THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	**Public domain or Intellectual Property Agreement signed:** IP Agreement signed and submitted (If no, do not submit) *Template for the Intellectual Property Agreement is available at* **www.qualityforum.org** *under Core Documents.*
B (B)	**Measure steward/maintenance:** Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years? Yes, information provided in contact section (If no, do not submit)
C (C)	**Intended use:** Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)
D (D)	**Fully developed and tested:** Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) **NQF Review #:** EC-016-08 **NQF Project:** National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	**Information current as of** *(date- MM/DD/YY)***:** 11/18/08
2	**Title of Measure:** Use of Spirometry Testing in the Assessment and Diagnosis of COPD
3	**Brief description of measure [1]:** This measure assesses the percentage of members 40 years of age and older with a new diagnosis or newly active chroonic obstructive pulmonary disease (COPD) who received appropriate spriometry tetsting to confirm the diagnosis.
4 (2a)	**Numerator Statement:** Members with at least one claim/encounter with any code for spirometry in the 730 days (2 years) before the Index Episode Date (IESD) to 180 days after the IESD. **Time Window:** **Numerator Details** (Definitions, codes with description): Codes to Identify Spirometry Testing: CPT: 94010, 94014-94016, 94060, 94070, 94375, 94620
5 (2a)	**Denominator Statement:** Members 42 years or older as of December 31st of the measurement year, who had any diagnosis of COPD during the Intake Period. If the member had more than one diagnosis of COPD, include only the first one. Members must be continuously enrolled in the organization 730 days (2 years) prior to the IESD through 180 days after the IESD. **Time Window:** **Denominator Details** (Definitions, codes with description): Codes to Identify COPD: Chronic bronchitis: ICD-9-CM Diagnosis 491 Emphysema: ICD-9-CM Diagnosis 492 COPD: ICD-9-CM Diagnosis 496 Definitions: Intake Period: A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The Intake Period captures the first COPD diagnosis. IESD: Index Episode Start Date. The earliest date of service for any encounter during the Intake Period with any diagnosis of COPD. For an outpatient claim/encounter, the IESD is the date of service. For an inpatient (acute or nonacute) claim, the IESD is the date of discharge. For a transfer or readmission, the IESD is the discharge date of original admission. Negative Diagnosis History: A period of 730 days (2 years) prior to the IESD (inclusive), during which the member had no claims/encounters containing any diagnosis of COPD. For an inpatient claim/encounter, use the date of admission to determine the Negative Diagnosis History.
6 (2a, 2d)	**Denominator Exclusions:** Test for Negative Diagnosis History. Exclude members who had a claim/encounter with a COPD diagnosis during the 730 days (2 years) prior to the IESD. For an inpatient (acute or nonacute) claim/encounter, use the date of admission to determine the Negative Diagnosis History. **Denominator Exclusion Details** (Definitions, codes with description):

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	Definition: Negative Diagnosis History: A period of 730 days (2 years) prior to the IESD (inclusive), during which the member had no claims/encounters containing any diagnosis of COPD. For an inpatient claim/encounter, use the date of admission to determine the Negative Diagnosis History.
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? Other ► If "other" describe: This measure is stratified by product line where the information is available (i.e. Commercial, Medicare, and Medicaid). **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? No **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☐ **OR** Web page URL: **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*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** **Data dictionary/code table** attached ☐ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☒ Data are available in EHRs ☒ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☒ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☐ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):

15 (2a) **Applicable Care Settings** *Check all that apply*

- ☐ Can be used in all healthcare settings
- ☒ Ambulatory Care (office/clinic)
- ☐ Behavioral Healthcare
- ☐ Community Healthcare
- ☐ Dialysis Facility
- ☐ Emergency Department
- ☐ EMS emergency medical services
- ☒ Health Plan
- ☒ Home Health
- ☐ Hospice
- ☐ Hospital
- ☐ Long term acute care hospital
- ☐ Nursing home/ Skilled Nursing Facility (SNF)
- ☐ Prescription Drug Plan
- ☐ Rehabilitation Facility
- ☐ Substance Use Treatment Program/Center
- ☐ Other (*Please describe*):

IMPORTANCE TO MEASURE AND REPORT

Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.

16 (1a) **Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.2

17 (1a) **If not related to NPP goal, identify high impact aspect of healthcare** (select one)

Summary of Evidence:

Citations[2] for Evidence:

18 (1b) **Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.*

Summary of Evidence: COPD is a major cause of chronic morbidity and mortality throughout the world and in the United States. COPD defines a group of diseases characterized by airflow obstruction and includes chronic bronchitis and emphysema (Mannion et al., 2002). The Global Initiative for Chronic Obstructive Lung Disease (GOLD) defines COPD as a disease characterized by airflow limitation that is not fully reversible (National Heart, Lung, and Blood Institute/World Health Organization, 2004). Airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lungs (Institute for Clinical Systems Improvement (ICSI), 2004).

COPD afflicts nearly 16 million adults in the United States. It accounts for 110,000 deaths, more than 16 million office visits, 500,000 hospitalizations, and consumes nearly $18 billion in direct health-care costs annually. After heart disease, cancer and stroke, COPD is the fourth leading cause of death in the United States and is projected to move to third place by 2020 (Snow et al., 2001, National Heart, Lung, and Blood Institute Fact Sheet, 2001).

Data from NHANES III estimates that approximately 24 million U.S. adults have evidence of impaired lung function. The National Heart, Lung, and Blood Institute Data Fact sheet on COPD cites approximately 16 million adults suffering from COPD. This number includes about 14 million with chronic bronchitis and 2 million with emphysema. Causes of COPD include smoking (which accounts for approximately 90 percent of all cases), genetic factors, passive smoking, occupational exposures and air pollution (McCrory et al., 2001). In 2002, 45.8 million adults in the United States were smokers (MMWR, 2004). Smoking cessation is one intervention proven to prolong survival of individuals with COPD (Institute for Clinical Systems Improvement (ICSI), 2004). The Institute for Clinical Systems Improvement guideline on COPD recommends spirometric testing for patients at risk of COPD, particularly smokers older than 45 years of age (Institute for Clinical Systems Improvement (ICSI), 2004; VA/DoD Clinical Practice Guideline for the Management of COPD, 2001; American Thoracic Society. Standardization of Spirometry, 1994).

COPD can be present with or without substantial physical impairment or symptoms. It is often a silent and unrecognized disease, and in its milder form difficult to diagnose and detect clinically without the use of spirometry (Manning et al., 2002; Stang et al., 2000; Barreiro TJ., 2004). Appropriate management of COPD begins with proper initial diagnosis followed by disease management using pharmacologic and nonpharmacologic methods. On an initial visit for COPD assessment, spirometry assessments before and after bronchodilation are essential to confirm the presence and any reversibility of airflow obstruction

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	(low FEV1 and FEV1/FVC ratio) and to distinguish COPD from asthma (VA/DoD Clinical Practice Guideline for the Management of COPD, 2001; Sutherland ER, 2004). Spirometry is a simple test that measures the amount of air a person can breathe out and the time it takes to do so (National Heart, Lung, and Blood Institute Fact Sheet, 2001). Both symptomatic and asymptomatic patients suspected of COPD should have spirometry performed to establish airway limitation and severity (Sutherland ER, 2004). This measure targets members 40 years of age and older with a new diagnosis of COPD who should have received spirometry testing as part of the initial workup and assessment for disease. In 2000, the economic impact of COPD to the U.S. was estimated to be nearly $32.1 billion, accounting for $18 billion in direct costs (for an estimated 16 million office visits and 500,000 hospitalizations) and $14.1 billion in indirect costs resulting from loss earnings due to illness and lost of future earnings due to death (National Heart, Lung, and Blood Institute Fact Sheet, 2001). Studies on the cost effectiveness of appropriate COPD diagnosis using spirometry testing were not found, but one article did support and recommend the use of spirometry for all patients at risk of asymptomatic airflow limitation (Sutherland ER, 2004). Office-based spirometry testing is a relatively simple, noninvasive test that requires only a few minutes of time. An office spirometer costs less than $800 and requires even less testing time than a diagnostic spirometer, which can cost around $2,000 (Ferguson et al, 2000). **Citations for Evidence:** Mannino et al., Chronic Obstructive Pulmonary Disease Surveillance—United States, 1971-2000. MMWR August 2, 2002; 51(SS-6):1-16. National Heart, Lung, and Blood Institute/ World Health Organization. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: Global Initiative for Chronic Obstructive Lung Disease (GOLD). Executive Summary, updated 2004. Available at http://www.goldcopd.com. Accessed September 2004. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Chronic Obstructive Pulmonary Disease. Third edition, December 2003. Available at http://www.icsi.org. Accessed September 2004. Snow et al. Special Report: The Evidence Base for Management of Acute Exacerbations of COPD, Clinical Practice Guideline, Part 1. Chest 2001; 119: 1185-1189. National Heart, Lung, and Blood Institute Date Fact Sheet: Chronic Obstructive Pulmonary Disease (COPD). May 2001. McCrory et al. Special Report: Management of Acute Exacerbations of COPD, A summary and Appraisal of Published Evidence. Chest 2001; 119: 1190-1209. MMWR—Cigarette Smoking Among Adults — United States, 2002 May 28, 2004 / Vol. 53 / No. 20. Stang et al. The Prevalance of COPD: Using Smoking Rates to Estimate Disease Frequency in the General Population. Chest 2000: 117: 354S-359S. Barreiro, T.J. An Approach to interpreting spirometry. Cover article: office procedures, American Family Physician, March 1, 2004. VA/DoD Clinical Practice Guideline for the Management of Chronic Obstructive Pulmonary Disease (COPD). Guideline Summary. October 2001. http://www.oqp.med.va.gov/cpq/cpq.htm. Sutherland, E.R. Outpatient treatment of chronic obstructive pulmonary disease: Comparisons with asthma, J Allergy Clin Immunol 2004; 114: 715-24. Sutherland, E.R., R.M. Cherniack. Current Concepts: Management of Chronic Obstructive Pulmonary Disease. NEJM 2004; 350: 2689-97. Ferguson et al. Office spirometry for lung health assessment in adults: a consensus statement from the National Lung Health Education Program, Respir Care 2000; 45(5): 513-530. American Thoracic Society. Standardization of Spirometry, 1994 Update. www.thoracic.org.
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** **Citations for evidence:**
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence**

