Call for Nominations: Measure Applications Partnership

The National Quality Forum (NQF) is seeking nominations for organizations and individual subject matter experts to serve on the Measure Applications Partnership (MAP). MAP is a public-private partnership convened by NQF to provide input to the Department of Health and Human Services (HHS) on the selection of performance measures for public reporting and performance-based payment programs.

This unique collaboration fulfills a statutory requirement to convene multistakeholder groups to:

- Identify the best available performance measures for use in specific applications;
- Provide input to HHS on measures for use in public reporting, performance-based payment, and other programs;
- Encourage alignment of public- and private-sector performance measurement efforts; and
- Address performance measurement gaps.

NQF seeks a range of expertise on MAP to ensure that diverse stakeholder perspectives are represented across settings and populations. For information on commitments and expectations of MAP members, please see Appendix B.

The Coordinating Committee and workgroups are focused on the following:

Coordinating Committee – Sets the strategy for MAP, provides direction to and ensures alignment among the workgroups, and finalizes input to HHS.

Clinician Workgroup – Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for clinician performance measurement programs.

Hospital Workgroup – Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for hospital and acute care facility performance measurement programs, including those for inpatient acute, outpatient, cancer, and psychiatric hospitals, ambulatory surgery centers, and dialysis facilities.

Post-Acute Care/Long-Term Care Workgroup – Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for post-acute care and long-term care performance measurement programs, including for hospices, inpatient rehabilitation facilities, long-term care hospitals, skilled nursing facilities, and home healthcare.

Organizations and individuals selected will serve three-year terms and are eligible for reappointment.

Materials to Submit

Nominations are sought for organizations and individual subject matter experts. Nominations for individual subject matter experts may be self-nominations or may be nominations submitted by a third party. Nominations for organizational members may be submitted by an individual associated with that organization. If selected as an organizational member, the organization's leadership will then designate a person to serve as their representative.

For more information on commitments and criteria for selection of MAP members, please see Appendices A, B, and C below.

Nomination materials should be submitted via the NQF Committee Nominations webpage. To nominate an organization, an executive of that organization should submit the following information:

- Completed nomination form via NQF Committee Nominations (select **Nominate an Organization**)

To nominate an individual subject matter expert, nominators or self-nominators should submit:

- Completed nomination form via NQF Committee Nominations (select **Nominate an Individual**);
- 100-word biography;
- Curriculum vitae (maximum of 20 pages); and
- Disclosure of interest form (will be forwarded to nominee via nominations@qualityforum.org upon confirmation of nomination).

Deadline for Submission: All nominations MUST be submitted by **Monday, March 18 at 6:00 pm Eastern Time**.

Questions

If you have questions about the nominations process, please contact Benita Kornegay-Henry at nominations@qualityforum.org.

If you have questions about MAP, please contact: measureapplications@qualityforum.org.

Appendix A: MAP Background

Purpose

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for providing input to the Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment, and other programs. The statutory authority for MAP is the Affordable Care Act (ACA), which requires HHS to contract with NQF (as the consensus-based entity) to "convene multi-stakeholder groups to provide input on the selection of quality measures" for various uses.[1]

MAP's careful balance of interests—across consumers, businesses and purchasers, labor, health plans, clinicians, providers, communities and states, and suppliers—ensures HHS will receive varied and thoughtful input on performance measure selection. In particular, the ACA-mandated annual publication of measures under consideration for future federal rulemaking allows MAP to evaluate and provide upstream input to HHS in a more global and strategic way.

MAP is designed to facilitate progress on the aims, priorities, and goals of the National Quality Strategy (NQS)—the national blueprint for providing better care, improving health for people and communities, and making care more affordable.[2] Accordingly, MAP informs the selection of performance measures to achieve the goals of **improvement, transparency, and value for all**.

