
Reference Guide for the 2025 Biennial Review of the Washington State Common Measure Set

July 21, 2025

Introduction

At the February 2025 Performance Measures Coordinating Committee meeting, the committee agreed to review the current Washington State Common Measure with the goal of identifying a smaller, core set of measures which reflect the needs of the population of Washington and current state priorities.

This document is meant to be a guide to assist in the review of the Washington State Common Measure Set. This guide includes definitions, examples and tips to help fill out the review template using the core criteria identified by the committee.

In addition to using this guide please refer to the 2025 Washington State Common Measure Set for measure definitions and additional information. The WSCMS can be found at: [Washington State Common Measures Set 2025](#).

Sections

The following sections align with the sections you will be filling out on the review template and provide helpful information:

1. **Data Source** (This is informational only)
 - a. Definition: The data sources for the measure reflect entities that currently produce, collect, and report data for a measure.
 - b. Example: Health plans are required to collect and report data on certain measures for contractual purposes, accreditation requirements, etc.
 - c. Tip: There can be multiple data sources for each measure.
2. **Measure Type** (This is informational only)
 - a. Process Measure
 - i. Definition: Process measures use evidence-based guidelines to assess the extent and quality of services provided to patients.
 - ii. Example: Percentage of patients receiving preventive services, such as screening for breast or colorectal cancer during the measurement period.
 - b. Outcomes-based Measure
 - i. Definition: Outcome measures evaluate the effect of care or intervention on the patient's health.
 - ii. Example: Percentage of patients whose hypertension was in control during the measurement period. i.e. Controlling high blood pressure.
 - c. Patient Experience Measures
 - i. Definition: Patient experience measures provide insight into the quality of care patients receive from the patient's perspective. The information is typically gathered directly from the patient through a survey.
 - ii. Example: *How quickly do patients get an appointment for urgent care or How well do doctors communicate with their patients?*

d. Survey-based Measures

- i. Definition: A measure that uses information obtained directly from a patient and is administered through a survey format, such as a mail-in, online, or by telephone.
- ii. Example: Adult and Youth Obesity measures assess self-reported BMI through the BRFSS or Healthy Youth Survey.

e. Cost Measure

- i. Definition: A cost measure is used to assess the financial expense associated with providing a specific medical service or treatment.
 - 1. Direct Costs: Costs directly attributed to patient care, such as medications, lab tests, procedures, physician fees.
 - 2. Indirect Costs: Costs associated with managing a healthcare system, such as administrative overhead, facility costs, and staff training.

3. Actionable

- a. Definition: An actionable measure is designed to inform decisions and/or actions.
- b. Example: Consider if the measure can be used in contracts with health systems, health plans or providers to support quality activities, and/or VBP arrangements, or other policy initiatives.

4. Addresses WA Priorities

- a. Definition: The measure addresses a current identified need for residents of Washington and has the ability to impact the overall health and wellbeing of Washingtonians.
- b. Example: Consider if the measure can support a state-directed (or other) quality improvement initiative, such as Hepatitis C or homelessness.
- c. Tip: Also, consider what we are currently talking about in quality meetings and thinking about what is top of mind.

5. Current Use - Is this measure currently used to support reporting activities?

- a. Mandatory
 - i. Definition: Any Federal, State, or organizational mandate to report this measure. This includes legislative mandates that the measure be used in state contracts and/or state quality initiatives.
 - ii. Example 1: CMS Child and Adult Core Set reporting, public reporting of WSCMS, contractual requirements, or required reporting for accreditation programs (NCQA accreditation).
 - iii. Example 2: The legislature required the PMCC to establish social recovery measures and requires HCA to include in MCO contracts.
- b. Voluntary
 - i. Definition: Organizations voluntarily track and/or report this measure for monitoring performance towards organizational priorities.
 - ii. Example: Rural health providers may use measures that address the specific needs of their populations, or to support voluntary quality improvement activities.

