# Intent to Submit

**Instructions:** This form can be used as a worksheet to assist you in developing your **Intent to Submit (ITS)** for a new or maintenance measure. When you are ready to submit, navigate to <https://p4qm.org/> and log into your PQM account (request a PQM account [here](https://p4qmprod.b2clogin.com/P4QMProd.onmicrosoft.com/B2C_1_Azure_AD/oauth2/v2.0/authorize?client_id=acdfa861-33f8-4f9f-add5-816782a832ce&scope=openid&redirect_uri=https://p4qm.org/mo_login&response_type=code&state=eyJoZWFkIjoid2thbUF6ZXR6eGRVakpZWCIsImFwcG5hbWUiOiJQNFFNUHJvZCBBenVyZSBCMkMiLCJyZWZlcmVyIjoiaHR0cHM6XC9cL3A0cW0ub3JnXC9TdWJtaXRhTWVhc3VyZSIsInRhaWwiOiI2NnhcLzJUUDVNYXF4NW9LMSJ9)). Once logged in, click “My Account” to go to your dashboard, then scroll to the bottom of the page and click on “Submit a Measure” to begin a new ITS. To return to a draft ITS, from your dashboard select *Intent to Submit Draft* from the “Endorsement Cycle Status” drop-down list and click “Apply” to see your measures. Click [here](https://p4qm.org/SubmitaMeasure) for more information on the Endorsement & Maintenance measure submission process.

* You must complete all required fields (denoted by \*) to submit the final ITS
* You may save a draft of the ITS form before completing all required fields

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

*Select the intended measure review cycle for endorsement consideration.*

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| **Spring 2024**ITS deadline: Monday, April 1st, 2024Full Submission deadline: Wednesday, May 1st, 2024[ ]  Spring 2024 | **Fall 2024**ITS deadline: Tuesday, October 1st, 2024Full Submission deadline: Friday, November 1st, 2024[ ]  Fall 2024 | **Spring 2025**ITS deadline: Tuesday, April 1st, 2025Full Submission deadline: Thursday, May 1st, 2025[ ]  Spring 2025 |

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## Measure Information

### 1.1 New or Maintenance \*

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

[ ]  New [ ]  Maintenance

*[If a maintenance measure]* **1.1a Provide CBE ID****\***

*Start by typing CBE ID or measure title and select an autocomplete option*

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### 1.2 Measure Title \*

*The measure title should include the type of score (e.g., rate, count, composite), the measure focus, and the target population. 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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### 1.3 Measure Description \*

*Briefly describe the type of score, measure focus, target population, and timeframe.* ***Note:*** *there are separate fields below for the numerator and denominator.*

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### 1.4 Project \*

*Choose the project that you expect to review the measure. To see the project descriptions and examples of project-related measures, please refer to the* [*E&M projects page*](https://p4qm.org/EM/projects)*m on the PQM website.* ***Note:*** *Battelle may reassign the measure to a different project following internal review. Choose one.*

[ ]  Advanced Illness and Post-Acute Care

 [ ]  Cost and Efficiency

[ ]  Initial Recognition and Management

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

 [ ]  Primary Prevention

### 1.5 Measure Type \*

*Choose one. If “Other”, please specify.*

[ ]  Cost/resource use

[ ]  Efficiency

[ ]  Intermediate Outcome

[ ]  Outcome

[ ]  Population Health

[ ]  Process

[ ]  Patient-reported Outcome Performance Measure (PRO-PM)

[ ]  Structure

[ ]  Other *(***1.5a** *Please specify \*)*

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### 1.6 Composite Measure \*

*Is this a composite measure?*

[ ]  No [ ]  Yes

### 1.7 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.*

Title

[ ]  No [ ]  Yes

### 1.8 Level of Analysis \*

*Select the level(s) of analysis for which the measure is specified and tested. Choose all that apply. If “Population of Geographic Area” or “Other”, please specify.*

