



Principles for Core Set Measure Selection

Background

The selection principles guide the development and revision of the CQMC core sets and serve as a reference when determining whether a measure should be included in a core set. The principles for core measure sets are intended to balance concepts valued across the membership and outline the CQMC's vision for a comprehensive core set. They aid members in determining if a set is promoting the overarching values and goals of the Collaborative. The principles for measure selection describe the attributes a measure should possess for inclusion in a CQMC core set so that CQMC members can weigh the merits of an individual measure in addition to whether it will contribute to a balanced core set that meets the CQMC's intention. Ideally, each core set should encompass all core measure set principles and individual measures should reasonably align with all principles for measures. However, some principles are more aspirational in nature to encourage advancement in the field. Measures in a core set that no longer meet the selection principles should be considered for potential removal and discussed by the appropriate Workgroup.

Principles for the CQMC Core *Measure Sets*

1. Provide a holistic view of quality that assesses if care is safe, effective, person-centered, timely, efficient, and equitable.
2. Provide meaningful and usable information to all CQMC constituencies (i.e., consumers, providers, payers, purchasers, and regional collaboratives).
3. Include measures relevant to the medical condition of focus (i.e., "specialty-specific measures"), but also promote care that is coordinated across care settings and/or integrated across specialties.
4. Seek parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
5. Include an appropriate mix of measure types:
 - a. Allow for structural and process measures as needed, particularly for emerging areas of measurement.
 - b. Emphasize outcome measures.
 - c. Exclude cost and resource use measures as such aspects are encompassed in value-based care payment programs.
6. Highlight the value of consumer engagement in healthcare including through the incorporation of patient-reported outcome performance measures.
7. Encourage the use of solely standardized digital measurement to harness new data sources and reduce reporting burden.
8. Encourage continuous improvement by seeking out novel measures that address identified clinical quality gaps.
9. Pursue measures that go beyond clinical care and are intended to address health equity and social determinants of health (SDOH).

Principles for *Measures* Included in the CQMC Core Measure Sets

1. Align with the CQMC values, goals, and measure set selection principles.
2. Support the advancement of health and healthcare improvement goals.

- a. Prioritize measures addressing clinical areas with significant impacts on health.
 - b. Emphasize measure concepts that have a strong tie to outcomes.
 - c. Address areas in which change would be consequential (i.e., where there is variation in clinical care or an opportunity for overall improvement).
3. Are unlikely to promote unintended adverse consequences.
4. Promote health equity by adopting measures that measure access to care, stratify clinical care measures to identify disparities, or measure progress toward addressing social needs.
5. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
 - a. Articulate the source of the evidence used to form the basis of the measure clearly.
 - b. Demonstrate high quality, sufficient quantity, and consistency of evidence that acting on the measure result will reduce variation and improve health outcomes.
 - c. Define the measure specifications clearly and transparently.
 - d. Are tested at the applicable level of care.
6. Represent a meaningful balance between measurement burden and innovation.
 - a. Minimize data collection and reporting burden, while maintaining clinical credibility (i.e., measures that fit into existing workflows, are feasible, and do not duplicate efforts).
 - b. Are ambitious, yet providers being measured can meaningfully influence the results and are implemented at the intended level of attribution.
 - c. Are appropriately risk adjusted and account for factors beyond the control of providers, as necessary.
7. Encourage the use of digital quality measures, including eQMs, to take advantage of the opportunities provided by digital data sources.