

**Measure Applications Partnership  
Coordinating Committee**  
Web Meeting #2

Background Materials

August 5, 2011  
11:00 am – 1:00 pm ET

Webinar access: <http://www.MyEventPartner.com/NQFwebinar5>

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# MAP “Working” Measure Selection Criteria

Tab 1

## MAP “Working” Measure Selection Criteria

### Rating Scale for Individual Measure Review – contribution to a comprehensive measure set for accountability

#### 1. Measure addresses National Quality Strategy priorities and high-leverage measurement areas

*Demonstrated by addressing the priorities in National Quality Strategy (Table 1) and high-leverage measurement areas which address conditions of the greatest cost, prevalence, burden and potential improvement for patients and the population (Table 2: High Impact Conditions represents high-leverage measurement areas for Medicare and children as determined by NQF’s Measure Prioritization Advisory Committee )*

Rating:

Low: measure does not address any of the priorities in the NQS nor represent a high-leverage measurement opportunity

Medium: measure represents one of the priorities of the NQS or a high-leverage measurement opportunity

High: measure represents multiple (more than one) priorities of the NQS and a high-leverage measurement opportunity

#### 2. Measure meets NQF endorsement criteria

*Measures meeting NQF endorsement criteria are determined to be important to measure and report, have scientifically acceptable measure properties, usable, and feasible.*

Rating:

Low: measure development required or measure under development

Medium: measure development completed, measure not submitted to NQF or in pipeline for endorsement

High: measure is endorsed by NQF

#### 3. Measure is applicable to multiple populations and providers

*Demonstrated by applicability to multiple types of providers, levels of analysis, care settings, and conditions*

Rating:

Low: measure is limited to one subset of providers, levels of analysis, care settings, or conditions

Medium: measure is applicable to a narrow subset of providers, levels of analysis, care settings or conditions

High: measure is applicable to multiple types of providers, levels of analysis, care settings, or conditions

#### 4. Measure enables longitudinal assessment of patient-focused episode of care

*Demonstrated by assessing care across time or with the patient as the unit of analysis (across settings and time)*

Rating:

Low: measure is focused on a narrow phase of an entire episode of care (e.g., point in time, single encounter, acute care stay)

Medium: measure provides an assessment of care across some settings of care or time

High: measure provides an assessment of care across a broad range of settings of care and time

#### 5. Measure is ready for implementation and promotes the goals of a specific program

*Demonstrated by prior operational use in the specific context or specified and tested for the setting and level of analysis needed for the specific program*

Rating:

Low: measure has not been in use, nor is it specified and tested for the setting and level of analysis needed for the program

Medium: measure is specified and tested for the setting and level of analysis needed for the program

High: measure has been tested and is in operational use in the specific context or specified for the setting and level of analysis needed for the specific program

**6. Measures is proximal to outcomes**

*Demonstrated by focusing on outcomes, composites of all necessary interventions, and processes most proximal to desired outcomes, or with strong evidence chain from distal processes to desired outcomes*

Rating:

Low: Measures a distal structure or process that requires additional steps to influence desired outcomes (e.g., the frequency of assessing a lab value)

Medium: Process proximal to desired outcome (e.g., administering flu vaccine); or strong evidence chain for links to desired outcome (e.g., mammography screening)

High: Outcome or composite of all required interventions

**Rating Scale for Measure Set Review – final check review of the entire set as a whole****1. Measure set provides a comprehensive view of quality - NQS**

*Demonstrated by measures as a set addressing relevant priorities of the NQS*

Rating:

Low: measure set addresses less than 1-2 of the NQS priorities

Medium: measure set addresses at least 3-4 of the NQS priorities

High: measure set addresses 5-6 of the NQS priorities

**2. Measure set provides a comprehensive view of quality – high leverage opportunities**

*Demonstrated by measures as set addressing high leverage opportunities identified for the intended accountable entities*

Rating:

Low: measure set addresses a few of the identified high leverage opportunities

Medium: measure set addresses some of the identified high leverage opportunities

High: measure set addresses most of the identified high leverage opportunities

**3. Measure set is appropriate for all intended accountable entities**

*Demonstrated by a measure set which is applicable to the intended providers, care settings, and levels of analysis relevant to the program*

