Full Measure Submission

**Instructions:** This form can be used as a worksheet to assist you in developing your **Full Measure Submission (FMS)** for a new or maintenance measure. When you have received the approval for full measure submission, navigate to <https://p4qm.org/> and log into your PQM account. Once logged in, click “My Account” to go to your dashboard, then scroll to the bottom of the page and select *Approved for Full Measure Submission* from the “Endorsement Cycle Status” drop-down list and click “Apply” to see your measures ready for FMS. To return to an FMS draft in progress, select *Full Measure Submission Draft* from the drop-down list and click “Apply”. 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 FMS
* You may save a draft of the FMS form before completing all required fields
* If you would like to make changes to information submitted via the Intent to Submit (ITS), you may edit the original content in the FMS form
* Ensure all attachments are 508 compliant, including labeling all tables and figures with alternative text, as appropriate

Required fields vary depending on whether your measure is an electronic Clinical Quality Measure (eCQM), or an initial (new) measure versus a maintenance measure, or for selected other situations. Conditional fields are indicated in this template with brackets before each field (e.g., *[If the measure is an eCQM]* **Attach MAT Output** \*).

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## Section 1. Measure Specifications

*[NOTE: Items 1.1-1.9, 1.14, and 1.15 were entered in the ITS, and can be edited in the FMS]*

**1.10 Measure Rationale** \*

*Provide a rationale for why measured entities should report this measure, including how the measure will improve the quality of care for patients and/or any associated health care costs,* and what are the benefits or improvements in quality envisioned by use of this measure.

**1.11 Measure Webpage** \*

*Provide a URL to a webpage, 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. The webpage must be publicly accessible. If no URL is available, copy and paste this example: http://example.com.*

**1.12** *[If the measure is an eCQM]***Attach MAT Output**

*Attach the zipped output from the Measure Authoring Tool (MAT). If you did not use the MAT, please contact* *PQM Support**. Use the measure specification fields (e.g., 1.14a – 1.15c) for the plain-language description of the specifications. One file only; 256 MB limit; Allowed file types: .zip.*

**1.13 Attach Data Dictionary**

*Attach a data dictionary, code table, and/or value sets (include variables in the final risk model or stratification plan, if applicable). Attachment should include variables used in the final risk model and/or stratification, if applicable.*

*One file only; 256 MB limit; Allowed file type: .xls; .xlsx; .csv (please clearly label sheets).*

[ ]  **1.13a Data dictionary not attached**

I attest that all information will be provided in relevant fields where code and/or value sets are needed (e.g., 1.14a – 1.15b).

**1.14a Numerator Details** \*

*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. If the numerator includes a list (or lists) individual codes with descriptors that exceeds one page, please provide this information in an xls; .xlsx; .csv file as part of the data dictionary attachment.*

**1.15a Denominator Details** \*

*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. If the list(s) of individual codes with descriptors exceeds one page, please provide this information in an Excel or .csv file as part of the data dictionary attachment.*

**1.15b Denominator Exclusions** \*

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

**1.15c Denominator Exclusions Details** \*

*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 list(s) of codes with descriptors exceeds one page, please provide this information in an Excel or .csv file as part of the data dictionary attachment.*

**1.16 Type of Score** \*

*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

**1.16a** Describe other scoring method\*

**1.17** *[If Measure Type (1.5) IS NOT “Cost/Resource Use”]* **Measure Score Interpretation** \*

*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

[ ]  Other

**1.17a** Describe Other measure score interpretation\*

**1.17** *[If Measure Type (1.5) IS “Cost/Resource Use***”***]* **Select the type of cost measure** \*

[ ]  Per capita (population- or patient-based)

[ ]  Per episode

[ ]  Per procedure

[ ]  Other

**1.17a** Specify other cost measure \*

**1.18 Calculation of Measure Score** \*

*Diagram or describe the calculation of the measure score as an ordered sequence of steps. Identify the denominator, denominator exclusions (if any), numerator, time period of data collection, risk adjustment and/or stratification, and any other calculations.*