	Summarize the evidence (including citations to source) supporting the focus of the measure as follows: • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☒ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)***:** **Summary of Evidence** (*provide guideline information below*)**:** **Citations for Evidence:**
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** Mannino et al., Chronic Obstructive Pulmonary Disease Surveillance—United States, 1971-2000. MMWR August 2, 2002; 51(SS-6):1-16. Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Chronic Obstructive Pulmonary Disease. Third edition, December 2003. Available at http://www.icsi.org. Accessed September 2004. National Heart, Lung, and Blood Institute Date Fact Sheet: Chronic Obstructive Pulmonary Disease (COPD). May 2001. Stang et al. The Prevalance of COPD: Using Smoking Rates to Estimate Disease Frequency in the General Population. Chest 2000: 117: 354S-359S. Sutherland, E.R. Outpatient treatment of chronic obstructive pulmonary disease: Comparisons with asthma, J Allergy Clin Immunol 2004; 114: 715-24. Sutherland, E.R., R.M. Cherniack. Current Concepts: Management of Chronic Obstructive Pulmonary Disease. NEJM 2004; 350: 2689-97. Ferguson et al. Office spirometry for lung health assessment in adults: a consensus statement from the National Lung Health Education Program, Respir Care 2000; 45(5): 513-530. American Thoracic Society. Standardization of Spirometry, 1994 Update. www.thoracic.org.

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Specific guideline recommendation: COPD can be present with or without substantial physical impairment or symptoms. It is often a silent and unrecognized disease, and in its milder form difficult to diagnose and detect clinically without the use of spirometry (Mannino et al., 2002; Stang et al., 2000; Buffels et al., 2004). One journal article notes that office spirometry used as an adjunct to evaluate symptoms in the general practice setting resulted in improved rate of detection of early-stage COPD, reinforcing the importance of spirometry as a tool for early diagnosis (Sutherland, ER, 2004; Buffels et al., 2004). Several recognized guidelines and new health initiatives targeting COPD recommend use of spirometry to confirm a COPD diagnosis. Global Initiative for Chronic Obstructive Lung Disease (GOLD.) The GOLD guideline recommends measurement of lung function to diagnose and categorize disease severity. Spirometry test results can have an important effect in future treatment of disease. (Evidence not graded.)(American Thoracic Society, 1994) Institute for Clinical Systems Improvement Guideline: COPD. Spirometry should be used to confirm a COPD diagnosis and determine degree of airflow limitation. The ICSI guideline uses the GOLD definition of COPD and recommends following spirometry use standards set by the American Thoracic Society (ATS). The ICSI guideline recommends measuring pre- and post-bronchodilator spirometry to identify patients with partial reversibility of airflow obstruction. (Evidence: Class R.)(Institute for Clinical Systems Improvement, 2004) National Lung Health Education Program (NLHEP). The NLHEP is a new initiative aimed at identifying and treating obstructive lung disease. NLHEP is promoting widespread use of simple office spirometers to measure pulmonary function among current and former smokers 45 years of age and older (Ferguson et al., 2000). **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)***:** Rankings above align with USPSTF grading system. **Rationale for using this guideline over others:** The guidelines included are evidence-based, applicable to relevant providers, and developed by national specialty organizations and government agencies.
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** A significant proportion of chronic asthmatics are believed to have COPD that was misdiagnosed due to incomplete assessment at initial diagnosis (anecdotal feedback). Improved diagnosis assessment through increased utilization of spirometry testing will help identify patients with partially reversible airflow obstruction and lead to better treatment plans. In addition, spirometry testing has shown utility in COPD patients as a method to stage disease severity, which is important for therapeutic decision making, and as a tool to educate COPD patients about their disease. For persistent smokers, observing the disease's progression through spirometric testing has helped encourage smoking cessation (Snow et al., 2001; Stang et al., 2000). Citations: Stang et al. The Prevalance of COPD: Using Smoking Rates to Estimate Disease Frequency in the General Population. Chest 2000: 117: 354S-359S. Snow et al. Special Report: The Evidence Base for Management of Acute Exacerbations of COPD, Clinical Practice Guideline, Part 1. Chest 2001; 119: 1185-1189.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not

	been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☐ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** In the Fall of 2004, the National Committee for Quality Assurance (NCQA) completed a field test of new health plan performance measure entitled Use of Spirometry in COPD Diagnosis and Assessment (Spirometry). For the field test, NCQA required participating plans to provide data beyond what would normally be necessary to compute these measures. For purposes of the field test, the measurement year was 2003. For each measure, the participating plans were asked to provide patient data and claims data (e.g. spirometry testing or pharmacy data) from administrative data systems for the entire measure eligible population. In addition, each plan was asked to review medical records for a random sample of 150 patients in the eligible population of each measure. This sampling strategy was designed to illustrate rate variation by plan (combining all product lines) and by product line. It was not designed to permit analysis of rate variation by plan within product line. **Analytic Method:** **Results:** Field-test data showed high reliability of claims data to capture spirometry CPT codes and COPD diagnosis codes most frequently used in clinical practice. Some office-based spirometry tests were noted in medical records but did not generate a claim; however, an improved payment system for COPD

	management (CMS has adopted COPD as one of the chronic diseases in its CCIP program) should improve claims billing of spirometric tests completed in the primary care office. Other challenges to reliability may result from frequent switching of health plans by enrollees, but COPD is not a disease that can be easily overlooked, and it is on the onus of the health plan and provider to provide appropriate follow-up and management. Challenges to the validity of this measure include accuracy of COPD case identification in clinical practice. In the field-test, denominator validation of a new diagnosis ranged from 30 percent–100 percent. Chart reviewers noted considerable difficulty finding documentation of COPD diagnoses, whether "new" or preexisting. Field-test results indicate much more clinical improvement is needed to improve case identification of COPD and how providers track disease development and progression in charts. An absence of a doctor office visit or COPD-related procedure for two plus years indicates either that the disease is new or poor disease management is taking place. As one geriatrician noted in reference to managing COPD patients, "there's no such thing as an inactive chronic disease.". This measure has face validity because its intent is to ensure the use of appropriate diagnostic tests within an acceptable time period to confirm a diagnosis. Field-test results indicated moderate to high administrative data-medical record data concordance for spirometry testing. All five participating plans submitted commercial population data, one submitted Medicaid product line data, and three submitted Medicare product line data. The combined commercial enrollment for all five plans was 1,424,513. The prevalence of COPD in the combined commercial population is 1.63 per 1,000; in the Medicaid population it is 4.29 per 1,000; and in Medicare, 28.41 per 1,000. Among the plans, prevalence of COPD varied from .51 per 1,000 to 3.52 per 1,000. Plans will need a minimum of 30 cases to report the measure. Commercial plans would need a minimum of ~20,000 members for sufficient denominator size; Medicare plans, 1,100 members; and Medicaid plans, 7,000 members.
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from current use **Data/sample:** This measure is based on administrative data. **Methods to identify statistically significant and practically/meaningfully differences in performance:** **Results:** This measure is reported by plans across all three product lines: commercial, Medicare, and Medicaid. Performance has steadily increased over time from 2005 to 2007 commercial plans performance rates were 34.8 percent in 2005, 36.1 percent in 2006, and 35.7 percent in 2007. Medicare plan performance has been the following over the past three years: 26.3 percent in 2005, 26.2 percent in 2006, and 27.2 percent in 2007. Like commercial and Medicare plans, performance for Medicaid plans has increased over time with rates of 26.5 percent in 2005, 27.3 percent in 2006, and 28.4 percent in 2007.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	**Current Use** In use **If in use, how widely used** Nationally ► If "other," please describe: ☒ Used in a public reporting initiative, name of initiative: NCQA's State of Health Care Quality Report Sample report attached ☐ **OR** Web page URL: http://www.ncqa.org/Portals/0/Newsroom/SOHC/SOHC_08.pdf
33	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential*

