

### A. INTRODUCTION & OVERVIEW

Performance measures help recognize and ultimately eliminate both unexplained variations and disparities in care. By requiring care processes and outcomes to be standardized across care settings, geographies, and patient demographics, the variation in care can be greatly reduced.

Quality measures help to assure high quality healthcare for Medicare Beneficiaries through accountability and public disclosure. CMS uses quality measures in its various quality initiatives that include quality improvement, pay for reporting, and public reporting.<sup>2</sup> Quality measures are tools that help clinicians measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. The goal of quality measures is to improve the quality of care and reduce healthcare costs.

Quality Measures are used for federal reporting systems and other quality improvement initiatives. CMS highlights the following measures as high-priority:<sup>3</sup>

- Outcome Measures
- Appropriate Use
- Patient Experience of Care
- Patient Safety
- EHR Reporting

### B. MEASURE TOPIC SELECTION & TIMING OF PROJECTS

Quality measure development should follow clinical practice guideline (CPG) development. CPG's should ultimately determine the measures topic. Measures should be derived from CPG recommendations and serve as the rationale. Stronger recommendations generally make better performance measures.

If a CPG is not available, the ASPS Measures Workgroup will be responsible for selecting and prioritizing measure topics.

### C. WORK GROUP COMPOSITION

- 1 Chairperson with relevant content expertise and no conflicts of interest (or 2 Co-Chairpersons, one with no conflicts of interest)
- Subject Matter Experts (up to 9 ASPS members (not including the Chairperson) and up to 5 representatives from stakeholder organizations (1 per organization))
- Residents/Fellows (if there is interest, they can be included as non-voting, non-traveling participants)
- 1 health plan/purchaser representative (when relevant and available)
- 1 informatics expert (if available)
- 1 Executive Committee Advisor
- 1 ASPS Member Methodologist (if available)
- 1 ASPS staff methodologist (Quality dept.)



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## ASPS Evidence-Based Quality Measure Methodology

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- 1-2 Patient Representatives

### **D. WORK GROUP FORMATION**

The nomination process for applicants begins with a “Call for Experts” that will be sent to all ASPS members (US and Canada) via email blast and ASPS FOCUS

Formal invitations will be sent to relevant stakeholder organizations, asking each organization to nominate one representative. Each stakeholder organization will be responsible for their representative’s travel/lodging costs.

#### *Managing Conflict of Interests*

Conflicts of interest (COI) will be reviewed annually and managed according to the ASPS Conflict of Interest Policy. No more than 50% of Work Group members can have a relevant conflict of interest.

The Work Group chair should not have a conflict of interest. If a leading expert with a relevant conflict of interest is determined to be the best person to chair the Work Group, a co-Chair with no relevant conflict of interest will also be appointed.

### **E. PROCESS TIMELINE**

1. Introductory meeting or conference call
2. Measure development and refinement
3. In person meeting
4. Measure refinement and development of initial specifications
5. Public Comment/Peer Review
6. Measure refinement and finalization of specifications
7. Approval by QPMC and EC
8. Submission to PRS for publication
9. Inclusion in ASPS-QCDR

### **F. MEASURE REVIEW AND MAINTENANCE**

In accordance with the standards in the Centers for Medicare and Medicaid MACRA rules, each measure set will be updated every 3 years to reflect changes in scientific evidence, practice parameters, and treatment options.



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## ASPS Evidence-Based Quality Measure Methodology

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### References

1. National Quality Forum. What We Do. 2016.
2. Services CfMaM. Quality Measures. 2016; <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html>. Accessed August 12, 2016.
3. Centers for Medicare and Medicaid Services. The Merit-Based Incentive Payment System: Quality Performance Category. 2016; <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Performance-Category-training-slide-deck.pdf>.
4. Agency for Healthcare Research and Quality. About the National Quality Strategy. 2016; <http://www.ahrq.gov/workingforquality/about.htm>. Accessed August 12, 2016.
5. IOM (Institute of Medicine). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press; 2001.