APPENDIX H:
Clinician Workgroup's Guiding Principles for Applying Measures to Clinician Programs

Excepted from: MAP Pre-Rulemaking Final Report - February 2013

The MAP Clinician Workgroup developed these principles to serve as guidance for applying performance measures to specific clinician measurement programs. The principles are not absolute rules; rather, they are meant to guide measure selection decisions. The principles are intended to complement program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. These principles will inform future revisions to the MAP Measure Selection Criteria.

Physician Quality Reporting System (PQRS)

- For endorsed measures, whether currently finalized or under consideration:
  - Include NQF-endorsed measures relevant to clinician reporting to encourage engagement (the endorsement process addresses harmonization of competing measures)
- For measures that are not endorsed:
  - Measures currently finalized for the program:
    - » Remove measures that have had endorsement removed or have been submitted for endorsement and were not endorsed
    - » Remove measures that are in endorsement reserve status (i.e., topped out), unless the measures are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
  - Include measures under consideration that are fully specified and that:
    - » Support alignment (e.g., measures used in MOC programs, registries)
    - » Are outcome measures that are not already addressed by outcome measures included in the program
    - » Are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
  - Measures selected for the program that are not NQF-endorsed should be submitted for endorsement

Physician Compare

- NQF-endorsed measures are preferred for public reporting programs over measures that are not endorsed or are in reserve status (i.e., topped out); measures that are not NQF-endorsed should be submitted for endorsement or removed
- Include measures that focus on outcomes and are meaningful to consumers (i.e., have face validity) and purchasers
- Focus on patient experience, patient-reported outcomes (e.g., functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care measures
- To generate a comprehensive picture of quality, measure results should be aggregated (e.g., composite measures), with drill-down capability for specific measure results

Value-Based Payment Modifier (VBPM)

- NQF-endorsed measures are strongly preferred for pay-for-performance programs; measures

that are not NQF-endorsed should be submitted for endorsement or removed

- Include measures that have been reported in a national program for at least one year (e.g., PQRS) and ideally can be linked with particular cost or resource use measures to capture value
- Focus on outcomes, composites, process measures that are proximal to outcomes, appropriate care (e.g., overuse), and care coordination measures (measures included in the MAP Families of Measures generally reflect these characteristics)
- Monitor for unintended consequences to vulnerable populations (e.g., through stratification)

Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

- Include endorsed measures, whether currently finalized for the program or under consideration, that have eMeasure specifications available (the endorsement process addresses issues of harmonization and competing measures)
- Over time, as health IT becomes more effective and interoperable, focus on:
  - Measures that reflect efficiency in data collection and reporting through the use of health IT
  - Measures that leverage health IT capabilities (e.g., measures that require data from multiple settings/providers, patient-reported data, or connectivity across platforms to be fully operational)
  - Innovative measures made possible by the use of health IT

General Considerations

- Work toward a core set of measures that all clinicians, regardless of specialty, can report across all programs. The core set should focus on patient experience and engagement, patient-reported outcomes, other outcomes, care coordination, appropriate care, and population health (e.g., health risk assessment, prevention).
- To promote parsimony and alignment, the same measures should serve multiple programs, where possible (e.g., Meaningful Use and PQRS; Medicare Shared Savings and Medicare Advantage).
- Measures should be tested at the appropriate level of analysis (e.g., individual, group, system) before inclusion in public reporting or payment programs. PQRS can serve as a mechanism for testing measures.