



# NATIONAL QUALITY FORUM

Driving measurable health  
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## Call for Nominations: 2021-2022 Measure Applications Partnership Health Equity Advisory Group

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### Overview

The National Quality Forum (NQF) is seeking nominations for organizations and individual subject matter experts in health equity to serve on the Measure Applications Partnership (MAP) Health Equity Advisory Group.

The [Measure Applications Partnership \(MAP\)](#), convened and facilitated by the National Quality Forum (NQF), is a multistakeholder group that provides recommendations to the Centers for Medicare & Medicaid Services (CMS) on the selection of performance measures for federal health programs. To ensure that perspectives on health inequities and disparities are adequately considered as part of the MAP process, with funding from CMS, we are convening the new MAP Health Equity Advisory Group. The MAP Health Equity Advisory Group will be a second non-voting Advisory Group, along with the [MAP Rural Health Advisory Group](#), providing feedback to CMS on measures under consideration. **NQF is seeking nominations for the MAP Health Equity Advisory Group through July 29, 2021.**

The MAP Health Equity Advisory Group will help to:

- provide input to the setting-specific workgroups on measurement issues impacting health disparities and critical access hospitals for measures under consideration during MAP's annual pre-rulemaking process;
- identify health disparity gaps in measurement; and
- provide recommendations to reduce health differences that are closely linked to social determinants of health (SDOH).

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, see [Appendix B](#).

Organizations and individuals selected will serve up to three years and are eligible for reappointment. NQF will appoint no more than twenty-five (25) members to the Advisory Group. A variety of stakeholders are encouraged to apply, including consumers/patients, patient advocacy organizations, purchasers, providers, health professionals, health plans, suppliers, community and public health agencies, and healthcare quality experts. Nominees should have expertise in health disparities and quality measurement; this includes but is not limited to experience with quality of care related to age, sex, income, race, ethnicity, disability, language, literacy, sexual orientation, gender identity, geographic location, and the intersection of these factors.

### 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);
- Statement of interest; and
- Disclosure of interest form (will be forwarded to nominee via [nominations@qualityforum.org](mailto:nominations@qualityforum.org) upon confirmation of nomination).

**Deadline for Submission:** All nominations MUST be submitted by **Wednesday, July 29, 2021 at 6:00 pm Eastern Time**.

## Questions

If you have questions about the nominations process, please contact: [nominations@qualityforum.org](mailto:nominations@qualityforum.org).

If you have questions about MAP, please contact: [MAPcoordinatingcommittee@qualityforum.org](mailto:MAPcoordinatingcommittee@qualityforum.org)

If you have any questions about the MAP Health Equity Advisory Group, please contact: [MAPHealthEquity@qualityforum.org](mailto:MAPHealthEquity@qualityforum.org)

## Appendix A: MAP Background

### Purpose

Funded by the Centers for Medicare & Medicaid Services (CMS), 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 the 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.<sup>1</sup>

The 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 the MAP to evaluate and provide upstream input to HHS in a more global and strategic way.

The MAP is designed to facilitate progress on national healthcare priorities outlined by CMS and HHS. Accordingly, the MAP informs the selection of performance measures to achieve the goals of **improvement, transparency, and value for all**.

The MAP’s objectives are to:

1. **Improve outcomes in high-leverage areas for patients and their families.** The MAP encourages the use of the best available measures that are high-impact, relevant, and actionable. The 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.** The 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.** The 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.

### Structure

The MAP operates through a two-tiered structure. The MAP Coordinating Committee provides direction to the MAP workgroups and advisory groups as well as final input to HHS. MAP workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and consumer populations, while the advisory groups provide input to the workgroups on the rural health perspective and on measurement issues impacting health disparities and critical access hospitals for measures under consideration. Each multistakeholder group includes representatives from public- and private-sector organizations particularly affected by the work, and individuals with content expertise.

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<sup>1</sup> 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.

NQF selects the Coordinating Committee, workgroup, and advisory group members based on Board-adopted selection criteria (see [Appendix C](#)). Balance among stakeholder groups is paramount.

Because the MAP's tasks are so complex, including individual subject matter experts in the groups is also imperative. However, the majority of the 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 (unless a different term length is necessary to maintain staggering of term end dates) 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 the 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 the 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 1-3 web-based meetings per year and 1-2 virtual meetings.
- 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 co-chairs 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 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 are relevant to determining an organization's interest in the MAP's purpose.