



**Measure** *A mechanism to assign a quantity to an attribute by comparison to a criterion.*

(AHRQ NQMC. About NQMC. Inclusion criteria. 2/11/05)

**Quality Measure** *A mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion (AHRQ NQMC. Using the measures. 11/17/05).*

**Clinical Performance Measure** *Quality measure subtype. Mechanism for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in the optimal time period (AHRQ NQMC. Using the measures. 11/17/05). Measures may be developed by evidence-based methods, consensus or a combination.*

**Quality Measure Uses** (AHRQ NQMC. Using the measures. 11/17/05)

- Quality Measurement and Improvement (internal or external)
- Accountability (purchaser and/or consumer decision-making, accreditation or external quality oversight)
- Research

Measures used for accountability require higher reliability and validity and different specifications than used for QI to ensure fair comparisons across participants and performance validation.

## Measurement Domains and Subgroups

### Evidence-based Measures

Measures developed from evidence-based clinical guidelines, using standard evidence-based processes.

### Consensus Measures

Measures developed using a consensus method.

Evidence-based measures are generally considered the most sound.

### Access Measures

Assess patient's attainment of timely and appropriate health care. Barriers to access may include inability to pay for health care, difficulty traveling to health care facilities, unavailability of health care facilities, lack of a "medical home," cultural and health beliefs that prevent recognition of the need for and benefits of health care, and disparities in responding to persons seeking health care. (AHRQ NQMC. Using the measures. 11/17/05)

### Outcome Measures

Assess quality of care to the extent that health care services influence the likelihood of desired health outcomes. Outcome-based measures of quality reflect the cumulative impact of multiple processes of care. Outcome measures may suggest specific areas of care that may require quality improvement, but further investigation is typically necessary to determine the specific structures or processes that should be changed. (AHRQ NQMC. Using the measures. 11/17/05)

### Patient Experience Measures (Patient Satisfaction)

Aggregates reports of patients about their observations of and participation in health care. These measures provide the patient perspective on quality of care. (AHRQ NQMC. Using the measures. 11/17/05)

### Process Measures

Assess a health care service provided to, or on behalf of, a patient. Process measures are often used to assess adherence to recommendations for clinical practice based on evidence or consensus. To a greater extent than outcome measures, process measures can identify specific areas of care that may require improvement. (AHRQ NQMC. Using the measures. 11/17/05)

### Structure Measures

Features of a health care organization or clinician relevant to its capacity to provide health care. Structure data describe the capability of organizations or professionals rather than care provided to, or results achieved for, specific patients or groups of patients. For example, nurse/patient ratio is a structure-based measure because it does not describe care given to specific patients or specific groups of patients. (AHRQ NQMC. Using the measures. 11/17/05)

## More Terms: Varied & Overlapping Meanings

Quality indicator: Agreed upon process or outcome measure used to assess quality of care. Clinical indicators are a subset of quality indicators (AHRQ, Health Care Quality Glossary. 1999. p. 32). Another name commonly used for measures.

Performance measures

Efficiency: IOM domain related to avoiding waste. (AHRQ NQMC. Glossary. 11/17/05). These measures can be any of those to the right.

# Key Concepts in Performance Measurement and Pay-for-Performance

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## How are performance measures developed?

Evidence-based performance measures are developed from evidence-based clinical guidelines (meaning guidelines developed with an EBM methodology and graded with levels of evidence and graded recommendations). They are the next logical step in the clinical quality improvement cycle after guideline development. EBM guidelines are required for the development of EBM performance measures. Measures can also be developed by consensus, but are not considered as scientifically sound as EB measures.

## What are the desirable attributes of performance measures? (AHRQ NQMC. *Using the measures*. 11/17/05)

- ♦ Importance-Encompasses relevance to stakeholders, health importance, applicability to measuring equitable distribution of health care, potential for improvement and susceptibility to being influenced by the health care system.
- ♦ Scientific Soundness-Encompasses clinical logic (explicitness and strength of evidence) and measure properties (reliability, validity, allowance for patient/consumer factors and comprehensibility).
- ♦ Feasibility-Encompasses explicit specification of numerator and denominator and data availability.

## How are quality measures used? (AHRQ NQMC. *Using the measures*. 11/17/05)

Quality measures can be used for quality improvement, accountability and research. In pay-for-performance or pay-for-reporting, measures are used for accountability. "Uses of quality measures for the purpose of accountability include purchaser and/or consumer decision-making, accreditation and external quality oversight. Although the use of quality measures for accountability may be quite similar to their use for external quality improvement, and the same set of organizations may conduct measurement for both purposes, the requirements for validity and reliability are higher...for accountability. Greater validity and reliability demand that each provider collect data in the exact same way using standardized and detailed specifications. This ensures that comparisons are fair or that predefined measure performance has...been achieved."

