

## AQA Principles for Appropriateness Criteria<sup>1</sup>

The AQA has developed a set of principles to provide guidance for measure developers on how best to construct appropriateness criteria and related measures that are feasible to implement and meet multi-stakeholder needs.

The concept of appropriateness, as applied to health care, balances risk and benefit of a treatment, test, or procedure in the context of available resources for an individual patient with specific characteristics. Appropriateness criteria should provide guidance to supplement the clinician's judgment as to whether a patient is a reasonable candidate for the given treatment, test or procedure. It is one aspect of overall, high-quality care.

Appropriateness criteria and related measures should be developed in accordance with the following principles:

1. Based on the tenets of evidence-based medicine, defined broadly as a blend of the highest level of evidence available with expert opinion. Evidence used to develop the criteria should be referenced for the end user. When risks and benefits are not clearly delineated by the evidence or available evidence is limited, there should be a compelling need and rationale for use.
2. Adequately characterize a clear definition of risks and benefits as they apply to the specific treatment, test or procedure, explicitly in the context of the current evidence and resources. This process includes defining the methods for evaluating each of these parameters and fairly balancing cost and quality considerations. Alternatives/scenarios for which there is clear evidence of harm should also be listed.
3. Provide a balance of scenarios that cover potential overuse and misuse, while highlighting any areas of potential underuse. Address primarily the most important (e.g., economical and clinical) alternatives/scenarios for the treatment, test or procedure.
4. Review periodically for new evidence, change in clinical guidelines and/ or recommendations or available resources.

The process by which the criteria are developed should be guided by the following:

1. The panel determining appropriateness criteria should use a modified Delphi process for scoring indications with a commonly defined one (least appropriate) to nine (most appropriate) scale.
2. In using this process, the panel must be balanced and reflective of a wide range of experts and stakeholders, including physicians and other clinicians (from each relevant specialty or sub-specialty), purchasers, patients, health plans, and industry at large. The panel makeup should not be overly weighted by any single stakeholder group. Potential conflict of interests need to be disclosed (to be modified as consistent with AQA conflict of interest policy in general).

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<sup>1</sup> These principles are a subset of the general *AQA Parameters for Selecting Measures for Physician and Other Clinician Performance*. They are not to be viewed independently of that document.

Appropriateness criteria and related measures should be implemented in accordance with the following principles:

1. Shared decision-making between the physician or other clinician and the informed patient also should be utilized in the application of the criteria, when feasible. Patients need to be given adequate information for each alternative treatment (including evidence, effectiveness data, risk of treatment, and estimated patient out-of-pocket costs) to make an informed choice. In measuring adherence to such criteria, there should be an opportunity for shared decision-making and discussion of alternatives/scenarios to the treatment, test, or procedure with the patient in any measurement of adherence to such criteria. Patient preference should be considered when measuring appropriateness of care delivered by a physician or other clinician.
2. Not impede the development and diffusion of new treatments, tests, or procedures that are critical to medical progress. Appropriateness measures used in performance assessment, physician and other clinician accountability, and research should be constructed to allow for research by physicians and other clinicians using new or experimental treatments, tests or procedures for which the evidence base to make an appropriateness determination has not yet been developed.
3. Omission of a clinical alternative/scenario from consideration should not be interpreted as a determination of appropriateness or inappropriateness. Absence of appropriateness criteria should not be interpreted as endorsement of the lowest cost or highest cost treatment, test, or procedure.
4. Should not be construed to establish a legal standard of care for physicians and other clinicians. These criteria and related measures serve only as guidance for physicians and other clinicians as they make treatment recommendations based on the highest level of evidence, clinical judgment, and other factors such as patient preference, current circumstance, and available resources.

**Approved October 2007**  
**Revised June 2009<sup>2</sup>**

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<sup>2</sup> Updated to revised language from “physician” to “physician and other clinicians” per AQA action March 2009.