



MAP GOAL AND OBJECTIVES

In pursuit of the aims, priorities, and goals of the National Quality Strategy (NQS), the Measure Applications Partnership (MAP) informs the selection of performance measures to achieve the goal of improvement for clinicians and providers, transparency for consumers and purchasers, and value for all. MAP's objectives are to:

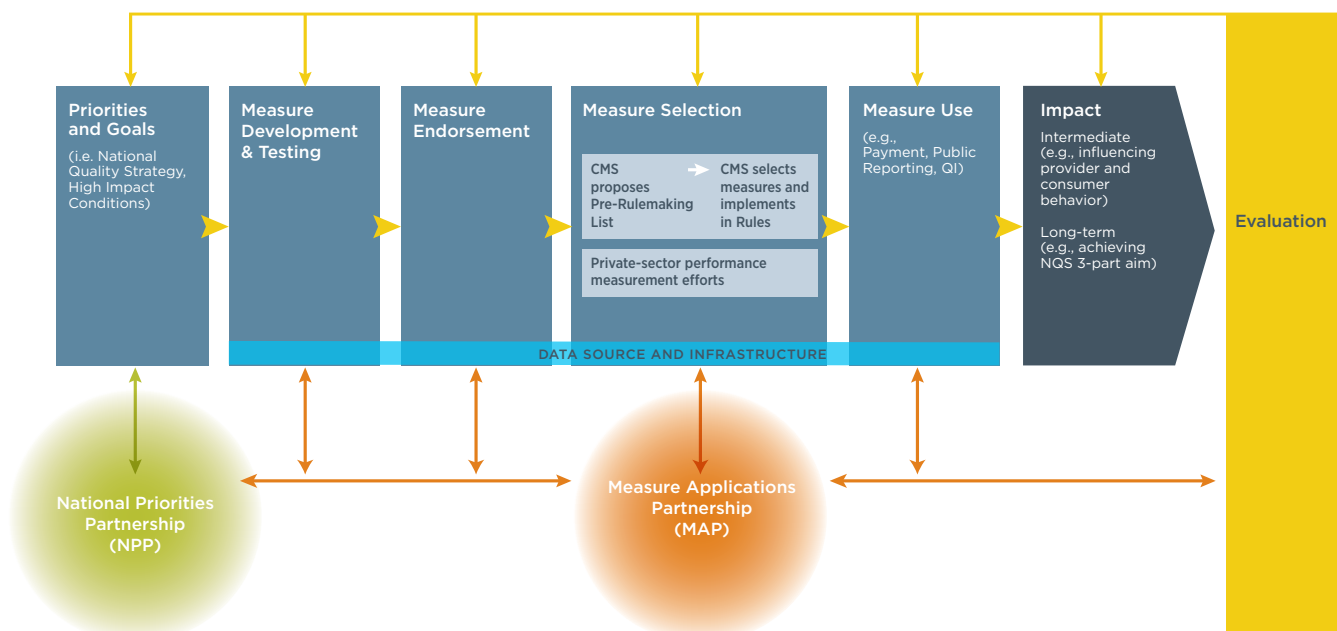
1. Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS;
2. Stimulate gap-filling for high-priority measure gaps;
3. Promote alignment of performance measurement across Department of Health and Human

Services (HHS) programs and between public and private initiatives; and

4. Ensure MAP's recommendations are relevant to public and private stakeholders and its processes are effective.

Many stakeholders are engaged in performance measurement efforts to achieve the goals of the NQS. These efforts comprise the Quality Measurement Enterprise (Figure 1) and include priority and goal setting, measure development and testing, measure endorsement, measure selection and use for various purposes, and determining impact.

FIGURE 1. QUALITY MEASUREMENT ENTERPRISE



MAP, a public-private partnership, works collaboratively with the stakeholders across the Quality Measurement Enterprise to ensure that the application of performance measures achieves improvement, transparency, and value. Each objective relates to various functions of the Quality Measurement Enterprise.

