

NATIONAL QUALITY FORUM

Measure Submission and Evaluation Worksheet 5.0

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the [submitting standards web page](#).

NQF #: 0644	NQF Project: Neurology Project
(for Endorsement Maintenance Review) Original Endorsement Date: May 05, 2010 Most Recent Endorsement Date: May 05, 2010 Last Updated Date: Mar 08, 2013	
BRIEF MEASURE INFORMATION	
De.1 Measure Title: Patients with a transient ischemic event ER visit that had a follow up office visit.	
Co.1.1 Measure Steward: Optum	
De.2 Brief Description of Measure: Patient(s) with a recent emergency room encounter for a transient cerebral ischemic event that had any physician visit within 14 days of the acute event.	
2a1.1 Numerator Statement: Create a POST period from the day after the initiating Facility Event (i.e., the ER encounter for the transient cerebral ischemic event) through 14 days after the initiating Facility Event AND During the POST period, did the patient have any professional encounter (code set PR0107, RV0107) with any diagnosis (Note: Will allow non-physician encounters (e.g., nurse practitioner and physician assistance encounters) to count toward numerator compliance as long as the provider(s) has submitted one of the face-to-face encounter codes (e.g., 99213) listed in our code set.) Time Window: 30 days after the initiating encounter (i.e., ER encounter for transient cerebral ischemia)	
2a1.4 Denominator Statement: For condition confirmation, patients must meet the following criteria: 1. All males or females that are 18 years or older at the end of the report period 2. Patient must have been continuously enrolled: Medical benefits throughout the 12 months prior to the end of the report period AND Pharmacy benefit plan for 6 months prior to the end of the report period Note: The standard enrollment break logic allows unlimited breaks of no more than 45 days and no breaks greater than 45 days. 3. Either one of the following (A or B): A. The patient is listed on the Disease Registry Input File for this condition, if a Disease Registry Input File is available. Note: Disease Registry is NOT a required input file. B. During the 24 months prior to the end of the report period, patient has 2 or more that are at least 14 days apart of the following services, where the diagnosis is Occlusive Vascular Disease OR Stroke, non-hemorrhagic OR Transient cerebral ischemia (code set DX0110, DX0146, DX0149): • Professional Encounter (code set PR0107, RV0107) • Professional Supervision (code set PR0108) • Facility Event – Confinement/Admission • Facility Event – Emergency Room	

• Facility Event – Outpatient Surgery

In addition, for this measure, the patient must meet the following criteria:

Create multiple temporary events for transient cerebral ischemic event.

Set Episode Start Date to the date of service of any claim (i.e. initiating event) for the service and diagnosis stated below during the following window of time: 365 days prior to the end of the report period through 30 days prior to the end of the report period

Facility Event – Emergency Room AND

The primary diagnosis on the claim was: Transient cerebral ischemia (code set DX0149)

Time Window: 365 days prior to the end of the report period through 30 days prior to the end of the report period

2a1.8 Denominator Exclusions: None

1.1 Measure Type: Process

2a1. 25-26 Data Source: Claims

2a1.33 Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Facility, Health Plan, Integrated Delivery System, Other, Population : Community, County or City, Population : Regional and State

1.2-1.4 Is this measure paired with another measure? No

De.3 If included in a composite, please identify the composite measure (title and NQF number if endorsed):

STAFF NOTES (issues or questions regarding any criteria)

Comments on Conditions for Consideration:

Is the measure untested? Yes ☐ No ☒ If untested, explain how it meets criteria for consideration for time-limited endorsement:

1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (check De.5):

5. Similar/related endorsed or submitted measures (check 5.1):

Other Criteria:

Staff Reviewer Name(s):

1. IMPACT, OPPORTUNITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All three subcriteria must be met to pass this criterion. See [guidance on evidence](#).

Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria. (evaluation criteria)

1a. High Impact: H ☒ M ☒ L ☐ I ☐

(The measure directly addresses a specific national health goal/priority identified by DHHS or NPP, or some other high impact aspect of healthcare.)