(3a)	*users for public reporting and quality improvement*) **Data/sample:** **Methods:** **Results:**
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:**
	FEASIBILITY
35 (4a)	**How are the required data elements generated?** *Check all that apply* ☐ Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment) ☐ Data elements are generated from a patient survey (e.g., CAHPS) ☒ Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims) ☐ Other, Please describe:
36 (4b)	**Electronic Sources** All data elements ►**If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:** ►**Specify the data elements for the electronic health record:**
37 (4c)	**Do the specified exclusions require additional data sources beyond what is required for the other specifications?** No ►**If yes, provide justification:**
38 (4d)	**Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:** **Describe how could these potential problems be audited:** **Did you audit for these potential problems during testing?** (select one) **If yes, provide results:**
39 (4e)	**Testing feasibility** Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: .
	CONTACT INFORMATION
40	**Web Page URL for Measure Information** *Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* **Web page URL:** www.ncqa.org

41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Philip **MI:** **Last Name:** Renner **Credentials (MD, MPH, etc.):** MBA **Organization:** National Committee for Quality Assurance **Street Address:** 1100 13th Street NW, Suite 1000 **City:** Washington **State:** DC **ZIP:** 20005 **Email:** renner@ncqa.org **Telephone:** 202-995-5192 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** Workgroup/panel used ►If workgroup used, describe the members' role in measure development: This panel has helped NCQA staff to develop measures that address significant respiratory care issue that align with clinical practice and guidelines and are technically feasible for health plan reporting. ►Provide a list of workgroup/panel members' names and organizations: Respiratory Measurement Advisory Panel: David Au, MD, University of Washington Michael Cabana, MD, University of Michigan Medical System Ray Fabius, MD, General Electric Ann Fuhlbrigge, MD, Brigham & Women's Hospital/Harvard Medical School Christine Joseph, PhD, Henry Ford Health System Allan Luskin, MD, Dean Medical Center Mo Mayrides, Asthma & Allergy Foundation of America Richard O'Connor, MD, Sharp Rees-Stealy Medical Group Andy Stergachis, PhD, RPh, University of Washington Tom Stibolt, MD, Northwest Permanente, PC Arthur Turk, MD, University of California Kevin Weiss, MD (Chair), Rush-Presbyterian St. Luke's Medical Center
46	**Measure Developer/Steward Updates and Ongoing Maintenance** Year the measure was first released: 2006 Month and Year of most recent revision: 2006 What is the frequency for review/update of this measure? Once a measure is publicly reported it undergoes a re-evaluation process approximately every three years. The measure specifications are reviewed annually to refine and update measure algorithms and coding. When is the next scheduled review/update for this measure?
47	**Copyright statement/disclaimers:** These performance measures were developed and are owned by the National Committee for Quality Assurance ("NCQA"). These performance measures are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures. NCQA holds a copyright in these

	measures and can rescind or alter these measures at any time. Users of the measures shall not have the right to alter, enhance, or otherwise modify the measures and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measures. Anyone desiring to use or reproduce the measures without modification for a noncommercial purpose may do so without obtaining any approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA. ©2007 National Committee for Quality Assurance, all rights reserved. Note: Performance measures developed by NCQA for CMS may look different from the measures solely created and owned by NCQA for NCQA.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 11/18/08

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years? Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) NQF Review #: EC-234-08 NQF Project: *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* 06/26/09
2	*Title of Measure:* Asthma - Use of Short-Acting Beta Agonist Inhaler for Rescue Therapy
3	**Brief description of measure [1]:** Percentage of patients with asthma who have a refill for a short acting beta agonist in the past 24 months
4 (2a)	**Numerator Statement:** Patients that have claims for or who have stated that they had a short-acting beta agonist refill in the past 24 months **Time Window:** 24 months **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** All patients, 5-50 years of age and older, with asthma **Time Window:** 3 years **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Patient or provider feedback indicating allergy or intolerance to the drug in the past Patient or provider feedback indicating that there is a contraindication to adding the drug General exclusions: • Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; • Patients who have been in a skilled nursing facility in the last 3 months **Denominator Exclusion Details** (Definitions, codes with description): see attached
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

(2a, 2e)	severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **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*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, pharmacy claims **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: Personal health record data collection ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Telephonic data collection from nurse-delivered disease management program Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):

	☐ Home Health
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1,2.2, 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** affects large numbers **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Quick-relief medications are used to provide prompt relief of bronchoconstriction and its accompanying acute symptoms such as cough, chest tightness, and wheezing. Quick-relief medication (SABA) must be available to asthmatic patients and be taken as needed to relieve symptoms and to reduce further exacerbation. The SABAs relax airway smooth muscle and cause a prompt (within 3–5 minutes) increase in airflow. SABAs are the mainstay of treatment for acute symptoms of bronchospasm. In our book of business experience for 2007, a total of 28,165 clinical alerts were sent to asthmatic members who did not have a refill for a SABA in the past 24 months. **Citations for Evidence:** National Institutes of Health NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma - 2007
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** **Citations for evidence:**
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply*

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: Evidence corresponds with a USPSTF grade I. **Summary of Evidence** (*provide guideline information below*): Quick-relief medications, short-acting beta2-agonists (SABA), are the therapy of choice for relief of acute symptoms and prevention for asthma exacerbation. **Citations for Evidence:** National Institutes of Health NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma - 2007
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** National Institutes of Health NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma - 2007 **Specific guideline recommendation:** The use of SABA is the most effective medication for relieving acute bronchoconstriction. SABAs have few negative cardiovascular effects. **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)*: Evidence Category A: Randomized controlled trials (RCTs), rich body of data. Evidence is from end points of well-designed RCTs that provide a consistent pattern of findings in the population for which the recommendation is made. Category A requires substantial numbers of studies involving substantial numbers of participants. **Rationale for using this guideline over others:** Nationally recognized guideline in asthma
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** SABAs are the mainstay of treatment for acute symptoms of bronchospasm. This is true both in routine outpatient management of persons who have asthma and for their treatment in the clinic or ED.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25	**Reliability Testing**

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

(2b)	**Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** none **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case looking for evidence of an inhaled short acting beta agonist . In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program. **Results:** We found that of the 6,612 members who satisfied the denominator, 5,493 were in the numerator, indicating a compliance rate of 83%.
31	**Identification of Disparities**

(2h)	►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use If in use, how widely used Health plan or sytem ► If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** Administrative claims database from health plans, patient derived data **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2002. Compliance to the clinical alert is measured using an analysis of subsequent claims, in this case the appearance of pharmacy claims for a SABA. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature, and more than 27% show objective evidence of compliance.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☒ Other measure(s) for same target population ☐ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** Use of appropriate medications for people with asthma **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** Not harmonized ►If not fully harmonized, provide rationale: This measure is based on members who were dispensed a SABA. **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** Quick-relief medication (SABA) must be available to asthmatic patients and be taken as needed to relieve symptoms to reduce further exacerbation.
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:*

	►*Specify the data elements for the electronic health record:* ICD9, NDC codes
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications?* No ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:* Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program. We do not anticipate significant unintended consequences from the implantation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient. *Describe how could these potential problems be audited:* The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a medication; ultimately the data sources may be tested against a sample of medical charts. *Did you audit for these potential problems during testing?* No *If yes, provide results:*
39 (4e)	*Testing feasibility* *Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:* Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The addition of supporting information for certain diagnostic conditions (e.g., diabetic medications and supplies in addition to ICD9 codes for diabetes) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.
	CONTACT INFORMATION
40	*Web Page URL for Measure Information* *Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL:* www.activehealth.net
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact**

	Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer. **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2002* *Month and Year of most recent revision: 2/2009* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2011*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:

Asthma - Use of Short-Acting Beta Agonist Inhaler for Rescue Therapy

DENOMINATOR

All of the following are correct:

1. Patient age 5-50 years
2. Presence of at least 2 ASTHMA diagnosis codes in the past 3 years
3. Presence of at least 2 refills for ASTHMA MEDS (W/O SHORT ACTING BETA AGONISTS) in the past 6 months

Denominator Exclusion:

1. Patient or provider feedback indicating allergy or intolerance to the drug in the past

NUMERATOR

1. Denominator is true
2. If one of the following is correct:
    a. Presence of at least 1 refill B-AGONIST (SHORT ACTING-INHALED) in the past 24 months
    b. Presence of at least 1 B-AGONIST (SHORT ACTING-NEBULIZER) procedure in the past 24 months
    c. Presence of patient data confirming at least 1 refill B-AGONIST (SHORT ACTING-INHALED) drug In the past 24 months

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years? Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) NQF Review #: EC-227-08 NQF Project: *National Voluntary Consensus Standards for Ambulatory Care Using Clinically Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* 06/26/09
2	*Title of Measure:* High Risk for Pneumococcal Disease - Pneumococcal Vaccination
3	**Brief description of measure [1]:** Percentage of patients age 5-64 with a high risk condition or age 65 years and older who received the pneumococcal vaccine
4 (2a)	**Numerator Statement:** Patients who have claims for or who stated that they have received the pneumococcal vaccine **Time Window:** At least 2 years, but will evaluate all available historical data for the presence of the vaccine **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** Patients who are between 5-64 years with a high risk condition (e.g., diabetes, heart failure, COPD, end-stage kidney disease, asplenia) or patients age 65 years and older **Time Window:** Year of the measurement **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Specific exclusions: - Pregnancy - Patient or provider feedback indicating allergy or intolerance to pneumococcal vaccine in the past - Patient or provider feedback indicating that there is a contraindication to the pneumococcal vaccine General exclusions: - Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; - Patients who have been in a skilled nursing facility in the last 3 months **Denominator Exclusion Details** (Definitions, codes with description): see attached
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):**

