

HIT POLICY COMMITTEE MEASURE CONCEPTS

Domain: Patient and Family Engagement
Self-Management/ Activation
Measures of patient activation, including skills, knowledge, and self-efficacy
Measures of patient self-management
Honoring Patient Preferences and Shared Decision Making
Measures of shared decision making or decision quality that address a combination of patient knowledge and incorporation of patient preferences
<i>Measures of patient preferences/experiences of care</i>
Patient Health Outcomes
Measures of patient health outcomes, including health risk status, functional health status, and global measures of patient health
Community Resources Coordination/Connection
Measures of patient access to community resources for improved/sustainable care coordination

Domain: Clinical Appropriateness
Appropriate/Efficient Use of Facilities
<i>Measures of all cause readmissions and length of stay</i>
Measures assessing ambulatory care-sensitive preventable admissions
Appropriate/Efficient Use of Diagnostic Tests
<i>Measures assessing the appropriate use of diagnostic imaging procedures, with measures for redundancy, cumulative exposure, and appropriateness</i>
Appropriate/Efficient Treatment of Chronic Disease across Multiple Sites of Care
Measures assessing the development of co-morbidities as a result of uncontrolled chronic disease (sequelae of uncontrolled diabetes)
Measures assessing reconciliation of the care plan for chronic disease patients across care settings and multiple specialists (process measure)
Appropriate/Efficient Use of Medications
<i>Measures assessing appropriate medication treatments, including overuse and/or underuse</i>
Measures of medication use linked to adherence outcomes
Measures assessing usage rates for generic vs. brand name medications
Measures assessing the appropriate use of cardioprotective medications (aspirin, angiotensin-converting enzyme inhibitors, and statins) in individuals at high risk of

Domain: Care Coordination
Effective Care Planning
<i>Measures assessing adherence to a comprehensive care plan in the EHR with an up to date problem list and care plan that reflects goals of care</i>
<i>Measures of an Advance Care Plan as a product of shared decision making</i>
Measures of the success of a self management plan for patients with conditions where a self management plan might reasonably be considered to benefit them
Care Transitions
<i>Measures of reconciliation of all medications when receiving a patient from a different provider</i>
<i>Measures of patient and family experience of care coordination across a care transition (e.g. questions within HCAHP surveys)</i>
<i>Composite measures assessing receipt by both the care team members and the patient/caregiver of a comprehensive clinical summary after any care transition</i>
Appropriate and Timely Follow-Up
Measures assessing timeliness of provider response, and appropriate response, to clinical information, including lab and diagnostic results

Domain: Patient Safety
Medication Safety
Measures of adverse drug event (ADE) reporting
<i>Measures monitoring drug safety for patients who are on chronic medical therapy</i>
Measures of patient reported adverse events
Hospital Associated Events
<i>Measures of process and outcome improvement of hospital associated infections</i>
<i>Measures of venous thromboembolism (VTE) prophylaxis and VTE rates</i>
<i>Measures of falls events and screening</i>

Domain: Population and Public Health

Healthy Lifestyle Behaviors

Measures of use/availability of services that promote healthy lifestyles (smoking cessation, body mass index management, patient health literacy):

A) Smoking cessation - focused specifically on quit rate for patients within a reporting period.

B) Body Mass Index - focused specifically on tracking longitudinal change to determine patient outcome.

Measures of screening for alcohol use using a validated tool.

Effective Preventative Services

Measures of mental health screening using a validated instrument.

Measures of blood pressure focused specifically on tracking longitudinal change to determine patient outcome.

Measures of glucose monitoring focused specifically on tracking longitudinal change to determine patient outcome.

Health Equity

Measures with no discrepancy when comparing health outcomes among those within priority populations to those not within the priority populations

Other

Measures that assess preventable ED visits

Measures that assess adherence to clinical practice standards (appropriate cardiac/cancer treatments)

Measures that assess combined quality and cost measures at each level and site of care reflecting potential defects in care

Measures of medication error near misses

Measures of patient identification errors and near misses

Measures of common EHR-related errors (mechanism to report EHR related errors and delays in care to improve EHRs)

Italics indicate a measure concept that overlaps with other Federal programs/activities