

**Criteria for Measure Selection**  
**Health Plan Quality Metrics Committee**  
**November 2018**

Measure Selection Criteria:

Each individual measure **MUST PASS** all of the following criteria.

The measure...

1. Is likely to create positive change towards an identified goal.
2. Assesses an activity or type of care that not been demonstrated to be harmful or ineffective for the population to which it is applied.
3. Can be used for minimum of three years. [Statutory requirement of HPQMC]
4. Includes adequate detail for results to be aggregated and reported comparably.
5. Maps to the planned use and timeline over which change will be measured.

Individual measure **NEED TO MEET SOME** of these principles and are not required to meet all.

The measure...

1. Has research evidence or professional consensus that the care or activity measured will successfully achieve an identified goal.
2. Fills a gap in current measures.
3. Is currently in active use.
4. Is understandable to consumers and other audiences.
5. Uses a readily available data source, or the benefit will outweigh the reporting burden on providers, plans, and the state.
6. Has current performance that falls significantly short of goal, indicating meaningful opportunity for improvement.
7. Is one for which improvement is reasonably attainable.
8. Assesses integration of care types within a single setting.
9. Improves integration across sectors by aligning work towards a common goal.
10. Incentivizes transformation to new structures or types of care that are not widely available currently.

Measure Set Criteria:

1. Representative across conditions addressed (physical, mental, substance use, and oral conditions)
2. Representative across the sectors whose work is being measured (outpatient specialty, hospital, primary care, specialty behavioral health, dental, etc.)
3. Representative across data source (claims, clinical, patient questionnaire)
4. Representative across population measured, focus on populations of special concern, and representation of the diversity of patients served.

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5. Include measures of system capacity, processes, outcomes, waste, and costs, with some measures supporting integration and transformation.
6. Comprehensiveness while eliminating redundancy and minimizing the total number of measures

Appropriate use criteria:

HPQMC may make optional recommendations about the use of a measure.

1. Size of population for which measure will be statistically sound, indicating true change in performance over time or across populations or organizations.
2. Recommended population or entity being measured with consideration to degree of influence over performance improvement.
3. Appropriateness of disaggregating measure based on race, ethnicity, language, disability, or other characteristic.
4. Appropriateness of risk adjustment for populations of patients with differing health or social conditions.
5. Recommended benchmark, if available, or process to determine benchmark if none exists.
6. Recommendations on data collection method to minimize reporting burden
7. Timeline for implementation or over which change would be expected
8. Populations or settings for which measure is known or expected to be reliable and valid.