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	Stratification Details (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one) **Identify Risk Adjustment Variables:** **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **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*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, CPT, pharmacy claims, lab values **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: Personal health record data collection ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Telephonic data collection from nurse-delivered disease management program Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan

	☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT
	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.1, 2.2, 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** Healthy People 2010: In 1998, only 46 percent of persons aged 65 years and older ever had received a pneumococcal vaccine. Infectious Disease Society of America/American Thoracic Society: Many people who should receive either influenza or pneumococcal polysaccharide vaccine have not received them. According to a 2003 survey, only 69% of adults >/= 65 years of age had received influenza vaccine in the past year, and only 64% had ever received pneumococcal polysaccharide vaccine. In our book of business experience for 2007, a total of 30,349 clinical alerts were sent to members age 65-75 who had not received the pneumococcal vaccine. **Citations for Evidence:** Healthy People 2010 - Leading Health Indicators - 2002;www.healthypeople.gov (viewed online October 2008) Clinical Infectious Diseases - Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults - 2007;44:S27-72
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** Healthy People 2010: Both influenza and pneumococcal immunization rates are significantly lower for African American and Hispanic adults than for white adults. Centers for Disease Control: The gap between immunization rates in minority and white populations has been narrowed, but there are still disparities among many racial, ethnic, and underserved populations, especially among adults. In 1999 approximately 90 percent of all influenza and pneumonia-related deaths occurred in individuals aged 65 and older. Older Hispanic and African-American adults are much less likely to be vaccinated against influenza and pneumococcal disease than their white counterparts. Data show that in 2000 children living below the poverty level have lower immunization coverage rates as well. Although great progress has been made in improving childhood immunization rates, some disparities in overall immunization coverage rates among racial and ethnic groups still exist. This disparity is of great concern in large urban areas with underserved populations because of the potential for outbreaks of vaccine-preventable diseases. **Citations for evidence:** Healthy People 2010 - Leading Health Indicators - 2002;www.healthypeople.gov (viewed online October 2008) Centers for Disease Control Office of Minority Health & Health Disparities - Eliminate Disparities in Adult & Child Immunization Rates - www.cdc.gov/omhd/AMH/factsheets/immunization.htm (viewed online October 2008)

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

20 (1c)

If measuring an Outcome Describe relevance to the national health goal/priority, condition, population, and/or care being addressed:

If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence

Summarize the evidence (including citations to source) supporting the focus of the measure as follows:

- Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit.
- Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and
  if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s).
- Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit.
- Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public.
- Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care.
- Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality.

Type of Evidence *Check all that apply*

- ☒ Evidence-based guideline
- ☐ Meta-analysis
- ☐ Systematic synthesis of research
- ☐ Quantitative research studies
- ☐ Qualitative research studies
- ☐ Other (*Please describe*):

Overall Grade for Strength of the Evidence[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: Grade A recommendation

Summary of Evidence (*provide guideline information below*)**:** Several clinical trials have been conducted evaluating the efficacy of the vaccine against pneumonia and pneumococcal bacteremia. Effectiveness in case-control studies generally has ranged from 56% to 81%. Following initial pneumococcal vaccination, serotype-specific antibody levels decline after 5-10 years and decrease more rapidly in some groups than others, which suggests that revaccination may be indicated to provide continued protection.

Citations for Evidence: Center for Disease Control and Prevention. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1997;46(RR-08):1-24

21 (1c)

Clinical Practice Guideline *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.*

Guideline Citation: Center for Disease Control and Prevention. Recommended Adult Immunization Schedule - United States, October 2007 - September 2008. MMWR 2007;56:Q1-Q4

Specific guideline recommendation: Revaccination with pneumococcal polysaccharide vaccine - For persons aged >/= 65 years, one-time revaccination is recommended if they were vaccinated >/= 5 years previously and were aged < 65 years at the time of primary vacccination.

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

	Guideline author's rating of strength of evidence (*If different from USPSTF, also describe it and how it relates to USPSTF)*: This is a grade A recommendation. **Rationale for using this guideline over others:** Nationally recognized guideline for vaccination
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** The pneumococcal vaccine is safe and effective, and it may reduce morbidity and mortality from invasive pneumococcal infection in elderly adults.
	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**

29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case looking for evidence of pneumoccocal vaccination. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program. **Results:** We found that of the 63,499 members who satisfied the denominator, 14,003 were in the numerator, indicating a compliance rate of 22%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use If in use, how widely used Health plan or sytem ► If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** Administrative claims database from health plans, lab results data, patient derived data **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2007. Compliance to the clinical alert is measured using an analysis of subsequent claims, in this case the appearance of administrative claims for pneumococcal vaccination. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☒ Other measure(s) on same topic ☐ Other measure(s) for same target population ☐ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** Pneumococcal vaccine needed for all adults aged 65 years or older, Pneumonia vaccination status for older adults, Pneumonia Vaccination **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** Not harmonized

	►If not fully harmonized, provide rationale: This measure is based on a different target age group. **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:** The computerized data elements and rule algorithms employed by the proposed measure will allow the analysis of large populations to identify individuals appropriate for the measure. Other case-finding methodologies have been limited by the need for chart review and data abstraction.
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*
36 (4b)	*Electronic Sources All data elements* ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications? No* ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure: Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and/or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program.* *We do not anticipate significant unintended consequences from the implementation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient.* *Describe how could these potential problems be audited: The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of pneumococcal vaccination; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing? No If yes, provide results:*
39 (4e)	*Testing feasibility Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The addition of supporting information for certain diagnostic conditions (e.g., diabetic medications and supplies in addition to ICD9 codes for diabetes) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.*
	CONTACT INFORMATION

40	*Web Page URL for Measure Information* *Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL: www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2007* *Month and Year of most recent revision: November 2007* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2009*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.**☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:
High Risk for Pneumococcal Disease - Pneumococcal Vaccination

DENOMINATOR

One of the following is correct:

1. Patient age 65 and older
2. All of the following are correct:

    a. Patient age between 5 and 64 years

        i. One of following is correct:

            1. COPD validation is confirmed for the member (see below)

            2. CKD Stage 5 validation is confirmed for the member (see below)

            3. Presence of at least 2 NEPHROTIC SYNDROME Diagnosis in the past 12 Months

            4. CHF Any Stage validation is confirmed for the member (see below)

            5. Diabetes adult validation is confirmed for the member (see below)

            6. Pediatric type 2 diabetes validation is confirmed for the member (see below)

            7. Pediatric type 1 diabetes validation is confirmed for the member (see below)

            8. All of the following are correct:

                a. Presence of at least 1 SPLENECTOMY INDICATIONS diagnosis in the past

                b. Presence of at least 1 SPLENECTOMY procedure in the past

DENOMINATOR EXCLUSION

One of the following is correct:

1. Pregnancy exclusion validation is confirmed for the member (see below)

2. Presence of patient data confirming at least 1 PDD- VACCINE PNEUMO OBS/ALLERGIC CI in the past

NUMERATOR

All of the following are correct:

1. Denominator is true
2. One of the following is correct:
    a. Presence of at least 1 VACCINE (ICD-9)-PNEUMOCOCCAL diagnosis in the past
    b. Presence of at least 1 VACCINE-PNEUMOCOCCAL 23 VALENT procedure in the past
    c. Presence of at least 1 refill VACCINE-PNEUMOCOCCAL-23 VALENT exists in the past
    d. Presence of patient data confirming at least 1 PDD- VACCINE PPV-23 CI in the past
    e. Presence of at least 1 VACCINE-PNEUMOCOCCAL 7 VALENT procedure in the past 5 years
    f. Presence of at least 1 refill VACCINE-PNEUMOCOCCAL-7 VALENT exists in the past 5 years

---

Pregnancy Exclusion Validation

One of the following is correct:

1. Presence of at least 1 HCG (LOINC) lab result > 100 in the past 6 months
2. Presence of patient data confirming at least 1 PDD- PREGNANCY in the past 6 months
3. Presence of at least 1 PREGNANCY diagnosis in the past 6 months
4. Presence of at least 1 PREGNANCY RELATED PROCEDURE in the past 6 months

Pregnancy Exclusion Validation Exclusion

One of the following is correct:

1. Presence of at least 1 DELIVERY AND ABORTION (ICD9) diagnosis in the past 3 months
2. Presence of at least 1 HYSTERECTOMY procedure in the past 3 months
3. Presence of at least 1 DELIVERY AND ABORTION (CPT) procedure in the past 3 months
4. Presence of at least 1 refill UTEROTONICS exists in the past 3 months
5. Presence of at least 1 NONVIABLE PREGNANCY diagnosis in the past 3 months

---

COPD Validation

All of the following are correct:

1. Patient age >/= 35 years
2. One of the following is correct:
    a. All of the following are correct:
        i. Presence of at least 2 COPD diagnosis in the past 5 years
        ii. One of the following is correct:
            1. Presence of at least 2 refills INHALED ANTICHOLINERGIC AND BETA-AGONIST COMBO in the past 12 months
            2. Presence of at least 2 refills BRONCHODILATOR (LONG ACTING) exists in the past 12 months
            3. Presence of at least 1 COPD CPT procedure in the past 12 months
            4. Presence of at least 2 refills THEOPHYLLINE in the past 12 months
            5. Presence of at least 2 HOME O2 THERAPY (HCPCS) procedure in the past 12 Months
            6. All of the following are correct:
                a. Presence of at least 2 refills B-AGONIST (SHORT ACTING-INHALED) in the past 12 months
                b. Presence of at least 2 refills INHALED ANTICHOLINERGIC DRUGS in the past 12 months
    b. Presence of patient data confirming at least 1 PDD- COPD in the past

COPD Validation Exclusion

One of the following is correct:

1. Presence of at least 1 TRANSPLANT LUNG (CPT) procedure in the past
2. Presence of at least 2 TRANSPLANT LUNG (ICD-9) diagnosis in the past

---

CKD Stage 5 Validation

One of the following is correct:

1. Presence of at least 2 CKD STAGE 5 diagnosis in the past 12 months at least 3 months apart
2. All of the following are correct:
    a. Presence of at least 2 CKD – NOS diagnosis in the past 12 months at least 3 months apart
    b. Presence of at least 1 result for creatinine clearance between 0.1 And 14 in the past

c. If patient age >/= 18 years

3. Presence of at least 2 DIALYSIS CHRONIC (CPT) procedure in the past 12 months

4. Presence of patient data confirming at least 1 PDD- DIALYSIS in the past 12 months

CKD Stage 5 Validation Exclusion

The following is correct:

Presence of at least 1 TRANSPLANT RENAL (CPT) procedure in the past 12 months

---

CHF Any Stage Validation

All of the following are correct:

1. Patient age >/= 18 years
2. One of the following is correct:
    a. All of the following are correct:
        i. Presence of at least 2 CHF (CONGESTIVE HEART FAILURE) diagnosis in the past
            1. One of following is correct:
                a. Presence of at least 1 refill CARVEDILOL/LONG ACTING METOPROLOL 60 total days supply in the past 12 months
                b. Presence of at least 1 refill BIDIL 60 total days supply in the past 12 months
                c. Presence of at least 1 refill SPIRONOLACTONE/ EPLERENONE 60 total days supply in the past 12 months
                d. All of the following are correct:
                    i. Presence of at least 1 refill ANTIHYPE/ ARB-ACEI 60 total days supply in the past 12 months
                    ii. Presence of at least 1 refill DIURETICS/ LOOP DIURETICS 60 total days supply in the past 12 months
                e. All of the following are correct:
                    i. Presence of at least 1 refill HYDRALAZINE 60 total days supply in the past 12 months
                    ii. Presence of at least 1 refill NITRATES-LONG ACTING 60 total days supply in the past 12 months
                f. All of the following are correct:

i. Presence of at least 1 refill DIGOXIN 60 total days supply in the past 12 months

ii. **Exclusion** – Presence of at least 2 ATRIAL FIBRILLATION diagnosis in the past 12 months

b. Presence of patient data confirming at least 1 PDD- EJECTION FRACTION VALUE result < 40 in the past

c. Presence of patient data confirming at least 1 PDD- CHF in the past

d. Presence of at least 1 CHF - EF <40 procedure in the past 12 months

e. Presence of at least 4 CHF (CONGESTIVE HEART FAILURE) diagnosis in the past 24 months with at least a 6 month separation between claims.

CHF Any Stage Validation Exclusion

One of the following is correct:

1. Presence of at least 1 VALVE SURGERY procedure in the past 6 months
2. Presence of at least 1 VALVE REPLACEMENT diagnosis in the past 6 months
3. Presence of at least 2 TRANSPLANT HEART (ICD-9) diagnosis in the past
4. Presence of at least 1 TRANSPLANT HEART procedure in the past

---

Diabetes Adult Validation

All of the following are correct:

1. Patient age >/= 18 years
2. One of the following is correct:
    a. Presence of patient data confirming at least 1 PDD- DIABETES in the past 24 months
    b. Presence of at least 4 claims DIABETES MELLITUS diagnosis in the past 12 months with at least a 3 month separation between claims
    c. All of the following are correct:
        i. Presence of at least 1 DIABETES MELLITUS diagnosis in the past 5 years beginning at least 1 month in the past
        ii. One of the following is correct:
            1. Presence of at least 2 refills DM MEDS AND SUPPLIES exists in the past 12 months
            2. Presence of at least 2 DM MEDS AND SUPPLIES (HCPCS) procedure in the past 12 months

3. Presence of at least 1 INSULIN THERAPY (HCPCS) procedure in the past 12 months

4. Presence of at least 1 HBA1C VALUE > 7.5 in the past 12 months

Diabetes Validation Exclusion

One of the following is correct:
1. Presence of 2 STEROID-INDUCED DM diagnosis in the past 12 months
2. All of the following are correct:
   - Presence of at least 2 GESTATIONAL DM/POLYCYSTIC OVARIES diagnosis in the past 12 months
   - Female gender

Pediatric Type 1 Diabetes Validation

All of the following are correct:

1. Patient age is between 2 and 18 years

2. One of the following is correct:

   a. Presence of patient data confirming at least 1 PDD- DM TYPE 1 (PEDS) in the past

   b. All of the following are correct:

      i. Presence of at least 2 DIABETES TYPE 1 diagnosis in the past 5 years

      ii. One of the following is correct:

         1. Presence of at least 2 refills DM MEDS AND SUPPLIES exists in the past 12 months

         2. Presence of at least 2 DM MEDS AND SUPPLIES (HCPCS) procedure in the past 12 months

         3. Presence of at least 1 refill DM MEDS/INSULIN exists in the past 6 months

Pediatric Type 1 Diabetes Validation Exclusion

One of the following is correct:

1. Presence of at least 1 GESTATIONAL DM diagnosis in the past 12 months

2. Presence of at least 1 TRANSPLANT PANCREAS (CPT) procedure in the past

---

Pediatric Type 2 Diabetes Validation

All of the following are correct:

1. Patient age is between 2 and 18 years
2. One of the following is correct:
    a. Presence of patient data confirming at least 1 PDD- DM TYPE 2 (PEDS) in the past
    b. All of the following are correct:
        i. Presence of at least 2 DIABETES TYPE 2 diagnosis in the past 5 years
        ii. One of the following is correct:
            1. Presence of at least 2 refills DM MEDS AND SUPPLIES in the past 12 months
            2. Presence of at least 2 DM MEDS AND SUPPLIES (HCPCS) procedure in the past 12 months
        iii. **Exclusion** - Presence of at least 1 DIABETES TYPE 1 diagnosis in the past 5 years
    c. All of the following are correct:
        i. Presence of at least 1 DIABETES TYPE 1 diagnosis in the past 5 years
        ii. Presence of at least 1 DIABETES TYPE 2 diagnosis in the past 5 years
        iii. Presence of at least 1 refill DM MEDS/ORAL AGENTS exists in the past 6 months
        iv. **Exclusion** – if one of the following is correct:
            1. Presence of at least 1 refill DM MEDS/INSULIN exists in the past 6 months
            2. Presence of at least 1 INSULIN THERAPY (HCPCS) procedure in the past 6 months

Pediatric Type 2 Diabetes Validation Exclusion

The following is correct:

Presence of at least 1 GESTATIONAL DM diagnosis in the past 12 months

---

Note: A 3 month time window has been added to certain timeframes in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0

August 2008

The measure information you submit will be shared with NQF's Steering Committees and Technical Advisory Panels to evaluate measures against the NQF criteria of importance to measure and report, scientific acceptability of measure properties, usability, and feasibility. Four conditions (as indicated below) must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. Not all acceptable measures will be strong—or equally strong—among each set of criteria. The assessment of each criterion is a matter of degree; however, all measures must be judged to have met the first criterion, importance to measure and report, in order to be evaluated against the remaining criteria. References to the specific measure evaluation criteria are provided in parentheses following the item numbers. Please refer to the *Measure Evaluation Criteria* for more information at *www.qualityforum.org* under Core Documents. Additional guidance is being developed and when available will be posted on the NQF website.

Use the tab or arrow (↓→) keys to move the cursor to the next field (or back ←↑). There are three types of response fields:

- drop-down menus - select one response;
- check boxes – check as many as apply; and
- text fields – you can copy and paste text into these fields or enter text; these fields are not limited in size, but in most cases, we ask that you summarize the requested information.

Please note that URL hyperlinks do not work in the form; you will need to type them into your web browser.

Be sure to answer all questions. Fields that are left blank will be interpreted as no or none. Information must be provided in this form. Attachments are not allowed except when specifically requested or to provide additional detail or source documents for information that is summarized in this form. If you have important information that is not addressed by the questions, they can be entered into item #48 near the end of the form.

For questions about this form, please contact the NQF Project Director listed in the corresponding call for measures.

