Figure 2: Criteria for Prioritization

**Empowering Consumers**
Conditions and procedures with opportunities to engage patients and family caregivers through the use of decision aids support for shared decision-making; goal setting; and support for identifying high-value providers.

**High Volume, High Cost**
Conditions and procedures for which high cost is due to non-clinical factors such as inappropriate service utilization and poor care coordination that correlate with avoidable complications, hospital readmissions, and poor patient outcomes.

**Unexplained Variation**
Conditions and procedures for which there is high variation in the care that patients receive, despite the existence of evidence based “best” practices.

**Care Trajectory**
Conditions and procedures for which there is a well-established care trajectory, which would facilitate defining the episode start, length, and bundle of services to be included.

**Availability of Quality Measures**
Conditions and procedures with availability of performance measures that providers must meet in order to share savings, which will eliminate the potential to incentivize reductions in appropriate levels of care.

Source: Alternative Payment Model (APM) Framework and Progress Tracking Work Group