



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to subcriterion 1b).

Brief Measure Information

NQF #: 0583

Corresponding Measures:

De.2. Measure Title: [Dyslipidemia new med 12-week lipid test](#)

Co.1.1. Measure Steward: [Resolution Health, Inc.](#)

De.3. Brief Description of Measure: [This measure identifies patients age 18 or older who started lipid-lowering medication during the measurement year and had a lipid panel checked within 3 months after starting drug therapy.](#)

1b.1. Developer Rationale:

S.4. Numerator Statement: [Patients in the denominator who had a serum lipid panel drawn within 3 months following start of lipid-lowering therapy](#)

S.7. Denominator Statement: [Patients newly started on lipid-lowering therapy during the first 9 months of the measurement year](#)

S.10. Denominator Exclusions: [Hospitalizations](#)

De.1. Measure Type: [Process](#)

S.23. Data Source: [Claims](#)

S.26. Level of Analysis: [Clinician : Group/Practice, Clinician : Individual, Health Plan, Integrated Delivery System, Population : Community, County or City](#)

IF Endorsement Maintenance – Original Endorsement Date: [Dec 04, 2009](#) Most Recent Endorsement Date: [Dec 04, 2009](#)

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. ***Measures must be judged to meet all subcriteria to pass this criterion and be evaluated against the remaining criteria.***

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form
[0583_Evidence_MSF5.0_Data.doc](#)

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. *(This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.*

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. *(This is required for endorsement maintenance. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.*

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

1c. High Priority (previously referred to as High Impact)

The measure addresses:

- a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF; OR
- a demonstrated high-priority (high-impact) aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1c.1. Demonstrated high priority aspect of healthcare

1c.2. If Other:

1c.3. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare. List citations in 1c.4.

1c.4. Citations for data demonstrating high priority provided in 1a.3

1c.5. If a PRO-PM (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. *(Describe how and from whom their input was obtained.)*

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. ***Measures must be judged to meet the subcriteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.***

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Cardiovascular, Cardiovascular : Hyperlipidemia

De.6. Non-Condition Specific (check all the areas that apply):

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment:

S.3. For endorsement maintenance, please briefly describe any changes to the measure specifications since last endorsement date and explain the reasons.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Patients in the denominator who had a serum lipid panel drawn within 3 months following start of lipid-lowering therapy

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

S.6. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

- >=1 lab claim for 'lipid panel' within 90 days after starting lipid-lowering medication

Lipid Panel (Procedure)

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Type	Code	Description
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CPT4	3011F	LIPID PANEL DOC REV
CPT4	3048F	LDL-C <100 MG/DL
CPT4	3049F	LDL-C 100-129 MG/DL
CPT4	3050F	LDL-C Gd- 130 mg/dL
CPT4	3050F	LDL-C >= 130 MG/DL
CPT4	80061	LIPID PANEL
CPT4	82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL
CPT4	83700	LIPOPRO BLD, ELECTROPHORETIC
CPT4	83701	LIPOPROTEIN BLD, HR FRACTION
CPT4	83704	LIPOPROTEIN, BLD, BY NMR
CPT4	83715	LIPOPROT BLD; ELEC-PHORE SEP&QUAN

CPT4 83716 LIPOPROTEIN BLD; HI RES FRAC & QUAN
 CPT4 83718 LIPOPROT DIR MSR; HI DNSITY CHOL
 CPT4 83719 ASSAY OF BLOOD LIPOPROTEIN
 CPT4 83719 LIPOPROT DIR MSR; DIR MSR VLDL CHOL
 CPT4 83721 ASSAY OF BLOOD LIPOPROTEIN
 CPT4 83721 LIPOPROT DIR MSR; DIR MSR LDL CHOL

S.7. Denominator Statement (Brief, narrative description of the target population being measured)

Patients newly started on lipid-lowering therapy during the first 9 months of the measurement year

