

# **The Measure Applications Partnership (MAP)**

## **Frequently Asked Questions**

*Updated November 2012*

### **Background**

#### **What is MAP and why is it important?**

The Measure Applications Partnership (MAP) was created to provide input to the Department of Health and Human Services (HHS) on the selection of quality measures for public reporting and performance-based payment programs and to encourage alignment of public and private performance measurement efforts. The statutory authority for MAP is provided in the Patient Protection and Affordable Care Act of 2010 (ACA). MAP was launched in the spring of 2011, and is convened by the National Quality Forum (NQF).

The choice of measures for gauging and rewarding progress is so important that no one perspective is adequate to inform the task. MAP is a unique voice in healthcare, blending the views of diverse groups and experts who share a common and deeply vested interest in improving the quality of health and healthcare. Through MAP activities, a wide variety of stakeholders are able to provide input into HHS' selection of performance measures for public reporting and performance-based payment programs. MAP's balance of interests—representing consumers, businesses and purchasers, labor, health plans, clinicians and providers, communities and states, and suppliers—ensures that HHS will receive well-rounded input on performance measure selection.

#### **Why did HHS choose NQF?**

Established in 1999, NQF convenes stakeholder partnerships to build consensus on national priorities in healthcare; endorses and maintains evidence-based measures; conducts its work in an open and transparent way; and serves as a national resource on quality measurement issues. The measures NQF endorses are now in wide use in both public and private-sector healthcare programs – for example, in community-led public reporting initiatives.

#### **Why is quality measurement important in healthcare?**

What gets measured can be improved. Standardized and scientifically accurate measures provide the fuel and foundation for improving the outcomes and safety of care, and the way care is delivered.

Measures:

- Hold providers accountable for the care they deliver, and allow providers to make improvements, share successes, and probe for specific causes when progress comes up short.
- Influence payments to providers by government and the private sector – creating powerful financial incentives to providers to improve care.

- Are increasingly being reported to consumers to aid in healthcare decision-making. MAP's work aims to foster more widespread and meaningful public reporting of healthcare quality measures.

### **How does MAP's work relate to the National Quality Strategy?**

The nation's [National Quality Strategy](#) (NQS), from HHS, provides critical guidance to MAP's work in identifying suitable measures for specific applications. The NQS puts forth the following six priorities under the three aims of better health, better care, and lower cost:

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring that each person and family is engaged as partners in their care.
- Promoting effective communication and coordination of care.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

### **How will the public benefit from this project?**

MAP is designed to support broader national efforts to create better health and healthcare and more affordable care. Its work will strengthen public reporting, which has been demonstrated to improve quality, and will give people more and better information when making healthcare choices and help providers improve their performance. MAP recommendations also will help shape payment programs, creating powerful financial incentives to providers to improve care. Consumer and purchaser stakeholders will have a place and a voice in every discussion. Measure selection decisions made in public programs often have a spillover effect in private insurance markets, so choices made by HHS will likely have a broader impact over time.

## **MAP's Role in Providing Input to HHS**

### **What is unique about MAP?**

MAP represents the first time the federal government has looked to a public-private collaboration in advance of regulatory rulemaking on the selection of performance measures. The process, referred to as "pre-rulemaking," is a significant innovation. In the past, HHS has issued rules on measures one healthcare program at a time. As a result, measures in different programs – even those targeting the same treatment processes or outcomes – varied widely. Congress recognized the benefit of an approach that deliberately encourages a coordinated look at the measures being proposed for use in public reporting and performance-based programs. Such an approach promises to send a stronger signal to the healthcare marketplace.

Specifically, HHS asked MAP to assess and provide input on the selection of measures for use in nearly 20 federal programs. The programs included both existing and new initiatives and span many types of healthcare settings. MAP provided input on the Medicare Physician Quality Reporting System, Electronic Health Record Incentive Programs (Meaningful Use for clinicians and hospitals), Hospital Value-Based Purchasing, and the Medicare Shared Savings Program (Accountable Care Organizations), among others.

### **What was MAP's timeline to date and what has it accomplished?**

MAP convenes each winter to fulfill its statutory requirement of providing input to HHS on measures under consideration for use in federal programs. MAP workgroups and the Coordinating Committee meet in December and January to provide program-specific recommendations to HHS by February 1. ([MAP 2012 Pre-Rulemaking Report](#), submitted to HHS February 1, 2012).