[ ]  Accountable Care Organization

[ ]  Clinician: Group/Practice

[ ]  Clinician: Individual

[ ]  Facility

[ ]  Health Plan

[ ]  Population or Geographic Area *(***1.8a** *Specify Population or Geographic Area Level of Analysis \*)*

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[ ]  Other *(***1.8b** *Specify Other Level of Analysis \*)*

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### 1.9 Care Setting \*

*Select the care setting(s) for which the measure is specified and tested. Choose all that apply. If “No Applicable Care Setting“ or “Other Care Setting”, please explain.*

☐ Ambulatory Care: Clinic

☐ Ambulatory Care: Clinician Office

☐ Ambulatory Care: Office

☐ Ambulatory Surgery Center

☐ Behavioral Health: Inpatient (e.g., Inpatient Psychiatric Facility)

☐ Behavioral Health: Outpatient

☐ Birthing Center

☐ Clinician Office/Clinic

☐ Emergency Department

☐ Emergency Medical Services/Ambulance

☐ Home Health

☐ Hospice

☐ Hospital: Acute Care Facility

☐ Hospital: Critical Access

☐ Hospital: Inpatient

☐ Hospital: Outpatient

☐ Imaging Facility

☐ Inpatient Rehabilitation Facility

☐ Long-Term Acute Care Facility

☐ Nursing Home/Skilled Nursing Facility

☐ Outpatient Rehabilitation

☐ Pharmacy

☐ Urgent Care: Ambulatory

☐ No Applicable Care Setting *(***1.9a** *Please explain\*)*

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☐ Other Care Setting *(***1.9b** *Please specify\*)*

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*[****Note:*** *Responses to items 1.10 – 1.13 and other measure specification details are to be provided in the Full Measure Submission]*

### 1.14 Numerator \*

*Provide the numerator, i.e., the measure focus. Do not include the measure rationale.*

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### 1.15 Denominator \*

*Provide the denominator, i.e., the target population.*

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## Attestations: 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 (FMS) deadline of the intended review cycle. The measure may be insufficient for endorsement review if this information is not available by the FMS deadline. Please review the PQM E&M Rubric [*[*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#page=34)*] for full measure submission evaluation criteria.*

[ ]  **A.1 Detailed Measure Specifications \***

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

[ ]  **A.2 Logic Model \***

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

[ ]  **A.3 Impact and Gap \***

* For initial endorsement, I will provide a description of the measure’s anticipated impact on important outcomes supported by the scientific literature and other sources (e.g., functional improvement, disease prevented, adverse events or costs avoided).
* For maintenance endorsement, I will supply evidence of a continued performance or measurement gap by providing performance scores on the measure as specified (current and over time) at the specified level of analysis.

[ ]  **A.4 Feasibility assessment methodology and results \***

I will provide feasibility assessment methodology and results. I will show how the assessment considered the people, tools, tasks, and technologies necessary to implement the measure, and if an eCQM, I will provide the completed feasibility scorecard.

**A.5 Measure Testing (reliability and validity)**

*Check the boxes to attest to which testing (person/encounter-level or accountable entity-level) for reliability and validity will be available and submitted for each level of analysis by the FMS deadline of the intended review cycle.* ***Note:*** *For initial endorsement, you must provide a rationale if empirical person or encounter-level will not be presented in the FMS. For maintenance endorsement, you must provide a rationale**if measured/accountable entity testing will not be presented in the FMS.*

**A.5a Empirical person- or encounter-level**[[1]](#footnote-2) **\***

Will empirical person- or encounter-level evidence, testing, methodology, and results be presented for this endorsement?

[ ]  No [ ]  Yes

*[If A5a = No and this is an initial endorsement]* **A.5a1 Why not presented \***

*Provide a rationale for why empirical person- or encounter-level testing for reliability and validity will not be presented for this initial endorsement.*

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**A.5b Empirical accountable entity-level \***

Will empirical accountable entity-level evidence, testing, methodology, and results be presented for this endorsement?

