

Inclusion Criteria

Domain Framework
Domain Definitions
Inclusion Criteria

Notice to Our Users

Effective July 17, 2016, funding for NQMC was reduced as a result of Fiscal Year (FY) 2016 congressional budget cuts to AHRQ's appropriation. Although the NQMC Web site remains online, content development and updating will be limited to cancer-related measures only. As of July 2016, all measure content on the site is current; however, over time any non-cancer-related measures in NQMC may not reflect their current version. [Contact Us](#) with any questions.

To be included in NQMC, a measure must meet all of the following requirements:

1. The measure must address some aspect(s) of health care delivery or population health that can be classified into one of the domains described in the Domain Definitions tab.
2. The measure must be in current use or have been pilot tested within the last three years and must be the most recent version if the measure has been revised. A measure is in current use if at least one health care organization has used the measure to evaluate or report on quality of care within the previous three years.
3. The submitter must provide English-language documentation that is available upon request in print or electronic format (for free or for a fee) that includes at least each of the four following items:

- Rationale for the measure

The rationale is a brief statement describing the specific aspect of health care and the recipients to which the measure applies. The rationale may also include the evidence basis for the measure, and an explanation of how to interpret results, if that information is provided.

- Description of the denominator and numerator of the measure (including specific variables for inclusion or exclusion of cases/events from either the denominator or numerator)

A continuous variable statement (e.g., "time to thrombolysis") may be an acceptable alternative and measures whose metric is other than a rate or percentage will be considered on an individual basis. If structure measures lack a numerator and/or denominator, evidence must be provided that an association exists between the structure measure and one of the other four domains of quality (e.g., process, outcome, access, and patient experience).

- Data source(s) for the measure
- Documentation of evidence supporting the measure and the criterion of quality is required for Quality Measures, and for the quality component of Efficiency Measures

Note: Any Related Measures must be part of a set or collection that includes Quality Measures to be considered for inclusion.

4. At least one of the following criteria must be satisfied with specific information attached in each case (evidence from peer-reviewed literature is preferred):
 - The measure has been cited in one or more reports in a National Library of Medicine (NLM) indexed, peer-reviewed journal, applying or evaluating the measure's properties.

- The submitter provides documented evidence evaluating the reliability and validity of the measure.

Reliability is the degree to which the measure is free from random error.

Validity is the degree to which the measure is associated with what it purports to measure.

- The measure has been developed, adopted, adapted, or endorsed by an organization that promotes rigorous development and use of measurement in health care. Such an organization may be at the international, national, regional, state or local levels (e.g., a multi-state consortium, a state Medicaid agency, or a health organization or delivery system).

Adapted measures are those measures developed by one organization, and then subsequently adopted and modified in some way by another organization.

Note: If the measures do not meet one or more of these inclusion criteria, the submission forms will be returned to the submitter with a request for further documentation or development in the identified area. The submitter may revise and resubmit measures.