

Attributes of Core Performance Measures and Associated Evaluation Criteria

ATTRIBUTE A: Targets Improvement in the Health of

Populations - refers to the extent to which the measure addresses areas where performance improvement is likely to have a significant impact on the health of specified populations.

Criterion A1 (Primary) - The measure has an explicit rationale that is consistent with the goal of protecting and improving the health and/or health care of individuals or populations.

Criterion A2 (Primary) - The measure has justification as to its rationale in addressing important areas of health care (e.g., high-risk, high-volume, problem-prone, inappropriate variation in performance).

Criterion A3 (Secondary) - The measure addresses factors that are applicable to broad health care issues (e.g., disease prevention, screening, diagnoses and management).

Criterion A4 (Secondary) - The measure contributes to a measure set that addresses the needs of populations with diverse health care requirements.

ATTRIBUTE B: Precisely Defined and Specified - refers to the extent to which the measure is standardized with explicit pre-defined requirements for data collection and for calculation of the measure value or score.

Criterion B1 (Primary) - There is documentation for the measure that includes:

- clear and understandable statements (e.g., numerator, denominator) of what it purports to measure;
- rules to identify specific targeted populations;
- defined data elements, corresponding data sources, and allowable values;
- defined sampling procedures (if applicable);

- a specified procedure (algorithm) for calculating the measure value or score; and
 - defined risk adjustment specifications (if applicable).
-

ATTRIBUTE C: Reliable - refers to the ability of the measure to identify consistently the events it was designed to identify across multiple participating health care organizations over time.

Criterion C1 - (Primary) Evidence is provided demonstrating that the measure has minimal random error and is consistently reproducible when applied across multiple health care organizations and delivery settings. This evidence includes:

- a description of the data quality evaluation process;
 - documentation of satisfactory results;
 - a description of the reliability evaluation process (e.g., test-retest; inter-rater; internal consistency) including testing history, frequency and settings, and;
 - documentation of satisfactory results.
-

ATTRIBUTE D: Valid - refers to the extent to which the measure has been shown to capture what it was intended to measure.

Criterion D1 (Primary) - Evidence is provided demonstrating that the indicator measures what it purports to measure with respect to the targeted health care construct. This evidence includes:

- a description of the validity evaluation process (e.g., face; content; construct; criterion; convergent/divergent; predictive) including testing history, frequency and settings; and
- documentation of test results, including evidence that the measure is low in both random and systematic error so that it can detect differences in the targeted construct at a specific point in time and changes over time.

Criterion D2 (Primary) - Evidence is provided demonstrating that the targeted health care construct is related to improving the health of individuals and populations. This evidence typically includes:

- documentation that the health care construct underlying the measure is associated with important health care processes and/or outcomes (e.g., published literature presents strong evidence that the use of beta blockers after acute myocardial infarction is an effective agent for reducing mortality).
-

ATTRIBUTE E: Can be Interpreted - refers to the extent to which the measure rationale and results are easily understood by users of the data including accreditors, providers and consumers.

Criterion E1 (Primary) - Evidence is provided demonstrating that there is significant variation among organizations in performance on the measure. This evidence includes:

- reports on the measure demonstrating statistically significant differences that are meaningful to health care processes and/or outcomes between organizations and/or over time; and
- if it is an outcome measure, data indicating that the variability is correlated with differences in processes of care.

Criterion E2 (Secondary) - Evidence is provided demonstrating that the measure results are reportable in manner useful to health care organizations and other interested stakeholders. This evidence includes:

- copies of measure feedback reports provided to stakeholders; and
 - documentation that the reports were found to be understandable and useful for decision making purposes.
-

ATTRIBUTE F: Risk-Adjusted or Stratified - refers to the extent to which the influences of factors that differ among groups being compared can be controlled or taken into account.

Criterion F1 (Primary) - Evidence is provided demonstrating that well-validated risk-adjustment or stratification methods exist for the measure, if such adjustment is needed for the intent of the measure. This evidence includes:

- a description of the approach used to determine if risk adjustment or stratification is appropriate to the intended use of the measure;
 - a description of the clinical rationale and statistical processes employed to build and test the risk-adjustment model(s);
 - a description and definition of the risk-adjustment model(s);
 - documentation of risk-adjustment model validation results; and/or
 - description of the rationale and processes employed to identify and generate strata.
-

ATTRIBUTE G: Data Collection Effort is Assessed - refers to the availability and accessibility of required data elements, and the effort and cost of abstracting and collecting data.

Criterion G1 (Primary) - Evidence is provided demonstrating that the measure can be implemented and maintained by health care organizations with reasonable data collection effort. This evidence includes:

- information on the number of data elements, the number and type of data sources, and the amount of data (e.g., sample data) required to construct the measure;
 - information on the data system(s) required to support the measure; and
 - information on the costs (e.g., financial, personnel, time) required to collect the measure.
-

ATTRIBUTE H: Useful in the Accreditation Process - refers to the ability of the measure to supplement or enhance the current accreditation process and support health care organization quality improvement efforts.

Criterion H1 (Secondary) - The measure is likely to contribute to the accreditation decision process. That is, the measure can be used to:

- monitor accredited organizations between onsite surveys;
- help identify appropriate interventions for accredited organizations between onsite surveys; and
- focus onsite surveys.

Criterion H2 (Secondary) - There is consensus, and/or evidence is provided, that the measure is useful to health care organizations and other stakeholders for benchmarking and identifying best practice.

ATTRIBUTE I: Under Provider Control - refers to the extent to which the provider has the ability to influence the processes and/or outcomes being measured.

Criterion I1 (Primary) - There is consensus, and/or evidence is provided, that the measure addresses processes or outcomes over which the health care organization has responsibility, substantial control, and the ability to effect change.

ATTRIBUTE J: Public Availability [Access] - refers to the availability of the measure construct and calculation algorithm for public use.

Criterion J1 (Primary) - the measure construct and calculation algorithm are in the public domain and/or available without payment of royalty.