De.4 Subject/Topic Areas (Check all the areas that apply): Neurology, Neurology : Stroke/Transient Ischemic Attack (TIA)

De.5 Non-Condition Specific (Check all the areas that apply):

1a.1 Demonstrated High Impact Aspect of Healthcare:			
1a.2 If “Other,” please describe:			
1a.3 Summary of Evidence of High Impact <i>(Provide epidemiologic or resource use data):</i>			
1a.4 Citations for Evidence of High Impact cited in 1a.3:			
1b. Opportunity for Improvement: H● M● L● I● <i>(There is a demonstrated performance gap - variability or overall less than optimal performance)</i>			
1b.1 Briefly explain the benefits (improvements in quality) envisioned by use of this measure:			
1b.2 Summary of Data Demonstrating Performance Gap <i>(Variation or overall less than optimal performance across providers):</i> [For Maintenance – Descriptive statistics for performance results for this measure - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.]			
1b.3 Citations for Data on Performance Gap: [For Maintenance – Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included]			
1b.4 Summary of Data on Disparities by Population Group: [For Maintenance –Descriptive statistics for performance results for this measure by population group]			
1b.5 Citations for Data on Disparities Cited in 1b.4: [For Maintenance – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included]			
1c. Evidence <i>(Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.)</i> Is the measure focus a health outcome? Yes● No● <u>If not a health outcome, rate the body of evidence.</u>			
Quantity: H● M● L● I● Quality: H● M● L● I● Consistency: H● M● L● I●			
Quantity	Quality	Consistency	Does the measure pass subcriterion1c?
M-H	M-H	M-H	Yes●
L	M-H	M	Yes● IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No●
M-H	L	M-H	Yes● IF potential benefits to patients clearly outweigh potential harms: otherwise No●
L-M-H	L-M-H	L	No ●
Health outcome – rationale supports relationship to at least one healthcare structure, process,			Does the measure pass subcriterion1c? Yes● IF rationale supports relationship

intervention, or service	
1c.1 Structure-Process-Outcome Relationship <i>(Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process- health outcome; intermediate clinical outcome-health outcome):</i> 1c.2-3 Type of Evidence <i>(Check all that apply):</i> 1c.4 Directness of Evidence to the Specified Measure <i>(State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target population):</i> 1c.5 Quantity of Studies in the <u>Body of Evidence</u> <i>(Total number of studies, not articles):</i> 1c.6 Quality of <u>Body of Evidence</u> <i>(Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events):</i> 1c.7 Consistency of Results <u>across Studies</u> <i>(Summarize the consistency of the magnitude and direction of the effect):</i> 1c.8 Net Benefit <i>(Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms):</i> 1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? No 1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: 1c.11 System Used for Grading the Body of Evidence: Other 1c.12 If other, identify and describe the grading scale with definitions: n/a n/a n/a 1c.13 Grade Assigned to the Body of Evidence: 1c.14 Summary of Controversy/Contradictory Evidence: 1c.15 Citations for Evidence other than Guidelines<i>(Guidelines addressed below):</i> 1c.16 Quote verbatim, <u>the specific guideline recommendation</u> <i>(Including guideline # and/or page #):</i> 1c.17 Clinical Practice Guideline Citation:	

1c.18 National Guideline Clearinghouse or other URL:

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? **No**

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias:

1c.21 System Used for Grading the Strength of Guideline Recommendation: **Other**

1c.22 If other, identify and describe the grading scale with definitions: **n/a n/a**

1c.23 Grade Assigned to the Recommendation:

1c.24 Rationale for Using this Guideline Over Others:

Based on the NQF descriptions for rating the evidence, what was the developer's assessment of the quantity, quality, and consistency of the body of evidence?

1c.25 Quantity: **Low** **1c.26 Quality:** **Low** **1c.27 Consistency:** **Low**

1c.28 Attach evidence submission form:

1c.29 Attach appendix for supplemental materials:

Was the threshold criterion, *Importance to Measure and Report*, met?