**1.18a** **Attach measure score calculation diagram**

*Attach a measure score calculation diagram, if desired.*

*One file only; 256 MB limit; Allowed file types: .pdf; .jpg; .png.*

**1.19 Measure Stratification Details** \*

*Provide all information required to stratify the measure results, if necessary. Include the stratification variables, definitions, code/value sets, and if appropriate, the risk-model covariates and coefficients for the clinically-adjusted version of the measure. If the list(s) of codes with descriptors exceeds one page, please provide this information in an Excel or .csv file as part of the data dictionary attachment. If the measure is not stratified, please state “The measure is not stratified.” If the information is included within the data dictionary attachment, please state “See data dictionary attachment.”*

**1.20 Testing Data Sources** \*

*Select the data sources for which you have tested and specified the measure. Choose all that apply.*

[ ]  Administrative Data

[ ]  Claims Data

[ ]  Electronic Health Records

[ ]  Paper Patient Medical Records

[ ]  Registries

[ ]  Standardized Patient Assessments

[ ]  Patient-Reported Data and/or Survey Data *[Answer questions 1.21-1.24]*

[ ]  Non-Medical Data

[ ]  Other Data Source

**1.20a** Specify other data source \*

**1.21** *[If “Patient-Reported Data and/or Survey Data” was selected above]* **Patient reported data collection tools**

*Choose one (1.21a or 1.21b). If the measure requires patient-reported data to collect stratification and/or risk adjustment variables, please include this information as well.*

**1.21a Data Source URL(s)**

*Provide link to the survey, tool, questionnaire, or scale used as a data source for your measure. This must be an external URL such as* [*http://example.com*](http://example.com)*. If no URL is available, copy and paste the example:* [*http://example.com*](http://example.com)*. Click “Add Another Item” to enter multiple URLs.*

**1.21b Attach Data Collection Tool(s)**

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

*One file only; 256 MB limit; Allowed type: .zip.*

**1.22** *[If “Patient-Reported Data and/or Survey Data” was selected for 1.20]* **Proxy Responses** \*

*Are proxy responses allowed?*

☐ No ☐ Yes

**1.23** *[If “Patient-Reported Data and/or Survey Data” was selected for 1.20]* **Survey Respondent** \*

*Please indicate the respondent for your survey, tool, questionnaire, or scale. Select all that apply.*

[ ]  Patient

[ ]  Family or other caregiver

[ ]  Clinician

[ ]  Other

**1.23a** Specify other survey respondent \*

**1.24** *[If “Patient-Reported Data and/or Survey Data” was selected for 1.20]* **Data Collection and Response Rate** \*

*For survey/patient-reported data, provide instructions for data collection (e.g., modes of collection, languages of administration), including disclosing minimum response rates and guidance on improving response rates. In addition, specify how to calculate response rates for reporting with performance measure results.*

**1.25 Data Sources** \*

*Identify the specific data source(s), other than or in addition to any patient-reported data and/or survey data collection instrument(s) indicated for the measure. For example, provide the name of the database, clinical registry, etc. and describe how the data are collected. Please discuss any data feasibility, reliability, and/or validity challenges and how this has been mitigated.*

**1.26 Minimum Sample Size** \*

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

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## Section 2. Importance

**2.1 Attach Logic Model** \*

*Attach a logic model depicting 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). Identify the relationships among the inputs and resources available to create and deliver an intervention, the activities the intervention offers, and the expected results (i.e., desired outcome). The relationships in the diagram should be easily understood by general, non-technical audiences. Indicate the structure, process, or outcome being measured.*

*One file only; 256 MB limit; Allowed file types: .pdf; .doc; .docx.*

**2.2 Evidence of Measure Importance** \*

*Summarize evidence of the measure’s importance from the literature, linking the structure/process/intermediate outcome to the desired health outcome. Please provide references for supporting evidence.*

**2.3** *[If initial endorsement]* **Anticipated Impact** \*

*If implemented, what is the measure’s anticipated impact on the desired outcomes, such as those listed in the logic model?**Please cite evidence to identify adverse events and costs avoided and provide references. Describe how the benefits of the measure’s impact will outweigh any potential unintended consequences.*

