

State Innovation Model Initiative Quality Council

Guiding Principles

In support of the task of establishing a multi-payer quality measurement set for use in the administration of Shared Savings Programs, the Quality Council shall seek to:

1. Maximize alignment with the Medicare Shared Savings Program ACO measure set.
2. Recommend additional measure elements that **address the most significant health needs of Connecticut residents**, the needs of non-Medicare populations (e.g., pediatrics, reproductive health), and areas of special emphasis such as behavioral health, health equity, patient safety, and care experience.
3. Wherever possible, draw from established measures such as those already established by the National Quality Forum and those that comprise the Medicaid Adult and Child Health Care Quality Measures, the Physician Quality Reporting System, CMS Meaningful Use Clinical Quality Measures, NCQA measures, and the CMMI Core Measure Set.
4. Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.
5. Promote measures and methods **with the aim of maximizing impact**, accuracy, validity, fairness and data integrity.
6. Promote credibility and transparency in order to maximize patient, employer, payer, and provider, ~~and patient~~ engagement.
7. Assess the impact of race, ethnicity, language, economic status, and other important demographic and cultural characteristics important to health equity. Leverage the output of this analysis to identify potential reportable metrics for inclusion in the scorecard. ~~Recommend assessment of the impact of race, ethnicity, language, economic status, and other important demographic and cultural characteristics important to health equity.~~
8. Recommend measures that are accessible with minimal burden to the clinical mission; should draw upon established data acquisition and analysis systems; **should be both efficient and practicable with respect to what is required of payers, providers, and consumers**; and should make use of improvements in data access and quality as technology evolves and become more refined and varied ~~recognize the status of health care data technology as it evolves~~ over time.

9. Maximize the use of clinical outcome measures and patient reported outcomes, over process measures, and measure quality at the level of the organization.
10. Use measurement to promote the concept of the Rapidly Learning Hhealth System.

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