**Guiding Principles for eCQM Development**

1. **Eliminate Retooling:** Retooling will not be our default. We will reengineer to meet our goals based on the principles below.
2. **Eliminate Defects:** In early planning for Stage 3, we described a goal to “make better measures, instead of making more measures”; a significant portion of Stage 3 eCQM development will be devoted to review and repair of the 2014 eCQM measure set.
3. **Build measures to multidimensional criteria**. The criteria are evidence-based, use of common data elements from HHS-validated standard terminologies, use of standardized value sets, and easily executable logic. Through rigorous, scientific testing the measure is demonstrated to be feasible, linked by high-quality evidence to important patient outcomes, possessed of face validity with clinicians and the public, and reliable**.**
4. **Build valuable measures.** The cost of making the measures will be commensurate with the value achieved from the measurement. The cost of making the measures can be minimized by aligning measures with MU Functional Objectives, aligning components across eCQMs, making the cost more visible to measure developers and policy makers, minimizing exclusions and exceptions and appropriately resetting measure targets.
5. **Update frequently**: Consistent HIT-based measurement requires unambiguous specification and frequently publicized corrections to eCQM specification defects.
6. **Democratize Development**: To keep Meaningful Use relevant to our providers and patients, we will broaden the scope of measure development contributors.
7. **Align eCQM Programs**: We will continue to minimize provider and vendor burden by maintaining a core set of eCQMs that can be measured and reported for multiple programs.
8. **Harmonize eCQMs with CDS.** We willalign eCQM technically and clinically for CDS to support the HIT enabled HIT toolkit.