Principles for Core Set Measure Selection

The selection principles guide the updating of the core sets and serve as a reference when determining whether a measure should be included in a core set. The selection principles consider various stakeholder priorities and aim to balance valued concepts. The principles for measures describe the attributes a measure should possess for inclusion in a CQMC core set. Individual measures should reasonably align with all principles for measures. Measures in a core set that no longer meet the selection principles should be considered for potential removal and discussed by the appropriate Workgroup. The core set principles outline the CQMC’s vision for a comprehensive core set. Ideally, each core set as a whole should encompass all core measure set principles. The selection principles allow CQMC members to weigh the merits of an individual measure and to determine if a set is promoting the values and goals of the Collaborative.

Principles for measures included in the CQMC core measure sets

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
   a. Address a high-impact aspect of healthcare where a variation in clinical care and opportunity for improvement exist.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
   a. The source of the evidence used to form the basis of the measure is clearly defined.
   b. There is high quality, quantity, and consistency of evidence.
   c. Measure specifications are clearly defined.
4. Represent a meaningful balance between measurement burden and innovation.
   a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
   b. Are ambitious, yet providers being measured can meaningfully influence the outcome and are implemented at the intended level of attribution.
   c. Are appropriately risk adjusted and account for factors beyond control of providers, as necessary.

Principles for the CQMC core measure sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome performance measures, or PRO-PMs).
6. Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).