

**Connecticut Quality Council  
Measure Selection Criteria Scoring Rubric**

**Criteria to Apply to Individual Measures**

Criteria	Scoring Rubric		
	Yes	Somewhat	No
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.	Identified disparities in the majority race, language or ability cohort from the equity review has a rate that is better by 10+ percentage points than another race, language of ability cohort	Identified disparities in the majority race, language or ability cohort from the equity review has a rate that is better by between 2 and 9 percentage points than another race, language of ability cohort	No identified disparities in performance through the equity review, or the disparities in the majority race, language or ability cohort has a rate that is less than 2 percentage points than another race, language of ability cohort
2. Represents an opportunity for improvement in quality of care, inclusive of outcomes and of population health.	Current statewide performance is below the national 50 <sup>th</sup> percentile or the national average	Current statewide performance is between the national 50 <sup>th</sup> and 90 <sup>th</sup> percentile, or is above the national average	Current statewide performance is at or above 90 percent or the national 90 <sup>th</sup> percentile, or no data available
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.	Uses claims data only	Uses a combination of claims and clinical data	Uses only clinical data (inclusive of, but not limited to ECDS HEDIS measures)
4. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.	(1) Service captured in the measure received a Grade A or B from the US Preventive Services Task Force (USPSTF), i.e., it	If a preventive service, service captured in the measure received a Grade C from the USPSTF, i.e., it recommends offering or	(1) Service captured in the measure received a Grade D or I from the USPSTF, i.e., it recommends discouraging the use of the

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	recommends offering or providing the service <sup>1</sup> and/or (2) measure (or highly similar measure) is NQF-endorsed or soon-to-be endorsed, CMS-endorsed, or there is documentation that a comprehensive literature review to supports the measure's validity and reliability	providing the service for selected patients depending on the individual circumstance	service or conveying the uncertainty about the balance of benefits and harms, or there is no USPSTF grade and/or (2) measure is not NQF-endorsed or CMS-endorsed or there is no comprehensive literature review supporting the measure's validity and reliability.
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.	Addresses one of the four priorities listed in the criterion	Addresses one of the identified statewide health priorities <sup>2</sup> , but not any of the four priorities listed in the criterion	Does not address any of the identified statewide health priorities or the four priorities listed in the criterion
6. Measures and methods are valid and reliable at the data element and performance score level.	Measure (or a highly similar measure) is NQF-endorsed or soon-to-be endorsed, <sup>3</sup> CMS-endorsed, or there is documentation that a comprehensive literature review to supports the measure's validity and reliability	N/A	Measure is not NQF-endorsed or CMS-endorsed or there is no comprehensive literature review supporting the measure's validity and reliability.

<sup>1</sup> All USPSTF recommendations can be found here: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics>.

<sup>2</sup> The identified statewide health priorities include chronic conditions (i.e., hypertension, asthma, diabetes), access to substance use disorder treatment, childhood obesity, behavioral health treatment, lead screening/prevention, low birthweight racial gap and ER use.

<sup>3</sup> We took into consideration the rationale for why a measure lost NQF endorsement. For example, if a measure lost NQF endorsement because the steward did not have resources to maintain stewardship, we considered the measure to still be valid and reliable.

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7. Useable, relevant and has a sufficient denominator size.	<ul style="list-style-type: none"> <li>Advanced networks (ANs) have the ability to improve performance on the measure and</li> <li>Denominator would be adequate for most ANs</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>ANs have limited ability to improve performance and</li> <li>Denominator would not be adequate for most ANs</li> </ul>

*Criteria to Apply to the Measure Set as a Whole*

Criteria	Scoring Rubric		
	Yes	Somewhat	No
1. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.	Measure set includes at least one health equity-focused measure	N/A	Measure set does not include a health equity-focused measure
2. Broadly addresses population health.	Do not score – unable to distinguish this criterion from #6 below	Do not score – unable to distinguish this criterion from #6 below	Do not score – unable to distinguish this criterion from #6 below
3. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.	30% or more of the measure set includes outcome- and patient experience-focused measures.	Between 20% and 30% of the measure set is outcome- and patient experience-focused measures	Less than 20% of the measure set is outcome- and patient experience-focused measures.
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.	Roughly two-thirds of the measures in the measure set meet criterion #4 and criterion #6 in the “criteria to apply to individual measures” section	Between 11 percent and two-thirds of measures in the measure set meet criterion #4 and criterion #6 in the “criteria to apply to individual measures” section	Less than 10 percent of measures in the measure set meet criterion #4 and criterion #6 in the “criteria to apply to individual measures” section
5. Balances comprehensiveness and breadth with the need for parsimony to enable effective quality improvement.	Measure set includes between 25-30 measures	Measure set includes between 31-35 measures	Measure set includes 36+ measures (without hospital measures)

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	(without hospital measures)	(without hospital measures)	
6. Representative of the array of services provided, and the diversity of patients served, by the program.	Measure set overall addresses a) preventive care, chronic illness care, and behavioral health care, b) care for children, adolescents, adults, men and women, and c) identified statewide health priorities	N/A	Measure set is missing measures that address a) preventive care, chronic illness care, and behavioral health care, b) care for children, adolescents, adults, men and women, and c) identified statewide health priorities