(1a & 1b must be rated moderate or high and 1c yes) Yes ☐ No ☒

Provide rationale based on specific subcriteria:

For a new measure if the Committee votes NO, then STOP.

For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for improvement), it may be considered for continued endorsement and all criteria need to be evaluated.

2. RELIABILITY & 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. **(evaluation criteria)**

Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See [guidance on measure testing](#).

S.1 Measure Web Page *(In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained).* Do you have a web page where current detailed specifications for this measure can be obtained? **No**

S.2 If yes, provide web page URL:

2a. RELIABILITY. Precise Specifications and Reliability Testing: **H ☐ M ☒ L ☐ I ☐**

2a1. Precise Measure Specifications. *(The measure specifications precise and unambiguous.)*

2a1.1 Numerator Statement *(Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome):*

Create a POST period from the day after the initiating Facility Event (i.e., the ER encounter for the transient cerebral ischemic event) through 14 days after the initiating Facility Event

AND

During the POST period, did the patient have any professional encounter (code set PR0107, RV0107) with any diagnosis

(Note: Will allow non-physician encounters (e.g., nurse practitioner and physician assistance encounters) to count toward numerator compliance as long as the provider(s) has submitted one of the face-to-face encounter codes (e.g., 99213) listed in our code set.)

Time Window: 30 days after the initiating encounter (i.e., ER encounter for transient cerebral ischemia)

2a1.2 Numerator Time Window *(The time period in which the target process, condition, event, or outcome is eligible for inclusion):*

14 days after the initiating encounter

2a1.3 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, codes with descriptors, and/or specific data collection items/responses):*

see attached "Code Sets" excel document for codes with descriptions

2a1.4 Denominator Statement *(Brief, narrative description of the target population being measured):*

For condition confirmation, patients must meet the following criteria:

1. All males or females that are 18 years or older at the end of the report period

2. Patient must have been continuously enrolled:

Medical benefits throughout the 12 months prior to the end of the report period

AND

Pharmacy benefit plan for 6 months prior to the end of the report period

Note: The standard enrollment break logic allows unlimited breaks of no more than 45 days and no breaks greater than 45 days.

3. Either one of the following (A or B):

A. The patient is listed on the Disease Registry Input File for this condition, if a Disease Registry Input File is available. Note: Disease Registry is NOT a required input file.

B. During the 24 months prior to the end of the report period, patient has 2 or more that are at least 14 days apart of the following services, where the diagnosis is Occlusive Vascular Disease OR Stroke, non-hemorrhagic OR Transient cerebral ischemia (code set DX0110, DX0146, DX0149):

- Professional Encounter (code set PR0107, RV0107)
- Professional Supervision (code set PR0108)
- Facility Event – Confinement/Admission
- Facility Event – Emergency Room
- Facility Event – Outpatient Surgery

In addition, for this measure, the patient must meet the following criteria:

Create multiple temporary events for transient cerebral ischemic event.

Set Episode Start Date to the date of service of any claim (i.e. initiating event) for the service and diagnosis stated below during the following window of time: 365 days prior to the end of the report period through 30 days prior to the end of the report period

Facility Event – Emergency Room AND

The primary diagnosis on the claim was: Transient cerebral ischemia (code set DX0149)

Time Window: 365 days prior to the end of the report period through 30 days prior to the end of the report period

2a1.5 Target Population Category *(Check all the populations for which the measure is specified and*

tested if any): [Elderly](#)

2a1.6 Denominator Time Window *(The time period in which cases are eligible for inclusion):*
[365 prior to the end of the report period through 14 days prior to the end of the report period](#)

2a1.7 Denominator Details *(All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses):*
[see attached "Code Sets" excel document for codes with descriptions](#)

2a1.8 Denominator Exclusions *(Brief narrative description of exclusions from the target population):*
[None](#)

2a1.9 Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses):*

2a1.10 Stratification Details/Variables *(All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses):*

