Measure Specifications

S.1. Measure-specific Web Page *(Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)*

https://www.winmeasures.org/statistics/winmeasures/us-wellbeing-of-people

S.2a. <u>If this is an eMeasure</u>, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

○   This is an eMeasure

XX   This is not an eMeasure

S.2b. Data Dictionary, Code Table, or Value Sets *(and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff. Provide descriptors for any codes. Use one file with multiple worksheets as needed.)*

XX   Available in attached Excel or csv file
○   No data dictionary/code table – all information provided in the submission form

S.2c. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

This is an instrument-based person-reported outcome measure.

S.2d. If this is an instrument-based measure, please indicate responder.

XX Patient

○ Family or other caregiver

○ Clinician

○ Not an instrument-based measure

S.3.1. <u>For maintenance of endorsement:</u> Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

○ Yes

XX No – N/A

S.3.2. <u>For maintenance of endorsement</u>, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

This is a newly proposed measure. Maintenance of endorsement is not applicable.

S.4. Numerator Statement *(Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome). DO NOT include the rationale for the measure. <u>IF an OUTCOME MEASURE</u>, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

We recommend asking patients the two-item Cantril's Self-Anchoring Scale as an assessment of their overall well-being. This scale consists of the following prompt and questions: *Please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.* The following questions are asked: *(1) On which step of the ladder would you say you personally feel you stand at this time? (2) On which step do you think you will stand about five years from now?*

The first item of the two-item Cantril's Self-Anchoring Scale measures current life satisfaction and the second item measures future life optimism. Multiple measures are possible from asking these two items. During this learning phase, we recommend learning from two measures: (1) average current life satisfaction score (first item) and (2) life evaluation index (combination of both items).

S.5. Numerator Details *(All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b) <u>IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk- adjusted outcome should be described in the calculation algorithm (S.14).</u>*

SUBMISSION CRITERIA 1:

(1) Number of eligible patients whose well-being was measured by the two-item Cantril's Self-Anchoring Scale during the measurement period.

SUBMISSION CRITERIA 2:

(2) Average current life satisfaction: Current life satisfaction can therefore be measured and tracked for individuals and populations. The number that respondents report for the first item of the scale is their current life satisfaction score. The numbers provided by all individuals within a population can be averaged to determine the average current life satisfaction for that population. We recommend using the average current life satisfaction score as the numerator for one measure.

(3) Life evaluation index: Respondents are categorized into one of three categories (thriving/struggling/suffering) based on the combination of their answers to both items of the scale. Respondents with positive views of their present life situation (current life satisfaction between 7 and 10) AND positive views of the next five years (future life optimism between 8 and 10) are categorized as thriving. Respondents with negative views of their current life situation (current life satisfaction between 0 and 4) AND negative views of the future life (future life optimism between 0 and 4) are categorized as suffering. All other respondents are categorized as struggling. For a population, the percentages of the population who report thriving, struggling, and suffering can be measured and tracked. We recommend using the composite measure known as the life evaluation index that is calculated as percentage thriving minus percentage suffering.

S.6. Denominator Statement *(Brief, narrative description of the target population being measured) IF an OUTCOME MEASURE, state the target population for the outcome. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

SUBMISSION CRITERIA 1:

The target population is all attributed members 18 years or older who are eligible for this measure at the start of the measurement period.

SUBMISSION CRITERIA 2:

The target population is all adult respondents (18 years and older) to the Cantril's Self-Anchoring Scale. Because this is a subjective measure of overall population well-being that we expect will be used to assess improvement from baseline, we do not anticipate needing to risk-adjust.

(1) Average current life satisfaction: The denominator for this measure is 10, as the population average score will be out of a possible 10.
(2) Life evaluation index: The denominator for this measure is 100, as the numerator is a percentage of the population.

S.7. Denominator Details *(All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)* <u>IF an OUTCOME MEASURE</u>*, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

SUBMISSION CRITERIA 1:

(1) All eligible patients who are 18 years or older at the start of the measurement period and seen in the ambulatory setting at least once for a non-emergent visit during the 12-month measurement period. If the measure is used by a health plan, the denominator is defined as all eligible health plan participants 18 years or older at the start of the 12-month measurement period.

SUBMISSION CRITERIA 2:

(2) The denominator is 10 as current life satisfaction is measured on a scale with a maximum of 10 points.

(3) The denominator for the life evaluation index is 100 as the numerator is a percentage of the population.

S.8. Denominator Exclusions *(Brief narrative description of exclusions from the target population)*

Documentation of medical reason for not completing assessment (e.g., limited life expectancy, severe cognitive impairment).

