ANATOMY OF A MEASURE

Quality measures are developed to include the accompanying technical specifications that are the instructions for building and calculating a measure. The AAO-HNSF quality measures are categorized as proportion measures where performance is derived by dividing the number of cases that meet a criterion for quality (the numerator) by the number of eligible cases within a given time frame (the denominator).

MEASUREMENT PERIOD:

For AAO-HNSF quality measures, data are collected during a 12-month performance period (January 1 - December 31).

INITIAL POPULATION

Refers to the target patient group to be evaluated by a specific quality measure. The initial population often includes criteria related to an age group, diagnosis, procedure, and the defined measurement period.

DENOMINATOR

Statement that describes the specific patient group that is the focus of the measure.

NUMERATOR

Statement that describes the clinical action or outcome that satisfies the intent of the quality measure.

DENOMINATOR EXCLUSIONS/EXCEPTIONS

Measure developers distinguish between measure exceptions and measure exclusions. Not all measures will have exclusions and/or exceptions, making the denominator the same as the initial population.
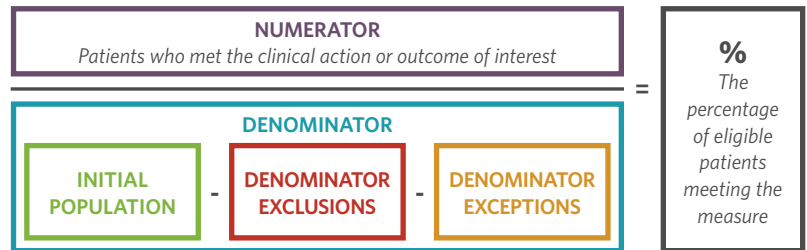
DENOMINATOR EXCLUSIONS

Denominator exclusions describe a circumstance where patients who were included in the initial patient population are removed from the denominator. Although they meet some measure criteria, these patients do not meet the criteria specific to the clinical action/intervention required by the numerator. Exclusions are absolute and apply uniformly to this group of patients for whom the numerator action is not appropriate at all. **(CMS, 2022)**
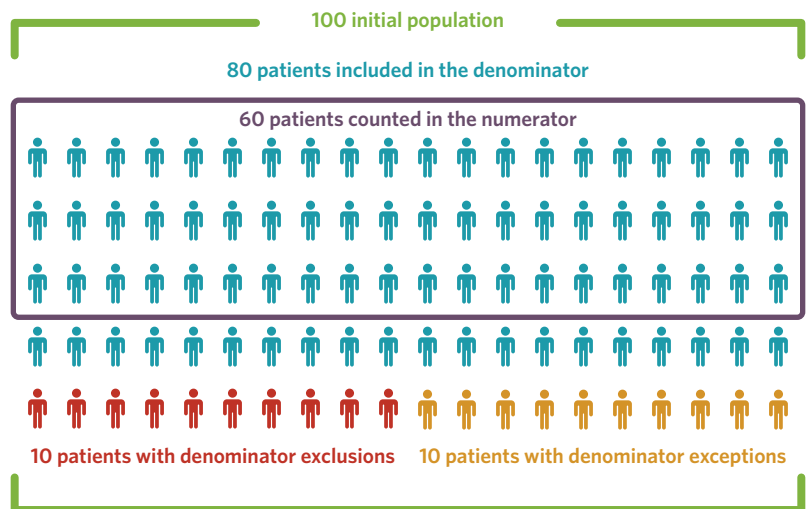
DENOMINATOR EXCEPTIONS

Denominator exceptions are used to remove patients who fall into the denominator, but the patient is not subject to the numerator action (e.g., a specific therapy or service). There are three types of denominator exceptions: medical, patient or system reasons. A denominator exception removes a patient from the performance denominator only if the numerator criteria are not met as defined by the exception. This allows for the exercise of clinical judgment. **(CMS, 2022)**

MEASURE ELEMENTS

NUMERATOR
Patients who met the clinical action or outcome of interest

DENOMINATOR		
INITIAL POPULATION	− DENOMINATOR EXCLUSIONS	− DENOMINATOR EXCEPTIONS

=

%
The percentage of eligible patients meeting the measure

SAMPLE PATIENT POPULATION

100 initial population

80 patients included in the denominator

60 patients counted in the numerator

10 patients with denominator exclusions   **10 patients with denominator exceptions**

SAMPLE CALCULATION

60 patients counted in the numerator

80 patients included in the denominator		
100 initial population	− 10 patients with denominator exclusions	− 10 patients with denominator exceptions

=

60/80 or 75% of patients met the measure

Centers for Medicare and Medicaid Services. *2022 Quality Payment Program (QPP) Measure Specification and Measure Flow Guide for MIPS Clinical Quality Measures (CQMs). 2022.* Accessed May 10, 2022. https://documents.cap.org/documents/2022-mips-clinical-quality-measures-guide.pdf