Objective 1

Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS. MAP's primary purpose, as specified in the Affordable Care Act (ACA), is to provide input to HHS on selecting performance measures for numerous accountability applications, such as public reporting, performance-based payment, and health information technology incentives tied to "meaningful use." This input to HHS includes recommendations for applying the best available measures and prioritization of measure gaps to guide policymakers' decision-making. NQF-endorsement is a threshold criterion for selecting measures that are important, scientifically acceptable, feasible, and useful for accountability purposes and quality improvement.

Objective 2

Stimulate gap-filling for high-priority measure gaps. MAP, through collaboration with HHS and private entities, will develop pathways to provide solutions for filling gaps, including but not limited to, defining measure ideas to address gap areas; identifying needed funding for measure development, testing, and endorsement; engaging measure developers; facilitating the construction of test beds for measure testing; and identifying opportunities to build mechanisms for efficient collection and reporting of data.

Objective 3

Promote alignment of performance measurement across HHS programs and between public and private-sector initiatives. Aligned performance measurement is important to send clear direction and provide strong incentives to providers and clinicians regarding desired health system change. Performance measures should align across settings, programs, populations, and payers in order to provide a comprehensive picture of quality. Strategically aligning public and private payment and public reporting programs will encourage delivery of patient-centered care and reduce providers' data collection burden.

Objective 4

Ensure MAP's recommendations are relevant to public and private stakeholders and its processes are effective. MAP's careful balance of interests is designed to provide HHS and the field with thoughtful input on performance measure selection. MAP must leverage its relationships with various healthcare stakeholders to promote MAP's recommendations and ensure that MAP's input is considered across the Quality Measurement Enterprise.

MAP STRATEGIES AND TACTICS

To date, MAP has generated program- and measure-specific recommendations to HHS, developed coordination strategies for performance measurement across public- and private-sector programs, and identified and prioritized measure gaps. Over the next three years, MAP plans to engage in several strategies and tactics to

operationalize the MAP objectives. While each strategy and tactic can address multiple MAP objectives, the table below indicates the primary objectives each strategy and tactic addresses. For each objective, MAP will identify indicators of success.