**2.4** **Performance Gap**

*If available, provide evidence of performance gap or measurement gap by providing performance scores on the measure as specified at the specified level(s) of analysis. Please include mean, minimum, maximum, and scores by deciles by using the table below or upload an attachment. In the text field here, describe the data source, including number of measured entities, number of patients, dates of data. If a sample was used, provide characteristics of the entities included. If performance scores are unavailable for the measure, please explain.*

**Table 1 Performance Scores by Decile**

*Enter the overall mean, minimum, and maximum scores, and mean scores by decile. Enter the number of measured entities and persons/encounters/episodes overall and within each decile.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Overall** | **Min** | **Decile****1** | **Decile****2** | **Decile****3** | **Decile****4** | **Decile****5** | **Decile****6** | **Decile****7** | **Decile****8** | **Decile****9** | **Decile****10** | **Max** |
| Mean Performance Score |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N of Entities |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N of Persons / Encounters / Episodes |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2.4a Attach Performance Gap Results**

*If needed, you may attach additional performance gap results here. If submitting an attachment rather than entering results in Table 1 above, please enter the overall mean, minimum, and maximum scores, and mean scores by decile. Enter the number of measured entities and persons/encounters/episodes overall and within each decile. Please ensure all attachments are 508 compliant, all tables and figures are labeled with alternative text, as appropriate. Please clearly refer to any results within your attachment within the relevant text fields of this measure submission form.*

*One file only; 256 MB limit; Allowed types: .zip, .pdf, .docx, .xls, .xlsx*

**2.5** *[If initial endorsement]* **Health Care Quality Landscape** \*

*Please explain why existing measures/quality improvement programs are insufficient for addressing this health care need.*

**2.6 Meaningfulness to Target Population** \*

*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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## Section 3. Feasibility

**3.1** **Feasibility Assessment** \*

*Describe the feasibility assessment conducted showing you considered the people, tools, tasks, and technologies necessary to implement this measure. For maintenance measures, describe* *whether feasibility issues due to implementation might have arisen and the near-term (i.e., within one year) mitigation approaches*

*The feasibility assessment should address:*

* *Whether all required data elements are routinely generated and used during care delivery*
* *The extent of any missing data, measure susceptibility to inaccuracies, and the ability to audit data to detect problems*
* *Estimates of the costs or burden of data collection, data entry, and analysis including the impact on clinician workflow, diagnostic thought processes, and patient-physician interaction*
* *Barriers encountered or that could be encountered in implementing the measure specifications, data abstraction, measure calculation, or performance reporting*
* *Ability to collect information without violation of patient confidentiality, including circumstances where measures based on patient surveys or the small number of patients may compromise confidentiality*
* *Identification of unintended consequences*

**3.2** *[If an eCQM]* **Attach Feasibility Scorecard** \*

*Attach your completed feasibility scorecard; please create the scorecard using the approved template [*[*link*](https://p4qm.org/sites/default/files/2023-12/eCQM-Feasibility-Scorecard.xlsx)*].*

*One file only; 256 MB limit; Allowed types: xlsx.*

**3.3 Feasibility Informed Final Measure** \*

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

**3.4 Proprietary Information** \*

*Indicate whether your measure or any of its components are proprietary, with or without fees (choose one).*

[ ]  Proprietary measure or components (e.g., risk model, codes), without fees

[ ]  Proprietary measure or components with fees

[ ]  Not a proprietary measure and no proprietary components

**3.4a** *[If any proprietary components for 3.4]* **Fees, Licensing, or Other Requirements**\*

*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).*

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## Section 4. Scientific Acceptability

## 4.1 Data and Samples

**4.1.1 Data Used for Testing** \*

*Describe the data used for testing (include dates, sources).*

**4.1.2 Differences in Data** \*

*If there are differences in the data or sample used for different aspects of testing (e.g., reliability, validity, exclusions, risk adjustment), clearly identify which data source/sample is used for each aspect of testing, including the years of data used in each. If there are no differences to report, enter “None.”*

**4.1.3 Characteristics of Measured Entities** \*

*Describe characteristics of measured entities included in the analysis (e.g., number, size, location, type). If you used a sample, describe how you selected measured entities for inclusion in the sample and the representativeness of the sample.*

**4.1.4 Characteristics of Units of the Eligible Population** \*

*Describe characteristics of the patients, encounters, episodes, etc., including numbers and percentages by factors such as age, sex, race, or diagnosis. Provide descriptive statistics separately by each specified level of analysis and data source. If you used a sample, describe how you selected the patients for inclusion in the sample and the representativeness of the sample. If there is a minimum case count used for testing, you must reflect that minimum in the specifications in Minimum Sample Size in Section 1*.