Additionally, MAP engages in strategic activities throughout the spring, summer, and fall to inform MAP's pre-rulemaking input. To date MAP has:

- Engaged in **Strategic Planning** to establish MAP's goal and objectives. This process identified strategies and tactics that will enhance MAP's input.
  - [MAP Approach to the Strategic Plan](#), submitted to HHS on June 1, 2012
  - [MAP Strategic Plan](#), submitted to HHS on October 1, 2012
- Identified **Families of Measures**—sets of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities and high-impact conditions—to facilitate coordination of measurement efforts.
  - [MAP Families of Measures: Safety, Care Coordination, Cardiovascular Conditions, Diabetes](#), submitted to HHS on October 1, 2012
- Provided a measurement strategy and best available measures for evaluating the quality of care provided to Medicare/Medicaid **Dual Eligible Beneficiaries**.
  - [Measuring Healthcare Quality for the Dual Eligible Beneficiary Population](#), submitted to HHS on June 1, 2012)
- Developed **Coordination Strategies** intended to elucidate opportunities for public and private stakeholders to accelerate improvement and synchronize measurement initiatives. Each coordination strategy addresses measures, gaps, and measurement issues; data sources and health information technology implications; alignment across settings and across public- and private-sector programs; special considerations for dual-eligible beneficiaries; and path forward for improving measure application.
  - [Coordination Strategy for Clinician Performance Measurement](#), submitted to HHS on October 1, 2011
  - [Readmissions and Healthcare-Acquired Conditions Performance Measurement Strategy Across Public and Private Payers](#), submitted to HHS on October 1, 2011

- [MAP Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement](#), submitted to HHS on February 1, 2012
- [Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals](#), submitted to HHS on June 1, 2012
- [Performance Measurement Coordination Strategy for Hospice and Palliative Care](#), submitted to HHS on June 1, 2012

### **What's next for MAP?**

In 2012-2013, MAP will continue its efforts to identify appropriate measures for dual eligible beneficiaries, focusing on high-need sub-populations. MAP will submit an interim report to HHS by December 28, 2012. MAP will also coordinate more closely with the work of the National Priorities Partnership, an NQF-convened multi-stakeholder initiative also funded by HHS that recommends healthcare quality improvement priorities for the nation. In addition, MAP will conduct the second round of pre-rulemaking input to HHS with delivery of its annual input by February 1, 2013, as required under the Affordable Care Act.

## **MAP's Pre-Rulemaking Input to HHS**

### **What was MAP's process for providing pre-rulemaking input?**

MAP developed Measure Selection Criteria to evaluate the measures HHS would be sending for consideration. HHS delivered to MAP and the public on December 2, 2011, a [list of more than 350 measures and potential measures](#) (a measure idea not yet fully specified or tested), which was posted on MAP's web site. As requested by HHS, MAP undertook a detailed analysis of the measures under consideration in December and January. MAP reached one of three conclusions for each of the measures or potential measures: support the measure, support the direction of the measure, or do not support the measure. MAP published a draft report on for public comment and received 239 comments from 56 organizations. On February 1, 2012 MAP submitted to HHS its [final pre-rulemaking review and analysis](#) of the measures under consideration by HHS. MAP will conduct the second round of pre-rulemaking input to HHS with delivery of its annual input by February 1, 2013.

### **Is HHS required to accept the measures MAP supports?**

HHS is required to take MAP's analysis and advice into account, but the final decisions about measure selection and implementation in public programs are solely in HHS' hands. Federal rulemaking on the measures for the numerous programs MAP reviewed continues through November 2012. Should HHS decide to select a measure that is not endorsed by NQF, it must publish a rationale for that decision.

### **Were measures found to be lacking in some areas?**

MAP identified many important "measure gaps"—clinical or care delivery areas where measures either do not exist or have yet to be fully specified and tested. Notable measure gaps were found in the following areas: patient care experience, functional status after treatment, shared decision-making between patients and doctors, mental health, care coordination, the cost and affordability of care, and

the appropriateness of care. MAP encouraged HHS to fund measure development and testing in these areas.

## **MAP's Coordination with Other Quality Efforts**

### **How does MAP fit in with other quality efforts?**

MAP activities are designed to coordinate with and reinforce other efforts for improving health outcomes and healthcare quality. Key strategies for reforming healthcare delivery and financing include publicly reporting performance results for transparency and healthcare decision-making, aligning payment with value, rewarding providers and professionals for using health information technology (health IT) to improve patient care, and providing knowledge and tools to healthcare providers and professionals to help them improve performance. Many public- and private-sector organizations have important responsibilities in implementing these strategies, including federal and state agencies, private purchasers, measure developers, groups convened by NQF, accreditation and certification entities, and various quality alliances at the national and community levels, as well as the professionals and providers of healthcare.