TABLE 1. MAP STRATEGIES AND TACTICS

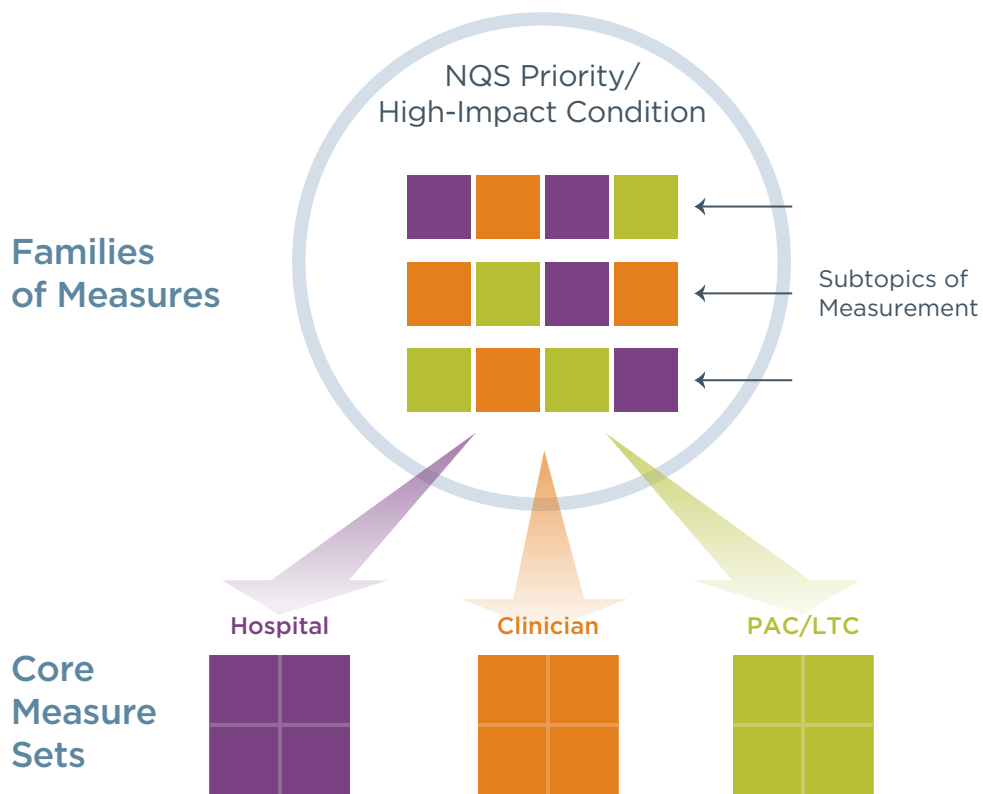
GOAL	OBJECTIVES	STRATEGIES/TACTICS	BY 2015, MAP WILL...
Apply performance measures to achieve improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the National Quality Strategy	1. Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS	<ul style="list-style-type: none"> Families of Measures and Core Measure Sets MAP Measure Selection Criteria MAP Analytics Plan Measure Implementation Phasing Strategies 	<i>TBD—Indicators of success to be developed as part of the Strategic Plan</i>
	2. Stimulate gap-filling for high-priority measure gaps	<ul style="list-style-type: none"> Families of Measures and Core Measure Sets Addressing Measure Gaps 	
	3. Promote alignment of performance measurement across HHS programs and between public and private initiatives	<ul style="list-style-type: none"> Families of Measures and Core Measure Sets MAP Communication Plan 	
	4. Ensure MAP’s recommendations are relevant to public and private implementers and its processes are effective	<ul style="list-style-type: none"> MAP Evaluation Plan MAP Communication Plan 	

Families of Measures and Core Measure Sets

In accordance with MAP’s objectives to identify best measures and align performance measurement, MAP will identify families of measures—sets of related available measures and measure gaps that span programs, care settings, and levels of analysis—for each of the NQS priority areas. The measure families will inform the development and revision of core measure sets

for specific programs or settings. For example, a care coordination measure family might identify aligned care transitions measures across settings and levels of analysis. Core sets, pulled from the care coordination family, would contain the care transitions measures that address the highest-leverage opportunities for improvement in a particular program or setting. Figure 2 illustrates the concept of families of measures and core measure sets.

FIGURE 2. FAMILIES OF MEASURES AND CORE MEASURE SETS



Identification of measure families and core measure sets will build on the high-leverage strategic opportunities and national-level measures in the [NQS 2012 Annual Progress Report](#) and reports from the National Quality Forum's (NQF's) measure endorsement process. National Priorities Partnership (NPP) and endorsement project Steering Committee liaisons will serve on the MAP task forces devoted to developing measure families to provide insight on the input to the NQS and endorsement recommendations. Additionally, MAP will build on private- and public-sector efforts to select measures; for example, the HHS Interagency Working Group on Healthcare Quality is engaging in efforts to align and coordinate performance measurement efforts across federal programs. Each task force includes MAP members who are federal liaisons.

Addressing Measure Gaps

Critical measure gaps—such as patient-reported functional status, cost, care coordination, patient engagement, and shared decision making—persist across settings and programs despite being previously identified as high-priority gaps. MAP will help facilitate a coordinated strategy for gap filling among public and private entities by engaging measure developers and those who fund measure development, and by identifying solutions to implementation barriers. For measure development gaps, where measures currently do not exist, MAP will propose strategies to engage measure developers. Such strategies may include identifying where existing measures may need additional testing for application to other settings, bringing tested measures in for NQF endorsement, and prioritizing gaps to signal to funders where measure development is most needed. As part of the gap-filling approach, MAP will identify opportunities to promote the development of eMeasures. For implementation gaps, where measures exist but are not included in a particular program, MAP will proactively identify and propose solutions to the implementation barriers that perpetuate the implementation gaps.

