**Full Measure Submission to PQM**

**Instructions:** You must complete all required fields (denoted by \*) to submit your measure. You may save your progress as a draft prior to submitting your measure.

Some fields are required only if your measure is an electronic Clinical Quality Measure (eCQM), an initial (new) measure, or a maintenance measure. These are indicated at the beginning of the questions in brackets, e.g., *[For initial submissions only]*.

# Measure Specifications

**Note**: *If you have changes to information submitted via the Intent to Submit, please edit the original content for the Full Measure Submission.*

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**If applicable, provide a rationale for why measured entities should report this measure with other measures to appropriately interpret results.** \*

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**Provide a URL to a web page specific for this measure containing current detailed specifications, including code lists, risk model details, and supplemental materials.** \*

*Do not enter a URL to a home page or to general information. If no URL is available, indicate “not available.”*

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*[If the measure is an eCQM]* If your measure is an electronic clinical quality measure (eCQM), please attach the zipped output from the Measure Authoring Tool (MAT). \*

*If you did not use the MAT, please contact* [*PQM Support*](mailto:PQMSupport@battelle.org)*. Use the specification fields for the plain-language description of the specifications.*

MAT output attached

MAT output not attached (explain)

*If you select “MAT output not attached” a text box will open for you to provide an explanation.*

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**Do you have a data dictionary, code table, or value sets (and risk model codes and coefficients, if applicable)?** \*

Yes

No

Attached Excel or csv file -- attach file here if answered yes

*Please put all information into one workbook. Excel formats are preferred (.xlsx or .csv).*

If no, attest that all information will be provided in other fields in the submission.

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**Provide details needed to calculate the numerator**. \*

*All information required to identify and calculate the cases from the target population (denominator) with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets. If your list of codes with descriptors is greater than will fit in this text box you must attach an excel or csv file in the previous question. Please provide lists of individual codes with descriptors that exceed one page in an Excel or csv file in response to the field requesting the data dictionary, code table, or value sets.*

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**Provide details needed to calculate the denominator.** \*

*All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets. Please provide lists of individual codes with descriptors that exceed one page in an Excel or csv file in response to the field requesting the data dictionary, code table, or value sets.*

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**Describe denominator exclusions**. \*

*Briefly describe exclusions from the denominator cases, if any. Enter “None” if the measure does not have denominator exclusions.*

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**Provide details needed to calculate denominator exclusions.** \*

*Enter “None” if the measure does not have denominator exclusions. All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets. If the lists of codes with descriptors exceeds one page in Word, then please provide these lists in an Excel or csv file in response to the field requesting the data dictionary, code table, or value sets.*

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**Please select the most relevant type of score.** \*

Categorical, e.g., yes/no

Continuous variable, e.g., average

Count

Rate/proportion

Composite scale

Other scoring method

Please specify (text box)

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**Select the appropriate interpretation of the measure score.** \*

Better quality = Higher score

Better quality = Lower score

Better quality = Score within a defined interval

Passing score defines better quality

N/A

Please specify (text box) For example, cost and efficiency measures

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**Diagram or describe the calculation of the measure score as an ordered sequence of steps.** \*

*Identify the denominator, denominator exclusions, denominator exceptions, numerator, numerator exclusions, time period of data collection, risk adjustment, and any other calculations.*

Upload diagram if applicable (file types: PDF, visio, jpg, png)

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**Provide all information required to stratify the measure results, if necessary.** \*

*Include the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate. Please provide lists of individual codes with descriptors that exceed one page in an Excel or csv file in response to the field requesting the data dictionary, code table, or value sets.*

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**Select the data sources for which you have tested and specified the measure.** \*

***Select all that apply.***

Administrative Data

Claims Data

Electronic Health Records

Other Electronic Clinical Data

Paper Patient Medical Records

Registries

Standardized Patient Assessments

Patient-Reported Data and/or Survey Data *(opens the questions noted below if selected)*

Non-Medical Data

Other Data Source

*Please specify (text box)*

*If you selected Patient-Reported Data and/or Survey Data you will see these questions:*

**Provide the survey, tool, questionnaire, or scale used as a data source for your measure.**

Available at measure-specific web page (provide the URL)

*Please specify (text box)*

Attached

**Please indicate the responder for your survey, tool, questionnaire, or scale.**

Patient

Family or other caregiver

Clinician

Other

*Please specify (text box)*

**Are proxy responses allowed?**

Yes

No

**If yes, please describe how.** \*

*Required if checked yes above*

**For survey/patient-reported data, provide instructions for data collection and guidance on minimum response rate. Provide the data needed to calculate the response rates for reporting with performance measure results.** \*

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**Identify the specific data source or data collection instrument.** \*

*For example, provide the name of the database, clinical registry, collection instrument, and describe how the measured entities will collect the data (e.g., the standard methods, modes, and languages of administration).*

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**Indicate whether the measure has a minimum sample size to calculate the measure and provide any instructions needed for obtaining the sample and guidance on minimal sample size.** \*

