

Criteria to Inform Measure Selection

Instructions

Consider the following potential criteria, and specifically which (if any) may be relevant and appropriate for use when evaluating measures for inclusion in Connecticut’s Core Measure Set and for evaluating the measure set as a whole.

Identify which criteria you recommend for use in Connecticut in the following survey:

<https://survey.alchemer.com/s3/6089342/Connecticut-Quality-Council-Criteria-to-Inform-Measure-Selection>. Select up to five criteria to apply to individual measures and up to five criteria to apply to the measure set as a whole.

Criteria to Apply to Individual Measures – select up to five criteria

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

	Criterion	CT Criterion	MA Criterion	RI Criterion
1	Feasible to collect/ not burdensome	Recommend measures that are accessible with minimal burden to the clinical mission, and that <ul style="list-style-type: none"> • draw upon established data acquisition and analysis systems; • are both efficient and practicable with respect to what is required of payers, providers, and consumers, and • make use of improvements in data access and quality as technology evolves and become more refined and varied over time. 	Generated without causing extensive burden, or the measure would reduce burden by supplanting an existing measure in the Aligned Measure Set with greater burden, or the associated burden is justified by reasonably expected high impact on patient health resulting from the measure’s use.	Feasible to collect

	Criterion	CT Criterion	MA Criterion	RI Criterion
2	Opportunity for improvement	Prioritize outcome-focused measures with opportunity for improvement, variability among provider organizations and available appropriate benchmarks, where available.	Represents an opportunity to improve population health.	Present an opportunity for quality improvement
3	Promotes health equity	Assess the impact of race, ethnicity, language, economic status, and other important demographic and cultural characteristics important to health equity.	Represents an opportunity to promote health equity. <ul style="list-style-type: none"> • When reviewing individual measures, the Taskforce will examine performance stratified by race, ethnicity, language and disability status as well as the decomposition of inequities between and within providers, where data are available • Taskforce staff will request stratified data from state agencies and Taskforce members and look for stratified data from other states and the research literature. 	
4	Addresses state health priorities / needs and/or measure set goals	Address the most significant health needs of Connecticut residents, with attention to areas of special priority, including: <ul style="list-style-type: none"> • behavioral health • health equity • patient safety, and • care experience. 	Addresses a State-defined health care priority or fills a gap in the Aligned Measure Set of Taskforce priority.	Consistent with the goals of the program

	Criterion	CT Criterion	MA Criterion	RI Criterion
5	Valid and reliable	Promote measures and methods with the aim of maximizing impact, accuracy, validity, fairness and data integrity.	<ul style="list-style-type: none"> Valid at the data element and performance score level. Any exclusion criteria are also valid. Reliable at the data element and performance score level across providers. 	
6	Evidenced-based		Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.	Evidence-based and scientifically acceptable
7	Has a relevant benchmark	Prioritize outcome-focused measures with opportunity for improvement, variability among provider organizations and available appropriate benchmarks, where available.		Has a relevant benchmark (use regional/community benchmark, as appropriate)
8	Aligned with select measure sets	<ul style="list-style-type: none"> Maximize alignment with the Medicare Shared Savings Program and NextGen ACO measure set. Wherever possible, draw from national measure sets such as: <ul style="list-style-type: none"> National Quality Forum (NQF) measures; CMS Adult and Child Health Care Quality Measures for Medicaid; CMS Merit-based Incentive Payment System (MIPS); CMS Electronic Clinical Quality Measures (eCQMs); National Committee on Quality Assurance (NCQA) measures, & Core Quality Measures Collaborative core measure sets. 		Aligned with other measure sets

	Criterion	CT Criterion	MA Criterion	RI Criterion
9	Appropriate for ACOs	Ensure measure is appropriate for use in an ACO contract.	Appropriate for use in an ACO contract. For this purpose, an ACO is defined as a provider organization that has entered into a global budget-based risk contract with a commercial or MassHealth (Medicaid) payer.	
10	Prioritizes nationally-endorsed measures		No nationally endorsed measures (i.e., endorsed by NQF, NCQA, or CMS, or other national recognition bodies) are available for use, or the Taskforce has evaluated the nationally endorsed measures as failing to meet other Taskforce measure selection criteria.	Utilizes a HEDIS measure when multiple options exist
11	Promotes credibility and transparency	Promote credibility and transparency in order to maximize patient, employer, payer, and provider engagement.		
12	Promotes value			Promotes increased value
13	Can be operationalized			<ul style="list-style-type: none"> • Useable and relevant • Sufficient denominator size
14	Broadly applicable			Not greatly influenced by patient case mix
15	Can be transformative			Transformative potential

Criteria to Apply to the Measure Set as a Whole – select up to five criteria

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.

	Goal	CT Criterion	MA Measure Set Criterion	RI Measure Set Criterion
1	Reasonable number of measures/balanced	Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.	Strives for parsimony.	
2	Focused on outcomes	<ul style="list-style-type: none"> • Prioritize outcome-focused measures with opportunity for improvement, variability among provider organizations and available appropriate benchmarks, where available. • Maximize the use of clinical outcome measures and patient-reported outcomes, over process measures, and measure quality at the level of the organization. 	Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.	
3	Universally applicable, holistic and/or representative		Provides a largely complete and holistic view of the entity being evaluated (i.e., an ACO).	<ul style="list-style-type: none"> • Representative of the array of services provided by the program • Representative of the diversity of patients served by the program
4	Focused on improving public health / population health			Broadly address population health

	Goal	CT Criterion	MA Measure Set Criterion	RI Measure Set Criterion
5	Promotes value and supports the Triple Aim		Promotes value for patients, purchasers, and providers and supports the triple aim of better care, better health, and lower cost.	
6	Promotes health equity		Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language and/or disability status.	
7	Advances care delivery		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.	
8	Aligned		Comprised of measures that are highly aligned across existing payer ACO contract measures	
9	Not burdensome			Not unreasonably burdensome to payers or providers