

ACP Measure Review Criteria¹

Rating scale

• Rate on a 9-point scale where 1-3 indicates 'does not meet criteria,' 4-6 'meets some criteria,' and 7-9 'meets criteria.'

Domain 1. Importance

CRITERIA

Meaningful clinical impact: Implementation of the measure will lead to a measurable and meaningful improvement in clinical outcomes.

High impact: Measure addresses a clinical condition that is high-impact (e.g., high prevalence, high morbidity or mortality, high severity of illness, and major patient or societal consequences).

Performance gap: Current performance does not meet best practices and there is opportunity for improvement.

Domain 2. Appropriate Care

CRITERIA

Overuse: Measure will promote stopping use of a test or treatment in general population or individuals where the potential harms outweigh the potential benefits.

Underuse: Measure will encourage use of a test or treatment in general population or individuals where the potential benefits outweigh the potential harms.

Time interval: Time interval to measure the intervention is evidence-based.

Domain 3. Clinical Evidence Base

CRITERIA

Source: Evidence forming the basis of the measure is clearly defined with appropriate references.

Evidence: Evidence is high-quality, high-quantity, and consistent and represents current clinical knowledge.

Domain 4. Measure Specifications

CRITERIA

Clarity – numerator and denominator clearly defined:

- For process measures, numerator includes a specific action that will benefit the patient, and denominator includes well-specified exclusions.
- For outcome measures, numerators detail an outcome that is meaningful to the patient and under the influence of medical care.
- Denominator includes well-specified and clinically appropriate exceptions to eligibility for the measure.

Clarity – all components necessary to implement measure clearly defined

Validity: The measure is correctly measuring what it is designed to measure, adequately distinguishing good and poor quality.

Reliability: Measurement is repeatable and precise, including when data are extracted by different people.

Risk adjustment: Risk adjustment is adequately specified for outcome measures.

Domain 5: Measure Feasibility and Applicability

CRITERIA

Attribution: Level of attribution specified in the measure is appropriate (measure ties the outcomes to the appropriate unit of analysis) and is clearly stated.

Physician's control: Performance measure addresses an intervention that is under the influence of the physician being assessed.

Usability: Results of the measure provide information that will help the physician to improve care.

Burden: Data collection is feasible and burden is acceptable (low, moderate, or high)

¹ https://www.nejm.org/doi/full/10.1056/NEJMp1802595?_ga=2.5533877.723990788.1564498422-638981602.1563892757