Applicable Care Setting

☐ Other Care Setting (Please specify in the text box that opens if this option is selected)

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**Numerator \***

Provide the numerator to define the measure focus. Do not include the measure rationale.

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**Denominator \***

Provide the denominator to define the target population.

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**Preparing for Full Measure Submission for Endorsement Consideration**

Check the boxes to attest this information will be available and submitted to Battelle by the full measure submission deadline of the intended review cycle. The measure may be insufficient for endorsement review if this information is not available by the full measure submission deadline. Please review the PQM E&M Rubric [link to appendix D [Endorsement and Maintenance (E&M) Guidebook](https://p4qmtest.prod.acquia-sites.com/sites/default/files/%3Ca%20href%3D%22/admin/structure/media/manage/guidebook%22%3EGuidebook%3C/a%3E/Del-3-6-Endoresement-and-Maintenance-Guidebook_1_0.pdf)] for full measure submission evaluation criteria.

**Detailed Measure Specifications \***

I will provide detailed measure specifications, including how to calculate the measure, data dictionaries, and code sets.

**Logic Model \***

I will provide a logic model and evidence that supports the link between structures/processes/intermediate outcomes and the desired outcome.

**Impact and Gap \***

* For initial endorsement, I will provide a description of the measure’s anticipated impact on important outcomes.
* For maintenance endorsement, I will supply evidence of a performance or measurement gap by providing performance scores on the measure as specified (current and over time) at the specified level of analysis.

**Feasibility assessment methodology and results \***

I will provide feasibility assessment methodology and results.

**Measure Testing (reliability and validity) \***

Check the boxes to attest which testing information (reliability and/or validity) will be available and submitted by the full measure submission deadline of the intended review cycle. **Note:** For maintenance measures, you must provide a rationaleif measured/accountable entity testing is not available.

Person or encounter-level (reliability and/or validity) methodology and results (if available)

Measured/accountable entity (reliability and/or validity) methodology and results (if available)

N/A (Please specify in the text box that opens if this option is selected)

**Address health equity (optional)**

Description of how this measure contributes to efforts to address inequities in health care. This is an optional criterion for full measure submission.

**Measure’s use or intended use and usability \***

I will provide the measure’s use or intended use and actions measured entities must take to improve performance on this measure. For a maintenance measure, I will provide a summary of any progress improvement.

**Is the measure risk-adjusted or stratified? \***

Check the boxes to attest whether the measure is risk-adjusted and/or stratified and that the respective information will be available and submitted by the full measure submission deadline of the intended review cycle.

No, neither risk-adjusted nor stratified

Yes, risk-adjusted only (if checked open two more boxes below)

Conceptual model for risk adjustment, including supporting evidence form literature, internal analyses, and/or expert panels

Risk adjustment approach, including the methodology, specifications, results and interpretation of results

Yes, stratified only (if checked open the box below)

All information required to stratify the measure results, including the stratification variables, definitions, specific data collection items/responses, and code/value sets

Yes, both risk-adjusted and stratified (if checked open the boxes below)

Conceptual model for risk adjustment, including supporting evidence form literature, internal analyses, and/or expert panels

Risk adjustment approach, including the methodology, specifications, results and interpretation of results

All information required to stratify the measure results, including the stratification variables, definitions, specific data collection items/responses, and code/value sets, and the risk-model covariates and coefficients for the adjusted version of the measure

**Quality Measure Developer and Steward Agreement (QMDSA) Form \***

## If applicable, I have submitted or will submit a [QMDSA Form](https://p4qm.org/sites/default/files/2023-04/QMDSA-FORM-4-20-23-FILLABLE-508.pdf) to Battelle. If my measure is not owned by a government entity, the measure steward will also complete and submit a QMDSA Form.

## For more information about QMDSA requirements, please see the [QMDSA Submission Instructions](https://p4qm.org/sites/default/files/2023-04/QMDSA-SUBMISSION-INSTRUCTIONS-4-17-23-508.pdf). **Note**: Measure stewards with endorsed measures requiring comprehensive reevaluation or wish to add additional measures to their current QMDSA will need to complete an [Additional and Maintenance Measures Form](https://p4qm.org/sites/default/files/2023-04/ADDITIONAL-AND-MAINTENANCE-MEASURES-FORM-4-17-23-FILLABLE-508_0.pdf).

## **I will ensure that the measure information, including all attachments, is in accordance with Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 and the Architectural and Transportation Barriers Compliance Board Electronic and Information (EIT) Accessibility Standards (36 CFR part 1194). \***

# Measure Contact Information

**Measure Developer Point of Contact**

The user account completing this form is the Measure Developer Point of Contact.

**Do you have a secondary measure developer point of contact?**

**Measure Developer Secondary Point of Contact**

Please provide the name, organization, email, and phone number of the measure developer’s secondary point of contact.

Measure Developer Secondary Point of Contact Email **\***

Measure Developer Secondary Point of Contact Phone Number **\***

Country **\***

First Name **\***

Last Name **\***

Company **\***

Street Address **\***

City**\***

State**\***

Zip Code**\***

**The measure developer is NOT the same as measure steward**

**Steward Information**

Steward**\***

Steward Organization Email**\***

Steward Phone Number**\***

Country**\***

First name**\***

Last name**\***

Company**\***

Street address **\***

City**\***

State**\***

Zip code**\***

Steward Organization URL**\***

Steward Organization Copyright