Community Tool to Align Measurement

March 7, 2012
Webinar Tips

- Turn on your computer speakers
- For technical assistance, click the “Live Help” button or email: NQF@commpartners.com
- Submit questions using the Q&A box located at the bottom of your screen
Today’s Speakers

- **Anne Weiss**, Team Director and Senior Program Officer, Robert Wood Johnson Foundation

- **Lori Lambert**, Director of Measurement and Reporting, Oregon Health Care Quality Corporation

- **Melissa Kennedy**, Director of Operations, the Health Collaborative of Greater Cincinnati

- **T.J. Dube**, Manager, Performance Measurement, the Health Collaborative of Greater Cincinnati

- **Lisa Mason**, Director of Cost Quality, Greater Detroit Area Health Council

- **Tom James**, Medical Director, National Network Operations, Humana
Today’s Webinar Will Offer...

- Overview of the Alignment Tool
- How to Use the Tool to Address Your Needs
- Q&A Throughout
NQF: National Multi-Stakeholder Collaborative

NQF is a nonprofit organization that convenes a wide variety of healthcare stakeholders to improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;

- Endorsing national consensus standards for measuring and publicly reporting on performance; and

- Promoting the attainment of national goals through education and outreach programs.
NQF ‘Synching’ National – State – Local Efforts

- **Context**: National Priorities Partnership

- **Incentives**: Federal Reporting Requirements & Performance-Based Payment

- **Measures**: Endorsement, Data Issues & Access to Information (QPS)

- **Alignment**: Tool to Inform Measurement Decisions
Why Develop an Alignment Tool?

Current landscape reflects regional variations in data sources, market structures, local priorities, etc.

- To align or expand in consistent ways, organizations want to know:
  - Which NQF-endorsed® measures others are using and what their experience has been
  - How measures align with the National Quality Strategy (NQS) and with national programs that drive reporting requirements or payment incentives
Developing the Tool

- Multi-stakeholder group helped refine the project’s scope

- Input from the *Aligning Forces for Quality (AF4Q) Alliances*
  - All 16 Alliances provided to NQF the measures they use (*171 total* NQF-endorsed measures!)
  - Worked closely with Cincinnati, Detroit, and Maine to define approach for Tool

- Engagement of many national partners
Alignment Tool Components

1. Measure Spreadsheet
   - NQF-endorsed measures in use (as of February 2012) by one or more of the 16 AF4Q Alliances mapped to the NQS and key national programs

2. Measure Use Experience
   - Measurement and public reporting experiences of three AF4Q Alliances, plus specific information about many of the measures in use in each community

A User Guide accompanies the Tool to provide guidance on using the tool to best meet your needs.

www.qualityforum.org/AlignmentTool
Please Keep in Mind...

- Tool only includes NQF-endorsed measures in use by the 16 AF4Q Alliances
- Alliances took different approaches in deciding which measures to report as “in use”
- Tool is a snapshot in time as of February 2012
Alignment Tool: Measure Spreadsheet
<table>
<thead>
<tr>
<th>NQF Measure #</th>
<th>NQF Measure Title</th>
<th>Care Setting</th>
<th>Affordable Care</th>
<th>Care Coordination and Communication</th>
<th>Health and Well-Being</th>
<th>Prevention and Treatment of Person-and-Family-Centered Care</th>
<th>Avoidable Care, Cases of Mortality</th>
<th>Total AQHQ</th>
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<tbody>
<tr>
<td>0001</td>
<td>Asthma assessment</td>
<td>Clinician Office</td>
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<td>0002</td>
<td>Appropriate testing for children with pharyngitis</td>
<td>Clinic/Urgent Care, Clinician Office</td>
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<td>CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)</td>
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<td>0018</td>
<td>Controlling High Blood Pressure</td>
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<td>0021</td>
<td>Therapeutic monitoring: Annual monitoring for patients on persistent medications</td>
<td>Clinician Office</td>
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<td>0022</td>
<td>Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided</td>
<td>Clinician Office</td>
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<td>Management plan for people with asthma</td>
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<td>Smoking Cessation, Medical Assistance: a. Advising Smokers to Quit, b.</td>
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Therapeutic monitoring: Annual monitoring for
0002  Appropriate testing for children with pharyngitis

STEWARD: National Committee for Quality Assurance

MEASURE DESCRIPTION:
Percentage of patients who were diagnosed with pharyngitis, prescribed an antibiotic, and who received a group A streptococcus test for the episode.

NUMERATOR STATEMENT:
A strep test administered in the 7-day period from 3 days prior through 3 days after the First Eligible Episode Date.

DENOMINATOR STATEMENT:
Children age 2 years as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year who had an outpatient visit with only a diagnosis of pharyngitis. Exclude claims/encounters with more than one diagnosis.

EXCLUSIONS:
Exclude claims/encounters with more than one diagnosis.

RISK ADJUSTMENT:
No

CLASSIFICATION:

MEASURE STEWARD CONTACT INFORMATION:

Measure Under Review:
Annual Update

eMeasure Available:
No
### Measures in Use Mapped to the National Quality Strategy (NQS) Priorities

<table>
<thead>
<tr>
<th>NQF Measure #</th>
<th>NQF Measure Title</th>
<th>Care Setting</th>
<th>Affordable Care</th>
<th>Care Coordination</th>
<th>Health and Well-Being</th>
<th>Person- and Family-Centered Care</th>
<th>Prevention and Treatment of Leading Causes of Mortality</th>
<th>Cincinnati AE4Q</th>
<th>Detroit AE4Q</th>
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NQF-endorsed measures are tagged to the National Quality Strategy by both the AF4Q alliances and NQF perspectives. Measures may be tagged to multiple priorities.
Measures in Use by the 16 AF4Q Alliances

<table>
<thead>
<tr>
<th>Leading Causes of Mortality</th>
<th>Cincinnati AF4Q</th>
<th>Detroit AF4Q</th>
<th>Maine AF4Q</th>
<th>Albuquerque AF4Q</th>
<th>Cleveland AF4Q</th>
<th>Greater Boston MA AF4Q</th>
<th>Humboldt County CA AF4Q</th>
<th>Kansas City MO AF4Q</th>
<th>Memphis TN AF4Q</th>
<th>Minnesota AF4Q</th>
<th>Oregon AF4Q</th>
<th>Puget Sound WA AF4Q</th>
<th>South Central PA AF4Q</th>
<th>West Michigan AF4Q</th>
<th>Western New York AF4Q</th>
<th>Total AF4Qs Using Measure</th>
<th>Recognition</th>
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NATIONAL QUALITY FORUM
The Health Collaborative’s Publicly Reported Measures
OWNER ORGANIZATION: The Health Collaborative

DESCRIPTION:
These measures are used in the Health Collaborative’s and Greater Cincinnati Health Council’s public reports: www.YourHealthMatters.org; www.gchc.org/data/public-reports; www.the-collaborative.org

OWNER KEYWORDS:
health collaborative, AF4Q, Cincinnati, Ohio

HISTORY
Owner Organization:
The Health Collaborative
Owner: TJ Dube
Created Date: August 26, 2011
Last Modified Date: October 12, 2011

MEASURES WITHIN THIS PORTFOLIO (28 MEASURES):

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NQF #</th>
<th>STEWARD</th>
<th>UPDATED</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-Item Care Transition Measure (CTM-3)</td>
<td>0228</td>
<td>University of Colorado Health Sciences Center</td>
<td>Jun 17, 2011</td>
<td>ADD TO COMPARE</td>
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<tr>
<td>All-Cause Readmission Index (risk adjusted)</td>
<td>0329</td>
<td>United Health Group</td>
<td>Oct 04, 2011</td>
<td>ADD TO COMPARE</td>
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</table>
**Insight About Using a Measure**

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<tr>
<td>Cincinnati AF&amp;Q</td>
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<td>Detroit AF&amp;Q</td>
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<td>Maine AF&amp;Q</td>
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<td>Albuquerque</td>
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<tr>
<td>Leading Causes of Mortality</td>
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</table>
Excerpt from Measure Use Experience

NQF #0064: Diabetes Measure Pair: a. Lipid management: low density lipoprotein cholesterol (LDL-C) < 130, b. Lipid management: LDL-C < 100

AF4Q Alliances Using This Measure (10): Albuquerque; Cincinnati; Cleveland; Detroit; Humboldt County, CA; Kansas City, MO; Maine; South Central PA; West Michigan; Wisconsin

Plain Language Measure Name Example(s):
“Keep bad cholesterol (LDL) under 100 mg/dl” (Cincinnati AF4Q)
“Controlling cholesterol for patients with diabetes” (Detroit AF4Q)
“Triglycerides” (Maine AF4Q)

Cincinnati AF4Q Measure Selection: This measure is part of the diabetes composite score from Minnesota Community Measurement (MNCM), as well as for Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) recognition scoring.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 56%. This means that 56 out of 100 diabetes patients have bad cholesterol under control.

View Cincinnati AF4Q’s general approach to measurement and reporting
Measures in Use Mapped to National Programs

- Bridges to Excellence Care Recognition Programs
- CMS Child Health Insurance Program Reauthorization Act (CHIPRA)
- CMS Hospital Inpatient Quality Reporting
- CMS Hospital Outpatient Quality Reporting
- CMS Inpatient Rehab Facility Quality Reporting
- CMS LTC Hospital Quality Reporting
- CMS Medicaid Adult Quality Report (Adult Core)
- CMS Meaningful Use - Medicare and Medicaid EHR for Professionals
- CMS Meaningful Use - Medicare and Medicaid EHR for Hospitals and CAHs
- CMS Physician Quality Reporting System (PQRS)
- CMS Shared Savings Program (ACOs)
- CMS Value-Based Payment Modifier
- CMS Value-Based Purchasing
- HHS Hospital Compare
- HRSA Maternal and Child Health Bureau
- Leapfrog Hospital Measures
- NCQA HEDIS Health Plan Measures
- NCQA HEDIS Physician Measures
- ONC Beacon (In use by at least 1 Beacon Community)
Bridges to Excellence Care Recognition Programs
OWNER ORGANIZATION: HCI3

DESCRIPTION:
Bridges to Excellence (BTE) Care Recognition Programs are intended to identify clinicians who deliver high-value care to patients with specific chronic conditions. Please visit www.hci3.org for more information.

OWNER KEYWORDS:
Bridges to Excellence, BTE, HCI3, diabetes, CAD, CHF, asthma, COPD, back pain, htn

HISTORY
Owner Organization: HCI3
Owner: Jessica DiLorenzo
Created Date: February 08, 2012
Last Modified Date: February 09, 2012

MEASURES WITHIN THIS PORTFOLIO (35 MEASURES):

<table>
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<tr>
<th>TITLE</th>
<th>NQF#</th>
<th>STEWARD</th>
<th>UPDATED</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a</td>
<td>0071</td>
<td>National Committee for Quality Assurance</td>
<td>Jan 18, 2012</td>
<td>ADD TO COMPARE</td>
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The Tool’s Five Tabs

<table>
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<tr>
<th></th>
<th>Breast Cancer Screening</th>
<th>Cervical Cancer Screening</th>
<th>Chlamydia screening in</th>
<th>Clinician Office</th>
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Table:
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia screening in

Tabs:
- ALL
- AF4Q Alliances
- National Programs & Initiatives
- Your Measures in Use Template
- Charts
IDEA #1 – Examine the measures you use to find opportunities to align with others

- Use the *Your Measures in Use* template
- Identify gaps in measurement based on NQS areas and your local priorities
- See who is measuring in those priority areas in your or other regions
- Learn from others to identify opportunities for collaboration and addressing gaps
<table>
<thead>
<tr>
<th>NQF Measure #</th>
<th>NQF Measure Title</th>
<th>Care Setting</th>
<th>Patient Safety</th>
<th>Cincinnati AF&amp;Q</th>
<th>Detroit AF&amp;Q</th>
<th>Maine AF&amp;Q</th>
<th>Albuquerque AF&amp;Q</th>
<th>Greater Boston MA AF&amp;Q</th>
<th>Humboldt County CA AF&amp;Q</th>
<th>Kansas City MO AF&amp;Q</th>
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<th>Oregon AF&amp;Q</th>
<th>Puget Sound WA AF&amp;Q</th>
<th>South Central PA AF&amp;Q</th>
<th>West Michigan AF&amp;Q</th>
<th>Western New York AF&amp;Q</th>
<th>Wisconsin AF&amp;Q</th>
<th>Bridges to Excellence Recognition</th>
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<tr>
<td>2</td>
<td>Surgery Patients Who Received Appropriate Care</td>
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<td>Initial antibiotic selection for community-acquired pneumonia (CAP) in immunocompetent patients</td>
<td>Hospital/Acute Care Facility</td>
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<td>4</td>
<td>Initial antibiotic received within 6 hours of hospital arrival</td>
<td>Hospital/Acute Care Facility</td>
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<td>5</td>
<td>Prophylactic antibiotic received within 1 hour prior to surgical incision</td>
<td>Hospital/Acute Care Facility</td>
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<td>7</td>
<td>Surgery patients on beta blocker therapy prior to admission who received a beta blocker during the</td>
<td>Hospital/Acute Care Facility</td>
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The Oregon Health Care Quality Corporation is an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information.
Oregon Quality Measures

- **2006** – The creation of a shared set of ambulatory care measures for Oregon was intended to foster the development of care delivery systems that lead to better patient outcomes.
- The first phase focused on primary care measures for ambulatory settings.
- **2010** – Reporting 20 measures of ambulatory quality and utilization and CMS hospital measures
- **2011** – What next?
Quality and Value - Changing Environment

2011 Measurement Landscape

Oregon Medical Homes
PQRS
MU
ACOs
CHIPRA

Bridges to excellence
Steps to a New Measurement Framework

- Diane Stollenwerk, NQF, presents to our Measurement and Reporting Committee on national measurement alignment.
- Adopt the National Quality Strategy six priorities as a framework
- Survey 42 stakeholders (physicians, health plans, consumers, purchasers, Oregon Health Authority, other state agencies, hospitals) to identify important measure concepts
- Used NQF tools to cross-walk endorsed measures with national initiatives and those being used in other communities
- Selected specific measures for each concept area – used NQF QPS and Alignment Tool to identify potential measures
Result – Hit the Sweet Spot

National Priorities

Oregon Priorities

New Measure Set for 2012 and Beyond
Thank you

- www.PartnerForQualityCare.org
- www.Q-corp.org
- Lori.Lambert@Q-Corp.org

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Discussion
Alignment Tool:

*Measure Use Experience*
IDEA #2 – Learn from others’ experiences to inform your implementation plans

- Gain insight from the experiences in Cincinnati, Detroit, and Maine

- Consider how others describe measures in their public report to increase consistency in approach

- Reach out to others who are using measure(s) of interest to you to learn more
Information gathered from Cincinnati, Detroit, and Maine

- Measure-specific information
  - Plain language measure titles, data sources, measure results
- Measurement stories
  - Overall approach to measurement and public reporting, including their measure selection process, how they share and use measure results, and impacts observed thus far
Insight About Using a Measure
NQF #0064: Diabetes Measure Pair: a. Lipid management: low density lipoprotein cholesterol (LDL-C) < 130, b. Lipid management: LDL-C < 100

AF4Q Alliances Using This Measure (10): Albuquerque; Cincinnati; Cleveland; Detroit; Humboldt County, CA; Kansas City, MO; Maine; South Central PA; West Michigan; Wisconsin

Plain Language Measure Name Example(s):
“Keep bad cholesterol (LDL) under 100 mg/dl” (Cincinnati AF4Q)
“Controlling cholesterol for patients with diabetes” (Detroit AF4Q)
“Triglycerides” (Maine AF4Q)

Cincinnati AF4Q Measure Selection: This measure is part of the diabetes composite score from Minnesota Community Measurement (MNCM), as well as for Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) recognition scoring.

Cincinnati AF4Q Impacts Observed: The 2010 Greater Cincinnati Regional Average for this measure is 56%. This means that 56 out of 100 diabetes patients have bad cholesterol under control.

View Cincinnati AF4Q’s general approach to measurement and reporting
Measure Selection — How and why Maine decided to use specific measures

Maine relies as much as possible on national metrics and performance measurement according to the following principles:

1. Utilizing performance measurement results produced by national or regional entities pursuant to vetting and endorsement by appropriate Pathways to Excellence Steering Committees. MHHMC will only collect and analyze data when it is not available from other entities or when collecting it themselves would drive more beneficial change or be more cost effective.
2. Adopting and utilizing all available performance measures endorsed by the National Quality Forum, AQA Alliance, and other expert entities unless there is a technical or compelling reason to reject an individual measure.
3. Recognizing the differences among measures that measure high performance and those that measure basic competency or minimum thresholds of performance.

These principles led Maine to focus its data collection and reporting efforts on areas and conditions where data on outcomes of care could be assessed through measurement. For primary care practices, Maine reports ratings on the following areas of focus through its PTE program:

Office Systems: using a standard office systems survey that queries practices for use of systems known to improve quality and safety, such as use of Electronic Health Records (EHRs), chronic disease registries, e-prescribing, and nurse care management. Maine has a new “Advanced Primary Care” recognition program designed to recognize those practices moving toward becoming patient-centered medical homes.

Adult Care Clinical Outcomes: for conditions such as diabetes, and cardiovascular clinical outcomes, using national recognition programs such as the Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA) physician recognition programs. Maine will be adding recognition for other clinical recognition programs from BTE or NCQA as they are developed.

Specialty Care Systems of Care and Clinical Outcomes: for care by cardiovascular and orthopedic specialty care providers.

Pediatric Care Clinical Outcomes: for delivery of chronic care for children, including asthma, and for delivery of preventive services, such as immunizations.
Physician leaders in Cincinnati want a measurement strategy with...

- A level playing field
- Measures that matter to physicians
- A methodology which is explicit and open to scrutiny
- An aligned incentive system that rewards excellence in a consistent way
Partnering With Organizations to Ensure Aligned Measures

• Goal: Provides One Stop Shopping
Currently, a single submission results in 3 different purposes for reporting locally: public reporting, Bridges to Excellence (BTE) and National Committee for Quality Assurance (NCQA)

• Why? To make it easier on practices voluntarily participating in public reporting, maximize efficiency and reduce staff time and costs to participate.
Before the NQF Alignment Tool…

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<tr>
<th>Condition</th>
<th>BTE</th>
<th>NCQA</th>
<th>NQF</th>
<th>PQRI</th>
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Experiences With the NQF Alignment Tool Process and Next Steps

• Offered insight, evaluation, experience
• Mind-set of critical evaluation of measures, providing a process to follow
• Created deeper, more robust conversation with fellow AF4Q communities
• Look forward to learning from other portfolios
• One action step is being proactive to identify potential areas to align our work (i.e. Uniform Data System reports for Federally Qualified Health Centers and how to align with our work)
Discussion
IDEA #3 – Align around national programs and initiatives

- Compare your measures with those in key programs to assess the degree to which your organization is well-positioned for reporting requirements or payment initiatives

- Identify ‘high-value’ measures (those that are in multiple programs or priorities) to reduce measurement overload and burden
<table>
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<tr>
<th>Measure</th>
<th>Total National Initiatives Using Measure</th>
<th>Wisconsin AFQ</th>
<th>Wisconsin AFQ Using Measure</th>
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</tbody>
</table>
Louisville, KY—Need For Greater Measurement Alignment

Health Plans In Ky. → KHC → Physician Reporting → Greater Louisville Medical Society

Care Coordination

Contact: Brad St. Martin: (502)476-9751, Clinical Outcomes Data Analytics (CODA) CODA_1925
Discussion
Next Steps for Tool

- This spring, NQF will work with at least 2 groups who want to use the tool to align or expand their measurement efforts
  - Lessons will help shape the *Field Guide to NQF Resources*, to be released later in 2012

- **Interested?** Refer to the “Alignment Tool Testing” document in the Links tab above and then send an email to communities@qualityforum.org
Help Us Learn From You!

- Tell NQF about your organization or region’s measurement story and/or any feedback about the Alignment Tool
  - Send comments to: communities@qualityforum.org

- Complete the webinar evaluation survey
  - It will appear once the webinar ends
  - Please do not close your browser
Other Activities of Interest at NQF

- **eMeasure Implementation Webinar: Implications in Small Practice Settings**
  - *March 15, 12:30 – 2:00 pm Eastern*

- **Patient Safety Measures: Complications**
  - *Public Comment Period open through March 19, 2012*

- **Multiple Chronic Conditions Framework**
  - *NQF Member Voting Period open through March 20, 2012*
Thank you for joining us today...

Now, go check out the Tool!

www.qualityforum.org/AlignmentTool