

## Appendix C

### Measurement Criteria Specific to HAKR Measures

#### Adopted at 5/25/18 Workgroup Meeting

#### **Required Criteria for Metrics Proposed for [Phase 1](#) (Fall 2018 to Metrics and Scoring for CCO Incentive Metric)**

- **Meets CCO Incentive Metric Attributes:** Reportable at the CCO-level in a 12-month time period.
- **Technical Specification Reliability and Validity:** Produces reliable and valid results. A version of the metric has been piloted within a sector of the health care system (e.g. state-, system- or practice-level).
- **Feasible:** The data for calculating the measure are feasible to collect and with large enough denominators to produce reliable results.
- **Attainable:** It is reasonable to expect improved performance on this metric in a 12-month time period. If a clinical process, evidence exists that it can be feasibly and meaningfully implemented. CCO has some degree of control over the health practice or outcome being measured.

#### **Criteria to Assess Individual Metrics:**

- **Evidence-Based or Aligned with Clinical Recommendations:** Measures align with clinical recommendations and, where possible, are based on an existing body of evidence demonstrating a significant impact on child health.
- **Outcome-Related to Domains of Kindergarten Readiness (KR):** Addresses actual outcomes, or there is evidence that what is being measured has a strong association with or predicts a positive outcome associated with Kindergarten Readiness (e.g., more young children being read to as a predictor of greater kindergarten readiness).\*
- **Actionable:** The intended users can understand the results of the metric, how the corresponding care relates to a promotion of kindergarten readiness, and what should be improved.
- **Engages Health System:** Promotes the health system's awareness, engagement, and role in ensuring children are ready for kindergarten.
- **Understandable to Families:** Successfully communicates to families of young children the health system's role in ensuring that children are ready for kindergarten.
- **Family Priority:** Measures aspects of health care of importance to families.
- **Family-Centered:** Promotes family-centered care and support of parents/caregivers in fostering optimal child health and development, and encourages collaborative communication between families and healthcare providers.
- **High Impact on KR:** Drives investments in areas with a significant and positive impact on a young child's kindergarten readiness.
- **Addresses Social Determinant:** The metric drives the health care system to play a role in addressing social determinants of health.
- **Promotes Cross-Sector Collaboration:** Measures aspects of health care that require cross-sector collaboration to meet the needs of young children.
- **Able to Identify Inequities:** The measure highlights disparities by race, ethnicity, culture, gender, language, geography or other child and family risk factors.
- **Promotes a Focus on Addressing Inequities:** Drives health care systems to provide services that are equitable and culturally competent.
- **Transformative towards KR:** Drives priority areas for transformative health system behavior change.

#### **Criteria if a Composite Measure is proposed:**

- Composite metric is parsimonious and limited in number of individual components.
- Includes metrics which, in combination, measure the desired outcome by addressing the array of services that impact a child's kindergarten readiness.
- Includes metrics that utilize various data sources.
- Includes measures with the most transformative potential to drive health system change and stimulate cross-sector collaboration

\* Modified from the Child and Family Well-Being Measure Criteria.