About PRMR Evaluation Criteria

Quick Reference

Partnership for Quality Measurement
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This quick reference sheet provides an overview of the Evaluation Criteria used during Pre-Rulemaking Measure Review (PRMR). Save or print this sheet to refer to when completing a Pre-Meeting Initial Evaluation (PIE) form to understand **how measures are evaluated**, how the evaluation criteria fit into the **PRMR process timeline**, and to consider some **key questions** when completing the PIE form.

EVALUATION CRITERIA AND PURPOSE

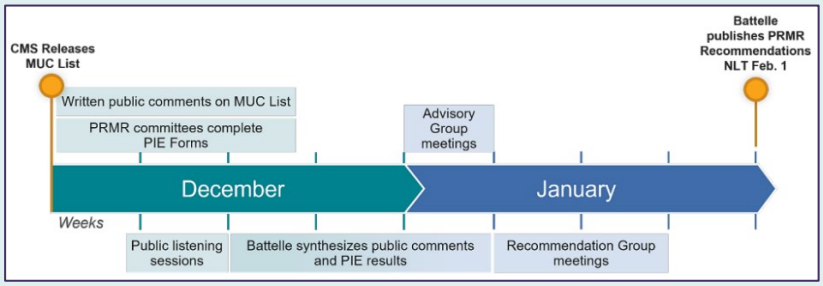
PRMR measures are evaluated on Meaningfulness (which has multiple evaluation points), Appropriateness of Scale, and Time-to-Value Realization. All evaluation criteria are explained below:

Evaluation Criteria	Purpose
Meaningfulness: Importance	Why a measure matters, how it improves health care, and why the results are meaningful to patients and care teams.
Meaningfulness: Conformance	Ensure that the measure details support and match the original quality focus and intent of the measure.
Meaningfulness: Feasibility	Ensure that the tools, steps, and people needed to implement and report on the measure are reasonably available.
Meaningfulness: Validity	Verify that the data or logic demonstrates there are effective ways for a person to improve the measure focus.
Meaningfulness: Reliability	Verify that most of the variation in measure performance is caused by the methods used to improve the measure.
Meaningfulness: Usability	Ensure that any barriers or tools that could affect measure improvement are known and addressed.
Appropriateness of Scale	Ensure that the measure is balanced and scaled to meet the target population's specific goals. Benefits are distributed, and risks are mitigated.
Time-to-Value Realization	Ensure that there is a plan to monitor how harms and benefits will change over time, for both short-term and long-term changes.

PRMR EVALUATION TIMELINE

The PRMR process starts when CMS shares the Measures Under Consideration (MUC) List and measure evaluation can begin. Beginning on this day, PRMR committee members can complete PIE Forms for their assigned measures. Committee members will have approximately three weeks to complete their PIE Forms.

The Advisory Group will meet first, and the Recommendation Group will then review Advisory Group feedback. The image here displays a snapshot of the PRMR timeline:



EVALUATION CRITERIA - QUESTIONS TO CONSIDER

Each **Evaluation Criteria** looks at the measure from a different angle, and Committee Members should evaluate a measure based on that criteria's purpose. Battelle has provided some "**Questions to Consider**" for the **Meaningfulness**, **Appropriateness of Scale**, and **Time-to-Value Realization** criteria. When reviewing a measure and preparing your feedback, read these questions that are meant to assist you in creating **constructive** and **helpful** feedback.

KEY QUESTIONS TO CONSIDER

In addition to your own experiences, think about these questions when evaluating a measure.

MEANINGFULNESS: IMPORTANCE

Q: Is the measure associated with a noticeable and real outcome for patients and care teams?

Q: Will the measure result in more benefits than burdens and barriers?

MEANINGFULNESS: CONFORMANCE

Q: Do the measure details align with the focus's purpose and the affected population?

MEANINGFULNESS: FEASIBILITY

Q: Is it clear that the tools, steps, and people needed to perform and report on the measure are available?

MEANINGFULNESS: VALIDITY

Q: Did the developer use data or reasoning to show that there are effective ways to improve the measure?

MEANINGFULNESS: RELIABILITY

Q: Was there data showing that the differences in performance are due to the methods for improvement?

MEANINGFULNESS: USABILITY

Q: Did the materials discuss any resources or obstacles that might affect how the method can be used?

APPROPRIATENESS OF SCALE

Q: What does the evidence say about how the benefits and disadvantages of this measure are spread out across the different groups of patients, communities, or providers within the healthcare organizations?

Q: If there are potential risks/burdens/harms, do they impact specific groups of program beneficiaries or healthcare workers? How can these be reduced?

TIME-TO-VALUE REALIZATION

Q: How might the benefits and disadvantages of the measure change over time?

Q: How could clinicians, hospitals, and/or organizations prolong the benefits and prevent potential harms as the measure matures?

Q: How might this measure support the collection of evidence for future measurement of the focus area?

The questions above are meant to help guide Committee Member feedback on the evaluation criteria and the merits/challenges of each measure. After considering each question, think about the following:

- Is the evidence supporting the measure complete and adequate, even if there are considerations CMS should consider prior to implementation?
- Is the evidence supporting the measure incomplete or inadequate, with no realistic path forward?
- If you were to choose to recommend or deny the measure, what would your main reasons be?

Share your feedback about these important considerations during Committee meetings!

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