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# Importance

**Attach a logic model and provide a description of the relationship between structures and processes and the desired outcome.** \*

*Briefly describe the steps between the health care structures and processes (e.g., interventions, or services) and the desired health outcome(s). The relationships in the diagram should be easily understood by general, non-technical audiences. Indicate the structure, process, or outcome being measured.*

Attachment (pdf, word)

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**Summarize evidence of measure importance from the literature, linking the structure/process/intermediate outcome to the desired health outcome.** \*

*Please cite supporting evidence.*

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*[For initial endorsement]* **If implemented,what is the measure’s anticipated impact on important outcomes?** \**Please cite evidence to identify adverse events and costs avoided. Cite business case, if applicable.*

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[*For maintenance review]* **Provide evidence of performance gap or measurement gap by providing performance scores on the measure as specified (current and over time) at the specified level of analysis.** \* *Please include mean, standard deviation, minimum, maximum, interquartile range, and scores by deciles. Describe the data source including number of measured entities, number of patients, dates of data. If a sample, provide characteristics of the entities included. If performance scores are unavailable for the measure, please explain.*

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|  | **Overall** | **Min** | **Decile 1** | **Decile 2** | **Decile 3** | **Decile 4** | **Decile 5** | **Decile 6** | **Decile 7** | **Decile 8** | **Decile 9** | **Decile 10** | **Max** |
| Mean Score |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Entities |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |  |  |  |

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*[For initial endorsement]* **Please explain why existing measures/quality improvement programs are insufficient for addressing this health care need.** \*

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**Provide evidence the target population (e.g., patients) values the measured outcome, process, or structure, and finds it meaningful.** \*

*Please describe how and from whom you obtained input.*

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# Feasibility

[*For Initial Endorsement]* **Describe the feasibility assessment conducted showing you considered the people, tools, tasks, and technologies necessary to implement this measure**. If an eCQM, please also attach your completed [feasibility scorecard](https://p4qm.org/sites/default/files/2023-08/eCQM-Feasibility-Scorecard.xlsx). \*

*Please explain and upload the feasibility scorecard if applicable.*

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**Describe how the feasibility assessment informed the final measure specifications, indicating any decisions made to adjust the measure in response to feasibility assessment.** \*

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**Indicate whether your measure or any of its components are proprietary, with or without fees.** \*

Proprietary measure or components (e.g., risk model, codes)

Proprietary measure or components with fees

Not a proprietary measure and no proprietary components

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**Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).** \*

*Required if checked in previous question that this is a proprietary measure or components (with or without fees)*

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# Scientific Acceptability

**Describe the data or sample used for testing (include dates, source). If you used multiple data sources for different aspects of testing (e.g., reliability, validity, risk adjustment), identify how the data or sample are different for each aspect of testing.** \*

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**Please provide descriptive characteristics of measured entities included in the analysis (e.g., size, location, type).** \*

*If you used a sample, describe how you selected measured entities for inclusion in the sample.*

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**Identify the number and descriptive characteristics (e.g., age, sex, race, diagnosis), of the level(s) of analysis, for example, patient, encounter or episode, separated by level of analysis and data source.** \*

*If you used a sample, describe how you selected the patients for inclusion in the sample. If there is a minimum case count used for testing, you must reflect that minimum in the specifications*.

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**If there are differences in the data or sample used for different aspects of testing (e.g., reliability, validity, exclusions, risk adjustment), please identify how the data or sample are different for each aspect of testing.** \*

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# Reliability

**Select the level of reliability testing conducted.** \*

***Please select all that apply.***

Patient or Encounter-Level (e.g., inter-abstractor reliability)

Accountable Entity-Level (e.g., signal-to-noise analysis)

Not applicable

*Please explain why reliability testing was not conducted*

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**For each level of reliability testing conducted, describe the method of reliability testing and what it tests.** \* *Describe the steps, do not just name a method. What type of error does it test? Provide the statistical analysis used.*

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**Provide the statistical results from reliability testing for each level of reliability testing conducted.** \*

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**If you conducted accountable entity-level testing, provide the reliability results for each decile in the table.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Overall** | **Min** | **Decile 1** | **Decile 2** | **Decile 3** | **Decile 4** | **Decile 5** | **Decile 6** | **Decile 7** | **Decile 8** | **Decile 9** | **Decile 10** | **Max** |
| Reliability |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Entities |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Persons |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**Provide your interpretation of the results in terms of demonstrating reliability.** \*

*How do the results support an inference of reliability for the measure?*

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# Validity

**Select the level of validity testing conducted.** \*

*Please select all that apply.*

Patient or Encounter-Level (e.g., sensitivity and specificity)

Accountable Entity Level (e.g., criterion validity)

Not applicable

*Please explain why validity testing was not conducted*

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**If validity testing was performed, select the type of validity testing conducted.** \*

*Please select all that apply.*

Empirical validity testing

Systematic assessment of face validity of performance measure score as an indicator of quality or resource use (i.e., the score is an accurate reflection of performance on quality or resource use and can distinguish good from poor performance).