Define Measure Implementation Phasing Strategies

MAP recognizes that its recommendations must consider strategies to quickly and deliberately transition from the current measure sets to ideal measure sets. Phasing strategies will address how a program's purpose transitions over time; for example, some federal programs transition to pay for performance after several initial years as a public reporting program. Phasing strategies must also consider the evolving mechanisms for data collection, including systems capability and capacity, best practices for collecting data needed for robust measurement, and interim strategies for data collection. For example, MAP would identify which measures in a program should be phased out as more person-centered, cross-cutting, and health information technology (HIT)-enabled measures become available. MAP will engage stakeholders to provide input on the feasibility of MAP's phasing strategies. For example, the NPP affinity groups will provide input on how MAP's phasing strategies will address the real-world implementation challenges of measurement.

MAP Analytics Plan

In its first year, MAP emphasized the need for MAP's decision making to be more analysis-driven, informed by measure data and experience in the field. MAP has identified several types of information needed to inform MAP's decisions. Information on current performance gaps highlights the high-leverage opportunities for performance measurement. Qualitative and quantitative information on measure use provides insight into public- and private-sector implementation experiences. Finally, assessing the impact of measures in the field could elicit potential undesirable consequences and help to understand if performance measures are truly driving improvement. To provide thorough recommendations on the best performance measures for specific purposes, MAP will establish an analytics plan that:

- Builds on the NQS and the goals, measures, and strategic opportunities identified by NPP and other initiatives to identify high-leverage opportunities for improvement; and
- Utilizes information on measure use and impact by establishing feedback loops.

Build on NQS/NPP and other initiatives to identify high-leverage opportunities for improvement.

The foundation for MAP's decision making is the NQS. Accordingly, MAP's analytics plan will incorporate NPP's input to HHS regarding strategic opportunities and national-level measures to achieve the aims, priorities, and specific goals of the NQS. MAP and NPP will promote bi-directional collaboration to ensure MAP's decisions align with the true intent of the NQS aims and priorities. For example, NPP co-chairs serve on the Strategy Task Force and select NPP members will serve as liaisons to the MAP families of measures task forces. In addition, MAP will leverage findings from other initiatives focused on advancing healthcare quality. Specifically, MAP will actively seek information that describes impact and improvability, with a focus on incidence, prevalence, cost, improvement gaps, and regional variation. For example, *The Healthcare Imperative: Lowering Costs and Improving Outcomes*, published by the Institute of Medicines (IOM), will provide MAP with valuable information regarding opportunities to address healthcare waste and resource use. Similarly, MAP will incorporate information gleaned from NQF's endorsement process and other NQF convening activities. Broader healthcare quality research and measure endorsement information will facilitate MAP's articulation of the highest-leverage opportunities for performance measurement.

Utilize information on measure use and impact by establishing feedback loops. MAP will need information on the use and impact of existing measures to make informed decisions about the best available measures. MAP will leverage its relationships with stakeholders to obtain such information, as well as look to prior work

and several ongoing efforts, including the NQF endorsement/maintenance process, CMS *National Impact Assessment of Medicare Quality Measures Report*, which provides trended data for eight CMS programs, the Quality Alliance Steering Committee (QASC) Environmental Scan, and the Agency for Healthcare Research and Quality's (AHRQ) National Healthcare Quality & Disparities Reports.

As illustrated in Figure 1, MAP seeks to establish feedback loops with multiple stakeholders across the Quality Measurement Enterprise to strengthen MAP's recommendations over time. MAP will leverage NQF's relationships with communities, such as the Aligning Forces for Quality community alliances, to understand how they are approaching performance measurement.

MAP Measure Selection Criteria

The MAP Measure Selection Criteria (MSC) were developed and adopted to guide MAP's input on the selection of measures and to identify measure gaps. MAP envisions that the MSC will continue to evolve as MAP gains experience using the criteria. MAP will revisit the selection criteria to ensure the aforementioned goals and objectives are clearly articulated within the criteria and address issues raised during the first-year experience. For example, MAP highlighted the need to explore whether the differing purposes of performance measurement programs (e.g., public reporting, performance-based payment, quality improvement) call for different selection criteria. MAP will consider how the selection criteria should address removal of low-value measures (e.g., measures that are low impact or have implementation issues), along with other minor refinements (e.g., identifying high-impact conditions for other age groups). Finally, MAP recognizes that some issues may be better suited for exploration by other stakeholders within the Quality Measurement Enterprise. For example, although the selection criteria address disparities, MAP notes there is a need for a national strategy on addressing healthcare disparities, which

may be better suited for the membership and implementation role of the NPP and informed by the NQF Healthcare Disparities and Cultural Competency project.

MAP Evaluation Plan

MAP seeks to establish feedback loops with various stakeholders to gauge the effectiveness and impact of its recommendations and to enhance its subsequent decision making. MAP must determine whether its recommendations are meeting stakeholders' needs and are aligned with stakeholders' goals. As a first step in developing an evaluation plan, MAP will identify its key audiences and determine what those audiences deem most important to assess. Next, MAP will engage in a systematic evaluation to understand if its processes were transparent and effective and to determine uptake and impact of MAP's recommendations on driving improvement, transparency, and value. Uptake of MAP's recommendations will be informed by finalized federal rules and outreach to private-sector stakeholders implementing performance measurement initiatives. Determining MAP's impact on the broader Quality Measurement Enterprise and understanding if MAP is truly driving improvement, transparency, and value will be informed by stakeholder outreach.

MAP Communication Plan

MAP will develop a plan for disseminating its recommendations in a clear and effective manner to both public- and private-sector audiences. For example, stakeholder feedback from MAP's first year of pre-rulemaking input requested that MAP clarify its response categories, which included "support," "support direction," and "do not support." MAP will explore options to determine the most discerning response categories for its recommendations. The communication plan will also design strategies for targeted outreach to key stakeholders in the public and private sectors—including measure developers, entities selecting

measures for various programs, and healthcare entities that collect and report measurement data. As part of its collaboration with NPP, MAP will identify opportunities to synchronize and activate stakeholders within the Quality Measurement Enterprise to facilitate achieving the partnerships shared objectives.

MAP Action Plan

MAP has identified multiple strategies and tactics to drive toward performance measures that promote improvement, transparency, and value. The MAP Strategic Plan will include an action plan and deliverables for accomplishing each tactic over the next three years. Below is a brief timeline for each of the MAP Strategies and Tactics:

- Development of **families of measures** will begin in May 2012. By October 2012 MAP will develop measure families for safety, care coordination, cardiovascular prevention and treatment, and diabetes prevention and treatment. Additional measure families addressing the remaining NQS priorities (population health, patient- and family-centered care, affordability) will be developed in 2013. MAP will also identify other topic areas requiring the development of a measure family (e.g., mental health) and define a timeline for development. Finally, MAP will establish a process for revisiting the families of measures and related **core measure sets** over time.
- **Addressing measure gaps and implementation phasing strategies** will occur through the development of measure families and core sets and MAP's annual pre-rulemaking input.
- Initial development of a **MAP Analytics Plan** will occur in June of 2012 and will continue to evolve throughout the course of MAP's work.
- The **MAP Measure Selection Criteria** will be refined in 2012 to ensure they address the MAP goals and objectives. The criteria will be refined annually, as needed, to address any issues raised as MAP applies the criteria.

- MAP will begin developing a protocol for an **evaluation plan** in 2012 and refine according to stakeholder feedback. In 2014 MAP will engage in a systematic evaluation of its impact to date.
- Initial development of a MAP **communication plan** will begin in early 2012 and be executed throughout the course of MAP's work, with refinements, as necessary, to ensure maximum effectiveness and outreach.