

Measure Selection Tool

User Instructions

This tool offers a six-step process for developing a measure set that is tailored to local needs while facilitating alignment with measure sets used by private purchasers and payers, as well as by state and federal programs.

STEP 1

Define Goals & Audiences for the Measure Set

When beginning the process of creating a new measure set or aligning several existing measure sets, it is important to establish a framework for deciding which measures to use. The [Getting Started Questionnaire](#) provides a series of questions to consider with regard to the overall goals of your program or project, the specific purpose(s) of the measure set and the context in which it is being created.

STEP 2

Decide on Criteria for Choosing Measures

Before selecting measures, you must first determine how to evaluate them against the goals and objectives you identify in Step 1, and relative to measure sets already in use in situations similar to your own. The [Measure Selection Criteria Worksheet](#) guides users in considering potential technical and programmatic criteria and selecting the criteria that best fit their needs. The worksheet enables you to choose from among common national measure selection criteria and to add locally chosen criteria. Criteria can and should be applied both at the individual measure level and at the measure set level, the latter to ensure that the entirety of the measure set “hangs together.” The criteria listed in this tool do not represent all possible selection criteria; your program may wish to adopt additional criteria.

Users transfer the criteria from the worksheet to the [Measure Selection Tool](#) spreadsheet by using drop-down menus for common national criteria that are chosen and by manually entering locally chosen criteria (Columns P through AI).

Resource document:

- Examples of Measure Selection Criteria from Five Different Programs

STEP 3

Pick Existing Measure Sets as Reference Points

Before beginning to choose measures, you need to identify measure sets for programs and purposes similar to your own to serve as reference points for your decisions. Otherwise, you risk both “flying blind” and “reinventing the wheel.”

The [Measure Sets to Identify and Review before Seeking Alignment](#) document provides a list of existing measure sets for this purpose. Start with the 20 measures sets in the master list contained in the *Measure Crosswalk* embedded in the [Measure Selection Tool](#) spreadsheet. Any set you choose there will automatically provide you with a comparison for the candidate measures you decide on in Step 4. Manually add other relevant comparison measure sets, e.g., existing state program and commercial measure sets in use locally (Column BG through BZ).

The *Measures Crosswalk* includes the following 20 measure sets.

There are 14 federal and other national measure sets included in the tool:

Name of Measure Set	Version Date
Catalyst for Payment Reform Employer-Purchaser Measure Set	October 2015
CMMI Comprehensive Primary Care Plus (CPC+)	CY 2017
CMMI SIM Recommended Model Performance Metrics	May 2015
CMS Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)	CY 2017
CMS Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)	CY 2017
CMS Core Quality Measures Collaborative - ACO and PCMH/Primary Care Measures	February 2016

CMS Electronic Clinical Quality Measures (eCQMs)	CY 2017
CMS Health Home Measure Set	CY 2017
CMS Hospital Value-Based Purchasing	FY 2017 and FY 2018
CMS Medicare Hospital Compare	May 2016
CMS Medicare Part C & D Star Ratings Measures	CY 2017
CMS Medicare Shared Savings Program (MSSP) ACO	CY 2016
CMS Merit-based Incentive Payment System (MIPS) - General Practice/Family Practice, Internal Medicine, and Pediatrics	CY 2017
Joint Commission Accountability Measure List	CY 2017

Additionally, there are 6 state measure sets included in the tool:

Name of Measure Set	Version Date
Medi-Cal P4P Measure Set	CY 2017
Oregon CCO Incentive Measures	CY 2017
Oregon CCO State Performance "Test" Measures	CY 2017
Rhode Island SIM Aligned Measure Set for ACOs	CY 2017
Vermont ACO Pilot Core Performance Measures for Payment and Reporting	CY 2016
Washington State Common Measure Set for Health Care Quality and Cost	CY 2017

Resource documents:

- Measure Crosswalk
- Measure Sets to Identify and Review before Seeking Alignment

