



Call for Nominations: Measure Applications Partnership Coordinating Committee and Workgroups

The National Quality Forum (NQF) is seeking nominations for organizations and individual subject matter experts for the Coordinating Committee and four advisory workgroups of the Measure Applications Partnership (MAP). For more information on MAP, please see Appendix A. The Coordinating Committee and workgroups are focused on the following:

Coordinating Committee – Sets the strategy for MAP, provides direction to and ensures alignment among the workgroups, and finalizes input to HHS.

Clinician Workgroup – Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for clinician performance measurement programs.

Hospital Workgroup – Provides input to the Coordinating Committee on matters related to the selection and coordination of measures for hospital performance measurement programs, including for inpatient acute, outpatient, cancer, and psychiatric hospitals.

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

Dual Eligible Beneficiaries Workgroup – Provides input to the Coordinating Committee on matters related to the quality of care for Medicare-Medicaid dual eligible beneficiaries across the care continuum.

Organizations and individuals selected will serve three-year terms and are eligible for reappointment with no term limits at this time. Given the initial startup of the MAP, it is expected that many of the members who were selected for two-year terms in 2011 will reapply in 2013. For information on commitments and expectations of MAP members, please see Appendix B.

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.

Nomination materials should be submitted via the NQF website. For information on criteria for selection of organizations and individual subject matter experts, please see Appendix C.

To nominate an organization, an executive of that organization should submit the following information:

- Completed nomination form via the NQF website; and
- 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;
- 100-word biography;
- Curriculum vitae (maximum of 20 pages); and
- Disclosure of interest form.

Deadline for Submission

All nominations **MUST** be submitted by **Wednesday, February 20, 2013 at 6:00 PM Eastern.**

Questions

If you have questions about the nominations process, please contact Connie Bach at 202-783-1300 or nominations@qualityforum.org.

If you have questions about MAP, please contact Erin O'Rourke at 202-783-1300 or measureapplications@qualityforum.org.

Appendix A: MAP Background

Purpose

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 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.¹

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

MAP is designed to facilitate progress on the aims, priorities, and goals of the National Quality Strategy (NQS)—the national blueprint for providing better care, improving health for people and communities, and making care more affordable.² Accordingly, MAP informs the selection of performance measures to achieve the goals of **improvement, transparency, and value for all**.

MAP’s objectives are to:

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

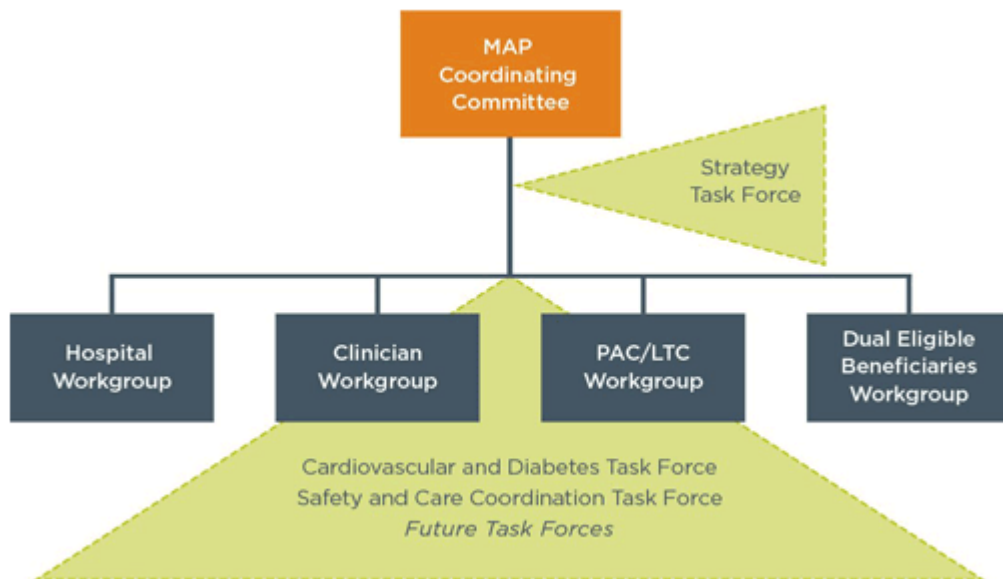
¹ U.S. Government Printing Office (GPO). Patient Protection and Affordable Care Act (ACA), PL 111-148 Sec. 3014. Washington, DC: GPO; 2010, p.260. Available at www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf. Last accessed January 2013.

