

Rhode Island OHIC Measure Alignment Work Group
Measure Selection Criteria
Last Updated July 8, 2021

On August 6, 2015, the work group recommended 11 criteria to be applied when considering measure adoption for the aligned measure set. The group recommended that all of the following criteria should be considered, but that individual measures should not be required to meet each criterion.

On September 15, 2017, the work group recommended a 12th criterion specific to individual measures.

On July 7, 2021 the work group recommended adding the 17th and 18th criteria specific to the measure set.

Criteria specific to individual measures

1. Evidence-based and scientifically acceptable
2. Has a relevant benchmark (use regional/community benchmark, as appropriate)
3. Not greatly influenced by patient case mix
4. Consistent with the goals of the program
5. Useable and relevant
6. Feasible to collect
7. Aligned with other measure sets
8. Promotes increased value
9. Present an opportunity for quality improvement
10. Transformative potential
11. Sufficient denominator size
12. Utilizes a HEDIS measure when multiple options exist

Criteria specific to the measure set

13. Representative of the array of services provided by the program
14. Representative of the diversity of patients served by the program
15. Not unreasonably burdensome to payers or providers
16. Broadly address population health
17. Includes topics and measures for which there are known opportunities – based on RI data where available and national data otherwise – to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics
18. Includes validated outcome measures, where they exist, including measures sourced from clinical, patient-reported, and administrative data