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6. **Alignment** - Does this measure align with other reporting activities?
 - a. Definition: The measure is used in other quality initiatives or reporting activities.
 - b. Example, the Well Child Visits in Children and Adolescents (WCV) measure is used in multiple quality reporting initiatives, including state contracts, PIPS, CMS Core Sets, etc.
 - c. Tip: This could include both mandatory and voluntary measures.
 7. **Recommended Priority**
 - a. Definition: Based on your responses to other questions, please rank this measure in terms of priority using the following categories:
 - i. Low
 - ii. Medium
 - iii. High
 8. **Resources**
 - a. Definition: The measure requires significant resources to implement and produce or increases administrative burden.
 - b. Example: Consider if the measure requires data from the EHR, an upgrade of current reporting systems, dedicated staff, and/or a significant amount of time to produce (time intensive).
 - c. Tip:
 - i. Consider who is accountable in a health system? A health plan or provider?
 - ii. Brand new ECDS measures can require updates to current systems to implement.
 9. **Recommendation**
 - a. Definition: Based on your responses to other questions, please provide a recommendation for measure placement, using the following categories:
 - i. Add to Core Set
 - ii. Remove from WSCMS altogether
 - iii. Add to a sub-measure set
 - b. Tip: Some members suggested that we try to limit the number of core set measures to 2-3 from each domain/topic area.
 10. **Additional information**
 - a. Please add any additional information that supports your responses or justifies your recommendation for each measure. Include any information to support any NA (not applicable or DK (don't know/unsure) responses.

Other considerations

Below are some additional questions you may want to consider as you are conducting your review.

Questions for consideration in the review of the WSCMS:

1. Is this a good measure, for example:
 - a. Does this measure follow clinical best practice guidelines?
 - b. Is the methodology sound?
 - c. Have the measure specifications been reviewed/tested by a reputable organization?
 - d. Is there a clear process for collecting and validating the data?
 - e. Is the measure objective?
 - f. Is this measure endorsed by anyone?
 - g. Does this measure do what it is intended to? (structural, process or outcomes measure)

2. Additional considerations:

- a. Does this measure address quality outcomes?
- b. Does this measure identify gaps to care?
- c. Does this measure support diverse populations?
- d. Does this measure have health equity lens?
- e. Is this measure used in multiple reports or quality initiatives?
- f. Who may be impacted by this work or by the measure?

Additional resources:

CORE:

The Core Quality Measures Collaborative (CQMC) core measure sets are parsimonious groups of scientifically sound measures efficiently promoting a patient-centered assessment of quality and prioritizing for adoption in value-based purchasing and Alternate Payment Models (APMs) driving improvement in high-priority areas. NQF/PQM

High Priority:

High-priority measures in healthcare refer to specific, actionable items that are crucial for improving patient care and outcomes, often focusing on areas where significant gaps exist or where improvements can have the most impact. These measures are prioritized based on their potential to address critical health issues and enhance the overall quality of healthcare delivery. [CMS](#) and [MIPS](#) definition.

Supplemental:

Defined as something designed to enhance or complete something, in this case we can refer to ways of enhancing or completing our understanding of complex health issues.(i.e. bridging the gap for improving health outcomes).

Hospital Measures:

Hospital core measures are a set of national standardized best practices and recommended actions that are statistically proven to improve patient outcomes. TJC and CMS regularly review hospitals for their compliance rates, and patients and families can use these measures to compare various hospitals and treatment facilities. [Link here](#).

Copy of MA definitions and purpose statement [link here](#).

Gates Foundation definition of “actionable measure”:

Our approach is driven by three basic principles: 1) Measurement should be designed with a purpose in mind — to inform decisions and/or actions; 2) We do not measure everything but strive to measure what matters most; 3) Because the foundation’s work is organized by strategies, the data we gather help us learn and adapt our initiatives and approaches. [Link here](#)