STEP 4

Create a List of Candidate Measures to Consider

The measure sets in the master list cited above provide measure ideas and a useful starting point for the construction of the user's new measure set. Users choose a list of candidate measures for consideration from those measure sets, locally identified measures of interest and the following resource documents:

- [Most Frequently Used State Program Measures, By Domain](#) for a list of most frequently used state program measures, by domain, based on a 2013 study of 48 state measure sets that included over 1200 measures,¹ and
- [Key Measure Domains with Limited Measure Availability](#) for examples of measures that have been created to fill gaps in the measures landscape. The document includes the following domains:
 - i. Care Coordination/Care Management;
 - ii. Long Term Services and Supports;
 - iii. Cost;
 - iv. Dental Care; and,
 - v. Quality of Life measures.

Users can now filter through the 600+ measures included in the *Measure Crosswalk* in the Buying Value tool. Users can search for measures using the following criteria:

Domain (Column I): Includes 16 measure taxonomies that are used to categorize measures by subject matter (e.g., Acute Illness Care, Hospital, Prevention).

Condition (Column J): Includes 20 measure taxonomies that are used to categorize measures by a specific clinical condition (e.g., Cardiovascular, Diabetes, Substance Abuse).

Measure Type (Column K): Includes 5 measure taxonomies that are used to categorize measures by type (e.g., Outcome, Process, Structure).

Populations (Column L): Includes 5 measure taxonomies used to categorize measures by age-defined patient population group (e.g., Adult, Pediatric).

Data Source (Column M): Includes 11 measure taxonomies used to categorize measures by the data source utilized for each measure (e.g., Claims, Clinical Data).

For a complete list of Domains, Conditions, Measure Types, Populations, and Data Sources used in the tool, please refer to the [Measure Categorization Schematic](#).

Resource documents:

- Measure Crosswalk
- Most Frequently Used State Program Measure, By Domain
- Key Measure Domains with Limited Measure Availability
- Measure Categorization Schematic

¹ http://www.bailit-health.com/articles/091113_bhp_lackofalignment.pdf

STEP 5

Add Measures to the Measure Selection Spreadsheet

The [Measure Selection Spreadsheet](#) is the heart of this tool. It is designed as a decision aid for measure set creators when selecting measures for performance measure sets. It serves as a living measure library by tracking and displaying detailed information from a number of important sources to consider when selecting measures. You will need to complete five tasks in this step:

First, for each measure that has an NQF number, enter the measure's NQF number in Column C (note: you must enter a 4-digit number for automatic lookup to work properly, e.g., '0002' and not '2' or '02'). If the measure is included in the *Measure Crosswalk*, the following information about the measure will auto-populate into the tool:

Name (Column B)

Steward (Column D)

CMS Identifier (Column E)

Description (Column F)

Domain (Column G)

Condition (Column H)

Measure Type (Column I)

Populations (Column J)

Data Source (Column K)

Alignment with federal, national, hospital and select state measure sets
(Columns BG through BZ)

Please note that if the measure does not have an NQF number and is not included in the *Measure Crosswalk*, the measure's information will not auto-populate and information must be manually entered.

Second, for measures that do not have NQF numbers and are included in the Buying Value measure library or for measures that are not included in the Buying Value *Measure Crosswalk*, the measure's information will not auto-populate and the following information must be manually entered:

- Name** (Column B)
- Steward** (Column D)
- CMS Identifier** (Column E)
- Description** (Column F)
- Domain** (Column G)
- Condition** (Column H)
- Measure Type** (Column I)
- Populations** (Column J)
- Data Source** (Column K)
- Alignment with federal, national, hospital and select state measure sets** (Columns BG through BZ)

Note: if the measure is included in the Buying Value measure library, the information can be copied and pasted from the *Measure Crosswalk*.

Third, decide whether you want to enter additional information about the measures:

Measure Origin (Column L): You may choose to track how the measure found its way into your measure set (e.g., the measure set in which you originally found the measure, or the name of the person who requested that you consider the measure).