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## 4.2 Reliability

**4.2.1 Level(s) of Reliability Testing Conducted** \*

*Choose all that apply.*

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

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

[ ]  Not applicable/reliability testing not conducted

**4.2.1a** *Please explain why reliability testing was not conducted*

**4.2.2** *[If reliability testing was conducted]* **Method(s) of Reliability Testing** \*

*For each level of reliability testing conducted, describe the method(s) of reliability testing and explain what each tests. Describe the steps, do not just name a method. What type of error does it test? Provide the type of statistical analysis used. Describe proportion of missing data, how missing data was analyzed and/or excluded, and any sensitivity analysis conducted.*

*Note: Testing at the patient- or encounter-level requires that all critical data elements be tested (not just agreement of one final overall computation for all patients). At a minimum, the numerator, denominator, and exclusions must be assessed and reported separately. Prior evidence of reliability 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).*

**4.2.3** *[If reliability testing was conducted]* **Reliability Testing Results** \*

*Provide the statistical results from reliability testing for each level and type of reliability testing conducted. Where applicable, include results from accountable entity-level reliability testing (e.g., signal-to-noise testing) in the table below.*

**4.2.3a** *[If reliability testing was conducted]* **Attach Additional Reliability Testing Results**

*If needed, you may attach additional reliability testing results here. Please ensure all attachments are 508 compliant, all tables and figures are labeled with alternative text, as appropriate. Please clearly refer to any results within your attachment within the relevant text fields of this measure submission form.*

*One file only; 256 MB limit; Allowed types: .zip, .pdf, .docx, .xls, .xlsx*

**Table 2** *[If accountable entity-level testing was conducted, i.e., if 4.2.1 includes “Accountable Entity-Level”)]* **Accountable Entity-Level Reliability Testing Results**

*Enter the overall reliability, minimum, maximum, and mean reliability by decile. Enter the number of measured entities and persons/encounters/episodes overall and within each decile. If a sample, provide characteristics of the entities included. Note that the mean performance score should be the same as what was entered in the performance score table in Section 2 for this level of analysis and year(s).*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Overall** | **Min** | **Decile****1** | **Decile****2** | **Decile****3** | **Decile****4** | **Decile****5** | **Decile****6** | **Decile****7** | **Decile****8** | **Decile****9** | **Decile****10** | **Max** |
| Reliability |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mean Performance Score |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N of Entities |  |  |  |  |  |  |  |  |  |  |  |  |  |
| N of Persons / Encounters / Episodes |  |  |  |  |  |  |  |  |  |  |  |  |  |

**4.2.4** *[If reliability testing was conducted]* **Interpretation of Reliability Results** \*

*Provide your interpretation of the results in terms of demonstrating reliability for each level and type of reliability testing conducted. How do the results support an inference of reliability for the measure?*

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## 4.3 Validity

**4.3.1 Level(s) of Validity Testing Conducted** \*

*Choose all that apply.*

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

[ ]  Accountable Entity-Level (e.g., criterion validity)

[ ]  Not applicable/validity testing not conducted

**4.3.1a** **Provide a rationale for why validity testing is not applicable/was not conducted**

**4.3.2 Type of accountable entity-level validity testing conducted** \*

*Choose all that apply.*

[ ]  Empirical validity testing at the accountable entity-level (e.g., criterion validity, construct validity, known groups analysis)

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

[ ]  Not applicable/accountable entity-level validity testing not conducted

**4.3.2a** *[If a maintenance measure]* **Provide a rationale for why accountable entity-level validity testing was not conducted**

**4.3.3** *[If validity testing was conducted]* **Method(s) of Validity Testing** \*

*For each level of testing conducted, describe the method(s) of validity testing and what each tests. Describe the steps (do not just name a method) and explain what was tested (e.g., accuracy of data elements compared with authoritative source, relationship to another measure as expected). What statistical analysis did you use? Describe proportion of missing data, how missing data was analyzed and/or excluded, and any sensitivity analysis conducted.*

