

**Department of Health Care Services (DHCS)  
Proposed Criteria and Desirable Characteristics  
for Evaluation of Palliative Care Performance Measures  
June 1, 2015 DRAFT**

**Section 1: Proposed Criteria**

Below please find draft proposed criteria for evaluating potential performance measures for palliative care services for Medi-Cal beneficiaries. Criteria developed by the National Quality Forum (NQF) are shown in bold hyperlinks (#1-5) and with an asterisk (\*)

[http://www.qualityforum.org/docs/measure\\_evaluation\\_criteria.aspx](http://www.qualityforum.org/docs/measure_evaluation_criteria.aspx)

The remaining criteria are based on comments from a June 2013 survey of Medi-Cal Managed Care Plan Medical Directors, and input from DHCS staff.

**1. Importance to Measure and Report**

1a. Evidence-based: systematic assessment that the measured intermediate clinical outcomes, processes or structures lead to a desired health outcome\*

- amenable to intervention; clear path to improvement; within plan or provider's sphere of influence

1b. Performance gap\*

- opportunity for improvement\*
- variation across providers\*
- disparities in care across population groups\*, human-caused health inequities

1c. High priority\*

- specific national health goal\*
- California priorities: Let's Get Healthy, DHCS Quality strategy, Wellness Plan
- high impact\*
- large numbers of patients and/or substantial impact on smaller pop\*
- leading cause of morbidity/mortality\*
- high resource use\*
- severity of illness\*
- severity of patient/societal consequences of poor quality\*
- meaningful to most Plans or Providers
- compelling; can "rally the troops"
- return on investment for DHCS and Plans

**2. Scientific Acceptability of Measure Properties: NQF endorsed**

2a. Reliability: measure is precisely specified so it can be implemented consistently within and across organizations\*

- Comparable to other indicators in use (to allow benchmarking)

2b. Validity: correctly reflects the quality of care provided, adequately identifying differences in quality\*

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**3. Feasibility** : data are readily available or can be captured without undue burden, can be implemented\*

- data elements available in electronic sources\*, use of administrative data
- limited burden/intrusion on providers
- network is ready to implement changes; momentum is there
- sensitive to community standards

**4. Usability and Use** : providers, consumers, policy makers, purchasers are using or could use performance results for both accountability and performance improvement\*

- MCPs or their providers are already collecting (align to promote efficiency, feasibility, emphasis)
- avoids negative unintended consequences

**5. Related and Competing Measures** : harmonized with related measures. Or differences are justified; superior to competing measures\*

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**Section 2: Desirable characteristics of a set of measures<sup>1</sup>**

*(Italics are proposed additions to the Measure Applications Partnership's list)*

1. National Quality Forum-endorsed measures (unless none available)
2. Address each of the National Quality Strategy's 3 aims
  - 2.1. better, safer, more effective care
  - 2.2. healthy communities
  - 2.3. affordable care
3. Responsive to specific program goals and requirements
  - 3.1. applicable to
    - intended care settings--*ambulatory (primary/speciality), hospital*
    - levels of analysis—*provider, Plan*
    - populations—*children, adults, seniors and persons with disabilities (SPDs)*
4. Includes an appropriate mix of measure types (process, outcome, experience of care, cost/resource use/appropriateness, structural measures)
5. Enables measurement of person- and family-centered care
6. Considers healthcare disparities and cultural competence
7. Promotes parsimony and alignment
  - 7.1. efficient (minimum number of measures and least burdensome measures that achieve program goals)
  - 7.2. emphasizes measures that can be used across multiple programs or applications
8. *Stability: Change is justified (retire vs introduce new measures)*

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<sup>1</sup> excerpted from: National Quality Forum. Measure Applications Partnership (MAP)--Expedited Review of the Initial Core Set of Measures for Medicaid-Eligible Adults. Report to HHS. Oct 2013  
[http://www.qualityforum.org/Publications/2013/10/MAP\\_Expedited\\_Review\\_of\\_the\\_Initial\\_Core\\_Set\\_of\\_Measures\\_for\\_Medicaid-Eligible\\_Adults.aspx](http://www.qualityforum.org/Publications/2013/10/MAP_Expedited_Review_of_the_Initial_Core_Set_of_Measures_for_Medicaid-Eligible_Adults.aspx)