

**Buying Value  
Measure Selection Criteria Worksheet  
February 13, 2014**

The priority performance goals of the program being measured are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

<b>I. Technical Measure Criterion (tests that each measure should meet)</b>				
<b>Potential criterion</b>	<b>Description</b>	<b>Include</b>	<b>Consider</b>	<b>Exclude</b>
1. Evidence-based and scientifically acceptable	The measure will produce consistent (reliable) and credible (valid) results. The measure has been endorsed by the NQF or by another national body with a rigorous method for review and endorsement of measures (e.g., NCQA).			
2. Has a relevant benchmark	State, regional or national level performance data are available for the same measure.			
3. Not greatly influenced by patient case mix	Providers serving more complex or ill patients will not be disadvantaged by comparative measurement.			
<b>II. Program-Specific Measure Criterion (tests that each measure should meet)</b>				
<b>Potential criterion</b>	<b>Description</b>	<b>Include</b>	<b>Consider</b>	<b>Exclude</b>
4. Consistent with the goals of the program	The measure corresponds to a program performance priority.			
5. Useable and relevant	The intended users (consumers, purchasers, providers, and/or policy makers) can understand the results of the measure and are likely to find them useful for quality improvement and decision-making.			

Potential criterion	Description	Include	Consider	Exclude
6. Feasible to collect	The measure can be implemented and data can be collected without undue burden.			
7. Aligned with other measure sets	The measure aligns with a measure that providers in the program are otherwise required to report and/or for which they are held accountable.			
8. Promotes increased value	Improving this measure will translate into significant changes in outcomes relative to costs, with consideration for efficiency.			
9. Present an opportunity for quality improvement	There is a gap between baseline performance and best-practice performance.			
10. Transformative potential	Improving this measure will fundamentally change care delivery in a desired manner.			
11. Sufficient denominator size	In order to ensure that the measure is not prone to the effects of random variation, the measure should have a sufficient denominator in the context of the program.			
<b>III. Potential Measure Set Criteria (tests that the overall measure set should meet)</b>				
Potential criterion	Description	Include	Consider	Exclude
12. Representative of the array of services provided by the program				
13. Representative of the diversity of patients served by the program				
14. Not unreasonably burdensome to payers or providers				

## Metrics Principles, Domains and Example CCO Accountability Metrics

OHPB Stakeholder Workgroup on Outcomes, Quality, and Efficiency Metrics

### Potential CCO Performance Measures

At a minimum, any selected performance measure selected should meet standard scientific criteria for reliability and face validity. Potential measures should also be evaluated against the principles below, with the goal of establishing a set of CCO performance measures that reasonably balances the various criteria. OHA should re-examine selected measures on a regular basis to ensure that they continue to meet criteria.

Principle	Selection criteria	Change criteria
Transformative potential	<ul style="list-style-type: none"> <li>○ Measure would help drive system change</li> </ul>	<ul style="list-style-type: none"> <li>○ Measure reinforces the status quo rather than prompting change</li> </ul>
Consumer engagement	<ul style="list-style-type: none"> <li>○ Measure successfully communicates to consumers what is expected of CCOs</li> </ul>	<ul style="list-style-type: none"> <li>○ Measure is not understandable or not meaningful to consumers</li> </ul>
Relevance	<ul style="list-style-type: none"> <li>○ Condition or practice being measured has a significant impact on issues of concern or focus*</li> <li>○ Measure aligns with evidence-based or promising practices</li> </ul>	<ul style="list-style-type: none"> <li>○ Lack of currency - measure no longer addresses issues of concern or focus*</li> </ul>
Consistency with existing state and national quality measures, with room for innovation when needed	<ul style="list-style-type: none"> <li>○ Measure is nationally validated (e.g. NQF endorsed)</li> <li>○ Measure is a required reporting element in other health care quality or purchasing initiative(s)</li> <li>○ National or other benchmarks exist for performance on this measure</li> </ul>	<ul style="list-style-type: none"> <li>○ Measure loses national endorsement</li> <li>○ Measure is unique to OHA when similar standard measures are available</li> </ul>
Attainability	<ul style="list-style-type: none"> <li>○ It is reasonable to expect improved performance on this measure (can move the meter)</li> </ul>	<ul style="list-style-type: none"> <li>○ CCO or entity performance is “topped out”</li> <li>○ Measure is too ambitious</li> </ul>
Accuracy	<ul style="list-style-type: none"> <li>○ Changes in CCO performance will be visible in the measure</li> <li>○ Measure usefully distinguishes between different levels of CCO performance</li> </ul>	<ul style="list-style-type: none"> <li>○ Measure is not sensitive enough to capture improved performance</li> <li>○ Measure is not sensitive enough to reflect variation between CCOs</li> </ul>
Feasibility of measurement	<ul style="list-style-type: none"> <li>○ Measure allows CCOs and OHA to capitalize on existing data flows (e.g. state All Payer All Claims reporting program or other established quality reporting systems)</li> <li>○ Data collection for measure will be supported by upcoming HIT and HIE developments</li> </ul>	<ul style="list-style-type: none"> <li>○ Burden of data collection and reporting outweighs the measure’s value</li> </ul>

Reasonable accountability	<ul style="list-style-type: none"> <li>○ CCO has some degree of control over the health practice or outcome captured in the measure</li> </ul>	<ul style="list-style-type: none"> <li>○ Measure reflects an area of practice or a health outcome over which CCO has little influence</li> </ul>
Range/diversity of measures	<ul style="list-style-type: none"> <li>○ Collectively, the set of CCO performance measures covers the range of topics, health services, operations and outcomes, and populations of interest</li> </ul>	<ul style="list-style-type: none"> <li>○ There is a surplus of measures for a given service area or topic</li> <li>○ Measure is duplicative</li> <li>○ Measure is too specialized</li> </ul>

\* These issues include, but are not limited to: health status, health disparities, health care costs and cost-effectiveness, access, quality of care, delivery system functioning, prevention, patient experience/engagement, and social determinants of health.

### Domains of Measurement

OHA should assess CCO performance in these domains:

- Accountability for system performance in all service areas for which the CCO is responsible:
  - Adult mental health
  - Children’s mental health
  - Addictions
  - Outpatient physical
  - Inpatient physical
  - Women’s health
  - Dental
  - Prevention
  - End-of-life care
- Accountability for transformation:
  - Care coordination and integration
  - Patient experience and activation
  - Access
  - Equity
  - Efficiency and cost control
  - Community orientation