

Call for Nominations: Measure Applications Partnership Workgroups

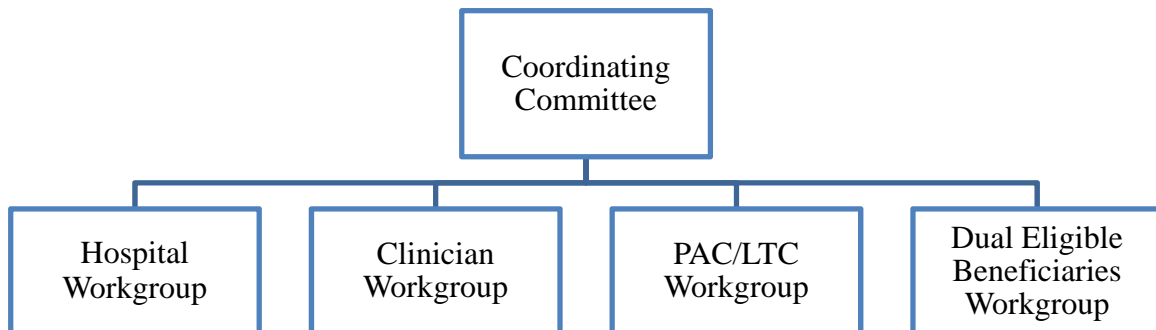
The National Quality Forum (NQF) is seeking nominations for organizations and individual subject matter experts for the advisory workgroups of the Measure Applications Partnership (MAP).

BACKGROUND

The Affordable Care Act (ACA) directs the Secretary of Health and Human Services (HHS) to seek multi-stakeholder input on the use of quality measures and assigns new duties to the consensus-based entity. Among those new duties, the entity is required to convene multi-stakeholder groups to provide input to HHS on the selection of measures for public reporting and payment programs.

NQF, currently serving as the consensus-based entity under contract with HHS, may be tasked with carrying out this consultative process in its role as neutral convener. In the event that this happens, the NQF Board has decided it is important for NQF to be prepared to respond in a timely fashion.

In June 2010, the NQF Board adopted a plan establishing a new Partnership, the MAP. The Partnership includes a two-tiered structure: (1) an overarching, multi-stakeholder Coordinating Committee to set the strategy for the MAP, provide direction to advisory workgroups, and make recommendations to HHS and (2) multi-stakeholder workgroups, as needed, to advise the Coordinating Committee on quality issues and the use of measures to encourage improvement for specific care settings, care providers, and patient populations (see Figure).



NQF previously solicited nominations for the MAP Coordinating Committee and the roster approved by the NQF Board at its November 2010 meeting was posted for a 30 day public comment period which closed on January 7, 2011. The public input is now under consideration and it is anticipated that MAP Coordinating Committee appointments will be announced in early February.

NQF now seeks nominations for MAP workgroups. Although the workgroup structure will need to be somewhat flexible to respond to the needs of HHS for guidance on measure selection for the staged implementation of various programs under ACA, we want to be prepared to activate as many as four advisory workgroups in 2011/12:

Clinician Workgroup – This workgroup will provide input to the Coordinating Committee on matters related to the selection and coordination of measures for clinicians, particularly in the office setting.

Hospital Workgroup – This workgroup will provide input to the Coordinating Committee on matters related to the selection and coordination of measures for hospitals, including inpatient acute, outpatient, cancer, and psychiatric hospitals. This workgroup will also consider issues related to hospital readmissions and healthcare-associated conditions.

Post-Acute Care/Long-Term Care Workgroup – This workgroup will provide input to the Coordinating Committee on matters related to the selection and coordination of measures for post-acute care and long-term care providers, including hospices, ESRD facilities, inpatient rehabilitation facilities, long-term care hospitals, skilled nursing facilities, and home health care.

Dual Eligible Beneficiaries Workgroup – This workgroup will provide input to the Coordinating Committee on issues related to the quality of care for dual eligible beneficiaries across the care continuum. The workgroup will develop a measurement framework specific to the quality issues dual eligible beneficiaries face, assess current measures and measurement efforts, and consider potential new measures.

COMMITMENT AND EXPECTATIONS

Each workgroup may have as many as 3 in-person meetings and 3 conference calls in 2011, with additional meetings in 2012.

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

- **Strong commitment to advancing the performance measurement and accountability purposes of the Partnership.**
- **Willingness to work collaboratively with other Partnership 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 Partnership, including meeting preparation, attendance and active participation at meetings, completion of assignments, and service on ad hoc groups.**
- **Organizational Partnership members will be responsible for identifying an individual to represent them on the MAP.**

- **Commitment to attending meetings.** Individuals selected for 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 Partnership’s decision making process by not making public statements about issues under consideration until the Partnership has completed its deliberations.**
- **Acceptance of the Partnership’s conflict of interest policy.** Members will be required to publicly disclose their interests and any changes in their interests over time.

CRITERIA FOR CONSIDERATION

Criteria for organizations

- **Organizations selected for the Partnership should represent leading stakeholder groups affected by the use of quality measures.** The ACA definition of multi-stakeholder group indicates that affected organizations and broad groups of stakeholders should be represented.
- **Organizational Partnership 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 Partnership 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.
- **Federal government agencies affected by the use of quality measures should be organizational members of the Partnership.** Federal agencies are important stakeholders, but government officials typically do not vote on recommendations to the government, so Federal officials will serve as ex-officio, non-voting members.
- **The majority of Partnership members should be organizations.**

Criteria for individual subject matter experts

- **Individual Partnership members should be subject matter experts in a relevant field, such as quality measurement, public reporting, or performance-based payment.**
- **Individual Partnership members’ inherent interests should be considered in balancing stakeholder interests, even though they are not sitting as organizational representatives.** Individual subject matter experts are 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 the Partnership.** 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 the Partnership, 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 members, as well as individual subject matter experts, should have demonstrated involvement and experience in quality measurement (e.g., development, endorsement, implementation, validation, methodological issues), public reporting, and performance-based payment.** Such involvement and experience is relevant to determining an organization's interest in the Partnership's purpose.

MATERIALS TO SUBMIT

Nominations will be accepted 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.

It is our intent to involve a broad spectrum of stakeholders in the MAP and the number of seats available is necessarily limited, but for certain reasons—such as for coordination across the MAP—an organization or individual may be selected to serve on more than one committee or workgroup.

To nominate an organization, the current President/CEO should submit the following information:

- Completed [nomination form](#); and
- Letter of interest, highlighting relevant expertise.
- Optional: up to three relevant letters of support.

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

- Materials requested of organizations above,
- Curriculum vitae, and
- [Disclosure of interest form](#).

Materials should be submitted via e-mail to measureapplications@qualityforum.org. Please include "MAP Workgroup Nomination" in the subject line of the message.

DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **Monday, February 7, 2011 at 6:00 pm ET**.

QUESTIONS

If you have any questions, please contact Sarah Lash at 202-783-1300 or measureapplications@qualityforum.org.