

GLOSSARY OF TERMS

TERM #	TERM	DEFINITION	SOURCES
1.	DENOMINATOR	The number or population representing the total universe in which an event might happen: the number at risk used to calculate a rate, proportion, or percentage.	Cohn, 2001
2.	MEDICAL GROUP	A medical group is a self-defined “parent” provider organization which may exist within a broader network structure and is generally comprised of multiple practice sites, but can represent a single, large multi-specialty practice site. <ul style="list-style-type: none"> - They often have integrated administrative systems and procedures. - Some represent hospital affiliated provider organizations. 	PQMP Result Aggregation Workgroup, 2012
3.	NETWORK	A network is an overarching affiliation of medical groups and/or practice sites with an integrated approach to quality improvement that health plans regard as a contracting entity for these provider organizations. <ul style="list-style-type: none"> - Most represent a collection of ambulatory practice sites whose integrated systems and procedures support clinical and administrative functions (e.g. scheduling, treating patients, ordering services, prescribing, keeping medical records and follow-up). - Some embody a collection of hospital affiliated providers. 	PQMP Result Aggregation Workgroup, 2012
4.	NUMERATOR	A subset of those in the denominator who have experienced the event of interest (e.g., death, morbidity, screening) used to calculate a rate, proportion, or percentage.	RTI
5.	OUTCOME	A particular state of health, often defined for purposes of quality measurement as a result of the performance (or nonperformance) of functions or processes of care.	Adapted from CMS
6.	OUTCOME MEASURE	Measure that indicates the results of the performance (or nonperformance) of functions or processes. A measure that focuses on achieving a particular state of health.	CMS
7.	PROCESS MEASURE	Measure that focuses on a health care process that leads to a certain outcome. For a process measure to be valid, a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.	Adapted from CMS
8.	PRACTICE SITE	A practice site is one or a group of providers who practice together at a single location (i.e. same mailing address down to the Suite # level). <ul style="list-style-type: none"> - The single location is the site where care is provided during specific periods of time. - The same systems and procedures support clinical and administrative functions (e.g. scheduling, treating patients, ordering services, prescribing, keeping medical records and follow-up). - Medical records for all patients treated at the practice site are available to and shared by all providers, as appropriate. 	Adapted from National Committee on Quality Assurance's practice site methodology
9.	PROCESS (of care)	Process of care denotes what is actually done to the patient in the giving and receiving of care. As examples: the provider could immunize the patient against a communicable disease; the provider could prescribe a medication for the patient; the provider could screen an asymptomatic patient for developmental disorders.	Adapted from IOM, 2006, Appendix E

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10.	PROVIDER	Provider is any individual, organization, facility or group that delivers direct health care to children; depending on the measurement context, this may be a hospital, medical group, or individual clinician.	PQMP Result Aggregation Workgroup, 2012
11.	QUALITY (in health care)	Health care quality has been defined in several ways. In 1990, the Institute of Medicine (IOM) defined quality as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (IOM, 1990). Eisenberg defined quality as the right care for the right person at the right time in the right way. In 2001, the IOM defined quality as having six aims: Safety, Timeliness, Effectiveness, Equity, Efficiency, and Patient-Centeredness. The Affordable Care Act defines quality of care as a measure of performance on IOM's six aims for health care. CHIPRA defines a clinical quality measure as "a measurement of clinical care that is capable of being examined through the collection and analysis of relevant information, that is developed in order to assess one or more aspects of pediatric health care quality in various institutional and ambulatory health care settings, including the structure of the clinical care system, the process of care, the outcome of care, or patient experiences in care."	IOM, 2001; IOM, 1990; Eisenberg, 1997; CHIPRA, 2009; Patient Protection and Affordable Care Act, 2010
12.	QUALITY MEASURE	A quality measure is in effect a rule (or the result of a rule) that assigns numeric values to a specific quality indicator. Quality measures generally consist of a descriptive statement or indicator, a list of data elements necessary to construct and/or report the measure, detailed specifications that direct how the data elements are to be collected (including the source of data), the population on whom the measure is constructed, the timing of data collection and reporting, the analytic models used to construct the measure, and the format in which the results will be presented.	Adapted from IOM, 2006, Appendix E; NQMC Glossary
13.	RELIABILITY	<p>Measure reliability: The results of the measure are reproducible a high proportion of the time when assessed in the same population (e.g., the measure has high inter-rater reliability, no calculation errors).</p> <p>Internal consistency reliability http://en.wikipedia.org/wiki/Internal_consistency assesses the consistency of results across items within a test, where "test" refers to a series of questions, ratings, or other items designed to determine knowledge, ability, or health status.</p> <p>Inter-rater reliability http://en.wikipedia.org/wiki/Inter-rater_reliability is a measure of the variation in measurements when taken by different individuals but with the same method or instruments.</p> <p>Test-retest (http://en.wikipedia.org/wiki/Test-retest_reliability) is a statistical method used to determine a test's reliability (http://en.wikipedia.org/wiki/Reliability_(statistics)). The test is performed twice; in the case of a questionnaire, this would mean giving a group of participants the same questionnaire on two different occasions. If the correlation (http://en.wikipedia.org/wiki/Correlation) between separate administrations of the test is high (~.7 or higher), then it has good test-retest reliability. It is important to consider the time interval between testing and retesting and the nature of the measurement. Quality measures optimally would show improvement in scores over time.</p>	CMS; Wikipedia based on The Standards for Educational and Psychological Testing, 1999***; The Free Dictionary by Farlex