2a1.11 Risk Adjustment Type *(Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13):* [No risk adjustment or risk stratification](#) **2a1.12 If "Other," please describe:**

2a1.13 Statistical Risk Model and Variables *(Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development should be addressed in 2b4.):*

2a1.14-16 Detailed Risk Model Available at Web page URL (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL. Please supply login/password if needed:

2a1.17-18. Type of Score:

2a1.19 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):*

2a1.20 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.):*

2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:

2a1.24 Sampling (Survey) Methodology. If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):

2a1.25 Data Source (*Check all the sources for which the measure is specified and tested*). If other, please describe:

[Claims](#)

2a1.26 Data Source/Data Collection Instrument (*Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.*):

2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment:

2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:

2a1.33 Level of Analysis (*Check the levels of analysis for which the measure is specified and tested*):

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

2a1.34-35 Care Setting (*Check all the settings for which the measure is specified and tested*): [Ambulatory Care : Clinic/Urgent Care](#), [Ambulatory Care : Clinician Office](#), [Inpatient/Hospital](#), [Post Acute/Long Term Care Facility : Rehabilitation](#), [Post-Acute Care](#)

2a2. Reliability Testing. (*Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability.*)

2a2.1 Data/Sample (*Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*):

2a2.2 Analytic Method (*Describe method of reliability testing & rationale*):

2a2.3 Testing Results (*Reliability statistics, assessment of adequacy in the context of norms for the test conducted*):

2b. VALIDITY. Validity, Testing, including all Threats to Validity: H● M● L● I●

2b1.1 Describe how the measure specifications (*measure focus, target population, and exclusions*) **are consistent with the evidence cited in support of the measure focus (criterion 1c) and identify any differences from the evidence:**

2b2. Validity Testing. (*Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.*)

2b2.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

2b2.2 Analytic Method (Describe method of validity testing and rationale; if face validity, describe systematic assessment):

2b2.3 Testing Results (Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment):

POTENTIAL THREATS TO VALIDITY. (All potential threats to validity were appropriately tested with adequate results.)

2b3. Measure Exclusions. (Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.)

2b3.1 Data/Sample for analysis of exclusions (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

2b3.2 Analytic Method (Describe type of analysis and rationale for examining exclusions, including exclusion related to patient preference):

2b3.3 Results (Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses):

2b4. Risk Adjustment Strategy. (For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.)

2b4.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

2b4.2 Analytic Method (Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables):

2b4.3 Testing Results (Statistical risk model: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. Risk stratification: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata):

2b4.4 If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment:

2b5. Identification of Meaningful Differences in Performance. (The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.)

2b5.1 Data/Sample (Describe the data or sample including number of measured entities; number of

patients; dates of data; if a sample, characteristics of the entities included):

2b5.2 Analytic Method (Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance):

2b5.3 Results (Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance):

2b6. Comparability of Multiple Data Sources/Methods. (If specified for more than one data source, the various approaches result in comparable scores.)

2b6.1 Data/Sample (Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

2b6.2 Analytic Method (Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure):

2b6.3 Testing Results (Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted):

2c. Disparities in Care: H ☐ M ☐ L ☐ I ☐ NA ☐ (If applicable, the measure specifications allow identification of disparities.)

2c.1 If measure is stratified for disparities, provide stratified results (Scores by stratified categories/cohorts):

2c.2 If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain:

2.1-2.3 Supplemental Testing Methodology Information:

Steering Committee: Overall, was the criterion, Scientific Acceptability of Measure Properties, met? (Reliability and Validity must be rated moderate or high) Yes ☐ No ☐
Provide rationale based on specific subcriteria:

If the Committee votes No, STOP

3. USABILITY

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. (**evaluation criteria**)

C.1 Intended Actual/Planned Use (Check all the planned uses for which the measure is intended):
Payment Program, Professional Certification or Recognition Program, Public Reporting, Quality

Improvement (external benchmarking to organizations), Quality Improvement (Internal to the specific organization), Regulatory and Accreditation Programs

3.1 Current Use (Check all that apply; for any that are checked, provide the specific program information in the following questions):

3a. Usefulness for Public Reporting: H● M● L● I●

(The measure is meaningful, understandable and useful for public reporting.)