	CONDITIONS FOR CONSIDERATION BY NQF
	Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards.
A (A)	*Public domain or Intellectual Property Agreement signed: IP Agreement signed and submitted (If no, do not submit)* *Template for the Intellectual Property Agreement is available at www.qualityforum.org under Core Documents.*
B (B)	*Measure steward/maintenance: Is there an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years?* *Yes, information provided in contact section (If no, do not submit)*
C (C)	*Intended use: Does the intended use of the measure include BOTH public reporting AND quality improvement? Yes (If no, do not submit)*
D (D)	*Fully developed and tested: Is the measure fully developed AND tested? Yes, fully developed and tested (If not tested and no plans for testing within 24 months, do not submit)*

THE NATIONAL QUALITY FORUM

MEASURE SUBMISSION FORM VERSION 3.0
August 2008

	(for NQF staff use) NQF Review #: EC-255-08 NQF Project: *National Voluntary Consensus Standards for Ambulatory Care Using Clincally Enriched Administrative Data*
	MEASURE SPECIFICATIONS & DESCRIPTIVE INFORMATION
1	*Information current as of (date- MM/DD/YY):* 06/26/09
2	*Title of Measure:* COPD with Exacerbations – Use of Long-Acting Bronchodilator Therapy
3	**Brief description of measure [1]:** Percentage of patients 40 years and older with COPD exacerbations that are receiving a long acting bronchodilator
4 (2a)	**Numerator Statement:** Patients with a refill for a long acting bronchodilator **Time Window:** 6 months **Numerator Details** (Definitions, codes with description): see attached
5 (2a)	**Denominator Statement:** Patients 40 years and older with COPD exacerbations **Time Window:** 12 months **Denominator Details** (Definitions, codes with description): see attached
6 (2a, 2d)	**Denominator Exclusions:** Patients with a lung transplant; other indications for steroid use General exclusions: • Evidence of metastatic disease or active treatment of malignancy (chemotherapy or radiation therapy) in the last 6 months; • Patients who have been in a skilled nursing facility in the last 3 months **Denominator Exclusion Details** (Definitions, codes with description):
7 (2a, 2h)	**Stratification** Do the measure specifications require the results to be stratified? No ► If "other" describe: **Identification of stratification variable(s):** **Stratification Details** (Definitions, codes with description):
8 (2a, 2e)	**Risk Adjustment** Does the measure require risk adjustment to account for differences in patient severity before the onset of care? No ► **If yes,** (select one) ► Is there a separate proprietary owner of the risk model? (select one)

[1] Example of measure description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year.

	Identify Risk Adjustment Variables: **Detailed risk model:** attached ☐ **OR** Web page URL:
9 (2a)	**Type of Score:** Rate/proportion **Calculation Algorithm:** attached ☒ **OR** Web page URL: **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*) Better quality = Higher score ► If "Other", please describe:
10 (2a. 4a, 4b)	**Identify the required data elements**(e.g., primary diagnosis, lab values, vital signs)**:** ICD9, CPT, NDC, patient-derived data from a disease management nurse, a personal health record or health risk assessment **Data dictionary/code table** attached ☒ **OR** Web page URL: **Data Quality** (2a) *Check all that apply* ☒ Data are captured from an authoritative/accurate source (e.g., lab values from laboratory personnel) ☒ Data are coded using recognized data standards ☒ Method of capturing data electronically fits the workflow of the authoritative source ☐ Data are available in EHRs ☐ Data are auditable
11 (2a, 4b)	**Data Source and Data Collection Methods** *Identifies the data source(s) necessary to implement the measure specifications. Check all that apply* ☐ Electronic Health/Medical Record ☐ Electronic Clinical Database, Name: ☐ Electronic Clinical Registry, Name: ☒ Electronic Claims ☒ Electronic Pharmacy data ☐ Electronic Lab data ☐ Electronic source – other, Describe: Personal health record data collection ☐ Paper Medical Record ☐ Standardized clinical instrument, Name: ☐ Standardized patient survey, Name: ☐ Standardized clinician survey, Name: ☐ Other, Describe: Telephonic data collection from nurse-delivered disease management program. Instrument/survey attached ☐ **OR** Web page URL:
12 (2a)	**Sampling** *If measure is based on a sample, provide instructions and guidance on sample size.* **Minimum sample size:** **Instructions:**
13 (2a)	**Type of Measure:** Process ► If "Other", please describe: ► If part of a composite or paired with another measure, please identify composite or paired measure
14 (2a)	**Unit of Measurement/Analysis** (*Who or what is being measured*) *Check all that apply.* ☒ Can be measured at all levels ☐ Individual clinician (e.g., physician, nurse) ☐ Group of clinicians (e.g., facility department/unit, group practice) ☐ Facility (e.g., hospital, nursing home) ☐ Integrated delivery system ☐ Health plan ☐ Community/Population ☐ Other (*Please describe*):
15 (2a)	**Applicable Care Settings** *Check all that apply* ☐ Can be used in all healthcare settings ☒ Ambulatory Care (office/clinic) ☐ Behavioral Healthcare ☒ Community Healthcare ☐ Dialysis Facility ☐ Emergency Department ☐ EMS emergency medical services ☒ Health Plan ☐ Home Health ☐ Hospice ☐ Hospital ☐ Long term acute care hospital ☒ Nursing home/ Skilled Nursing Facility (SNF) ☐ Prescription Drug Plan ☐ Rehabilitation Facility ☐ Substance Use Treatment Program/Center ☐ Other (*Please describe*):
	IMPORTANCE TO MEASURE AND REPORT

	Note: This is a threshold criterion. If a measure is not judged to be sufficiently important to measure and report, it will not be evaluated against the remaining criteria.
16 (1a)	**Addresses a Specific National Priority Partners Goal** *Enter the numbers of the specific goals related to this measure (see list of goals on last page)*: 2.3, 6.1
17 (1a)	**If not related to NPP goal, identify high impact aspect of healthcare** (select one) **Summary of Evidence:** **Citations[2] for Evidence:**
18 (1b)	**Opportunity for Improvement** *Provide evidence that demonstrates considerable variation, or overall poor performance, across providers.* **Summary of Evidence:** In the calendar year 2008, we identified 867 patients with COPD exacerbations who were not receiving a long acting bronchodilator. Primary care physicians manage the majority of individuals in the United States with COPD.[10] In many areas of the country where COPD mortality is high such as Nevada and the Appalachian Mountain region, access to pulmonary specialists is limited. Consequently, primary care physicians skilled in detecting, diagnosing, and treating COPD are essential to address this major public health problem. Although one third of primary care physicians surveyed in this study were highly confident, findings from this study point to a desire and need for additional training to improve COPD management skills. Physicians indicated that CME programs and clinical practice guidelines were the most important mechanisms for improving their patient care skills; however, the majority indicated that they'd had insufficient exposure to CME activities related to COPD. Awareness of GOLD guidelines among primary care physicians has increased from 46%in 2003[11] to 60% in 2006 and is encouraging but suggests that dissemination efforts must continue and improve. Improving treatment. Inhaled bronchodilators are the cornerstone of COPD management and can increase exercise capacity and improve health status when used regularly. Primary care physicians in this study exhibited highly varied treatment preferences. A striking finding was the common selection of inhaled corticosteroids for both suspected and spirometry confirmed COPD. GOLD guidelines recommend using these for patients with recurrent exacerbations or moderate COPD adjunct therapy to a long-acting bronchodilator. Yet, more than one fourth of surveyed physicians chose inhaled steroids in contexts that did not meet these criteria. This may represent confusion with asthma management paradigms. Physicians in this study also seemed unclear about the appropriate role of long-acting bronchodilators. In GOLD, these agents are the preferred initial therapy for individuals with persistent dyspnea, yet, only 35% of physicians chose a long-acting bronchodilator when a short-acting agent had failed. A third of physicians also chose a combination short-acting bronchodilator. Although this therapy may be more effective than a single short-acting agent and may be slightly less expensive, comparison trials with long-acting bronchodilators are lacking and this combination does not have a defined place in the GOLD treatment hierarchy. Continued education about the appropriate use of inhaled steroids and the relative advantages of available bronchodilator options may be helpful **Citations for Evidence:** Enhancing COPD Management in Primary Care Settings Medscape General Medicine. 2007;9(3):24.
19 (1b)	**Disparities** *Provide evidence that demonstrates disparity in care/outcomes related to the measure focus among populations.* **Summary of Evidence:** PURPOSE:Colorado is one of six Rocky Mountain States with high COPD-related mortality. Patients residing in rural areas within Colorado have a higher mortality rate compared to urban areas. We sought to determine whether population characteristics or treatment differences could provide insight into the increased mortality seen in rural populations. METHODS:Five hundred eleven GOLD stage 3 or 4 patients were enrolled throughout the state. Patient characteristics and clinical variables were obtained. Subjects were categorized based on residence in either urban (n= 402) or rural settings (n=109).

[2] Citations can include, but are not limited to journal articles, reports, web pages (URLs).

