

The Physician Consortium for Performance Improvement®
Convened by the American Medical Association

Work Group Charge

Topics for measure development will be selected based on revised Physician Consortium for Performance Improvement® (PCPI) criteria for topic selection (see separate document). Once a topic is selected and a work group formed, this charge provides a uniform set of principles intended to guide the work group in the development of measures. This charge is for use in both PCPI-led measure development and independent measure development.

Charge for PCPI Work Groups:

For a given clinical topic, to develop a comprehensive set of measures that can be used for quality improvement and accountability and that support the efficient delivery of high quality health care in each of the Institute of Medicine’s (IOM) six aims for quality improvement (safe, effective, patient centered, timely, efficient, and equitable).

Process steps and deliverables for PCPI Work Groups:

Note: Each work group should specify which measures will be submitted to the National Quality Forum (NQF) or other relevant bodies for endorsement. NQF criteria for measure evaluation are provided below.

Step 1
<ul style="list-style-type: none"> Specify the important outcomes for the patient with a particular condition or receiving a particular procedure or service.
Deliverable: <ul style="list-style-type: none"> Define outcomes measures. Outcomes measures may be attributed to individual physicians or teams of care or systems of care, as appropriate.



Corresponding NQF evaluation criteria:
For outcome measures: An evidence-based risk adjustment strategy (e.g., risk models, risk stratification) is specified and is based on patient clinical factors that influence the measured outcome (but not disparities in care) and are present at start of care.

Other criteria to be considered for this set:
TBD in advance of work group deliberations

Step 2
<ul style="list-style-type: none"> Review evidence base and current experience with existing measures (especially measures previously used successfully in quality improvement initiatives) to determine processes, structural aspects, and intermediate outcomes that support achievement of important outcomes. Review all available information about gaps in care, unexplained variation in care, and cost of care for these identified aspects of care. Identify areas where measures needed. Apply patient-centric approach to measurement, whereby measures may apply across care settings and care teams. Consider potential use of measures and their salience to patients and purchasers trying to compare providers.
Deliverables: <ul style="list-style-type: none"> Explicit statements of the quality issue or resource variation to be addressed and the evidence base to support the measure topic. Clearly defined measures. All identified measures constitute a set of measures intended to support achievement of defined outcomes. To the extent possible, data must be collectable and measures usable at the point of care. Statement of harmonization with existing measures.



Corresponding NQF evaluation criteria:

- Evidence that the measured intermediate outcome, clinical/ administrative process, or structure leads to improved health/avoidance of harm. If the process measure’s focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s). Other types of measures include: patient experience, access, and efficiency.
- Review of existing endorsed measures and measure sets demonstrates that the measure provides a distinctive or additive value to existing NQF endorsed measures
- Demonstration of quality problems and opportunity for improvement, ie, data demonstrating considerable variation, or overall poor performance, in the quality of care across providers and/or population groups

Other criteria to be considered for this set:
TBD in advance

Step 3

- Review available evidence and data regarding medical, patient, and system reasons for exceptions.
- Review specific examples for potential exceptions.

Deliverable:

- Clear rationale for each proposed exception, including data on frequency and variation as well as specific examples within each category (PCPI exceptions report).¹



Corresponding NQF evaluation criteria:
Clinically necessary measure exclusions are identified and must be:

- supported by evidence including, but not limited to: frequency of occurrence, sensitivity analyses with and without the exclusion, and variability of exclusions across providers.
- a clinically appropriate exception (e.g., contraindication) to eligibility for the measure focus; AND
- precisely defined and specified

Other criteria to be considered for this set:
TBD in advance

Step 4

- Consider whether measures should be bundled [each measure in a grouping or set should be reported or combined into a composite measure (ie, single score)].

Deliverable:

- Explicit statements regarding appropriateness of bundling measures or developing a composite measure of one or more measures.



See NQF's Composite Evaluation framework and forthcoming PCPI framework for the development of composite measures

Step 5

- Consider modifications to measures following review of public comments, as appropriate, and review of testing results, if available.
- Review and edit measure specifications and review testing plan. Testing plan to follow framework of PCPI-approved testing protocol.

Deliverables:

- Complete measure specifications for multiple data sources (electronic health records, registries, electronic administrative data; retrospective and prospective tools). Where applicable, provide rationale for why certain measures may not be appropriate for all data sources.
- Testing plan and preliminary testing results.



Corresponding NQF evaluation criteria:

- The measure is well defined and precisely specified so that it can be implemented consistently within and across organizations and allow for comparability.
- Reliability testing demonstrates the measure results are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period.
- Validity testing demonstrates that the measure reflects the quality of care provided, adequately distinguishing good and poor quality. If face validity is the only validity addressed, it is systematically assessed.

Other criteria to be considered for this set: TBD in advance

¹ By analyzing patients by exclusion category or reason, it may be possible to identify opportunities for quality improvement and to track variations in care.

Assessing Comprehensiveness of Draft Measure Set

For a particular topic area, the PCPI strives to develop a comprehensive set of measures that will be useful for quality improvement and accountability. A comprehensive set will result from work group considerations of the development of different types of measures and how they address the Institute of Medicine (IOM) domains of health care quality. For each measure, the type of measure and how each addresses the IOM domains will be provided. If measures are not proposed in a certain category, work groups are asked to provide a rationale.

Type of Measure		Structure	Process	Outcome	Other
Draft Measures					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

IOM Domains of Health Care Quality ¹	Safe	Effective		Patient-centered ²	Timely	Efficient ³	Equitable
		Underuse	Overuse				
Draft Measures							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

¹ Committee on Quality of Health Care in America. *Crossing the quality chasm: a new health system for the 21st century*. Washington, DC: National Academy Press; 2001.

Safe—avoiding injuries to patients from the care that is intended to help them

Effective—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively)

Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions

Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care

Efficient—avoiding waste, including waste of equipment, supplies, ideas, and energy

Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status

² Including consideration of patient’s functional status

³ Including consideration of resource use