[ ]  No [ ]  Yes

*[If A5a = No and this is a maintenance endorsement]* **A.5b1 Why not presented \***

*Provide a rationale for why empirical accountable entity-level testing will not be presented for this maintenance endorsement.*

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*[If a maintenance endorsement]* **A.5c Systematic assessment of face validity of performance measure score \***

Will systematic assessment of face validity of performance measure score (i.e., accountable entity-level) as an indicator of quality or cost/resource use (i.e., the score is an accurate reflection of performance on quality or resource use and can distinguish good from poor performance) ​be presented for this initial endorsement?

[ ]  No [ ]  Yes

[ ]  **A.6 Address health equity (optional)**

I will describe how this measure contributes to efforts to address inequities in health care. This is an optional criterion for FMS.

[ ]  **A.7 Measure’s use or intended use \***

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.

**A.8 Risk-adjustment or stratification \***

*Choose the correct option to attest to whether the measure is risk-adjusted and/or stratified, and to attest that each component of the respective information will be available and submitted by the FMS deadline of the intended review cycle, as applicable.*

[ ]  No, neither risk-adjusted nor stratified

[ ]  Yes, risk-adjusted only

[ ]  **Conceptual model for risk adjustment**

I will present the conceptual model for risk adjustment, including supporting evidence from literature, internal analyses, and/or expert panels, AND

[ ]  **Risk adjustment approach**

I will present the risk adjustment approach, including the methodology, specifications, results, and interpretation of results

[ ]  Yes, stratified only

[ ]  **All information required to stratify the measure results**

I will present 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

[ ]  **Conceptual model for risk adjustment**

I will present the conceptual model for risk adjustment, including supporting evidence from literature, internal analyses, and/or expert panels, AND

[ ]  **Risk adjustment approach**

I will present the risk adjustment approach, including the methodology, specifications, results and interpretation of results, AND

[ ]  **All information required to stratify the measure results**

I will present 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

**A.9 Quality Measure Developer and Steward Agreement (QMDSA) Form \***

*The QMDSA and Additional and Maintenance Measures Forms are contractual agreements that must be signed by Battelle Memorial Institute (Battelle) and any measure steward that is submitting one or more measures to be evaluated for endorsement via the consensus endorsement process. If the 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)*. Choose one.*

[ ] I already submitted a [QMDSA Form](https://p4qm.org/sites/default/files/2023-04/QMDSA-FORM-4-20-23-FILLABLE-508.pdf) to Battelle

*Provide the date submitted*

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[ ] I would like to submit the QMDSA form now

*Attach form; One file only; 256 MB limit; Allowed types: pdf.*

[ ] I will submit the QMDSA form later.

[ ]  The measure is owned by a government entity; therefore, the QMSDA Form is not applicable at this time.

**A.10 Additional and Maintenance Measures Form \***

*Choose one. Note: Measure stewards with current measures endorsed by Battelle, who wish to add additional measures to their current QMDSA, will need to complete this form.*

[ ] I have submitted or will submit 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)

[ ]  The Additional and Maintenance Measures Form is not applicable at this time.

[ ]  **A.11** **508 Compliance \***

I will ensure that the measure information that will be submitted at FMS, including all attachments, will be prepared 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).

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## Measure Points of Contact Information

*The user account completing this form is the Measure Developer Point of Contact (POC)*

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

*[If checked]*

Secondary POC email:

Secondary POC phone number:

Country:

First Name:

Last Name:

Organization:

Street Address:

City, State, Zip:

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

*[If checked]*

Steward POC email:

Steward POC phone number:

Steward organization URL:

Steward Organization *[choose from drop-down menu]*:

Country:

First Name:

Last Name:

Organization:

Street Address:

City, State, Zip:

Steward Organization Copyright

1. For patient- or encounter-level testing, prior evidence of reliability and validity of data elements for the data type specified in the measure (e.g., hospital claims) can be used as evidence for those data elements. Prior evidence could include published or unpublished testing that: includes the same data elements, uses the same data type (e.g., claims, chart abstraction), and is conducted on a sample as described above (i.e., representative, adequate numbers, and randomly selected, if possible). [↑](#footnote-ref-2)