*Note: Testing at the patient- or encounter-level requires that all critical data elements be tested (not just agreement of one final overall computation for all patients). At a minimum, the numerator, denominator, and exclusions must be assessed and reported separately. For patient- or encounter-level testing, prior evidence of 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).*

*For empirical accountable entity-level testing, the following should be included:*

* *Narrative describing the hypothesized relationships*
* *Narrative describing why examining these relationships (e.g., correlating measures) would validate the measure*
* *Expected direction of the association*
* *Expected strength of the association*

**4.3.4** *[If validity testing was conducted]* **Validity Testing Results** \*

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

**4.3.4a** *[If validity testing was conducted]* **Attach Additional Validity Testing Results**

*If needed, you may attach additional validity testing results here. Please ensure all attachments are 508 compliant, all tables and figures are labeled with alternative text, as appropriate. Please clearly refer to any results within your attachment within the relevant text fields of this measure submission form.*

*One file only; 256 MB limit; Allowed types: .zip, .pdf, .docx, .xls, .xlsx*

**4.3.5** *[If validity testing was conducted]* **Interpretation of Validity Results** \*

*Provide your interpretation of the results in terms of demonstrating validity for each level and type of validity testing conducted. How do the results support an inference of validity for the measure? For accountable entity-level testing, discuss how the results relate to the hypothesis? If the results are not what were expected, why?*

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## 4.4 Risk Adjustment

**4.4.1****Methods Used to Address Risk Factors** \*

*What methods or approaches were used to explore the effects of risk factors on this measure? (****Note:*** *If you tested for the effects of risk factors and ultimately determined that risk adjustment or stratification was not warranted, please select the method(s) used and provide details of the testing and your rationale in 4.4.2 through 4.4.6; the measure’s ultimate status will be reported in 4.4.7).*

*Choose all that apply.*

[ ]  Statistical risk adjustment model with risk factors

[ ]  Stratification by risk factor category

[ ]  Other

**4.4.1a** Describe other method(s) used

[ ]  No risk adjustment or stratification.

**4.4.1b** *[If Measure Type is outcome or cost/resource]*

Provide a rationale for why there is no need to address differences in patient characteristics (i.e., case mix) to achieve fair comparisons across measured entities for your outcome or resource measure.

**4.4.2.** *[If risk factors are addressed by any method (4.4.1)]* **Conceptual Model Rationale** \*

*Explain the rationale for the risk approach, including reasons for risk adjustment and/or stratification. Describe the sources that inform the conceptual model, e.g., scientific literature, unpublished findings, TEP. 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 status-related risk (e.g., cognitive or physical function) in the conceptual model, using evidence to support the model, with references. If risk factors (e.g., social, functional status-related, clinical) are included in the conceptual model but data are not available for all factors, describe any potential bias, as a result of not including the risk factor(s) in the final risk adjustment model or stratification. Address the validity of the measure in light of this bias.*

**4.4.2a** *[If risk factors are addressed by any method (4.4.1)]* **Attach Conceptual Model** \*

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

*One file only; 256 MB limit; Allowed types: .pdf, .jpg, .png, .zip*

**4.4.3** *[If risk factors are addressed by any method (4.4.1)]* **Risk Factor Characteristics Across Measured Entities** \*

*Provide descriptive statistics showing how the risk variables identified from the conceptual model are distributed across the measured entities. Indicate which risk factors were tested in the risk adjustment model and which were tested for stratifying the measure, as applicable.*

**4.4.4** *[If risk factors are addressed by any method (4.4.1)]* **Risk Adjustment Modeling and/or Stratification Results** \*

*Describe the statistical results of the analyses used to test and select risk factors for inclusion in or exclusion from the risk model and/or stratification, as applicable. Clearly indicate the risk factors included in the final risk model and/or used in the final stratification approach.*

**4.4.4a** *[If risk factors are addressed by any method (4.4.1)]* **Attach Risk Adjustment Modeling and/or Stratification Specifications** \*

*Provide detailed risk adjustment model and/or stratification specifications, including the method(s), risk factor data sources, and equations, as applicable Please list all risk factors in your conceptual model, clearly indicating which factors were available/tested and which (if any) were retained in final model and/or stratification plan. Also include the data source, code with descriptor, and coefficient for each risk factor in the final risk adjustment model or stratification plan, as appropriate.*

*One file only; 256 MB limit; Allowed types: .xls; .xlsx; .csv*

**4.4.5** *[If 4.4.1 includes “Statistical risk adjustment model with risk factors*”*]* **Calibration and Discrimination** \*

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

**4.4.5a** *[If 4.4.1 includes “Statistical risk adjustment model with risk factors*”*]* **Attach Calibration and Discrimination Testing Results** \*

*Attach results of calibration and discrimination testing.*

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

**4.4.6.** *[If risk factors are addressed by any method (4.4.1)]* **Interpretation of Risk Factor Findings** \*

*Provide your interpretation of the results, in terms of demonstrating adequacy of controlling for differences in patient characteristics (i.e., case mix). Clearly describe the rationale for why each risk factor tested WAS or WAS NOT included in the final model. Describe what the results mean, including what is normally expected in relation to the test conducted.*

**4.4.7** *[If risk factors are addressed by any method (4.4.1)]* **Final Approach to Address Risk Factors** \*

*After testing, what methods or approaches were ultimately used to control for the effects of risk factors? (****Note:*** *the final approach should be supported by the testing and the rationale provided in 4.4.2-4.4.6). Choose all that apply.*

[ ]  Statistical risk adjustment model with risk factors

[ ]  Stratification by risk factor category

[ ]  Other

**4.4.1a** Describe other method(s) used

[ ]  No risk adjustment or stratification.

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## Section 5. Equity

**5.1 Contributions Towards Advancing Health Equity (*optional*).**

*Describe how this measure contributes to efforts to advance health equity 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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## Section 6. Use & Usability

## 6.1 Use

**6.1.1. Current Status** \*

*Is this new or maintenance measure currently in use?*

☐ No ☐ Yes

**6.1.2** *[If initial endorsement]* **Current or Planned Use(s)** \*

*Choose all that apply*

☐ 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

**6.1.2a** Please specify other current or planned use

**6.1.3** *[If maintenance review]* **Current Use(s)**  \*

*Choose all that apply*

☐ 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

**6.1.3a** Please specify other use \*

[ ]  Not in use

**6.1.3b** Provide more information as to why the measure is not in use and whether there is a near-term (within one year) plan for its use within an accountability application[[1]](#footnote-2) \*

**6.1.4** *[If Current Status = Yes (6.1.1)]* **Program Details** \*

*Please provide the following information describing the program(s) in which the measure is currently used:*

Name of the program and sponsor

URL of the program

Purpose of the program

Geographic area and percentage of accountable entities and patients included

Applicable level of analysis and care setting

*[To add details for another program, click “Add Measure Submission Program” button; To remove a program record entered in error, click “Remove Program” at the top right of the appropriate program details section]*

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## 6.2 Usability

**6.2.1 Actions of Measured Entities to Improve Performance** \*

*What are the actions measured entities must take to improve performance on this measure? How difficult are those actions to achieve and how can measured entities overcome those difficulties?*

**6.2.2** *[If maintenance review OR Current Status = Yes (6.1.1)]* **Feedback on Measure Performance** \*

*Summarize the feedback on measure performance and implementation from the measured entities and others. Describe how you obtained feedback.*

**6.2.3** *[If maintenance review OR Current Status = Yes (6.1.1)]* **Consideration of Measure Feedback** \*

*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.*

**6.2.4** *[If maintenance review OR Current Status = Yes (6.1.1)]* **Progress on Improvement** \*

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

**6.2.5** *[If maintenance review OR Current Status = Yes (6.1.1)]* **Unexpected Findings** \*

*Explain any unexpected findings (positive or negative) during implementation of this measure, including unintended impacts on patients.*

1. Accountability applications are uses of measure performance results about identifiable, accountable entities to make judgments and decisions because of performance. This can be as confidential reporting, reward, recognition, punishment, payment, or selection (e.g., public reporting, accreditation, performance-based payment, network inclusion/exclusion). [↑](#footnote-ref-2)