

# NATIONAL QUALITY FORUM

## Measure Evaluation Criteria and Guidance Summary Tables Effective for Projects Beginning after January 2011

### 3. Usability

Extent to which intended audiences (e.g., consumers, purchasers, providers, policymakers) can understand the results of the measure and find them useful for decisionmaking. H ☐ M ☐ L ☐ I ☐ [Definitions-Table 10](#)

**3a.** Demonstration that information produced by the measure is meaningful, understandable, and useful to the intended audiences for public reporting (e.g., focus group, cognitive testing) or rationale; H ☐ M ☐ L ☐ I ☐

**AND**

**3b.** Demonstration that information produced by the measure is meaningful, understandable, and useful to the intended audiences for informing quality improvement<sup>16</sup> (e.g., quality improvement initiatives) or rationale. H ☐ M ☐ L ☐ I ☐

#### Note

**16.** An important outcome that may not have an identified improvement strategy still can be useful for informing quality improvement by identifying the need for and stimulating new approaches to improvement.

### 4. Feasibility

Extent to which the required data are readily available or could be captured without undue burden and can be implemented for performance measurement. H ☐ M ☐ L ☐ I ☐ [Definitions-Table 10](#)

**4a.** For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order). H ☐ M ☐ L ☐ I ☐

**4b.** The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified. H ☐ M ☐ L ☐ I ☐

**4c.** Susceptibility to inaccuracies, errors, or unintended consequences and the ability to audit the data items to detect such problems are identified. H ☐ M ☐ L ☐ I ☐

**4d.** Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality,<sup>17</sup> etc.) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). H ☐ M ☐ L ☐ I ☐

#### Note

**17.** All data collection must conform to laws regarding protected health information. Patient confidentiality is of particular concern with measures based on patient surveys and when there are small numbers of patients.

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**Table 10: Generic Scale for Rating Usability and Feasibility and Subcriteria**

| Rating          | Definition                                                                                                                                                                          |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>High</b>     | Based on the information submitted, there is high confidence (or certainty) that the criterion is met                                                                               |
| <b>Moderate</b> | Based on the information submitted, there is moderate confidence (or certainty) that the criterion is met                                                                           |
| Low             | Based on the information submitted, there is low confidence (or certainty) that the criterion is met                                                                                |
| Insufficient    | There is insufficient information submitted to evaluate whether the criterion is met (e.g., blank, incomplete, or not relevant, responsive, or specific to the particular question) |

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