Foundational to the success of all of these efforts is a robust Quality Enterprise that includes:

- **Setting priorities and goals.** The National Priorities Partnership (NPP) is a multi-stakeholder group convened by NQF to provide input to HHS on the NQS, by identifying priorities, goals, and global measures of progress. The priorities and goals established serve as a guiding framework for the Quality Enterprise.
- **Developing and testing measures.** Using the established NQS priorities and goals as a guide, various entities develop and test measures (e.g., PCPI, NCQA, The Joint Commission, medical specialty societies).
- **Endorsing measures.** NQF uses its formal [Consensus Development Process](#) (CDP) to evaluate and endorse consensus standards, including performance measures, best practices, frameworks, and reporting guidelines. The CDP is designed to call for input and carefully consider the interests of stakeholder groups from across the healthcare industry.
- **Measure selection and measure use.** Measures are selected for use in a variety of performance measurement initiatives conducted by federal, state, and local agencies; regional collaboratives; and private sector entities. MAP's role within the Quality Enterprise is to consider and recommend measures for public reporting, performance-based payment, and other programs. Through strategic selection, MAP facilitates measure alignment of public- and private-sector uses of performance measures.
- **Impact.** Performance measures are important tools to monitor and encourage progress on closing performance gaps. Determining the intermediate and long-term impact of performance measures will elucidate if measures are having their intended impact and are driving improvement, transparency, and value.

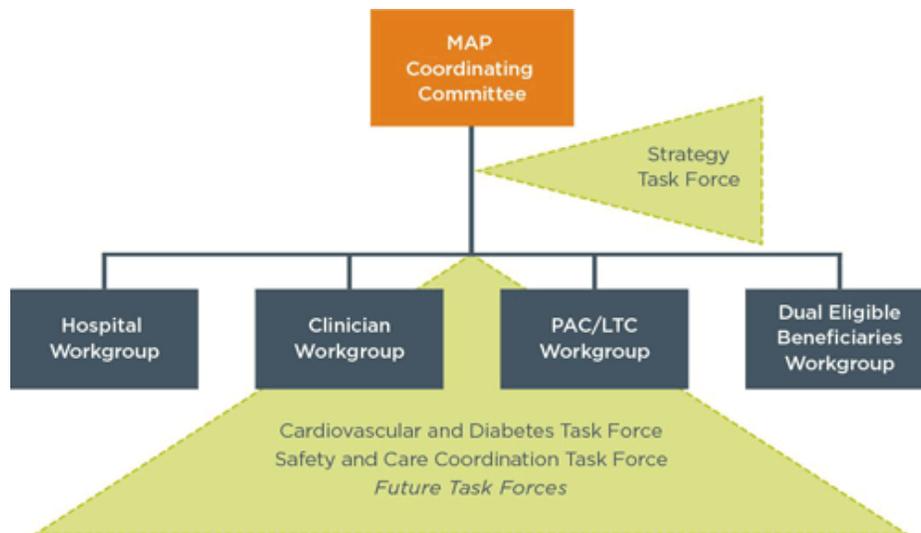
- **Evaluation.** Evaluation and feedback loops for each of the functions of the Quality Enterprise ensure that each of the various activities is driving desired improvements.

MAP seeks to engage in two-way information exchange (i.e., feedback loops) with key stakeholders involved in each of the functions of the Quality Enterprise.

## MAP's Structure

### How is MAP structured?

MAP operates through a two-tiered structure. Guided by the priorities and goals of HHS's National Quality Strategy, the MAP Coordinating Committee provides direction and direct input to HHS. MAP's workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and patient populations. Time-limited task forces charged with developing "families of measures"—related measures that cross settings and populations— provide further information to the MAP Coordinating Committee and workgroups. Each multi-stakeholder group includes individuals with content expertise and organizations particularly affected by the work



### How is MAP's membership appointed?

MAP's members are selected based on NQF Board-adopted selection criteria, through an annual nominations process and an open public commenting period. Balance among stakeholder groups is paramount. Due to the complexity of MAP's tasks, individual subject matter experts are included in the groups. Federal government *ex officio* members are non-voting because federal officials cannot advise themselves. MAP members serve staggered three-year terms.

### To whom does the MAP report?

The Coordinating Committee is overseen by the NQF Board, which was responsible for establishing MAP and selecting its members. The NQF Board does not review the MAP Coordinating Committee's input to

HHS. The Coordinating Committee will provide its input directly to HHS, while the workgroups and time-limited task forces will be charged by and report directly to the Coordinating Committee.

**Does the public have input into the MAP process?**

MAP's overriding goal in intent and under statute is to maintain transparency for the public and encourage public engagement throughout the work. All MAP meetings are open to the public and meeting summaries are posted on the NQF website. MAP has sought and will continue to seek public comment on all input to HHS.

**What if I have more questions about MAP?**

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