

# EOHHS Quality Measure Alignment Taskforce

## Measure Selection Criteria

April 14, 2025

### **I. Introduction**

The overarching aim of the Massachusetts Aligned Measure Set is to promote multi-payer alignment in global budget-based risk contracts in Massachusetts. These criteria have been developed to guide the work of Taskforce members in recommending measures to the EOHHS Secretary for measure set inclusion.

Taskforce members must exercise judgement in determining whether individual measure, measure set, and Core Measure criteria are met. Measures do not need to satisfy all of the criteria in order to be selected.

### **II. Definitions**

A **national recognition body** is a widely recognized national organization that has a structured process for the review and endorsement of health care quality performance measures for use in quality improvement, public reporting and/or value-based payment. Examples include the Partnership for Quality Measurement (PQM), National Committee for Quality Assurance (NCQA), and the Centers for Medicare and Medicaid Services (CMS).

**Endorsed measures** are those for which the measure steward has obtained endorsement from a national recognition body.

**Non-endorsed measures** are those for which the measure steward has not obtained endorsement from a national recognition body.

### **III. Criteria to be Applied to Individual Measures**

1. Evidence demonstrates that the structure, process, or outcome being measured correlates with improved patient health.
2. Valid at the data element and performance score level.<sup>1</sup> Any exclusion criteria are also valid.

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<sup>1</sup> For this purpose, the former National Quality Forum definition of validity is used: "Validity refers to the correctness of measurement: that the measure is, in fact, measuring what it intends to measure and that the results of the measurement allow users to make the correct conclusions about the quality of care that is provided."

<https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86453> (Accessed April 14, 2025).

3. Reliable at the data element and performance score level across providers.<sup>2</sup>
4. Appropriate for use in an ACO contract. For this purpose, an ACO is defined as a provider organization that has entered into a global budget-based risk contract with a commercial or MassHealth payer.
5. Generated without causing extensive burden, or the measure would reduce burden by supplanting an existing measure in the Aligned Measure Set with greater burden, or the associated burden is justified by reasonably expected high impact on patient health resulting from the measure's use.
6. Represents an opportunity to improve population health.
7. Represents an opportunity to promote health equity.
  - a. When reviewing individual measures, the Taskforce will examine performance stratified by race, ethnicity, language, disability status, sexual orientation and gender identity as well as the decomposition of inequities between and within providers, where data are available.
  - b. Taskforce staff will request stratified data from state agencies and Taskforce members and look for stratified data from other states and the research literature.
8. Used in at least one global budget-based risk contract within three years of Measure Set addition, unless a payer commits to using the measure in the following year.

#### **IV. Additional Criteria to be Applied to Non-Endorsed Individual Measures**

1. Addresses a State-defined health care priority or fills a gap in the Aligned Measure Set of Taskforce priority.
2. No nationally endorsed measures (i.e., endorsed by PQM, NCQA, or CMS, or other national recognition bodies) are available for use, or the Taskforce has evaluated the nationally endorsed measures as failing to meet other Taskforce measure selection criteria.

#### **V. Criteria to be Applied to the Measure Set as a Whole**

1. Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.
2. Provides a largely complete and holistic view of the entity being evaluated (i.e., an ACO).
3. Strives for parsimony.
4. Taken as a whole, high performance on the proposed measure set should significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Promotes value\* for patients, purchasers, and providers and supports the quintuple aim of better patient experience, better clinician experience, better health, lower cost, and health equity.
6. Includes topics and measures for which there are opportunities to promote health equity by race, ethnicity, language, disability status, sexual orientation and/or gender identity.

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<sup>2</sup> For this purpose, the NQF definition of reliability of the measure score is used: "The precision of the measure; indicates ability to distinguish differences between providers that are due to quality of care rather than to chance."

<https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86453> (Accessed April 14, 2025).

## **VI. Principles to be Applied to the Core Measure Set**

1. No more than six in number
2. Outcomes-oriented
3. Has at least one measure focused on behavioral health
4. Universally applicable to the greatest extent possible
5. Crucial from public health and health equity perspectives
6. Enhances value\*

*\*"Value" has different meanings from the perspectives of patients, purchasers and providers, but may include patient-centeredness, evidence-based, clinical effectiveness, cost-effectiveness and equity among other value attributes.*