	RESULTS:Rural and urban populations did not differ in regard to demographics or measurements of disease severity, such as age, pack-years of tobacco use, FEV1 (% predicted), six-minute walk distance, BODE index or St. George's Respiratory Questionnaire. In contrast, rural patients had a higher prevalence of COPD risk factors, including occupational exposures and lower socioeconomic status (i.e. increased Medicaid enrollment). Rural subjects used alternative medications more frequently, were prescribed less short acting bronchodilator therapy, and had a trend toward less inhaled corticosteroid use(P=0.08). Interestingly, both groups had similar low rates of long-acting ß2-agonist and anti-cholinergic use. Rural subjects were less likely to have received adequate preventative or non-medical therapies, including the influenza vaccination, pulmonary rehabilitation or a chest radiograph. Although no significant difference was seen in the number of hospital admissions or length of stay, the rural group was significantly less likely to receive ICU care or mechanical ventilation (either invasive or non-invasive ventilatory support). Finally, rural subjects were more likely to live alone, and less likely to have advance directives or a medical power of attorney. CONCLUSION:Increased COPD-related mortality in rural patients may be due to a constellation of disparities, including increased COPD risk factors, decreased prevention, inadequate medical and non-medical therapies, and the reduced availability of specialized services such as ICU care, mechanical ventilation and pulmonary rehabilitation. **Citations for evidence:** COPD-RELATED HEALTH AND TREATMENT DISPARITIES IN RURAL COLORADO; Chest 2008 134: p102003
20 (1c)	**If measuring an Outcome** Describe relevance to the national health goal/priority, condition, population, and/or care being addressed: **If not measuring an outcome, provide evidence supporting this measure topic and grade the strength of the evidence** *Summarize the evidence (including citations to source) supporting the focus of the measure as follows:* • Intermediate outcome – evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit. • Process – evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). • Structure – evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit. • Patient experience – evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public. • Access – evidence that an association exists between access to a health service and the outcomes of, or experience with, care. • Efficiency– demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality. **Type of Evidence** *Check all that apply* ☒ Evidence-based guideline ☐ Quantitative research studies ☐ Meta-analysis ☐ Qualitative research studies ☐ Systematic synthesis of research ☐ Other (*Please describe*): **Overall Grade for Strength of the Evidence**[3] (*Use the USPSTF system, or if different, also describe how it relates to the USPSTF system)*: The recommendation's strength of evidence is A. This would be most consistent with a USPSTF grade A.

[3]The strength of the body of evidence for the specific measure focus should be systematically assessed and rated, e.g., USPSTF grading system www.ahrq.gov/clinic/uspstmeth.htm: A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that

	Summary of Evidence (*provide guideline information below*)**:** • Bronchodilator drugs commonly used in treating COPD include _2-agonists, anticholinergics, and methylxanthines. The choice depends on the availability of the medications and the patient's response. All categories of bronchodilators have been shown to increase exercise capacity in COPD, without necessarily producing significant changes in FEV1102-105 (Evidence A). • Regular treatment with long-acting bronchodilators is more effective and convenient than treatment with short-acting bronchodilators106-109 (Evidence A). Regular use of a long-acting beta-2-agonist107 or a short- or long-acting anticholinergic improves health status106-108. • Treatment with a long-acting inhaled anti-cholinergic drug reduces the rate of COPD exacerbations110 and improves the effectiveness of pulmonary rehabilitation111. • Theophylline is effective in COPD, but due to its potential toxicity inhaled bronchodilators are preferred when available. All studies that have shown efficacy of theophylline in COPD were done with slow-release preparations. **Citations for Evidence:** Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2006. Available from: http://www.goldcopd.org8
21 (1c)	**Clinical Practice Guideline** *Cite the guideline reference; quote the specific guideline recommendation related to the measure and the guideline author's assessment of the strength of the evidence; and summarize the rationale for using this guideline over others.* **Guideline Citation:** Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2006. Available from: http://www.goldcopd.org **Specific guideline recommendation:** All categories of bronchodilators have been shown to increase exercise capacity in COPD, without necessarily producing significant changes in FEV1115-118 (Evidence A). Regular treatment with long-acting bronchodilators is more effective and convenient than treatment with shortacting bronchodilators119-122 (Evidence A). Regular use of a long-acting beta-2-agonist120 or a short or long-acting anticholinergic improves health status119-121. Treatment with a long-acting inhaled anti-cholinergic drug reduces the rate of COPD exacerbations123 and improves the effectiveness of pulmonary rehabilitation124. There is insufficient evidence to favor one long-acting bronchodilator over others. **Guideline author's rating of strength of evidence** (*If different from USPSTF, also describe it and how it relates to USPSTF)***:*** The recommendation's strength of evidence is A. This would be most consistent with a USPSTF grade A. **Rationale for using this guideline over others:** Nationally recognized guideline
22 (1c)	**Controversy/Contradictory Evidence** *Summarize any areas of controversy, contradictory evidence, or contradictory guidelines and provide citations.* **Summary:** **Citations:**
23 (1)	**Briefly describe how this measure (as specified) will facilitate significant gains in healthcare quality related to the specific priority goals and quality problems identified above:** Identification of patients with COPD exacerbations receiving short acting bronchodilators and not a long acting bronchodilator will facilitate better COPD symptom control by sending reminders to the providers regarding these high risk members who are not receiving a long acting bronchodilator. Treatment of COPD with long acting bronchodilators has been shown to decrease the frequency and severity of symptoms … and improve quality of life (QOL).

	SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES
	Note: Testing and results should be summarized in this form. However, additional detail and reports may be submitted as supplemental information or provided as a web page URL. If a measure has not been tested, it is only potentially eligible for time-limited endorsement.
24	**Supplemental Testing Information:** attached ☒ **OR** Web page URL:
25 (2b)	**Reliability Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
26 (2c)	**Validity Testing** **Data/sample:** **Analytic Method:** **Testing Results:**
27 (2d)	**Measure Exclusions** *Provide evidence to justify exclusion(s) and analysis of impact on measure results during testing.* **Summary of Evidence supporting exclusion(s):** **Citations for Evidence:** **Data/sample:** **Analytic Method:** **Testing Results:**
28 (2e)	**Risk Adjustment Testing** *Summarize the testing used to determine the need (or no need) for risk adjustment and the statistical performance of the risk adjustment method.* **Data/sample:** **Analytic Method:** **Testing Results:** ►**If outcome or resource use measure not risk adjusted, provide rationale:**
29 (2g)	**Testing comparability of results when more than 1 data method is specified** (*e.g., administrative claims or chart abstraction*) **Data/sample:** **Analytic Method:** **Results:**
30 (2f)	**Provide Measure Results from Testing or Current Use** Results from testing **Data/sample:** We measured a population of 459,196 commercially insured members. **Methods to identify statistically significant and practically/meaningfully differences in performance:** Compliance to the performance measure is measured using an analysis of the claims data; in this case

	looking for evidence of a long acting bronchodilator. In addition, where appropriate we analyze patient data collected either from the patient's PHR or during a disease management program.. **Results:** We found that of the 29 members who satisfied the denominator, 17 were in the numerator, indicating a compliance rate of 59%.
31 (2h)	**Identification of Disparities** ►If measure is stratified by factors related to disparities (i.e. race/ethnicity, primary language, gender, SES, health literacy), **provide stratified results:** ►If disparities have been reported/identified, but measure is not specified to detect disparities, provide rationale:
	USABILITY
32 (3)	*Current Use In use If in use, how widely used Health plan or sytem ► If "other," please describe:* ☐ *Used in a public reporting initiative, name of initiative:* *Sample report attached* ☐ *OR Web page URL:*
33 (3a)	**Testing of Interpretability** (*Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement*) **Data/sample:** **Methods:** The performance measure is similar in message to a clinical alert that has been operational since 2004. Compliance to the clinical alert is measured using an analysis of subsequent claims and patient derived data, in this case the appearance of medical claims for a long acting bronchodilator. In addition, a feedback tool accompanies every clinical alert message, and includes options indicating agreement or disagreement with the message. **Results:** In practice, fewer than 1% of the respondents disagreed with the medical literature, and 37% show objective evidence of compliance.
34 (3b, 3c)	**Relation to other NQF-endorsed™ measures** ►Is this measure similar or related to measure(s) already endorsed by NQF (on the same topic or the same target population)? *Measures can be found at www.qualityforum.org under Core Documents.* *Check all that apply* ☐ Have not looked at other NQF measures ☐ Other measure(s) on same topic ☐ Other measure(s) for same target population ☒ No similar or related measures **Name of similar or related NQF-endorsed™ measure(s):** **Are the measure specifications harmonized with existing NQF-endorsed™ measures?** (select one) ►If not fully harmonized, provide rationale: **Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:**
	FEASIBILITY
35 (4a)	*How are the required data elements generated? Check all that apply* ☒ *Data elements are generated concurrent with and as a byproduct of care processes during care delivery (e.g., blood pressure or other assessment recorded by personnel conducting the assessment)* ☐ *Data elements are generated from a patient survey (e.g., CAHPS)* ☒ *Data elements are generated through coding performed by someone other than the person who obtained the original information (e.g., DRG or ICD-9 coding on claims)* ☒ *Other, Please describe: Data obtained through electronic personal health records and telephonic, nurse-driven disease management programs*