"The usual audiences for accountability data are entities other than those that provide care such as purchasers of health care, payers or patients. Their primary interest is in using accountability data to guide the selection of providers or set financial rewards to providers for performance." Results may be used to "compare provider groups, select providers based on performance levels in priority areas of clinical practice and consumer service or establish financial rewards." Sometimes reports cards are developed based on performance measurement.

## What are the main topic areas of performance measures available to date? (AMA. *Work groups*. 11/22/05)

Evidence-based topics currently available represent clinical areas that affect large population bases, with large disease groups and large evidence bases.

Asthma	COPD
Cardiac conditions	Osteoarthritis of the Knee
Community Acquired Pneumonia	Acute Gastroenteritis
Depressive Disorder	Perioperative Care
Diabetes	Kidney Disease
End Stage Renal Disease	Hypertension
Prenatal Testing	
Preventive Care & Screening (ie, immunizations, cancer screening)	
Stroke	

## Who develops and collects performance measures?

Performance measures are developed by a variety of sources including medical societies and their collaboratives, government agencies and private entities. The most notable and well-recognized efforts include:

**AMA Physicians' Consortium for Performance Improvement.** The consortium consists of physicians and methodological experts convened by the AMA representing national medical specialty and state medical societies, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare and Medicaid Services (CMS). (AMA. Physician Consortium for Performance Improvement. 2/15/05). It develops evidence-based clinical performance measures and clinical outcomes reporting tools to support physicians in quality improvement efforts. Performance measures for physicians are developed from evidence-based clinical guidelines for select clinical conditions. Topics are selected that are actionable, have established clinical recommendations and feasible data sources. (AMA. *Work groups*. 2/15/05). No performance measures developed to date by the consortium have had any relevance to NASS. Pay-for-performance is still viewed with some trepidation here as the consortium's goal is quality improvement. CMS has historically come to the consortium when in need of performance measures. The consortium and NCQA also are working with a CMS contractor to develop measures for the CMS.

**National Quality Forum (NQF).** NQF is a "voluntary consensus standards-setting organization" that endorses standards including performance measures, quality indicators, preferred practices or reporting guidelines using input from a variety of stakeholders. (NQF. The National Quality Forum's consensus development process. 4/20/04). Although the NQF process begins as evidence-based, it quickly becomes a consensus process. Often measures that do not have provider support become NQF-endorsed, as they gain support of other member groups (health plans, patients, etc.). The NQF holds a uniquely powerful position in that any measures developed by NQF must be adopted by CMS, unless CMS develops its own measures. This is another body where evidence-based guidelines serve as a strong basis for measure development, however, it must be noted that the consensus development process allows for incorporation of measures that fall outside of the control of the provider. NASS currently is not a member of the NQF (which requires a substantial financial outlay for membership).

## Key Concepts continued.....

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*National Quality Measures Clearinghouse (NQMC).* NQMC is a Web site database, sponsored by AHRQ and HHS, for information on specific evidence-based health care quality measures and measure sets. It promotes widespread access to quality measures by the health care community and other interested individuals. The NQMC mission is to provide practitioners, health care providers, health plans, integrated delivery systems, purchasers and others with an accessible mechanism for obtaining detailed information on quality measures, and to further dissemination, implementation and use to inform health care decisions (AHRQ NQMC. [About NQMC](#). 2/11/05)

*Accreditation Organizations. Joint Commission on Accreditation of Healthcare Organizations.* JCAHO offers accreditation to health care facilities and requires internal quality improvement, for which it has developed sets of clinical performance measures (ORYX). The *National Committee on Quality Assurance* does the same for managed care organizations. (AHRQ NQMC. [Using the measures](#). 11/17/05).

*Medical Specialties.* A few medical specialties have developed performance measures (see “What Are The Main Topic Areas Of Performance Measures To Date”), although most are not this far along. Most musculoskeletal (and other specialties) don't have performance measures. Even the larger specialties only have a handful of evidence-based measures at this point in time.

### **What is pay-for-reporting?**

Pay-for-reporting provides financial incentives for providers who meet predetermined reporting standards.

### **What is pay-for-performance?**

Pay-for-performance provides financial incentives to providers who provide care that meets with predetermined goals/practices geared toward improving quality of care.

### **How does performance measurement differ in each?**

Pay-for-reporting may use evidence-based or non-evidence-based measures depending on goals. If trending/benchmarking is desired, non-evidence-based measures are adequate. If pay-for-reporting is a step toward pay-for-performance, evidence-based measures are necessary. The jump from reporting to true performance measurement will be unsuccessful if evidence-based measures are not used because the data collection methods are different. Pay-for-reporting is geared toward benchmarking and data collection rather than quality improvement, although in some instances it may be used in quality improvement efforts.

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