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**For each level of testing conducted, describe the method of validity testing and what it tests.** \*

*Describe the steps, do not just name a method and what you tested (e.g., accuracy of data elements compared with authoritative source, relationship to another measure as expected). What statistical analysis did you use? Include analysis of missing data and any exclusions.*

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**Provide the statistical results from validity testing for each level of validity testing conducted.** \*

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**Provide your interpretation of the results in terms of demonstrating validity.** \*

*How do the results support an inference of validity for the measure?*

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# Risk Adjustment

**Check all methods used to address risk factors** \*

Statistical risk model with risk factors

*Specify number of risk factors (text box)*

Stratification by risk category

*Specify number of categories (text box)*

Other

*Specify other (text box)*

No risk adjustment or stratification.

*If select no, this question appears*

Is the measure an outcome or resource measure?

Yes

No

*IF you select yes this question appears:* **If an outcome or resource use measure is not risk adjusted or stratified, provide rationale and analyses to demonstrate there is no need to control for differences in patient characteristics (i.e., case mix) to achieve fair comparisons across measured entities.** \*

***The following questions are shown and required if the user selects Statistical risk model with risk factors, Stratification by risk category or Other above:***

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**Attach a conceptual model that illustrates the pathway between the social and/or functional status-related risk factors, patient clinical factors, quality of care, and the measured outcome. Please explain the rationale for the model.** \*

*Consider age, gender, race/ethnicity, urbanicity/rurality, Medicare/Medicaid dual eligibility status, indices of social vulnerability (e.g., Centers for Disease Control and Prevention* [*Social Vulnerability Index*](https://svi.cdc.gov/Documents/Publications/CDC_ATSDR_SVI_Materials/SVI_Poster_07032014_FINAL.pdf)*), and markers of functional risk in the conceptual model. If social and/or functional risk factors are not available but are included in the conceptual model, consider potential bias in the risk model, and describe its direction and magnitude. Address the validity of the measure in light of this bias.*

*Attachments (word, pdf)*

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**Provide descriptive statistics on the distribution across the measured entities of the risk variables identified in the conceptual model.** \*

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**If using statistical risk models, provide detailed risk model specifications (query or algorithm), including the risk model method, risk factor data sources, and equations.** **Please attach an excel file providing the risk factors, coefficients, codes with descriptors, and definitions.** \*

*Attachment (excel)*

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**Detail the statistical results of the analysis used to test and select risk factors for inclusion in or exclusion from the risk model/stratification.** \*

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**Provide the approach and results of calibration and discrimination testing. Describe any over- or under-prediction of the model for important subgroups. Please attach results of calibration and discrimination testing.** \*

*Attachment (pdf, jpg, png)*

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# Equity

**Describe how this measure contributes to efforts to advance health equity (*optional*).** *Provide a description of your methodology and approach to empirical testing of differences in performance scores across multiple socio-contextual variables (e.g., race, ethnicity, urbanicity/rurality, socio-economic status, gender, gender identity, sexual orientation, age). Provide an interpretation of the results, including interpretation of any identified differences and consideration of negative impact or unintended consequences on subgroups.*

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# Use & Usability

**Use**

*[For initial endorsement]* **Check all current or planned uses** \*

☐ Public Reporting

☐ Public Health/Disease Surveillance

☐ Payment Program

☐ Regulatory and Accreditation Programs

☐ Professional Certification or Recognition Program

☐ Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

☐ Quality Improvement (Internal to the specific organization)

☐ Other

*Please specify (text box)*

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*[For maintenance review]* **Check all current uses:** \*

☐ Public Reporting

☐ Public Health/Disease Surveillance

☐ Payment Program

☐ Regulatory and Accreditation Programs

☐ Professional Certification or Recognition Program

☐ Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

☐ Quality Improvement (Internal to the specific organization)

☐ Other

*(please specify (text box)*

Not in use

*Please provide more information as to why the measure is not in use (text box)*

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*[For maintenance review]* **Please provide the following information describing the program(s) in which the measure is used**: \*

Name of the program and sponsor *(text box)*

URL *(text box)*

Purpose *(text box)*

Geographic area and percentage of accountable entities and patients included *(text box)*

Level of analysis and care setting. *(text box)*

***You may add additional programs or sponsors***

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**Usability**

**What are the actions measured entities must take to improve performance on this measure? How difficult are those actions to achieve?** \*

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*[For maintenance only]* **Summarize the feedback on measure performance and implementation from the measured entities and others. Describe how you obtained feedback.** \*

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*[For maintenance only]* **Describe how you considered the feedback when developing or revising the measure specifications or implementation, including whether you modified the measure and why or why not.** \*

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*[For maintenance only]* **Discuss any progress on improvement (trends in performance results, including performance across sub-populations if available, number and percentage of people receiving high-quality healthcare, geographic area, number and percentage of accountable entities and patients included). If use of the measure demonstrated no improvement, provide an explanation.** \*

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*[For maintenance only]* **Explain any unexpected findings (positive or negative) during implementation of this measure, including unintended impacts on patients.** \*