MAP's objectives are to:

1. **Improve outcomes in high-leverage areas for patients and their families.** MAP encourages the use of the best available measures that are high-impact, relevant, and actionable. MAP has adopted a person-centered approach to measure selection, promoting broader use of patient-reported outcomes, experience, and shared decision making.
2. **Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value.** MAP promotes the use of measures that are aligned across programs and between the public and private sectors to provide a comprehensive picture of quality for all parts of the healthcare system.
3. **Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.** MAP encourages the use of measures that help transform fragmented healthcare delivery into a more integrated system with standardized mechanisms for data collection and transmission.

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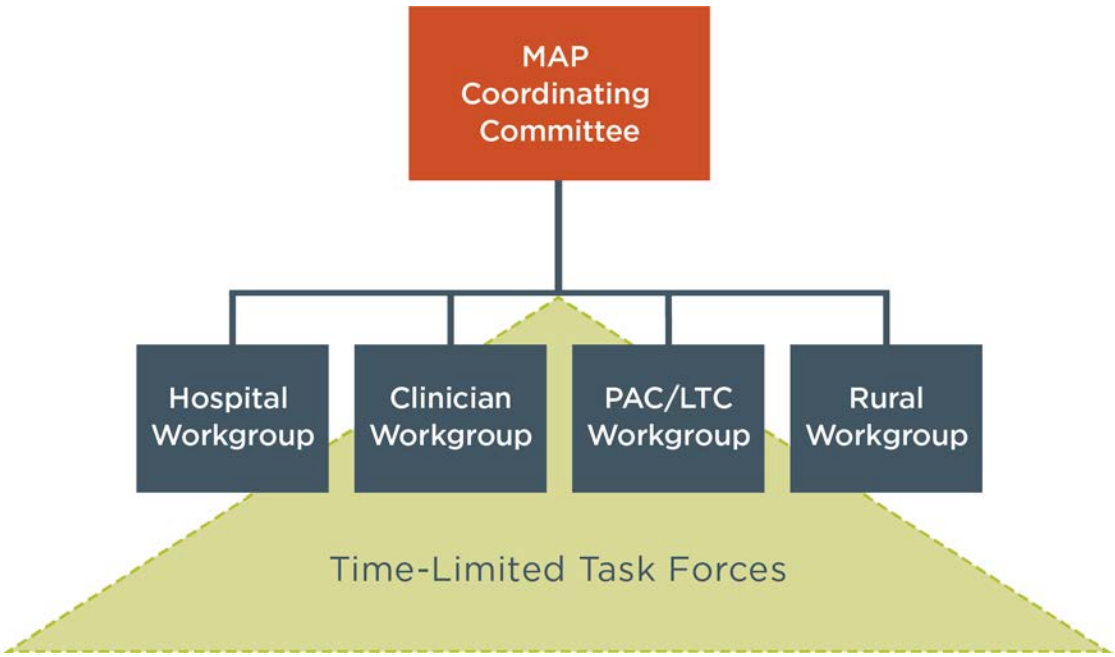
[1] U.S. Government Printing Office (GPO). Patient Protection and Affordable Care Act (ACA), PL 111-148 Sec. 3014. Washington, DC: GPO; 2010, p.260. http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf. Last accessed March 2015.

[2] Agency for Healthcare Research and Quality (AHRQ). About the National Quality Strategy website. https://www.ahrq.gov/workingforquality/about/index.html. Last accessed February 2018.

Structure

MAP operates through a two-tiered structure (see Figure). The MAP Coordinating Committee provides direction to the MAP workgroups and task forces and final input to HHS. MAP workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and consumer populations. As needed, MAP may convene time-limited task forces. MAP task forces are bodies that consider specific topics, such as families of measures, and provide further information to the Coordinating Committee and workgroups. Each multistakeholder group includes representatives from public- and private-sector organizations particularly affected by the work, and individuals with content expertise.