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14.	STRUCTURE	Structure refers traditionally to the attributes of settings in which providers deliver health care, including material resources (e.g., electronic health records), human resources (e.g., staff expertise), and organizational structure (adapted from IOM, Performance Measurement, 2006; Appendix E). Some have suggested that structural attributes should include organizational characteristics such as leadership and culture (Kunkel, 2007) and system attributes beyond individual health care delivery settings.	Adapted from IOM, 2006, Appendix E
15.	STRUCTURAL MEASURE	Measures of structure assess the capacity of health care professionals and organizations to provide safe, timely, effective, equitable, efficient and patient-centered processes of care and positive health outcomes.	Adapted from AHRQ
16.	STRUCTURE-PROCESS-OUTCOMES MODEL	As identified by Donabedian (1988), the classic paradigm for assessing quality of care based on a three-component approach. Donabedian's model proposes that each component has a direct influence on the next (Donabedian, 1980): Structure influences Process, which in turn influences Outcomes.	IOM, 2006, Appendix E
17.	VALIDITY	<p>Measure accurately represents the concept being evaluated and achieves the purpose for which it is intended (to measure quality). In science (http://en.wikipedia.org/wiki/Science) and statistics (http://en.wikipedia.org/wiki/Statistics), validity has no single, agreed-upon definition but generally refers to the extent to which a concept, conclusion, or measurement is well founded and corresponds accurately to the real world. The word "valid" is derived from the Latin <i>validus</i>, meaning strong.</p> <p>Concurrent validity (http://en.wikipedia.org/wiki/Concurrent_validity) refers to the degree to which the measure correlates with other measures of the same construct that are measured at the same time. Using a testing example, a test administered to current employees and then correlated with their scores on current performance reviews would have good concurrent validity if those who scored well on the test also did well on performance reviews.</p> <p><i>Construct validity</i> is the extent to which a measure measures the concept or construct that it is intended to measure. For example, a measure that measures the quality of diabetes care by whether a provider conducted an HbA1c test on a patient with diabetes has relatively good construct validity because high HbA1c levels are associated with diabetes crises.</p> <p><i>Content validity</i>. In psychometrics (http://en.wikipedia.org/wiki/Psychometrics), content validity refers to the extent to which a measure represents all facets of a given construct (http://en.wikipedia.org/wiki/Social_construct). For example, a depression scale may lack content validity if it only assesses the affective dimension of depression but fails to take into account the behavioral dimension. Using the diabetes care example, a combination of three different measures (HbA1c testing, foot examinations, and eye examinations) would have better content validity than a single measure of HbA1c testing.</p>	CMS, Wikipedia, based on The Standards for Educational and Psychological Testing, 1999 ***

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17. (cont.)	VALIDITY (cont.)	<p>Criterion validity (http://en.wikipedia.org/wiki/Criterion_validity) involves the correlation between a measure and a criterion variable (or variables) taken as representative of the construct. In other words, it compares the test with other measures or outcomes (the criteria) already held to be valid. For example, IQ tests are often validated against measures of academic performance (the criterion). If the test data and criterion data are collected at the same time, this is referred to as <i>concurrent validity</i> evidence. If the test data are collected first in order to predict criterion data collected at a later point in time, then this is referred to as <i>predictive validity</i> evidence.</p> <p><i>Face validity</i> is the validity of a measure at face value. Generally face validity means that the measure "looks like" it will work, as opposed to "has been shown to work."</p> <p>Predictive validity (http://en.wikipedia.org/wiki/Predictive_validity) refers to the degree to which the measure can predict (or correlate with) other measures of the same construct that are measured at some time in the future. In job selection, for example, this would mean that tests are administered to applicants, all applicants are hired, their performance is reviewed at a later time, and then their scores on the two measures are correlated. If there is a strong correlation between test scores and future performance, the test would be said to have good predictive validity.</p> <p><i>Measures should be assessed against all relevant criteria at all intended levels of aggregation.</i></p>	continued

***A revised version is expected after 2012.