



MNCM Measure Development Work Group: Goals, Roles and Expectations

MN Community Measurement has been successful in working with the community as a neutral convener to develop and report measures that are aligned across the state and drive improvement in health. As our measures and their uses have expanded, there is a need to increase the transparency of our decision making processes and ensure an appropriate, balanced representation of stakeholders in our measure development work groups in order to maintain broad support.

This document serves to provide 1) guidance for measure development work group composition and 2) clarity around expectations of participation in measure development work groups.¹

Goal

The measure development work group is responsible for the development of a new measure/(s) or implementation of measure/(s) that currently exist (e.g. NQF endorsed measures) that meet the intended scope as outlined in each development work group's charter. This work group will work towards reviewing, identifying or creating measure specifications for a measure or measures to recommend for approval and pilot testing. Measurement specifications include but are not limited to the following components: denominator, numerator or measure calculation, exclusions, variables to be evaluated for a risk adjustment model and additional considerations.

Measure(s) produced by the work group should align with the following criteria:

Measureable

- Fits with evidence-based standard of care and is consistent with guidelines
- Harmonized, aligned or modeled after existing national measures if applicable
- Data sources available and collection is feasible
- Pilot testing demonstrates valid and accurate data
- Requires reasonable costs/resources for data collection

Meaningful

- Aligns strategically with local and national quality initiatives
- Has room for improvement
- Produces a variation of results

Impactful

- Reflects the quality and/or cost of care

Measure development work groups are convened following the review and approval of a measure concept and preliminary work group charter by the MN CM Measurement and Reporting Committee. Please refer to the MN CM measure development process.²

Measure Development Work Group Size: In order to be efficient and effective, the ideal work group size is 15 members +/- 2 members. Groups larger in size have more difficulty completing measure development tasks and smaller sized groups would not be representative.

¹ MN CM Measure Development Work Group Policy November 2012

² MN CM Measure Development Process November 2012



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Example Types of Representation- Clinical Measures

	Representation Type	Ideal #
Core Membership	Clinical Providers (content experts) External chair Physician Allied health provider	6 to 8
	Data Analyst	1
	Quality Improvement or Clinic Admin	1
	Health Plan Representative	2
	State Agency (MDH/ DHS)	1
	MARC Member	1
	If appropriate for measure topic	
	Consumer	1
	Employer	1

Expectations and Responsibilities of Members

- Complete conflict of interest declaration form prior to any participation in a work group.
- Actively participate in work group meetings. Active participation can be reflected in either 1) attendance either in person or by phone for at least 50% of the development workgroup meetings or 2) in absence of ability to attend, provides regular feedback about minutes and draft specifications to the rest of the group via email. Members who do not actively participate over the cycle of development will not remain in the work group roster for future activities.
- Respond to requests about their availability for meetings; meeting scheduling is based on best availability.
- Participate in a consensus based decision making process. Consensus decision-making is a group decision making process that seeks the consent, not necessarily agreement about the “favorite” choice of all participants. Consensus is defined professionally as an acceptable resolution, one that can be supported, even if not the “favorite” of each individual.
- Participate in decisions between or after meetings via email. Work group members will be presented with options or decision points and allowed at a minimum one week to respond to email with their thoughts, requests, inquiries, feedback or decisions. The chair will be responsible to determine if a sufficient number of members have responded in order to proceed.
- When the group is unable to reach consensus for key measurement activities, or recommends significant variation from work group charter, findings to date are presented to the MARC for discussion, direction or resolution.
- The work group convenes to review pilot results and make further recommendations for measure use based on pilot results. Provides recommendations to the MARC committee for measure implementation.



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- Following measure implementation, the work group may be re-convened in the future for measure re-design or retirement of a measure. Typically, measure redesign requirements are based on a change in evidence. (e.g. ACCORD study results re-defining appropriate glycemic and blood pressure goals for diabetic). Measures are considered for retirement when they are no longer valuable in demonstrating performance variation and room for improvement, measures that are “topped-out”.

Definitions

Measure Development Work Group: a group of individuals working together on a voluntary basis to either develop new measures or modify existing measures for use in public reporting. Development groups are responsible for developing measuring specifications, ideally participating in the pilot if applicable, reviewing pilot results and making recommendations for implementation. Development work groups can be reconvened for future measure review, recommendations and re-design if needed based on changes in clinical evidence.

Measure Development Activities: those processes that are related to measure design and implementation including population definition (denominator), desired targets of the measure (numerator), measure calculation, patient reported outcome tool selection if applicable, exclusions, risk adjustment variables, data sources and the development of measurement specifications.

Work Group Member: an individual, who based on their expertise, is selected for participation in a multi-stakeholder work group.

External Chair: a content expert appointed by the MARC Co-Chairs to work with the MNMCM staff to guide the measure development process and serve as a champion/ spokesperson for the measure/s. For clinical measures, this would be a clinician experienced in the care of the measured population.

MNCM Staff: MNMCM measure development staff serves in the role of work group facilitator and measure development expert. Assists the chair to determine next steps and direction for the work of the group. Staff is responsible for meeting planning, documentation, communication, and writing measurement specifications.

Guest: Work group members, during the course of their work, may decide that specific, focused expertise is needed that does not currently exist within the membership. A request for guest participation must be communicated to the chair and MNMCM lead staff and approved by the chair in advance of the meeting. Guests will be identified as such and recorded in the meeting minute’s attendance section. Guests may speak at the meeting at the direction of the chair but cannot participate in the consensus based decisions of the work group related to measurement activities.

Observer: Measure development meetings are not public meetings. Occasionally, specific types of individuals (contractors, MNMCM staff) may request to observe a measure development meeting. Observers do not contribute to the discussion or influence consensus based decisions of the work group related to measurement activities. Observers will communicate their request to observe well in advance of the meeting and must be approved by the chair. Observers will be recorded in the meeting minutes.