Connecticut Quality Council
Criteria to Inform Measure Selection
January 23, 2021

Quality Council Core Measure Set Introduction

The overarching aim of the Quality Council Core Measure Set is to promote alignment of quality measures in use by commercial insurers and Medicaid to assess and reward the quality of services delivered under value-based payment arrangements with Advanced Networks.[1] These criteria are being developed to guide the work of the Quality Council members in recommending measures to the Office of Health Strategy for measure set inclusion.

Quality Council members must exercise judgement in determining whether criteria are met for individual measures and for the measure set as a whole. Measures do not need to satisfy all the individual measure criteria to be recommended.

Criteria to Apply to Individual Measures

As a reminder, these criteria are meant to ensure that each measure has sufficient merit for inclusion in the Core Measure Set.

1. Represents an opportunity to promote health equity, evaluated by performing an assessment of data and literature to identify disparities by race, ethnicity, language, disability status, economic status, and other important demographic and cultural characteristics.
2. Represents an opportunity for improvement in quality of care, inclusive of outcomes and of population health.
3. Accessible with minimal burden to the clinical mission, and:
    a. draws upon established data acquisition and analysis systems;
    b. is efficient and practicable with respect to what is required of payers, providers, and consumers, and
    c. makes use of improvements in data access and quality as technology evolves and become more refined over time.
4. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.
5. Addresses the most significant health needs of Connecticut residents, with attention to areas of special priority, beginning with:
    a. behavioral health
    b. health equity
    c. patient safety, and
    d. care experience.
6. Measures and methods are valid and reliable at the data element and performance score level.
7. Useable, relevant and has a sufficient denominator size.

[1] OHS' working definition of "Advanced Network" is a provider organization or contractually affiliated group of provider organizations that either (a) holds a value-based contract with a payer or (b) is able to hold a value-based contract by virtue of having a sufficient number of primary care providers.

Criteria to Apply to the Measure Set as a Whole

As a reminder, these criteria are meant to more holistically assess whether the Core Measure Set is representative and balanced, and meets the policy objectives identified by the Quality Council.

1. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.
2. Broadly address population health.
3. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
4. Taken as a whole, high performance on the proposed measure set should significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Balances comprehensiveness and breadth with the need for parsimony to enable effective quality improvement.
6. Representative of the array of services provided, and the diversity of patients served, by the program.