36 (4b)	*Electronic Sources* All data elements ►*If all data elements are not in electronic sources, specify the near-term path to electronic collection by most providers:* ►*Specify the data elements for the electronic health record:*
37 (4c)	*Do the specified exclusions require additional data sources beyond what is required for the other specifications?* No ►*If yes, provide justification:*
38 (4d)	*Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure:* *Generally, the use of claims data has inherent errors and inaccuracies related to incorrect coding, or missing data, which can result in less specificity in the definition of denominator and /or the numerator. To minimize these errors and inaccuracies, we use clinically enriched data (laboratory results, medication lists) to augment the claims data. In addition where possible, to corroborate the claims data, we solicit feedback from both providers via a feedback form and patients from a personal health record or from a disease management program.* *We do not anticipate significant unintended consequences from the implantation of the measure. Our measures are all developed from evidence-based literature or from clinical guidelines and are designed to encourage appropriate care of the patient.* *Describe how could these potential problems be audited:* *The inclusion of patient-derived data from a personal health record or through a disease management program may be used to confirm the presence or absence of a test; ultimately the data sources may be tested against a sample of medical charts.* *Did you audit for these potential problems during testing?* No *If yes, provide results:*
39 (4e)	*Testing feasibility* *Describe what have you learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues:* *Multiple sources of corroborating clinical data are necessary to correctly identify patients in the denominator. Earlier testing efforts using specifications similar to HEDIS were more sensitive yet nonspecific. The additional of supporting information for certain diagnostic conditions (e.g., COPD medications in addition to ICD9 codes for COPD) significantly decreased the number identified in the denominator, yet the analysis led to a much higher compliance rate, likely because of the exclusion of fewer false positives in the denominator.*
	CONTACT INFORMATION
40	*Web Page URL for Measure Information* *Describe where users (implementers) should go for more details on specifications of measures, or assistance in implementing the measure.* *Web page URL:* *www.activehealth.net*
41	**Measure Intellectual Property Agreement Owner Point of Contact** **First Name:** Madhavi **MI:** **Last Name:** Vemireddy **Credentials (MD, MPH, etc.):** MD **Organization:** ActiveHealth Management **Street Address:** 102 Madison Avenue **City:** New York **State:** NY **ZIP:** 10016 **Email:** mvemireddy@activehealth.net **Telephone:** 212-651-8200 ext:
42	**Measure Submission Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
43	**Measure Developer Point of Contact** **If different than IP Owner Contact** **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:**

	Street Address: **City:** **State:** **ZIP:** **Email:** **Telephone:** ext:
44	**Measure Steward Point of Contact** **If different than IP Owner Contact** *Identifies the organization that will take responsibility for updating the measure and assuring it is consistent with the scientific evidence and current coding schema; the steward of the measure may be different than the developer.* **First Name:** **MI:** **Last Name:** **Credentials (MD, MPH, etc.):** **Organization:** **Street Address:** **City:** **State:** **ZIP:** **Email:** **Telephone:** ext
	ADDITIONAL INFORMATION
45	**Workgroup/Expert Panel involved in measure development** No workgroup or panel used ►If workgroup used, describe the members' role in measure development: ►Provide a list of workgroup/panel members' names and organizations:
46	*Measure Developer/Steward Updates and Ongoing Maintenance* *Year the measure was first released: 2004* *Month and Year of most recent revision: 12/2007* *What is the frequency for review/update of this measure? Biennially* *When is the next scheduled review/update for this measure? 2009*
47	**Copyright statement/disclaimers:** This information, including any attachments hereto, is the sole, exclusive, proprietary and confidential property of Active Health Management, Inc., and is for the exclusive use of The National Quality Forum. Any use, copying, disclosure, dissemination or distribution by anyone other than the National Quality Forum is strictly prohibited.
48	**Additional Information:**
49	**I have checked that the submission is complete and any blank fields indicate that no information is provided.** ☒
50	**Date of Submission** (*MM/DD/YY*)**:** 02/09/09

PATIENT & FAMILY ENGAGEMENT

PRIORITY STATEMENT: Engage Patients and Their Families in Managing Their Health and Making Decisions About Their Care

1.1. All providers will routinely solicit and publicly report on their patients' perspectives of care

1.2. All providers will work collaboratively with their patients to assist them in making informed decisions about treatment options consistent with their values and preferences

POPULATION HEALTH

PRIORITY STATEMENT: IMPROVE THE HEALTH OF THE U.S. POPULATION

2.1. The population will be up to date on all high-priority age- and gender-appropriate evidence-based clinical preventive services

2.2. The population will receive recommended evidence-based interventions to improve targeted healthy lifestyle behaviors

2.3. All communities will demonstrate a 10% improvement in their community index of health

2.4. Americans will have all recommended high priority healthy lifestyle behaviors under control

SAFETY

PRIORITY STATEMENT: IMPROVE THE SAFETY OF THE U.S. HEALTH CARE SYSTEM

3.1. All providers will drive all preventable healthcare-associated infections (HAI) to zero

3.2. All providers will drive the incidence of preventable NQF Serious Reportable Events (SRE) to zero

3.3. All hospitals will reduce preventable and premature mortality rates to best-in-class

3.4. All hospitals and their community partners will reduce 30-day mortality rates following hospitalization for select conditions to best-in-class

PALLIATIVE CARE

PRIORITY STATEMENT: GUARANTEE APPROPRIATE AND COMPASSIONATE CARE FOR PATIENTS WITH LIFE-LIMITING ILLNESSES

4.1. All providers will identify, document, and effectively treat physical symptoms (e.g. pain, shortness of breath, constipation, others) at levels acceptable to patients with a life-limiting illness

4.2. All providers will effectively address the psychosocial and spiritual needs of patients with life-limiting illnesses and their families according to their preferences

4.3. All eligible patients will receive high quality palliative care and hospice services

CARE COORDINATION

PRIORITY STATEMENT: ENSURE PATIENTS RECEIVE WELL-COORDINATED CARE ACROSS ALL PROVIDERS, SETTINGS, AND LEVELS OF CARE

5.1. All providers will accurately and completely reconcile medications across the continuum of care (i.e. admission, transfer within and between care providers, discharge, and outpatient appointments) and ensure communication with the next provider of services

5.2. All inpatient and outpatient providers will assess the patient's perspective of the coordination of their care using a validated care coordination survey tool

5.3. All providers will reduce 30-day all-cause readmission rates resulting from poorly coordinated care to best-in-class

5.4. All providers will reduce preventable emergency department (i.e. those that could be avoided with timely access to primary care) visits resulting from poorly coordinated care by 50%

PATIENT-FOCUSED CARE

PRIORITY STATEMENT: GUARANTEE HIGH VALUE CARE ACROSS ACUTE AND CHRONIC EPISODES

6.1. All patients will receive high-value care over the course of their acute or chronic illness

OVERUSE

PRIORITY STATEMENT: ELIMINATE WASTE WHILE ENSURING THE DELIVERY OF APPROPRIATE CARE

7.1. Reduce wasteful and inappropriate care for the top ten targeted areas by 50%

PERFORMANCE MEASURE RULE:

COPD with Exacerbations – Use of Long-Acting Bronchodilator Therapy

DENOMINATOR

All of the following are correct:

1. Age 40 and older
2. Presence of At Least 4 COPD Diagnosis in the past 12 Months
3. One of the following:
    a. Presence of At Least 3 Refill INHALED ANTICHOLINERGIC AND BETA-AGONIST COMBO Exists In the past 6 Months
    b. All of the Following Expressions are correct:
        I. Presence of At Least 3 Refill INHALED ANTICHOLINERGIC DRUGS (SHORT-ACTING) Exists In the past 6 Months
        II. Presence of At Least 3 Refill B-AGONIST (SHORT ACTING-INHALED) Exists In the past 6 Months

4. One of the following:
    a. All of the Following Expressions are correct:
        I. Presence of At Least 1 Refill STEROIDS 45 Total Days Supply In the past 6 Months
        II. At Least 1 COPD Diagnostic in the past 6 months 3 days before or after the refill for steroids

    b. All of the Following Expressions are correct:
        I. Presence of At Least 2 ACUTE TREATMENT FOR REACTIVE AIRWAY DISEASE Procedure In the past 12 Months
        II. At Least 1 COPD Diagnostic in the past 12 months 3 days before or after the acute treatment for reactive airway disease

DENOMINATOR EXCLUSIONS

One of the following is correct:

1. Presence of At Least 1 TRANSPLANT LUNG (CPT) Procedure In the past 3 Years
2. Presence of At Least 1 TRANSPLANT LUNG (ICD-9) Diagnosis in the past 3 Years
3. For the Steroid arm:
    a. Presence of At Least 2 STEROIDS-INDICATIONS FOR USE Diagnosis in the past 24 Months

NUMERATOR

All of the following are correct:

1. Denominator is true

2. Presence of Patient Data Confirming At Least 1 Refill BRONCHODILATOR (LONG ACTING) Drug In the past 6 Months

Note: A 3 month time window has been added to certain timeframes in order to account for the inherent delay in the acquisition of administrative claims data.

Note: A current refill is defined as a refill in which the day supply of a drug extends into the end of the measurement window plus a grace period of 30 days.