S.8. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Elderly

S.9. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

- Age >=18 years as of the end of the measurement year
- AND have started treatment from 'lipid group' of drugs between 91 and 365 days prior to the end of the measurement year
- AND have service eligibility from 0 to 90 days after starting the lipid-lowering medication
- AND have continuous use of lipid-lowering medication from 0 to 90 days after starting the medication

Lipid Group (Medispan Drug)

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Type   GPI Code      Description
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GPI    39100010002905 Cholestyramine Powder 4 GM/DOSE
GPI    39100010003005 Cholestyramine Powder Packets 4 GM
GPI    39100010102905 Cholestyramine Light Powder 4 GM/DOSE
GPI    39100010103005 Cholestyramine Light Powder Packets 4 GM
GPI    39100016100330 Colesevelam HCl Tab 625 MG
GPI    39100020100320 Colestipol HCl Tab 1 GM
GPI    39100020102705 Colestipol HCl Granules 5 GM
GPI    39100020103010 Colestipol HCl Granule Packets 5 GM
GPI    39200025000110 Fenofibrate Cap 50 MG
GPI    39200025000124 Fenofibrate Cap 150 MG
GPI    39200025000308 Fenofibrate Tab 40 MG
GPI    39200025000310 Fenofibrate Tab 48 MG
GPI    39200025000311 Fenofibrate Tab 50 MG
GPI    39200025000312 Fenofibrate Tab 54 MG
GPI    39200025000322 Fenofibrate Tab 120 MG
GPI    39200025000323 Fenofibrate Tab 145 MG
GPI    39200025000325 Fenofibrate Tab 160 MG
GPI    39200025100104 Fenofibrate Micronized Cap 43 MG
GPI    39200025100107 Fenofibrate Micronized Cap 67 MG
GPI    39200025100114 Fenofibrate Micronized Cap 130 MG
GPI    39200025100115 Fenofibrate Micronized Cap 134 MG
GPI    39200025100130 Fenofibrate Micronized Cap 200 MG
GPI    39200030000310 Gemfibrozil Tab 600 MG
GPI    39200030002900 Gemfibrozil Powder
GPI    39300030000320 Ezetimibe Tab 10 MG
GPI    39400010100310 Atorvastatin Calcium Tab 10 MG (Base Equivalent)
GPI    39400010100320 Atorvastatin Calcium Tab 20 MG (Base Equivalent)
GPI    39400010100330 Atorvastatin Calcium Tab 40 MG (Base Equivalent)
GPI    39400010100350 Atorvastatin Calcium Tab 80 MG (Base Equivalent)
GPI    39400030100120 Fluvastatin Sodium Cap 20 MG
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GPI	39400030100140 Fluvastatin Sodium Cap 40 MG
GPI	39400030107530 Fluvastatin Sodium Tab SR 24 HR 80 MG
GPI	39400050000305 Lovastatin Tab 10 MG
GPI	39400050000310 Lovastatin Tab 20 MG
GPI	39400050000320 Lovastatin Tab 40 MG
GPI	39400050007510 Lovastatin Tab SR 24HR 10 MG
GPI	39400050007520 Lovastatin Tab SR 24HR 20 MG
GPI	39400050007530 Lovastatin Tab SR 24HR 40 MG
GPI	39400050007540 Lovastatin Tab SR 24HR 60 MG