Rating:

Low: measure set is limited to a few of the intended providers, care settings, and levels of analysis

Medium: measure set is applicable to some of the intended providers, care settings, and levels of analysis

High: measure set is applicable to all of the intended providers, care settings, and levels of analysis

**4. Measure set promotes parsimony**

*Demonstrated by a measure set which supports efficient use of resources for data collection, measurement, and reporting through the smallest number of measures needed to address the National Quality Strategy, high leverage opportunities, and all intended accountable entities*

Rating:

Low: measure set contains an excessive number of measures to cover the relevant NQS, high leverage opportunities, or intended accountable entities

Medium: measure set demonstrates moderately efficient use of measures in covering the relevant NQS, high leverage opportunities, or intended accountable entities

High: measure set demonstrates highly efficient use of measures in covering the relevant NQS, high leverage opportunities, or intended accountable entities

**5. Measure set avoids undesirable consequences**

*Demonstrated by a measure set in which the measures avoid undesirable consequences or have a method for detecting undesirable consequences*

Rating:

Low: significant concern for unintended undesirable consequences and detection would require additional data collection

Medium: some concern for unintended undesirable consequences which could be detected with additional analysis of existing data (e.g., analysis of patient case mix); or incentives for potential undesirable consequences are balanced within the set of measures (e.g., incentive to drop caring for certain types of patients balanced with incentives to provide care for that same group of patients)

High: little concern for unintended undesirable consequences; or the set includes measures to detect potential unintended consequences

**6. Measure set has an appropriate representation of measure types**

*Demonstrated by a measure set which has a balance of clinical process, outcomes, patient experience, and cost measures*

Rating:

Low: measure set has predominately one type of measure

Medium: measure set includes two or three types of measures

High: measure set address all four types of measures

**7. Measure set includes considerations for health care disparities**

*A measure set can address this category by doing one of the following:*

- *Including measures that directly address health care disparities (e.g. health literacy)*
- *Including measures that have been tested for stratification (by race, ethnicity, SES) at the level of analysis appropriate for the program*

**Table 1: National Quality Strategy Priorities:**

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

**Table 2: High-Impact Conditions:**

<b>Medicare Conditions</b>
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer's Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

<b>Child Health Conditions and Risks</b>
1. Tobacco Use
2. Overweight/Obese ( $\geq 85^{\text{th}}$ percentile BMI for age)
3. Risk of developmental delays or behavioral problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression



8. Behavior or conduct problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental delay (diag.)
12. Environmental allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety problems
15. ADD/ADHD
16. Vision problems not corrected by glasses
17. Bone, joint or muscle problems
18. Migraine headaches
19. Food or digestive allergy
20. Hearing problems
21. Stuttering, stammering or other speech problems
22. Brain injury or concussion
23. Epilepsy or seizure disorder
24. Tourette Syndrome

# MAP Measure Selection Criteria - Developmental Timeline

Tab 2

Purpose: To develop measure selection criteria for public reporting; payment programs; and program monitoring and evaluation

May 2011

June 2011

July 2011



May 3-4  
Coordinating  
Committee  
In-person  
Meeting

June 7-8  
Clinician  
Committee  
In-person  
Meeting

June 21-22  
Coordinating  
Committee  
In-person  
Meeting

July 13-14  
"Working"  
Measure  
Selection  
Criteria

**Inputs include:**

- Stanford work
- NQF endorsement process – should not duplicate but build on endorsement process

**Output- Measure Selection Principles:**

- Promoting "systemness" (e.g., joint accountability, care coordination)
- Addresses the patient perspective
- Actionable by providers
- Enables longitudinal measurement across settings and time
- Contributes to improved outcomes
- Incorporates cost
- Promotes adoption of health IT
- Promotes parsimony

