

**The Buying Value Measure Selection Tool: Strategies for Selecting Measures and Developing Aligned Measure Sets**  
**Webinar Q&A Responses**  
**January 13, 2017**

#	Question	Answer
1	How is this tool distinguished from the NQF Quality Positioning System?	<p>The NQF Quality Positioning System was created to help users locate NQF-endorsed measures.</p> <p>The Buying Value Measure Selection Tool (BVMST) was created to facilitate development of aligned measure sets. It includes measures from 21 different measure sets; only some of the measures are NQF-endorsed. The BVMST has a very different utility, including the ability to:</p> <ul style="list-style-type: none"> <li>• Score candidate measures against measure selection criteria to help develop an <i>aligned</i> measure set,</li> <li>• Input measure sets that are specific to your state/market,</li> <li>• Search for measures of subjects of interest to you, and</li> <li>• Identify the national measures sets in which specific measures may be found.</li> </ul>
2	Do you know how many states require plans to align performance measures?	<p>We do not know exactly how many states require plans to align performance measures, nor do we know of anyone who has done a comprehensive review of all states to answer the question you pose.</p> <p>We have heard from our work with states that measure alignment is frequently discussed, if not acted upon. As highlighted in the presentation, there are several states (e.g., Connecticut, Oregon, Rhode Island, Vermont, and Washington) that have used the BVMST for measure set development. Additionally, the second round of CMS State Innovation Model (SIM) grants all require states to look at measure set alignment.<sup>1</sup></p> <p>Lastly, a webinar participant noted that the Montana PCMH program requires payers to align with the state program's measures if they require those measures.</p>

<sup>1</sup> For more information, visit: <http://kff.org/medicaid/fact-sheet/the-state-innovation-models-sim-program-a-look-at-round-2-grantees/>. Accessed January 11, 2017.

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3	How often is the tool updated?	<p>It is our intent to update the measure sets in the BVMST towards the end of each calendar year.</p> <p>It is important to note that individual measure set updates do not occur at the same time every year.</p>
4	To what extent are the commercial insurers implementing the CMS Core Measure Set? They promised to do so, but the timeline was never clear, at least to me?	We have not heard of any commercial insurers that are specifically implementing the CMS Core Measure Set at this time.
5	What is the scope of measure value set entities beyond NQF?	<p>The BVSMT is not NQF-centric; it merely uses a measure's NQF number to auto-populate basic information about the measure.</p> <p>Additionally, the BVMST is pulling only from the 21 measure sets that are included in the tool, albeit from all of CMS' major measure sets. The 15 federal and national measure sets that are included in the tool are often used as points of reference when creating measure sets. There are many, many additional measure sets developed by other entities, including insurers, state agencies, and other federal agencies (e.g., SAMHSA, AHRQ).</p>
6	How might this tool be used to support efforts in improving "gaps"? For example, measurement domains such as care coordination and integration are often lacking.	The tool only contains measures found within national and select state measures sets, so areas with measure gaps are not addressed in the tool if they are not addressed in the source measure sets.
7	Have you had an opportunity to coordinate with NRHI or NAHDO on this work?	We have let NHRI and NAHDO know about the work that we are doing, but there has not been an explicit coordination of activities.
8	Is this tool for use primarily by states for measure alignment?	The BVMST has been designed to assist not only states, but also employers, consumer organizations, insurers and providers in aligning measure sets.

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9	Can you share more information about quality frameworks to organize these measures?	The framework used to organize these measures was based on two main typologies, domain and condition. We used these two typologies to ensure that we could efficiently narrow down our search of candidate measures. These domains and conditions were loosely based off of the categorization schematic used in the 2013 Buying Value Study. <sup>2</sup> The three additional typologies (measure type, population, and data source) are commonly used to categorize measures.
10	How does this tool connect to the National Quality Measure Clearinghouse?	<p>The National Quality Measure Clearinghouse developed by the Agency for Healthcare Research and Quality (AHRQ) is an online library of measures. It allows you to search for measures by domain, measurement setting, or by organization. Additionally, it provides some more detailed information about a measure that is not included in the BVMST, including rationale, numerator/denominator detail, and more.</p> <p>As noted in our response to Question #1, the BVMST allows users to:</p> <ul style="list-style-type: none"> <li>• Score candidate measures against the 21 measure sets that are included as part of the tool to help develop an <i>aligned</i> measure set,</li> <li>• Input measure sets that are specific to you, and</li> <li>• Systematically assess and prioritize against specific measure selection criteria.</li> </ul>

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<sup>2</sup> The 2013 Buying Value study can be accessed here: [www.buyingvalue.org/resources/](http://www.buyingvalue.org/resources/).

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11	<p>Many of these measures were originally designed to be used for reviewing insurance plans, and so they don't translate as well to providers. Often there are not enough instances in the denominator to review performance. Would you consider listing measures by how applicable they are to provider practices?</p>	<p>Many of the nationally endorsed measures have been developed for health plans. To operationalize at the provider level you need to consider:</p> <ol style="list-style-type: none"> <li>1) Is there an adequate denominator size?</li> <li>2) Is there sufficient detail in the health plan specifications to allow providers to report on the measure using clinical data if you intend to have providers report the measures?</li> </ol> <p>The issue of adequacy denominator size is dependent on the provider entity. It is hard to determine if a measure can generate an adequate denominator size without looking at which provider is being measure (e.g., is it a solo primary care practice or an ACO?).</p> <p>If adequate denominator size is a central concern, consider making sufficient denominator size a selection criterion when evaluating candidate measures.</p> <p>A webinar participant noted that if a measure was developed for health plans and is now applicable to providers, there might be an electronic Clinical Quality Measure (eCQM) version of the measure available.</p>
12	<p>Is the alignment methodology/algorithms proprietary?</p>	<p>The BVSMT was developed on behalf of the Robert Wood Johnson Foundation. As indicated in the Terms and Conditions page on the Buying Value website, all content featured on the website is owned by the Foundation.<sup>3</sup> The BVSMT may be used for personal, informational, and noncommercial purposes only. The Tool cannot be copied, distributed, transmitted, and published nor can derivative works be created from the BVSMT.</p> <p>Notwithstanding all of the above, the tool is available for use by any interested party and its construction is transparent.</p>
13	<p>How did you decide on the six state measure sets to include, and will you possibly include more state measure sets in the future?</p>	<p>Many state measure sets that are included in the tool are states with which the tool's developer, Bailit Health, has worked. We will consider including additional state measure sets in the future. If you have any specific requests, please convey them through the Buying value website.</p>

<sup>3</sup> For more information, visit: [www.buyingvalue.org/about/terms/](http://www.buyingvalue.org/about/terms/). Accessed January 11, 2017.