Fourth, check candidate measures against the measure sets that do not appear in the *Measure Crosswalk* that you added in Step 4. Compare the measures with the measure sets added to the *Measure Selection Tool* in Step 3. Check the candidate measures against these and enter “Yes” when a candidate measure appears in one of the commercial or state measure sets (Columns AZ through BF).

Fifth, check candidate measures against measure selection criteria. Systematically evaluate each measure against each selection criterion and add your assessment (“yes,” “somewhat,” “no”) in the corresponding columns (Columns P through AI). An entry of “Yes” equals 2 points, an entry of “Somewhat” equals 1 point and an entry of “No” equals 0 points toward the Selection Criteria Score. There is a column available next to each active selection criterion column that provides space for you to record the rationale for each assessment if you wish to do so.

STEP 6

Review Results from Spreadsheet Comparisons & Finalize the Measure Set

At this point, data entry in the [Measure Selection Spreadsheet](#) is complete and the tool automatically assesses alignment with all of the measures included in the tool, including those pre-loaded and those which you may have entered (if any). The toolkit produces six measure alignment scores:

- a. **Alignment score with all measures sets in the tool** (Column AT)
- b. **Alignment score with commercial and state measure sets** (Column AU)
- c. **Alignment score with federal ambulatory care measure sets** (Column AV)
- d. **Alignment score with national hospital measure sets** (CMS Hospital-Value Based Purchasing, CMS Medicare Hospital Compare, Joint Commission Accountability Measure List) [Column AW]
- e. **Alignment score with national hospital-and-ambulatory measure sets** (Catalyst for Payment Reform Employer-Purchaser Measure Set) [Column AX]
- f. **Alignment score with a sample of state measure sets** included in the *Measure Crosswalk* [Column AY]

The toolkit also provides a total score for agreement with the user's measure selection criteria (Column O).

Using the comparative results displayed in the [Measure Selection Spreadsheet](#), you may evaluate candidate measures based on the scores given above and select the measures for the measure set by entering "Yes," "No," "Maybe," or "Not Yet Considered" in the Measure Status column (Column M). You may want to use the Rationale column (Column N) to record the reason for the measure's status.

APPENDIX

Glossary of Terms

Accountable Care Organization	ACO	A group of doctors, hospitals, and other health care providers that agree to share responsibility for the quality, cost, and overall care of its patients.
Calendar Year	CY	The time period of January through December.
Catalyst for Payment Reform	CPR	An organization that works on behalf of large employers and other health care purchasers to drive improvements in health care quality and cost.
Center for Medicare & Medicaid Innovation	CMMI	Also known as “The Innovation Center,” this unit of CMS supports the development and testing of innovative health care payment and service delivery models.
Centers for Medicare & Medicaid Services	CMS	An agency of the U.S. Department of Health & Human Services which administers Medicare, Medicaid, and the State Children’s Health Insurance Program (CHIP).
Fiscal Year	FY	The federal fiscal year, which begins on October 1 and ends on September 30.
Healthcare Effectiveness Data and Information Set	HEDIS	A tool developed by NCQA that is used to measure health plan performance on dimensions of care and service.
Merit-based Incentive Payment System	MIPS	A program under CMS’s Medicare Access & CHIP Reauthorization Act of 2015 (MACRA) rule that combines parts of the Physician Quality Reporting System (PQRS), the Value Modifier, and Medicare Electronic Health Record (EHR) incentive program.
National Committee for Quality Assurance	NCQA	An organization that has helped to build consensus around important health care quality issues, such as performance measurement and improvement, by working with large employers, policymakers, doctors, patients and health plans.
National Quality Forum	NQF	An organization that endorses national consensus standards for measuring and publicly reporting on performance.
Pay for Performance	P4P	A payment model that provides financial incentives to hospitals, physicians, and other health care providers that demonstrate improvement on specified performance measures.
Patient-Centered Medical Home	PCMH	A care delivery model that emphasizes care coordination and communication. Patient treatment is coordinated through a primary care provider to ensure timely and necessary care.
State Innovation Model	SIM	An initiative led by CMMI that provides financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery models.