**Inputs include:**

- Stanford work
- Coordinating Committee Input

**Output- Measure Selection Principles:**

- Promoting "systemness" (e.g., joint accountability, care coordination)
- Addresses the patient perspective
- Actionable by providers
- Enables longitudinal measurement across settings and time
- Contributes to improved outcomes
- Incorporates cost
- Promotes adoption of health IT
- Promotes parsimony
- **Addressing various levels of analysis**
- **Useful to intended audiences, including consumers, clinicians, payers and policymakers**
- **Consideration given to unintended consequences**
- **Balancing comprehensiveness with parsimony**

**Bold Above – New items**

**Inputs include:**

- Stanford work
- Clinician Workgroup priority principles
- NQF Staff synthesis

**Output – "Strawperson" Version 2**

Suggested Measure Set Level Criteria:

- Align with priorities in the National Quality Strategy
- Address Health and health care costs across the lifespan
- Include measures of total cost of care, efficiency, and appropriateness
- Be understandable, meaningful, and useful to the intended audiences
- Core and advanced measure sets should be parsimonious and foster alignment between public and private payers to achieve a multi-dimensional view of quality
- Have safeguards in place to detect or mitigate unintended consequences
- Address specific program features

Suggested Individual Measure Criteria:

- NQF endorsed
- Build on measure endorsement thresholds
- Measures tested for the setting and level of analysis in which it will be implemented
- Ensures measures have broad applicability across populations and settings
- Ensure adequate sample size

**Individual Measure Criteria:**

- Measure addresses National Quality Strategy priorities and high-leverage measurement areas
- Measure meets NQF endorsement criteria
- Measure promotes parsimony through applicability to multiple populations and providers
- Measures enables longitudinal assessment of patient-focused episode of care
- Measure is ready for implementation in the context of a specific program
- Measure is proximal to outcomes

**Measure Set Criteria:**

- Measure set provides a comprehensive view of quality – NQS
- Measure set provides a comprehensive view of quality – high leverage opportunities
- Measure set is appropriate for all intended accountable entities
- Measure set promotes parsimony
- Measure set avoids undesirable consequences
- Measure set has a balance of measure types
- Measure set includes considerations for health care disparities

# Principles Informing MAP Measure Selection Criteria

Tab 3

# Principles Informing MAP Measure Selection Criteria

*Purpose: To develop measure selection criteria for public reporting; payment programs; and program monitoring and evaluation*

## MAP "WORKING" MEASURE SELECTION CRITERIA July 28, 2011

### Individual Measure Criteria:

Measure meets NQF endorsement criteria

Measure is applicable to multiple populations and providers

Measures is proximal to outcomes

Measure is ready for implementation and promotes the goals to a specific program

## "STRAWPERSON" VERSION 2

Coordinating Committee  
June 21-22 Meeting

### Individual Measure Principles:

NQF endorsed

Broad applicability across populations and settings

Proximity to outcomes, including patient-reported outcomes

Measure tested for the setting and level of analysis in which it will be implemented

## MAP "WORKING" MEASURE SELECTION CRITERIA July 28, 2011

### Measure Set Criteria:

Measure set provides a comprehensive view of quality – National Quality Strategy

Measure set provides a comprehensive view of quality – high leverage opportunities

Measure set provides a comprehensive view of quality – National Quality Strategy (i.e. affordable care)

Measure set is appropriate for all intended accountable entities

Measure set promotes parsimony

Measure set avoids undesirable consequences

### **MAP CLINICIAN WORKGRUOP ADDITIONAL MEASURE SET CRITERIA CONSIDERATIONS:**

Measure set includes an appropriate representation of measure types

Measure set includes considerations for health care disparities

### Measure Set Level Principles:

Align with priorities in the National Quality Strategy

Include measures of total cost of care, efficiency, and appropriateness

Address health and health care costs across the life span

Be understandable, meaningful, and useful to the intended audiences

Core and advanced measure sets should be parsimonious and foster alignment between public and private payers to achieve a multi-national view of quality

Have safeguards in place to detect or mitigate unintended consequences

Address specific program features

Measure addresses National Quality Strategy priorities and high-leverage measurement areas

Measure enables longitudinal assessment of patient-focused episode of care

Measure is proximal to outcomes

Measure is applicable to multiple populations and providers

Measure is ready for implementation and promotes the goals of a specific program