Examples of Measure Selection Criteria from Six Different Programs

California Department of Health Care Services Criteria for the Medi-Cal Managed Care External Accountability Set (as of April 2018)

1. **Meaningful** to the public, the beneficiaries, the State, and the managed care health plans.
2. **Improves quality of care** or services for the Medi-Cal population.
3. **High population impact** by affecting large numbers of beneficiaries or having substantial impact on smaller, special populations.
4. **Known impact of poor quality** linked with severe health outcomes (morbidity, mortality) or other consequences (high resource use).
5. **Performance improvement needed** based on available data demonstrating opportunity to improve, variation across performance, and disparities in care.
6. **Evidence-based practices available** to demonstrate that the problem is amenable to intervention and that there are pathways to improvement.
7. **Availability of standardized measures and data** that can be collected.
8. **Alignment** with other national and State priority areas.
9. **Health care system value** demonstrated through cost-savings, cost-effectiveness, risk-benefit balance, or health economic benefit.
10. **Avoid negative unintended consequences**.

For more information on how the agency selects its measures, please refer to the Medi-Cal Managed Care External Quality Review Technical Report.

NQF Criteria to Assess Measures for Endorsement (as of March 2018)

1. **Important to Measure and Report**: Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance.

2. **Scientific Acceptability of Measure Properties**: Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
3. **Feasibility**: Extent to which the specifications, including measure logic, required data that are readily available or could be captured without undue burden and can be implemented for performance measurement.
4. **Usability and Use**: Extent to which potential audiences (e.g., consumers, purchasers, providers, policymakers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.
5. **Related and Competing Measures**: If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

For more information on how the NQF's decision rules to implement these criteria, visit the NQF Measure Evaluation Criteria website.

Measure Application Partnership Criteria (November 6, 2017)

1. Address high impact measure areas that safeguard public health
2. Patient-centered and meaningful to patients
3. Outcome-based where possible
4. Relevant for and meaningful to providers
5. Minimize level of burden for providers
    a. Remove measures where performance is already very high and that are low value
6. Significant opportunity for improvement
7. Address measure needs for population-based payment through alternative payment models
8. Align across programs and/or with other payers (Medicaid, commercial payers)

CMS/AHIP Core Quality Measures Collaborative Measure Selection Principles (February 2016)

1. Measure sets must be aimed at achieving the three-part aim of the National Quality Strategy: better care, healthier people and communities, and more affordable care.
2. NQF-endorsed measures are preferred. In the absence of NQF endorsement, measures must be tested for validity and reliability in a manner consistent with the NQF process, and may have been published in a specialty-appropriate peer-reviewed journal and have a focus that is evidence-based.
3. Data collection and reporting burden must be minimized.
4. Measure sets for clinicians should be as parsimonious as possible and should focus on those measures delivering the most value.
5. Measures should be meaningful to and usable by consumers, physicians, other clinicians, purchasers and payers, and also applicable to different patient populations.
6. Measures that are currently in use by physicians, including those reported through PQRS qualified clinical data registries, measure patient outcomes, and have the ability to drive improvement are preferred.
7. Measure sets should provide a comprehensive picture of quality, patient-centered care, chosen from the existing measurement landscape to address outcomes of care, overuse, and underuse.
8. Overuse and underuse measures should both be included as well as total cost of care measures, where appropriate, that are tested and feasible for implementation.
9. Priority should be given to measures that reflect cross-cutting domains of quality (e.g., patient experience with care, patient safety, functional status, managing transitions of care, medication reconciliation).
10. Patient outcomes measures should be evidence-based and should focus on those areas where the potential to improve health outcomes and increase the effectiveness and efficiency of care is greatest.
11. As with all measures, those which assess performance in payment and delivery reform models should be evidence-based, apply at the appropriate level of analysis, and strive to measure on achievement of the Triple Aim of improving clinical quality, patient experience, and lower cost.

To access the Collaborative's principles, visit AHIP's FAQ document.

National Academy of Medicine – Vital Signs: Core Metrics for Health and Health Care Progress – Criteria for Core Measure Development (April 28, 2015)

Criteria for Core Measures

1. Importance for health
2. Strength of linkage to progress
3. Understandability of the measure
4. Technical integrity
5. Potential for broader system impact
6. Utility at multiple levels

Criteria for the Measure Set

1. Systemic reach
2. Outcomes-oriented
3. Person meaningful
4. Parsimonious
5. Representative
6. Utility at multiple levels

For more information on these criteria, see Chapter 3 of the "Vital Signs: Core Metrics for Health and Health Care Progress" report.

Oregon Medicaid Metrics & Scoring Committee Criteria for Selecting Incentive Measures (2014)

1. **Transformative potential**: Measure would help drive system change
2. **Consumer engagement**: Measure successfully communicates to consumers what is expected of CCOs
3. **Relevance**: Condition or practice being measured has a significant impact on issues of concern or focus; Measure aligns with evidence-based or promising practices
4. **Consistency with existing state and national quality measures, with room for innovation when needed**: Measure is nationally validated (e.g. NQF endorsed); Measure is a required reporting element in other health care quality or purchasing initiative(s); National or other benchmarks exist for performance on this measure
5. **Attainability**: It is reasonable to expect improved performance on this measure (can move the meter)
6. **Accuracy**: Changes in CCO performance will be visible in the measure; Measure usefully distinguishes between different levels of CCO performance

7. **Feasibility of measurement**: Measure allows CCOs and OHA to capitalize on existing data flows (e.g. state All Payer All Claims reporting program or other established quality reporting systems); Data collection for measure will be supported by upcoming HIT and HIE developments
8. **Reasonable accountability**: CCO has some degree of control over the health practice or outcome captured in the measure
9. **Range/diversity of measures**: Collectively, the set of CCO performance measures covers the range of topics, health services, operations and outcomes, and populations of interest

For more information, see the "Measure Selection Criteria" document on the Metrics and Scoring Committee's website.