S.9. Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)*

Patient on hospice care or a diagnosis of severe dementia or cognitive impairment during the 12-month measurement period.

S.10. Stratification Information *(Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)*

Include data on age, sex, race, and ethnicity.

S.11. Risk Adjustment Type (Select type. Provide specifications for risk stratification in measure testing attachment)

We recommend against risk adjustment of these measures during this learning phase as there is currently no evidence for risk adjustment. Because it is a self-reported, subjective assessment of well-being that we expect to use as an improvement measure, we do not anticipate needing to risk adjust in the future.

S.12. Type of score:

SUBMISSION 1:

(1) Percentage reporting: numerical score (percentage) between 0 and 100

 SUBMISSION 2:

(1) Average current life satisfaction: numerical score on an ordinal scale from 0 to 10

(2) Life evaluation index: numerical score between 0 and 100, calculated as the difference between the percentage thriving and the percentage suffering in the population

S.13. 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)*

SUBMISSION 1:

(1) Percentage reporting completion of the two-item scale: A higher percentage is better.

 SUBMISSION 2:

(1) Average current life satisfaction: A higher score is better. Increasing population average would suggest improvement.

(2) Life evaluation index: A higher value is better. Increasing the life evaluation index score would suggest improvement.

S.14. Calculation Algorithm/Measure Logic *(Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period of data, aggregating data; risk adjustment; etc.)*

1. Identify eligible population:

a. Patients age 18 years and older at the start of the measurement period who were seen in an ambulatory setting during the 12-month measurement period.

b. Exclude patients who have documented medical reason for not completing assessment (i.e., on hospice care with limited life expectancy, diagnosis of severe cognitive impairment)

2. Calculate percentage of the eligible population who has completed the two-item scale

    a. Number of patients who have completed both items divided by the eligible population

3. Calculate the average current life satisfaction score for all patients who have completed the scale using each patient's most recent value within the measurement period

4. Determine whether each patient is thriving, struggling, or suffering

    a. If current life satisfaction ≥ 7 AND future life satisfaction ≥ 8, then the patient is categorized as thriving;

    b. If current life satisfaction ≤ 4 AND future life satisfaction ≤ 4, then the patient is categorized as suffering;

    c. Else, the patient is categorized as struggling

5. Calculate percentages of the population who has completed the two-item scale that are thriving, struggling, suffering

    a. Number of patients thriving divided by the number of patients who have completed the scale

    b. Number of patients struggling divided by the number of patients who have completed the scale

    c. Number of patients suffering divided by the number of patients who have completed the scale

6. Calculate the life evaluation index:

    a. Subtract the percentage suffering from the percentage thriving (value between 0 and 100)

7. No risk adjustment

S.15. Sampling *(If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)* <u>IF an instrument-based performance measure (e.g., PRO-PM)</u>, identify whether (and how) proxy responses are allowed.

We do not recommend sampling or allowing proxy responses at this time.

S.16. Survey/Patient-reported data *(If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)* Also, specify calculation of response rates to be reported with performance measure results.

As above

S.17. Data Source *(Check ONLY the sources for which the measure is SPECIFIED AND TESTED). If other, please describe in S.18.*

☐ Claims
☐ Management Data
☐ Electronic Health Data
☐ Assessment Data
☐ Registry data
☐ Paper Medical Records
☐ Electronic Health Records
XX Instrument-based data
☐ Other

S.18. Data Source or Collection Instrument *(Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)* IF instrument-based, identify the specific instrument(s); and standard methods, modes, and languages of administration.

This instrument is The Cantril Self-Anchoring Scale. It has been collected in population-based surveys through written (paper-based) and verbal (telephone-based) administration, in both English and Spanish. It has been tested in the healthcare setting through written (paper and online-based) administration.

S.19. Data Source or Collection Instrument *(available at measure-specific Web page URL identified in S.1 OR in attached appendix)*

○ Available at measure-specific web page URL identified in S.1

XX Available in attached appendix at A.1

○ No data collection instrument provided

S.20. Level of Analysis *(Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)*

☐ Other   XX Integrated Delivery System

☐ Clinician : Individual   XX Population : Community, County or City

XX Clinician : Group/Practice   XX Population : Regional and State

XX Facility

XX Health Plan

S.21. Care Setting *(Check ONLY the settings for which the measure is SPECIFIED AND TESTED)*

☐ Emergency Department and Services

XX Outpatient Services

☐ Inpatient/Hospital

☐ Post-Acute Care

XX Home

S.22. <u>COMPOSITE Performance Measure</u> - Additional Specifications *(Use this section as needed for aggregation and weighting rules,or calculation of individual performance measures if not individually endorsed.)*