MAP Structure



The NQF Board of Directors oversees MAP. The Board will review any procedural questions and periodically evaluate MAP's structure, function, and effectiveness, but will not review the Coordinating Committee's input to HHS. The Board selects the Coordinating Committee and workgroups based on Board-adopted selection criteria (see Appendix C). Balance among stakeholder groups is paramount.

Because MAP's tasks are so complex, including individual subject matter experts in the groups also is imperative. However, the majority of MAP's members must be organizations.

All MAP activities are conducted in an open and transparent manner. The appointment process includes open nominations and a public comment period. MAP meetings are open to the public, materials and summaries are posted on the NQF website, and public comments are solicited on recommendations.

Appendix B: MAP Member Commitment and Expectations

Organizations and individual subject matter experts selected will serve three-year terms and are eligible for reappointment.

Organizations and individuals selected should be capable of and committed to meeting the following MAP member responsibilities:

- Strong commitment to advancing the performance measurement and accountability purposes of MAP.
    - **Willingness to work collaboratively with other MAP members, respect differing views, and reach agreement on recommendations.** Input should not be limited to specific interests, though sharing of interests is expected. Impact of decisions on all healthcare populations should be considered. Input should be analysis and solution-oriented, not reactionary.
    - **Ability to volunteer time and expertise as necessary to accomplish the work of MAP, including meeting preparation, attendance and active participation at meetings, completion of assignments, and service on task forces and ad hoc groups.** MAP members should anticipate attending 1-2 in-person meetings in Washington, DC and 1-3 web-based meetings per year. Travel costs associated with meeting participation are reimbursed by NQF.
- Organizational MAP members will be responsible for identifying an individual to represent them.
    - **Commitment to attending meetings.** Individual subject matter experts selected for MAP membership will not be allowed to send substitutes to meetings. Organizational representatives may request to send a substitute in exceptional circumstances and with advance notice. If an organizational representative is repeatedly absent, the chair may ask the organization to designate a different representative.
- Demonstration of respect for the MAP decision making process by not making public statements about issues under consideration until MAP has completed its deliberations.
    - **Acceptance of the MAP conflict of interest policy.** Members will be required to publicly disclose their interests and any changes in their interests over time.

Appendix C: Criteria for Consideration

Criteria for Organizations

- **Organizations selected for MAP should represent leading stakeholder groups affected by the use of quality measures.** The ACA definition of multistakeholder group indicates that affected organizations and broad groups of stakeholders should be represented.
- **Organizational MAP members should have structures and processes for setting policy and communicating with their constituencies.** Organizations should have a governance structure and have demonstrated success in representing the interests of their constituencies through collaborative policy development and effective communication of their positions.
- **Organizational MAP members should contribute to a balance of stakeholder interests.** Important interests to consider include consumers, purchasers, providers, professionals, health plans, public/community health agencies, suppliers/industry, and quality measurement experts/researchers.
- The majority of MAP members should be organizations.

Criteria for Individual Subject Matter Experts

- **Individual MAP members should be subject matter experts in a relevant field**, such as quality measurement, public reporting, or performance-based payment. Expertise is also sought in specific fields outlined in the call for nominations.
- An individual subject matter expert member does not—and should not—represent the interests of a specific group.
- Individual subject matter expert members are expected to be neutral experts, and will be subject to a high level of scrutiny for potential conflicts of interest.

Criteria for Both Organizations and Individual Subject Matter Experts

- **Members should contribute to the diversity of MAP.** For organizational members, the organization itself may represent the interests of a vulnerable population. In addition, organizational members' representatives and individual members should contribute to the diversity of MAP, whenever possible. Aspects of diversity to consider include race, ethnicity, gender, geographic area (region of the country, urban/rural, and communities), and representation of life stages (i.e., child, maternal, adult, and senior health).
- **Organizational MAP members, as well as individual subject matter experts, should have demonstrated involvement and experience in quality measurement (e.g., development, endorsement, implementation, validation, and methodological issues), public reporting, and performance-based payment.** Such involvement and experience is relevant to determining an organization's interest in MAP's purpose.