² <http://www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf>

Structure

MAP operates through a two-tiered structure (see Figure). The MAP Coordinating Committee provides direction to the MAP workgroups and task forces and final input to HHS. MAP workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and patient populations. Time-limited task forces, appointed from MAP Coordinating Committee and workgroup membership, are charged with developing "families of measures"—related measures that cross settings and populations—and a multi-year strategic plan, which provide further information to the MAP Coordinating Committee and workgroups. Each multi-stakeholder group includes representatives from public- and private-sector organizations particularly affected by the work, and individuals with content expertise.

Figure. MAP 2012 Structure



The NQF Board of Directors oversees MAP. The Board will review any procedural questions and periodically evaluate MAP's structure, function, and effectiveness, but will not review the Coordinating Committee's input to HHS. The Board selects the Coordinating Committee and workgroups based on Board-adopted selection criteria (see Appendix C). Balance among stakeholder groups is paramount. Because MAP's tasks are so complex, including individual subject matter experts in the groups also is imperative.

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 broadcast, materials and summaries are posted on the NQF website, and public comments are solicited on recommendations.

MAP decision-making is based on a foundation of established guiding frameworks. The NQS is the primary basis for the overall MAP strategy. Additional frameworks include the high-impact conditions

determined by the NQF-convened Measure Prioritization Advisory Committee, the NQF-endorsed[®] Patient-Focused Episodes of Care framework,³ the HHS Partnership for Patients safety initiative,⁴ the HHS Prevention and Health Promotion Strategy,⁵ the HHS Disparities Strategy,⁶ and the HHS Multiple Chronic Conditions framework.⁷

Additionally, the MAP Coordinating Committee has developed Measure Selection Criteria to help guide MAP decision-making. The MAP Measure Selection Criteria are intended to build on, not duplicate, the NQF endorsement criteria. The Measure Selection Criteria characterize the fitness of a measure set for use in a specific program by, among other things, how the measure set addresses the NQS's priority areas and the high-impact conditions, and by whether the measure set advances the purpose of the specific program without creating undesirable consequences.

Appendix B: Commitment and Expectations

Organizations and individual subject matter experts selected will serve three-year terms 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 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 MAP, including meeting preparation, attendance and active participation at meetings, completion of assignments, and service on task forces and ad hoc groups.**
- **Organizational MAP members will be responsible for identifying an individual to represent them.**

³ NQF, Measurement Framework: Evaluating Efficiency Across Patient Patient-Focused Episodes of Care. Washington DC: NQF; 2010. Available at www.qualityforum.org/Publications/2010/01/Measurement_Framework__Evaluating_Efficiency_Across_Patient-Focused_Episodes_of_Care.aspx. Last accessed January 2013.

⁴ Department of Health and Human Services (HHS), Partnership for Patients: Better Care, Lower Costs. Washington, DC: HHS; 2011. Available at www.healthcare.gov/center/programs/partnership. Last accessed January 2013.

⁵ HHS, National Prevention, Health Promotion and Public Health Council (National Prevention Council). Washington, DC: HHS; 2011. Available at www.healthcare.gov/center/councils/nphpphc/index.html. Last accessed MaJanuary 2013.

⁶ HHS, National Partnership for Action to End Health Disparities, Washington, DC: HHS; 2011. Available at <http://minorityhealth.hhs.gov/npa/>. Last accessed January 2013.

⁷ HHS, HHS Initiative on Multiple Chronic Conditions, Washington, DC: HHS: 2011. Available at www.hhs.gov/ash/initiatives/mcc/. Last accessed January 2013.

- **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 chair 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 multi-stakeholder group indicates that affected organizations and broad groups of stakeholders should be represented.
- **Organizational MAP 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 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.
- **Federal government agencies affected by the use of quality measures should be organizational MAP members.** 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 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.**
- **Individual MAP 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 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, methodological issues), public reporting, and performance-based payment.** Such involvement and experience is relevant to determining an organization's interest in MAP's purpose.