MAP Measure Selection Criteria

The Measure Selection Criteria (MSC) are intended to assist MAP with identifying characteristics that are associated with ideal *measure sets* used for public reporting and payment programs. The MSC are not absolute rules; rather, they are meant to provide general guidance on measure selection decisions and to complement program-specific statutory and regulatory requirements. Central focus should be on the selection of high-quality measures that optimally address the National Quality Strategy's three aims, fill critical measurement gaps, and increase alignment. Although competing priorities often need to be weighed against one another, the MSC can be used as a reference when evaluating the relative strengths and weaknesses of a program measure set, and how the addition of an individual measure would contribute to the set.

Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.

Sub-criterion 1.1 Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
Sub-criterion 1.2 Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
Sub-criterion 1.3 Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

2. Program measure set adequately addresses each of the National Quality Strategy's three aims

Demonstrated by a program measure set that addresses each of the National Quality Strategy (NQS) aims and corresponding priorities. The NQS provides a common framework for focusing efforts of diverse stakeholders on:

Sub-criterion 2.1 Better care, demonstrated by patient-centeredness, care coordination, safety, and effective treatment

Sub-criterion 2.2 Healthy people/healthy communities, demonstrated by prevention and well-being

Sub-criterion 2.3 Affordable care

3. Program measure set is responsive to specific program goals and requirements

Demonstrated by a program measure set that is "fit for purpose" for the particular program.

Sub-criterion 3.1 Program measure set includes measures that are applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s)

Sub-criterion 3.2 Measure sets for public reporting programs should be meaningful for consumers and purchasers

Sub-criterion 3.3 Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)

Sub-criterion 3.4 Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program.

Sub-criterion 3.5 Emphasize inclusion of endorsed measures that have eMeasure specifications available

4. Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program.

Sub-criterion 4.1 In general, preference should be given to measure types that address specific program needs

Sub-criterion 4.2 Public reporting program measure sets should emphasize measures of patient experience and patient-reported outcomes

Sub-criterion 4.3 Payment program measure sets should include outcome measures linked to cost measures to capture value

5. Program measure set enables measurement of person-centered care and services

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration

Sub-criterion 5.1 Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination

Sub-criterion 5.2 Measure set addresses shared decision-making, such as for care and service planning and establishing advance directives

Sub-criterion5.3 Measure set enables assessment of the person's care and services across providers, settings, and time

6. Program measure set includes considerations for healthcare disparities and cultural competency

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Sub-criterion 6.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Sub-criterion 6.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack), and that facilitate stratification of results to better understand differences among vulnerable populations

7. Program measure set promotes parsimony and alignment

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Sub-criterion 7.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)

Sub-criterion 7.2 Program measure set places strong emphasis on measures that can be used across multiple programs or applications (e.g., Physician Quality Reporting System [PQRS], Meaningful Use for Eligible Professionals, Physician Compare)

MAP Approach for Assessing Potential Measure Impact

Background

The Affordable Care Act requires HHS to assess the impact of quality and efficiency measures used in federal healthcare programs, and to provide the findings in a report to Congress every three years. The first such report, released March 2012, was an assessment of Medicare Quality Measures. CMS convened a Technical Expert Panel (TEP) to advise on the content of subsequent reports.

In addition, HHS has requested that MAP provide input to HHS on the potential impact of quality measures under consideration that MAP recommends for future use in federal programs. In collaboration with HHS, MAP will develop a meaningful approach for these assessments, with an understanding that the input will be limited by the information available. Assessment of potential measure impact presents an opportunity for MAP to provide more granular input to HHS that may enhance MAP's influence on HHS' final selection decisions.

The MAP Measure Selection Criteria and Impact Task Force discussed issues related to assessment of potential measure impact during two task force conference calls in July and August, 2013. Key recommendations and related considerations are discussed below.

Why Does MAP Need to Assess Potential Measure Impact?

MAP seeks to achieve quality improvement, transparency, and value in pursuit of the three aims of the National Quality Strategy. As such, MAP identifies health and health care performance gaps and recommends measures for performance measurement program measure sets that provide incentives to close those gaps. During the course of developing its recommendations, MAP has the unique opportunity to predict the extent to which measures under consideration are likely to impact performance in the context of specific programs, and thereby close performance gaps. While the work of the CMS TEP is primarily focused on assessing the prior impact of individual measures and measure sets over time, MAP's ability to provide prospective input on potential impact from a wide range of invested stakeholders can better inform measure selection decisions until more detailed retrospective information is available.

