

AQA Parameters for Selecting Measures for Physician and Other Clinician Performance

- Measures should be reliable, valid and based on sound scientific evidence.
- Measures should focus on areas which have the greatest impact in making care safe, effective, patient-centered, timely, efficient or equitable (IOM's six aims for improvement), and primarily, but not exclusively, where the most improvement can be made ("80/20 rule").
- Measures should be selected based on where there has been strong consensus among stakeholders and predictive of overall quality performance.
- Measures should reflect processes of care that physicians and other clinicians can influence or impact.
- Measures which have been endorsed by NQF should be used when available.¹
- A measure developer should notify AQA when any changes are made to AQA approved measures.² The Performance Measurement Workgroup will review changes to determine whether or not the changes are substantial and need full AQA review. Any changes to approved measures will be posted to the AQA website in a timely manner.
- If an AQA-approved measure is not endorsed by the NQF during their call for measures and endorsement process, AQA-approval will be rescinded.
- Evidence-based quality measures should be evaluated in relation to cost of care; Cost of care measures should be evaluated in relation to quality.
- Outcome measures should be appropriately risk-adjusted and stratified.
- Measures should, as much as possible, be constructed so as to result in minimal or no unintended harmful consequences (e.g., adversely impact access to care).
- When relevant, physician- or other clinician-level measures should as much as possible complement measures in hospital and other health care settings.
- The measurement set should include, but not be limited to, measures that are aligned with the IOM's priority areas.
- The measurement set should balance completeness and measurement burden and strive to include the minimum number of needed measures.

¹ This parameter preserves the right to use measures that have not been endorsed by NQF. However, such measures should go through the NQF process in the near future.

² Developers should work through the National Quality Forum process for measures that are also NQF-endorsed.

- The set of measures should reflect a spectrum rather than a single dimension of care (e.g., prevention and health promotion, chronic illness, acute care and procedures (diagnostic and surgical)).
- Implementation of measures should be as least burdensome as possible (i.e., electronic data systems should be considered whenever possible).^{3 4}
- Performance measures should be developed, selected and implemented through a transparent process.
- Measures that are submitted to the AQA for review should demonstrate that they were developed in accordance with the following principles: a thorough review of relevant evidence, involvement of a broad representation of interested stakeholders, an input phase which includes a public comment period, and detailed specifications of the measures.
- For accountability, measures of outcome (health status, patient experience, and cost) are generally preferred.
- Structural or process measures should have a significant evidence-based linkage to outcomes.

Revised June 2009⁵

³ While the workgroup acknowledges that administrative data should be considered as the logical starting point, there is interest in moving beyond claims and other administrative data to electronic health records as soon as is practicable.

⁴ As appropriate, measures derived from medical chart review should not be excluded.

⁵ Updated to revised language from “physician” to “physician and other clinicians” per AQA action March 2009.

