

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
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

Outputs- 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

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- 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