Examples of Measure Selection Criteria From Six Different Programs

NQF Criteria to Assess Measures for Endorsement

1. Important to measure and report to keep focus on priority areas, where the evidence is highest that measurement can have a positive impact on healthcare quality
2. Scientifically acceptable, so that the measure when implemented will produce consistent (reliable) and credible (valid) results about the quality of care
3. Useable and relevant to ensure that intended users—consumers, purchasers, providers and policymakers—can understand the results of the measures and are likely to find them useful for quality improvement and decision-making
4. Feasible to collect with data that can be readily available for measurement and retrievable without undue burden

CMS Measure Selection Principles

1. Public reporting and value-based payment systems should rely on a mix of standards, process, outcomes and patient experience of care measures, including measures of care transitions and changes in patient functional status. Across all programs, CMS plans on moving as quickly as possible to the use of primarily outcome and patient experience measures.
2. To the extent possible measures should be aligned across public reporting and payment systems under Medicare and Medicaid.
3. The collection of information should minimize the burden on providers to the extent possible. To that end, CMS is leading the way by developing hospital measures that can be collected using electronic health records.

4. Use NQF-endorsed measures when possible. Measures include:
    a. Conditions that result in the greatest mortality and morbidity in the Medicare program;
    b. Conditions that are high-volume and high-cost for the Medicare program; and,
    c. Conditions for which wide cost and treatment variations have been reported, despite established clinical guidelines.

Maine Medicaid Criteria for Selecting System Measures

1. **Current feasibility (NQF):** Reasonable cost, extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement
2. **Scientific acceptability (NQF):** Extent to which measure as specified produces consistent (reliable) and credible (valid) results about the quality of care when implemented
3. **"Setting Free":** Useable across multiple settings and for different populations likely to find them useful for decision-making
4. **Usability/adaptability (NQF):** Extent to which intended audiences (e.g., consumers, purchasers, providers, policymakers) can understand the results of the measure and are likely to find them useful for decision-making
5. **Patient experience:** Patients' perspective on their care, family perspective, customer perspective
6. **Existing state, regional, and/or national benchmarks:** Allows comparison to similar organizations
7. **Financial/incentivization:** Includes payment systems, P4P (hospital and physician-based), rewards and penalties
8. **Improving this measure will translate into significant changes in value:** Value is defined as outcomes relative to costs and encompasses efficiency. Value depends on results and is measured in healthcare by the outcomes achieved, not the volume of services delivered.
9. **Durability:** Longevity of measure

Oregon Medicaid Metrics & Scoring Committee Criteria for Selecting Incentive Measures (September 2012)

1. Representative of the array of services provided and beneficiaries served by the CCOs
2. Use valid and reliable performance measures
3. Rely on measures from national measure sets whenever possible
4. Focus on outcomes to the extent possible
5. Exclude measures that would be expected to be heavily influenced by patient case mix
6. Control for the effects of random variation
    a. Measure type
    b. Denominator size
7. Have transformative potential

Vermont Multi-Payer ACO Measures Work Group Measure Selection Criteria (March 29, 2013)

1. Representative of the array of services provided and beneficiaries served by the ACOs
2. Valid and reliable
3. Selected from NQF-endorsed measures that have relevant benchmarks whenever possible
4. Align with national and state measure sets and federal and state initiatives whenever possible
5. Focused on outcomes to the extent possible
6. Uninfluenced by differences in patient case mix or be appropriately adjusted for such differences
7. Not prone to the effects of random variation (measure type and denominator size)
8. Not administratively burdensome

9. Limited in number and include only those measures that are necessary to achieve the state's goals

10. Population-based

11. Consistent with the state's objectives and goals for improved health systems performance (e.g., present an opportunity for improved quality and/or cost effectiveness)

IOM Core Measure Set with Related Priority Measures

1. Life expectancy

- Infant mortality
- Maternal mortality
- Violence and injury mortality

2. Well-being

- Multiple chronic conditions
- Depression

3. Overweight and obesity

- Activity levels
- Healthy eating patterns

4. Addictive behavior

- Tobacco use
- Drug dependence/illicit use
- Alcohol dependence/misuse

5. Unintended pregnancy

- Contraceptive use

6. Healthy communities

- Childhood poverty rate
- Childhood asthma
- Air quality index
- Drinking water quality index

7. Preventive services

- Influenza immunization
- Colorectal cancer screening
- Breast cancer screening

8. Care access

- Usual source of care
- Delay of needed care

9. Patient safety

- Wrong-site surgery
- Pressure ulcers
- Medication reconciliation

10. Evidence-based care

- Cardiovascular risk reduction
- Hypertension control
- Diabetes control composite
- Heart attack therapy protocol
- Stroke therapy protocol
- Unnecessary care composite

11. Care match with patient goals

- Patient experience
- Shared decision making
- End-of-life/advanced care planning

12. Personal spending burden

- Health care–related bankruptcies

13. Population spending burden

- Total cost of care
- Health care spending growth

14. Individual engagement

- Involvement in health initiatives

15. Community engagement

- Availability of healthy food
- Walkability
- Community health benefit agenda