3a.1. Use in Public Reporting - disclosure of performance results to the public at large (If used in a public reporting program, provide name of program(s), locations, Web page URL(s)). If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: **[For Maintenance** – If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.]

3a.2. Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting. If usefulness was demonstrated (e.g., focus group, cognitive testing), describe the data, method, and results:

3.2 Use for other Accountability Functions (payment, certification, accreditation). If used in a public accountability program, provide name of program(s), locations, Web page URL(s):

3b. Usefulness for Quality Improvement: H● M● L● I●

(The measure is meaningful, understandable and useful for quality improvement.)

3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s):

[For Maintenance – If not used for QI, indicate the reasons and describe progress toward using performance results for improvement].

3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality improvement. If usefulness was demonstrated (e.g., QI initiative), describe the data, method and results:

Overall, to what extent was the criterion, Usability, met? H● M● L● I●

Provide rationale based on specific subcriteria:

4. FEASIBILITY

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (**evaluation criteria**)

4a. Data Generated as a Byproduct of Care Processes: H● M● L● I●

4a.1-2 How are the data elements needed to compute measure scores generated? (Check all that apply).

Data used in the measure are:

4b. Electronic Sources: H ☐ M ☐ L ☐ I ☐
4b.1 Are the data elements needed for the measure as specified available electronically (<i>Elements that are needed to compute measure scores are in defined, computer-readable fields</i>):
4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources:
4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H ☐ M ☐ L ☐ I ☐
4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results:
4d. Data Collection Strategy/Implementation: H ☐ M ☐ L ☐ I ☐
A.2 Please check if either of the following apply (<i>regarding proprietary measures</i>):
4d.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 (<i>e.g., fees for use of proprietary measures</i>):
Overall, to what extent was the criterion, <i>Feasibility</i> , met? H ☐ M ☐ L ☐ I ☐ Provide rationale based on specific subcriteria:

OVERALL SUITABILITY FOR ENDORSEMENT
Does the measure meet all the NQF criteria for endorsement? Yes ☐ No ☐ Rationale:
If the Committee votes No, STOP. If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.

5. COMPARISON TO RELATED AND 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 before a final recommendation is made.
5.1 If there are related measures (<i>either same measure focus or target population</i>) or competing measures (<i>both the same measure focus and same target population</i>), list the NQF # and title of all related and/or competing measures:
5a. Harmonization
5a.1 If this measure has 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 Measure(s)

5b.1 If this measure has 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):

CONTACT INFORMATION

Co.1 Measure Steward (Intellectual Property Owner): [Optum, 2525 Lake Park Blvd., West Valley City, Utah, 84120](#)

Co.2 Point of Contact: [Steven, Pranke, steve.pranke@optum.com, 801-982-3415-](#)

Co.3 Measure Developer if different from Measure Steward: [Ingenix, 12125 Technology Dr, Eden prairie, Minnesota, 55344](#)

Co.4 Point of Contact: [Kay, Schwebke, kay.schwebke@ingenix.com, 952-883-7154-](#)

Co.5 Submitter: [Kay, Schwebke, kay.schwebke@ingenix.com, 952-883-7154-, Ingenix](#)

Co.6 Additional organizations that sponsored/participated in measure development:

Co.7 Public Contact: [Kay, Schwebke, kay.schwebke@ingenix.com, 952-883-7154-, Ingenix](#)

ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development

Ad.1 Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward:

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.3 Year the measure was first released:

Ad.4 Month and Year of most recent revision:

Ad.5 What is your frequency for review/update of this measure?

Ad.6 When is the next scheduled review/update for this measure?

Ad.7 Copyright statement:

Ad.8 Disclaimers:

Ad.9 Additional Information/Comments:

Date of Submission (MM/DD/YY): [03/13/2012](#)