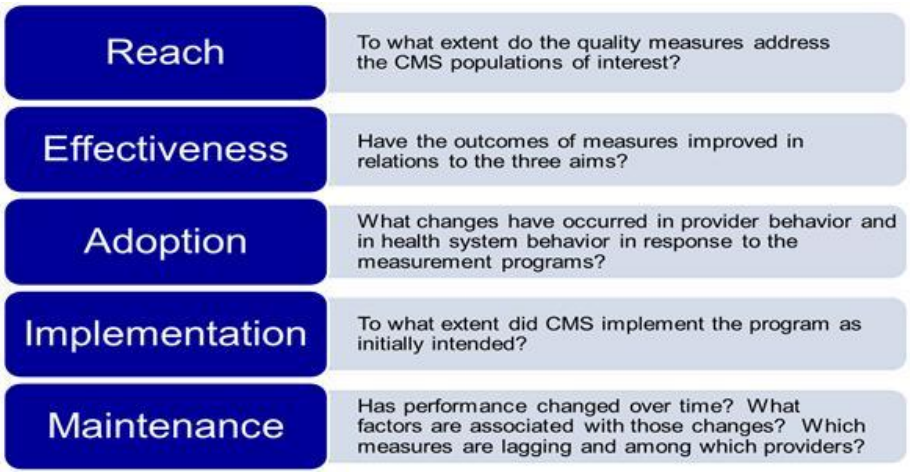
How Can MAP Assess Potential Measure Impact?

MAP is continuously improving its pre-rulemaking process to better identify the most impactful measures for performance measurement program measure sets. The Measure Selection Criteria and Impact Task Force asks the Coordinating Committee to consider the following approach:

1) Clearly define "impact."

- Both CMS and MAP have used the National Quality Strategy as a guiding framework. A simplified definition of impact therefore might be: "The extent to which a measure set addresses the aims and facilitates progress on the priorities of the National Quality Strategy."

- The CMS TEP is using the RE-AIM framework to provide broader context for their input on measure impact assessment, and some of the related questions may also be useful to MAP when considering potential future impact:



2) *Evaluate potential measure impact by the extent to which measures under consideration can help program measure sets meet the MAP Measure Selection Criteria (MSC), particularly through the ability of measures to increase alignment and fill important measure gaps.*
   - **Criterion #1** – Measures receiving NQF-endorsement have been determined to meet or exceed a threshold for importance to measure and report; therefore, measure sets composed entirely or predominantly of NQF-endorsed measures should be expected to have higher impact.
   - **Criterion #2** – The National Quality Strategy (NQS) sets a unified course for improving the quality of health and health care; therefore, measure sets that strongly support the NQS' aims and priorities should have higher impact.
   - **Criterion #3** – The goals and requirements of CMS quality programs are designed around the NQS within various settings, levels of analysis, and populations; therefore, measures that promote filling gaps for these program measure sets should produce higher impact (while also factoring in available RE-AIM assessment information).
   - **Criterion #4** – Choosing the appropriate mix of measure types for a measure set should stimulate improvement by placing more or less emphasis on structures, processes, outcomes, experiences of care and services, and efficiency, depending on the purpose of a program measure set and specific impacts desired.
   - **Criterion #5 –** Measure sets that enable measurement of person-centered care and services can fill important gaps and help to achieve the NQS aim for better care; activated patients are healthier, proactive in working with their providers to coordinate their care and services, and benefit more from the healthcare system.
   - **Criterion #6** – Persistent inequalities exist in healthcare and health outcomes based on race, ethnicity, language, and other defining characteristics; assessing healthcare disparities and cultural competency can help address this important issue by bringing attention to specific areas where inequalities exist.

- **Criterion #7** – Promoting parsimony and alignment in measures sets should provide higher impact relative to the cost associated with measurement by increasing the efficiency of data collection, reducing the effort of maintaining measures, decreasing confusion from interpreting multiple measure sets, and ultimately helping to focus improvement efforts.

3) *Closely integrate with parallel efforts that have related objectives for assessing measure impact.*
   - Strengthen feedback loops as a mechanism to gather input on the practical impact of measures and measure sets in the field. Besides considering information that becomes available as a result of the retrospective analyses, MAP will incorporate input from feedback loops that NQF is establishing via its QPS portfolios, open commenting on measures, and collaboration with various stakeholders.
   - Leverage the roles of George Isham (Measure Selection Criteria and Impact Task Force member, MAP Coordinating Committee co-chair, and CMS impact TEP co-chair); Allen Leavens (NQF MAP staff and CMS impact TEP member); and CMS staff to facilitate closer connections between the work of MAP and the CMS impact assessment TEP (see table below).

Complementary Roles of CMS Technical Expert Panel and MAP in Assessing Impact

	CMS TEP	MAP
Perspective	Retrospective evaluation	Prospective evaluation
Composition	Primarily academic and technical experts	Broad multi-stakeholder group with diverse backgrounds
Primary Anticipated Output	Detailed analyses of impact, which may be at the individual measure level	Broad assessment of the potential impact of adding new measures under consideration to measure sets
Cross-Effort Representation	George Isham – TEP co-chair; Allen Leavens – TEP member; CMS staff	George Isham – Coordinating Committee co-chair; Allen Leavens – NQF staff; CMS staff
Funding	CMS contract with HSAG	No separate funding beyond CMS funding of MAP pre-rulemaking activities

Next Steps

The MAP Coordinating Committee will consider input from the Measure Selection Criteria and Impact Task Force at their September 11, 2013 web meeting and October 3, 2013 in-person meeting.