GPI	39400060100305 Rosuvastatin Calcium Tab 5 MG
GPI	39400060100310 Rosuvastatin Calcium Tab 10 MG
GPI	39400060100320 Rosuvastatin Calcium Tab 20 MG
GPI	39400060100340 Rosuvastatin Calcium Tab 40 MG
GPI	39400065100320 Pravastatin Sodium Tab 10 MG
GPI	39400065100330 Pravastatin Sodium Tab 20 MG
GPI	39400065100340 Pravastatin Sodium Tab 40 MG
GPI	39400065100360 Pravastatin Sodium Tab 80 MG
GPI	39400075000310 Simvastatin Tab 5 MG
GPI	39400075000320 Simvastatin Tab 10 MG
GPI	39400075000330 Simvastatin Tab 20 MG
GPI	39400075000340 Simvastatin Tab 40 MG
GPI	39400075000360 Simvastatin Tab 80 MG
GPI	39409902156320 Aspirin Buff Tab 81 MG & Pravastatin Na Tab 20 MG Thera Pack
GPI	39409902156325 Aspirin Buff Tab 325 MG & Pravastatin Na Tab 20 MG Ther Pack
GPI	39409902156330 Aspirin Buff Tab 81 MG & Pravastatin Na Tab 40 MG Thera Pack
GPI	39409902156335 Aspirin Buff Tab 325 MG & Pravastatin Na Tab 40 MG Ther Pack
GPI	39409902156340 Aspirin Buff Tab 81 MG & Pravastatin Na Tab 80 MG Thera Pack
GPI	39409902457520 Niacin-Lovastatin Tab SR 24HR 500-20 MG
GPI	39409902457525 Niacin-Lovastatin Tab SR 24HR 750-20 MG
GPI	39409902457530 Niacin-Lovastatin Tab SR 24HR 1000-20 MG
GPI	39409902457535 Niacin-Lovastatin Tab SR 24HR 1000-40 MG
GPI	39409902707520 Niacin-Simvastatin Tab SR 24HR 500-20 MG
GPI	39409902707525 Niacin-Simvastatin Tab SR 24HR 750-20 MG
GPI	39409902707530 Niacin-Simvastatin Tab SR 24HR 1000-20 MG
GPI	39409908500120 *Misc Natural HMG CoA Reductase Inhibitors - Cap***
GPI	39450050000450 Niacin Tab CR 500 MG (Antihyperlipidemic)
GPI	39450050000460 Niacin Tab CR 750 MG (Antihyperlipidemic)
GPI	39450050000470 Niacin Tab CR 1000 MG (Antihyperlipidemic)
GPI	39500045200130 Omega-3-acid Ethyl Esters Cap 1 GM
GPI	39500050000120 Policosanol Cap 10 MG
GPI	39500050000320 Policosanol Tab 10 MG
GPI	39500055002900 Probucol Powder
GPI	39994002300320 Ezetimibe-Simvastatin Tab 10-10 MG
GPI	39994002300330 Ezetimibe-Simvastatin Tab 10-20 MG
GPI	39994002300340 Ezetimibe-Simvastatin Tab 10-40 MG
GPI	39994002300350 Ezetimibe-Simvastatin Tab 10-80 MG
GPI	40992502150305 Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-10 MG
GPI	40992502150310 Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG
GPI	40992502150315 Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-40 MG
GPI	40992502150320 Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG
GPI	40992502150325 Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG
GPI	40992502150330 Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG
GPI	40992502150335 Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG
GPI	40992502150350 Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG
GPI	40992502150355 Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG

GPI 40992502150360 Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG
 GPI 40992502150365 Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG
 GPI 77103010000205 Niacin Cap CR 125 MG
 GPI 77103010000210 Niacin Cap CR 250 MG
 GPI 77103010000215 Niacin Cap CR 400 MG
 GPI 77103010000220 Niacin Cap CR 500 MG
 GPI 77103010000320 Niacin Tab 50 MG
 GPI 77103010000330 Niacin Tab 100 MG
 GPI 77103010000340 Niacin Tab 250 MG
 GPI 77103010000350 Niacin Tab 500 MG
 GPI 77103010000440 Niacin Tab CR 250 MG
 GPI 77103010000450 Niacin Tab CR 500 MG
 GPI 77103010000460 Niacin Tab CR 750 MG
 GPI 77103010000470 Niacin Tab CR 1000 MG
 GPI 77103010002900 Niacin Powder
 GPI 77103010002950 Niacin Oral Powder
 GPI 77103020000310 Niacinamide Tab 100 MG
 GPI 77103020000315 Niacinamide Tab 500 MG
 GPI 77103020002900 Niacinamide Powder

S.10. Denominator Exclusions (Brief narrative description of exclusions from the target population)

Hospitalizations

S.11. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

Exclude members with inpatient hospitalizations from 0 to 90 days after starting the lipid-lowering medications

S.12. Stratification Details/Variables (All information required to stratify the measure results including the stratification variables, definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)

S.13. Risk Adjustment Type (Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)

No risk adjustment or risk stratification

If other:

S.14. Identify the statistical risk model method and variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)

S.15. Detailed risk model specifications (must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

S.16. Type of score:

If other:

S.17. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score,

a lower score, a score falling within a defined interval, or a passing score)

S.18. Calculation Algorithm/Measure Logic *(Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)*

S.19. Calculation Algorithm/Measure Logic Diagram URL or Attachment *(You also may provide a diagram of the Calculation Algorithm/Measure Logic described above at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)*

S.20. Sampling *(If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)*

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

S.21. Survey/Patient-reported data *(If measure is based on a survey, provide instructions for conducting the survey and guidance on minimum response rate.)*

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

S.22. Missing data (specify how missing data are handled, e.g., imputation, delete case.)

Required for Composites and PRO-PMs.

S.23. Data Source *(Check ONLY the sources for which the measure is SPECIFIED AND TESTED).*

If other, please describe in S.24.

[Claims](#)

S.24. Data Source or Collection Instrument *(Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc.)*

IF a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

S.25. Data Source or Collection Instrument *(available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)*

S.26. Level of Analysis *(Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)*

[Clinician : Group/Practice](#), [Clinician : Individual](#), [Health Plan](#), [Integrated Delivery System](#), [Population : Community](#), [County or City](#)

S.27. Care Setting *(Check ONLY the settings for which the measure is SPECIFIED AND TESTED)*

[Ambulatory Care : Clinician Office](#), [Post-Acute Care](#)

If other:

S.28. COMPOSITE Performance Measure - Additional Specifications *(Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)*

2a. Reliability – See attached Measure Testing Submission Form

2b. Validity – See attached Measure Testing Submission Form

[0583_MeasureTesting_MS5.0_Data.doc](#)

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields? (*i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields*)

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF a PRO-PM, consider implications for both individuals providing PROM data (patients, service recipients, respondents) and those whose performance is being measured.

3c.2. 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*).

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Planned	Current Use (for current use provide URL)
Public Reporting	
Quality Improvement (Internal to the specific organization)	

4a.1. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

4b. Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b.1. Progress on Improvement. (Not required for initial endorsement unless available.)

Performance results on this measure (current and over time) should be provided in 1b.2 and 1b.4. Discuss:

- Progress (trends in performance results, number and percentage of people receiving high-quality healthcare)
- Geographic area and number and percentage of accountable entities and patients included

4b.2. If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4c. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4c.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

Attachment:

Contact Information

Co.1 Measure Steward (Intellectual Property Owner): [Resolution Health, Inc.](#)

Co.2 Point of Contact: [Aurel Iuga](#), aurel.iuga@wellpoint.com, 240-295-6205-

Co.3 Measure Developer if different from Measure Steward: [Resolution Health, Inc.](#)

Co.4 Point of Contact: [Kevin Bowman](#), Kevin.Bowman@anthem.com, 240-295-1398-

Additional Information

Ad.1 Workgroup/Expert Panel involved in measure development Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.
Measure Developer/Steward Updates and Ongoing Maintenance Ad.2 Year the measure was first released: Ad.3 Month and Year of most recent revision: Ad.4 What is your frequency for review/update of this measure? Ad.5 When is the next scheduled review/update for this measure?
Ad.6 Copyright statement: Ad.7 Disclaimers:
Ad.8 Additional Information/Comments: