Measure Applications Partnership-2012 Rosters Public Comments

Comment Period Closed 05/29/2012

Organization	Individual	Feedback
Deyta LLC	Martha Tecca, Chief Strategy Officer	Given the critical importance of measurements enabling the much better integration of post-acute care, including various (and evolving) forms of home health care and end-of-life care, it appears that those sectors are under-represented on the Coordinating Committee and Advisory Workgroups. If anything, those sectors should be over-represented, to move past ensuring that the measures that "fit" acute settings and physician practices can be forced into existing home-based, chronic, palliative, and end-of-life care models. Those care models have embodied the current aims and goals of HHS for many, many years, yet they have been carved out of many measurement, regulatory, policy-making discussions. There should be a concerted effort to take advantage of existing skills and experience. Hospices, in particular, have done an extraordinary job of measuring less "concrete", but centrally-important aspects of care -- with over 1/3 of hospices adopting a standard family evaluation tool voluntarily. They have effectively been ACO's, as a result of the Medicare Hospice Benefit conditions of participation, since 1983. It's disappointing not to have hospice/end-of-life care more fully represented. Carol Raphael is, of course, familiar with hospice, but for her to be one voice representing post-acute, hospice and home health is not enough to balance the many other sectors that are represented by multiple individuals. Thank you for your consideration.
Walmart Stores, Inc	Brandi Puglise Vosberg, PharmD, Director of Quality Improvement	The roster lists looks to be full of a great array of backgrounds with only a few healthcare disciplines not represented. That is an amazing tasks alone! If it is ever decided to move toward retail pharmacy discipline reporting, I would be interested in serving on a workgroup. Thank you for your work, and I look forward to following the progress for Quality!
Wake Forest School of Medicine	Reamer L. Bushardt, PharmD, PA-C Professor and Chair, Department of Physician Assistant Studies	I am disappointed not to see representation from the Physician Assistant profession on your panel. Physician assistants are critical to quality care, coordination and collaborative efforts to assist patients and families navigate our health systems in the most appropriate, health promoting pathways possible. Our national academy, the American Academy of Physician Assistants, or our national educational association Physician Assistant Education Association or any of our member training programs within academic medical centers would be very pleased to offer candidates for consideration. As a profession, I want to offer that we would be willing partners and strong contributors to your coordinating committee. You have otherwise compiled a distinguished panel of experts from broad, diverse backgrounds, and I appreciate the strong impact MAP makes in supporting quality care for patients
The Brookdale University Hospital and Medical Center	Lewis W. Marshall Jr., MD, Chairman, Emergency Medicine	I am impressed with the organizational participation. I would recommend inclusion of the American Association of Physician Specialists for the clinician workgroup. AAPS is a national physicians group representing many specialties and subspecialties. Information may be obtained at www.aapsus.org.

NQF Response
•One-third of MAP seats (45 out of 137) were set to expire in 2012, subject to reappointment or replacement. •NQF received a total of 55 nominations, 32 from current members seeking reappointment. Thirty-five of the nominations received were from organizational representatives, and 20 were from subject matter experts. Of the 23 new nominations received, six were from organizational representatives and 17 were from subject matter experts. •NQF received a total of 23 comments on the rosters for the MAP Coordinating Committee and four advisory workgroups. Twelve comments addressed the roster for the Coordinating Committee, 11 comments addressed the roster for the Clinician Workgroup, 9 comments addressed the roster for the Hospital Workgroup, 7 comments addressed the roster for the Dual Eligible Beneficiaries Workgroup, and

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University of Maryland, Baltimore County	Cynthia Boddie-Willis, M.D., MPH, Director of Health Services Policy and Research	Why aren't Federally Qualified Health Centers represented on the MAP Coordinating Committee? Participation by a representative from the National Association of Community Health Center, for instance, should be considered.
Martha Jefferson Hospital	Sean Armstrong, BSN, MPH, Clinical Quality Analyst, Performance Improvement	Thank you for allowing me this opportunity to comment. However. It is troubling for me to consistently see the tremendous over-representation of physicians to other healthcare professionals on these committees. After all, as a quality professional, it is common practice to get the information from those closest to the work. So having some sort of professional parity is critical to developing accurate quality measures. A panel dominated by physicians simply will not be able to reflect the "application" perspective of a larger healthcare workforce. Currently, I count 64 physicians scattered across the various committees versus (for example) 15 nurses. I certainly appreciate this opportunity and look forward to the continuing success of this important effort.
Connecticut Voices for Children	Mary Alice Lee, Ph.D., Senior Policy Fellow	After review of the roster for the Measure Applications Partnership (MAP) multi-stakeholder Coordinating Committee and advisory workgroups, I feel compelled to express concern that none of the organizational members or individual subject matter expert members appear to have specific knowledge of or recognized expertise in women's health, health care, or health policy. I understand that the Coordinating Committee will provide input to HHS on selecting performance measures for public reporting, performance-based payment programs, and other purposes. These measures should include indicators specific to the health needs of women for preventive care (for example: breast and cervical cancer screening, contraceptive management, oral health care in pregnancy, screening for maternal depression, and support for healthy aging) and intervention (for example: early pregnancy identification and entry into prenatal care, delivery methods, postpartum and interconceptional care, treatment for tobacco dependence in pregnancy, treatment for maternal depression, treatment for overweight/obesity, and follow-up of medical conditions such as diabetes that are identified in the preconceptional or prenatal periods). In addition, continuous health insurance coverage throughout adolescence and adulthood is a critically important aspect of performance measurement, especially for women's health care and particularly in light of long-standing gender discrimination in the breadth and cost of coverage. Please let me know if I can be helpful with suggestions in expanding this roster to include experts in women's health.
The William W. Backus Hospital		Too many non-physicians and I suspect too many folks who do not do patient care. Example: the Substance Abuse Expert Member should be a physician, psychiatrist.
SCAI - The Society for Cardiovascular Angiography and Interventions	Joel Harder, MBA, Director for Quality Initiatives and Clinical Documents	My concern is that the overarching nomination process in general affords the same experts to exist on too many NQF Committees. I am personally concerned about the validity of the nomination process to assure that new and experienced persons join the NQF in such Committees.
	Sue Kandler	To whom it may concern,I feel your committees are lopsided in regard to nursing representation. We are the eyes and ears for the doctors.I noticed a few nurses but not on the larger groups.

NQF Response
11 comments addressed the roster for the Post-Acute Care/Long-Term Care Workgroup. •NQF thanks commenters for their engagement and support. In particular, NQF thanks those commenters who volunteered to serve on the MAP. Public comments have influenced the structure and composition of the Measure Applications Partnership (MAP), and will continue to do so. •Given the initial startup of the MAP, many of the members who were selected for one-year terms in 2011 applied for reappointment in 2012. The NQF Board took the position that interested current members should be reappointed to MAP, as the MAP Coordinating Committee and workgroups had only been in existence for one year, a balanced mix of stakeholders and manageable group size had been carefully crafted at initial appointment, and appropriate expertise had been identified. •A number of commenters suggested additional members for the MAP. During the selection of members for the MAP Coordinating Committee and workgroups, the NQF Board considered all specific

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Swedish Hospital, Seattle, WA	Carrie Fathke, MD	In reviewing the roster it appears that a strong group of representatives are available. Given the rise in hospital based physicians I think the advisory work groups would benefit from a member of the Society for Hospital Medicine.	topic areas for which commenters requested additional representation, and concluded that the perceived gaps raised by commenters are currently addressed in the following ways: o Hospice/End of life: Coordinating Committee member Carol Raphael is a hospice care expert, and there are additional hospice and palliative care experts on workgroups including R. Sean Morrison, MD as an expert on the Hospital Workgroup and representation of the National Hospice and Palliative Care Organization on the PAC/LTC Workgroup. oAmerican Association of Physician Specialists: Currently a number of physician specialty societies are represented and on the clinician workgroup: family physicians, cardiologists, emergency physicians, and radiologists. oFederally Qualified Health Centers: The funder of FQHCs, the Health Resources and Services Administration (HRSA), serves on the Coordinating Committee, Clinician Workgroup, and the Dual Eligible Beneficiaries Workgroup.
National Association of Social Workers Foundation	Joan Levy Zlotnik, PhD, ACSW Director Social Work Policy Institute	I just noted that the Rosters for MAP are open for review. Is it correct to understand that it is possible to recommend additional people? I was just looking at the Post-Acute/Long Term Care Roster and thinking that perhaps it could benefit from a member whose work focuses on addressing psychosocial needs and quality of life in those settings. I know that there was a special effort to include social work in the Dual Eligible workgroup but it also seems that the Post-Acute/LTC group could benefit as well. Please advise.	
American Occupational Therapy Association (AOTA)	Jennifer Hitchon, JD, MHA, Regulatory Counsel	The American Occupational Therapy Association (AOTA) has been an NQF member for under a year now. I'm still working on getting us up to speed on NQF's many activities, and involved where appropriate. The Health Professionals Council has been invaluable thus far, and I'd like to reach out to you with a request related to the MAP Post-Acute/Long-Term Care Workgroup roster review mentioned below. I have been attending meetings of the MAP PA/LTC Workgroup on behalf of AOTA, and I would like to see our organization represented as an organizational member (page 9 of the pdf). I could submit this request to the comments mailbox, but that doesn't seem ideal. Could you offer any guidance about whom at NQF I should approach with this question?	
Association of Rehabilitation Nurses	Kristin D. Pulatie, JD MPH, ARN Health Policy & Advocacy Manager	We are writing to express our concern that a representative from the Association of Rehabilitation Nurses (ARN) was not selected as a member of the MAP Post-Acute Care/Long-Term Care workgroup. We strongly feel that the inclusion of the rehabilitation nursing perspective would be valuable to this workgroup. Rehabilitation nursing is a philosophy of care which translates across many settings and all post-acute venues. Rehabilitation nurses act not only as caregivers, but also as coordinators, collaborators, counselors, and case managers. Because rehabilitation nurses practice in a wide array of facilities and settings, we are uniquely qualified to offer insight into issues such as public reporting and performance-based payment programs, as well as other performance measures contemplated by the Department of Health and Human Services. ARN represents over 5,700 members and 11,000 Certified Rehabilitation Registered Nurses (CRRN) across the country. Our members practice in free-standing rehabilitation facilities, hospitals, long-term care hospitals, subacute and skilled care facilities, community and government agencies, home health care settings, schools and universities, and outpatient clinics. They not only coordinate care but also collaborate with other professionals and disciplines to ensure best possible outcomes for patients. Rehabilitation nurses are often experts in accessing systems and utilizing available resources to improve the lives of patients. This familiarity with systems and performance measures would be a tremendous asset to the MAP Post-Acute Care/Long-Term Care workgroup; without ARN's participation we fear that the voices of rehabilitation nurses, and those we serve, will be lost from this discussion. One of the primary roles of the Post-Acute Care/Long-Term care workgroup is providing input to the Coordinating Committee on matters related to the selection and coordination of measures for post-acute care and long-term care (PAC/LTC) providers, including hospices, inpatient rehabilitation facilities, long-term care hospitals, skilled nursing facilities, and home health care. In reviewing the current roster, we see several individuals who are physical therapists and physicians but unfortunately no Certified Rehabilitation Registered Nurses. ARN respectfully requests that you reconsider our selection to the MAP Post-Acute/Long-Term Care workgroup to include the unique and important perspective of the rehabilitation nursing community.	

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American Association of Neurological Surgeons/ Congress of Neurological Surgeons	Koryn Y. Rubin, Senior Manager, Quality Improvement	I have reviewed the proposed MAP Clinician roster and I am disappointed to see that there is no surgeon on the panel. Given the increasing influencing of the MAP on CMS quality programs it is important for representation to be representative of medicine. A surgeons perspective and needs are much different than a family physician or radiologist. Is there a reason for the omission?	oWomen's health, health care, or health policy: The American Academy of Family Physicians and the American Academy of Nurse Practitioners on the Clinician Workgroup, as well as population health subject matter experts on the Coordinating Committee and Clinician Workgroup, represent the women's health perspective, among other interests. oSociety for Hospital Medicine: The physician perspective is represented on the Hospital Workgroup by the workgroup Chair, Frank Opelka, MD, FACS; as well as Ronald Walters, MD, MBA, MHA, MS; Andrea Benin, MD; Richard Bankowitz, MD, MBA, FACP; Mitchell Levy, MD, FCCM, FCCP; R. Sean Morrison, MD; Bruce Siegel, MD, MPH; Ann Marie Sullivan, MD; Chesley Richards, MD, MPH, FACP; Kevin Larsen, MD; and Michael Kelly, MD. oPsychosocial needs and quality of life for the PAC/LTC setting: Quality of life and psychosocial needs are currently represented on the PAC/LTC Workgroup by a number of experts including Bruce Leff, MD; Gerri Lamb, PhD; and Charlene Harrington, PhD, RN, FAAN; as well as by federal government members from AHRQ and CMS.
HealthMEDX, LLC	Gerry McCarthy	As a leading vendor to post-acute care and long-term care (PAC/LTC) providers, HealthMEDX represent a client base with a wide range of skilled nursing facilities, home health care, hospice and other PAC/LTC settings. HealthMEDX applauds the National Quality Foundation's acknowledgement of the PAC/LTC community by establishing the MAP Post-Acute Care/Long-Term Care Workgroup. After review, the HealthMEDX leadership team is in support of the proposed MAP Post-Acute Care/Long-term Care Workgroup roster. Current healthcare trends require a shift in thinking and positioning of PAC/LTC to address the reimbursement and quality challenges facing healthcare delivery in the United States. It is clear that Healthcare Reform, coupled with changing demographics and reimbursement challenges, will require providers to proactively manage populations across the continuum of care. The following trends are driving a major impact on both cost and quality and will force providers to place additional focus on Post-Acute Care Management:• Baby Boomers will require more care: 2011 marked the first year Baby Boomers became eligible for Medicare adding a record 2.8 million US residents to Medicare. Baby Boomers will increase the number of Medicare dependents from 47 million in 2012 to 60 million in 2020.• Patients with a Chronic Disease will require ongoing management: 133 million US residents have a chronic disease. 33 million US residents have two or more chronic conditions. Medical costs to treat this population was 1.5 trillion dollars in 2011 representing more than 70% of the total US healthcare spend.• Discharge Patterns will place focus on proactive follow-up to reduce readmissions: Several studies show that 40% of all acute care patient discharges require some form of Post-Acute care. A 2009 independent, industry report, stated that acute care facilities discharge 74.5% of Medicare patients to Home Health, Skilled Nursing Facilities, Inpatient Rehabilitation Facilities, or Outpatient Therapy Centers. • Performance Based Contracts will include follow-up care in total reimbursement calculations: Today, only 4-5% of a healthcare systems' reimbursement for care is at risk for quality outcomes. However, a recent survey states that the number is expected to grow to 24% by 2015. Accountable Care Organizations (ACOs) and risk based contracting are driving new care models.Providers are facing considerable financial exposure from care decisions and clinical performance occurring outside the four walls of the hospital. The combination of the market trends, drivers and regulatory pressures in healthcare will require hospitals, physicians, and post-acute care settings to join forces to:• Develop an integrated delivery model• Enhance evidence-based care and content• Provide coordinated care• Provide a positive patient experience• Improve care outcomes and overall health through measurable standards• Reduce costsTo successfully manage emerging episodic performance risk, providers must proactively integrate the care continuum with both their owned and referral based post-acute care settings. Technology will be a main driver in the ultimate success of the acute/post-acute care continuum.The HealthMEDX team participates in numerous industry thought leadership events related to quality measures on a regular basis. The team at HealthMEDX is willing to participate in the workgroup to provide additional perspective and feedback. As a resource for the workgroup, the	

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		HealthMEDX team can share the PAC/LTC information technology and market perspective while also providing a sounding board from our client base.HealthMEDX welcomes further dialogue with the National Quality Foundation to support the goals and charter for MAP Post-Acute Care/Long-Term Care Workgroup.	o Rehabilitation for the PAC/LTC setting: The rehabilitation perspective is currently represented on the PAC/LTC Workgroup by the American Medical Rehabilitation Providers Association and the American Physical Therapy Association. oAssociation of Rehabilitation Nurses: The PAC/LTC Workgroup includes representatives from the American Medical Rehabilitation Providers Association and the American Physical Therapy Association, and nursing expertise from the Visiting Nurses Association of America and a subject matter expert in nursing, Charlene Harrington, PhD, RN, FAAN. oMedicaid Health Plans: The Medicaid health plan perspective is represented by L.A. Care Health Plan on the Dual Eligible Beneficiary Workgroup and by the National Association of Medicaid Directors on the Coordinating Committee. oPhysician Assistants: Though no physician assistants are members of the MAP at this time, clinicians are currently
Medicaid Health Plans of America	Liza Greenberg	This comment is on behalf Medicaid Health Plans of America (MHPA), a national organization dedicated to representing health plans serving Medicaid beneficiaries in all eligibility categories. MHPA represents over 91 urban and rural health plans dedicated to serving the low income population's medical, health, and social/economic needs. Medicaid health plans serve over 27 million beneficiaries, a number that continues to grow with expansions in state Medicaid and Children's Health Improvement Programs (CHIP). Medicaid and CHIP are the largest source of health coverage for children in the U.S. and the Medicaid program is emerging as a primary source of coverage for adults, seniors, and disabled individuals as well. As you well know, in parallel with their growth in serving Medicaid beneficiaries, managed care plans have also assumed a leading edge role in public reporting and accountability. Unlike fee for service providers in the Medicaid system, health plans report to states and the public using both standard and state specified metrics. MHPA's concern regarding current measure endorsement and application is three fold: 1) the cost and administrative burden of reporting continues to grow as the number and complexity of measures proliferates, potentially to the detriment of resources that could be used to provide patient care;2) non-standard and untested measures continue to be adopted - specifically many measures that are specified for standard reporting are changed by states or other users who then make comparisons that are not valid given the differences in measure production, and, measures continue to be approved by NQF that have never been tested in the setting to which they are to be applied (for example, NCQA's schizophrenia measures); and 3) most of the Medicaid measures adopted by NQF, NCQA and states are applied in practice only to managed care systems, not fee for service programs - a reporting bias that leads advocacy communities to assume that the non-reporting fee for service performance is the gold standard compared to which managed care can only fall short. We believe that the Measure Applications Partnership (MAP), which has been designated to identify measures for public reporting, payment, and accountability, has an important role in helping to promote valid, standardized measures across states and delivery systems. As measurement continues to be increasingly linked to payment, NQF's role in identifying and approving measures will be of utmost importance. These measures are essential to the quality priorities of health plans, which in turn drives the business success of Medicaid health plans. It is essential in this context that Medicaid health plans be well represented in each of NQF's Committees, Subcommittees and workgroups. MHPA specifically requests that NQF create an organizational seat for Medicaid health plans on the MAP Coordinating Committee roster. We also request that a Medicaid health plan representative be invited to participate on each of the workgroups, and most importantly on the Dual Eligible workgroup. We would be most happy to supply a roster of potential individuals from the health plan community to serve in these capacities. We appreciate your consideration of these comments, and look forward to working with NQF going forward.	

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National Business Coalition on Health (NBCH)	Andrew Webber	The National Business Coalition on Health (NBCH) would like to indicate its support for William Kramer's nomination to the Measure Applications Partnership (MAP) Coordinating Committee. NBCH is a national, non-profit, membership organization of purchaser-led health care coalitions. NBCH and it smembers are dedicated to value-based purchasing of health care services through the collective action of public and private purchasers, seeking to accelerate the nation's progress towards safe, efficient, high-quality health care and the improved health status of the American population. William Kramer, MBA is the Executive Director for National Health Policy at the Pacific Business Group on Health (PBGH), which is one of NBCH's most active and progressive members. In addition to his work at PBGH, he serves as a co-director of the Consumer-Purchaser Disclosure Project, which is an important partner of NBCH's in our efforts to promote transparency as a meants toward achieving quality improvement. In addition to this work with NBCH, he also serves on the AQA Alliance Steering Committee. In these roles, he has proven his expertise in health care measurement issues, and would be a valuable asset to the MAP Coordinating Committee. Please accept this letter as formal recognition of NBCH's support for and confidence in William Kramer, MBA of the Pacific Business Group on Health during this nomination process. Thank you in advance for your time and consideration.	represented on the Coordinating Committee by physicians, nurses, and pharmacists, and clinicians are broadly represented on the workgroups. oSurgical perspective on the Clinician Workgroup: The American Academy of Orthopedic Surgeons served on the Clinician Workgroup last year; however, this year the American College of Emergency Physicians was added to include a new perspective on MAP. The surgical perspective is represented on the Coordinating Committee and Hospital Workgroup by the American College of Surgeons. •A number of commenters expressed concerns about representation of the nursing perspective. Currently, nursing is represented on each MAP workgroup: on the Coordinating Committee by the American Nurses Association; on the Clinician Workgroup by the American Academy of Nurse Practitioners; on the Dual Eligible Beneficiaries Workgroup by Gail Stuart, PhD,
National Business Coalition on Health (NBCH)	Andrew Webber	The National Business Coalition on Health (NBCH) would like to indicate its support for Cheryl DeMars' nomination to the Measure Applications Partnership (MAP) Clincian Workgroup. NBCH is a national, non-profit, membership organization of purchaser-led health care coalitions. NBCH and its members are dedicated to value-based purchasing of health care services through thecollective action of public and private purchasers, seeking to accelerate the nation's progress towards safe, efficient, high-quality health care and the improved health status of the American population. Cheryl DeMars is the President and CEO of The Alliance, a regional health care coalition based in Madison, Wisconsin. The Alliance directly purchases healthcare on behalf of its members, and has proven itself to be one of NBCH's most successful coalitions. Cheryl currently serves as an at-large representative on the Executive Committee of the Board of Governors. In this role, she has spearheaded efforts to help strengthen the ability of coalitions to evaluate their efforts in value-based purchasing activities and community health improvements to better identify and share best practices. Cheryl is also involved in the work of the Catalyst for Payment Reform, an important partner of NBCH's in the effort to bring more transparency to the employer-based insurance market. Please accept this letter as formal recognition of NBCH's support for and confidence in Cheryl DeMars of The Alliance during this nomination process. Thank you in advance for your time and consideration.	

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National Business Coalition on Health (NBCH)	Andrew Webber	The National Business Coalition on Health (NBCH) would like to indicate its support for Cristie Upshaw Travis' nomination to the Measure Applications Partnership (MAP) Hospital Workgroup and as a Consumer/Purchaser representative on the Consensus Standards Approval Committee. NBCH is a national, non-profit, membership organization of purchaser-led health care coalitions. NBCH and its members are dedicated to value-based purchasing of health care services through thecollective action of public and private purchasers, seeking to accelerate the nation's progress towards safe, efficient, high-quality health care and the improved health status of the American population.Cristie Travis, MSHA has been the CEO of the Memphis Business Group on Health since 1994. Her service to NBCH has been invaluable and long-running, having served on the Board of Governors since 2006; she is currently the Past Chair of the Board of Governors. Cristie also sits on our eValue8 Advisory Board, providing valuable purchaser perspectives in discussions about plan quality measures and purchasing on value. In addition to her NBCH service, she served for seven years, including two years as Chair, on the Board of Directors for The Leapfrog Group. Cristie is a proven leader and innovator on issues relating to health care measurement and quality improvement.Please accept this letter as formal recognition of NBCH's support for and confidence in Cristie Upshaw Travis, MHSA of the Memphis Business Group on Health during this nomination process. Thank you in advance for your time and consideration.	RN; on the Hospital Workgroup by the American Organization of Nurse Executives; and on the PAC/LTC Workgroup by the Visiting Nurses Association of America and Charlene Harrington, PhD, RN, FAAN. •One commenter expressed concern that the same individuals participate on a number of NQF committees. NQF anticipates turnover in the MAP membership over time, offering opportunities for new organizations and individuals to become involved. MAP nominations and appointments are annual processes, and approximately one-third of the seats on MAP will be up for appointment each year.
National Business Coalition on Health (NBCH)	Andrew Webber	The National Business Coalition on Health (NBCH) would like to indicate its support for Elizabeth Mitchell's nomination to the Measure Applications Partnership (MAP) Coordinating Committee. NBCH is a national, non-profit, membership organization of purchaser-led health care coalitions. NBCH and its members are dedicated to value-based purchasing of health care services through the collective action of public and private purchasers, seeking to accelerate the nation's progress towards safe, efficient, high-quality health care and the improved health status of the American population. Elizabeth Mitchell is the CEO of the Maine Health Management Coalition, which is an active member of NBCH. She currently co-chairs NBCH's Government Affairs Committee, and has served on our Board of Governors since 2009. Through these roles, Elizabeth helps to shape health care policy on the national level, as well as devise strategies for implementing innovative changes at the regional and local levels. In addition to her work with NBCH, Elizabeth is the Vice Chairperson of the Network for Regional Healthcare Improvement, and also leads the Maine Health Management Coalition's work as the Maine Leapfrog rollout partner. Elizabeth is well-versed in health care measurement and transparency topics, and would be a valuable asset to the MAP Coordinating Committee. Please accept this letter as formal recognition of NBCH's support for and confidence in Elizabeth Mitchell of the Maine Health Management Coalition during this nomination process. Thank you in advance for your time and consideration.	

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National Business Coalition on Health (NBCH)	Andrew Webber	The National Business Coalition on Health (NBCH) would like to indicate its support for David Hopkins' nomination to the Measure Applications Partnership (MAP) Clinician Workgroup. NBCH is a national, non-profit, membership organization of purchaser-led health care coalitions. NBCH and its members are dedicated to value-based purchasing of health care services through the collective action of public and private purchasers, seeking to accelerate the nation's progress towards safe, efficient, high-quality health care and the improved health status of the American population. David Hopkins, PhD is a Senior Advisor at the Pacific Business Group on Health (PBGH), which is one of NBCH's most active and progressive members. Dr. Hopkins advises PBGH on health care performance measurement and policy issues and represents PBGH on regional measurement collaboratives and national policy-making bodies. He is very knowledgeable about health care measurement and quality issues, having served on various committees at the national level, including The Joint Commission (TJC) Business Advisory Group, America's Health Insurance Plans (AHIP) Data Oversight Work Group, and the Network for Regional Healthcare Improvement (NRHI) Board of Directors. Please accept this letter as formal recognition of NBCH's support for and confidence in David Hopkins, PhD of the Pacific Business Group on Health during this nomination process. Thank you in advance for your time and consideration.