

Measure Applications Partnership

All MAP Orientation Web Meeting

September 24, 2014



NATIONAL
QUALITY FORUM

Presentation Overview

- Welcome and Review of Meeting Objectives
- MAP Process Improvements
- Meeting the teams
- MAP Member Question and Answer
- Opportunity for Public Comment
- Summary and Next Steps

Presentation Overview

- **Welcome and Review of Meeting Objectives**
- MAP Process Improvements
- Meeting the teams
- MAP Member Question and Answer
- Opportunity for Public Comment
- Summary and Next Steps

Presentation Overview

- Welcome and Review of Meeting Objectives
- **MAP Process Improvements**
- Meeting the teams
- MAP Member Question and Answer
- Opportunity for Public Comment
- Summary and Next Steps

Background on MAP Process Improvement Efforts

- Based on feedback from MAP members, external stakeholders, NQF members, and staff, NQF undertook an intensive improvement effort on MAP.
- Our goal was to develop a streamlined and manageable process for MAP stakeholders and staff that results in an improved product.

New for 2014-2015 Pre-Rulemaking

- Expanded opportunities to gather public feedback
- Easier access to information through focused products
- Centering decisions on critical program needs and objectives
- Better navigation and focused analysis in meeting materials
- More consistent and transparent deliberations process

New for 2014-2015 Pre-Rulemaking: Expanded Opportunities to Gather Public Feedback

Old

- Previously held two very short public comment periods.

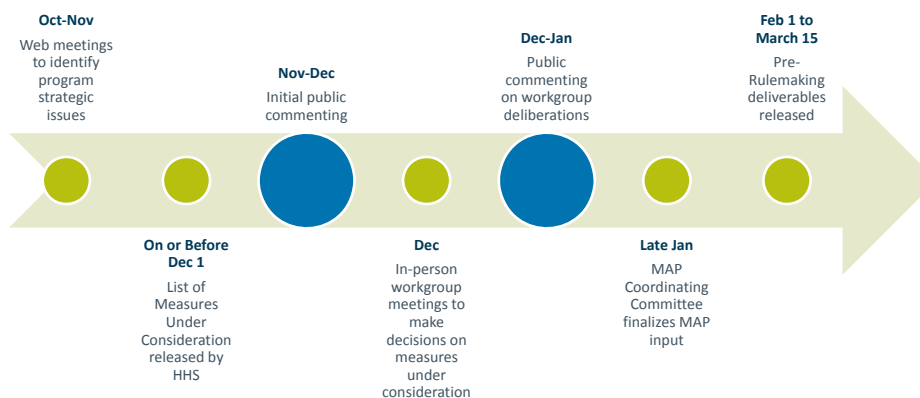
New

- Round 1:** Public comment immediately after measures under consideration are publicly released.
 - Comments will be taken into account during MAP workgroup in-person meetings.
- Round 2:** Public comment on workgroup measure recommendations and program strategic issues (~3 weeks)
 - Comments considered by Coordinating Committee in final approval.

NATIONAL QUALITY FORUM

7

New for 2014-2015 Pre-Rulemaking: Expanded Opportunities To Gather Public Feedback



NATIONAL QUALITY FORUM

8

New for 2014-2015 Pre-Rulemaking: Easier Access to Information Through Focused Deliverables

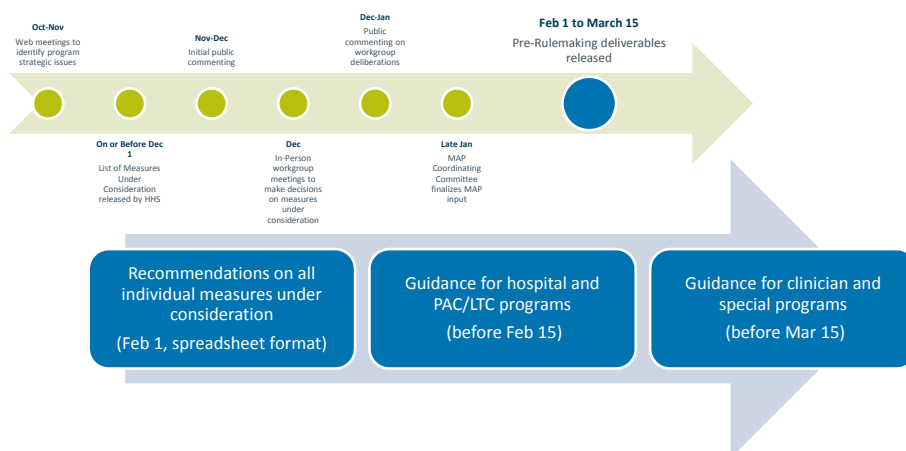
Old

- One report deliverable with all MAP findings (i.e., measure-by-measure recommendations, strategic issues, gaps identification, etc.)

New

- Three distinct, but purposeful, deliverables
 - Deliverable #1: Recommendations on individual measures
 - Deliverable #2: Strategic guidance for hospital and PAC/LTC programs
 - Deliverable #3: Strategic guidance for clinician and special programs (e.g., Meaningful Use, Medicare Shared Savings)

New for 2014-2015 Pre-Rulemaking: Focusing deliverables on individual measures and broader measurement guidance



New for 2014-2015 Pre-Rulemaking: Better Navigation and Focused Analysis in Meeting Materials

Old

- LARGE binder with many different tabs of information

New

- Electronic format for meeting materials
- Staff will provide a preliminary analysis of all measures under consideration based on a pre-defined and transparent algorithm derived from the MAP measure selection criteria and other prior guidance

New for 2014-2015 Pre-Rulemaking: More Consistent Deliberations Process and Centering Decisions on Key Program Needs/Objectives

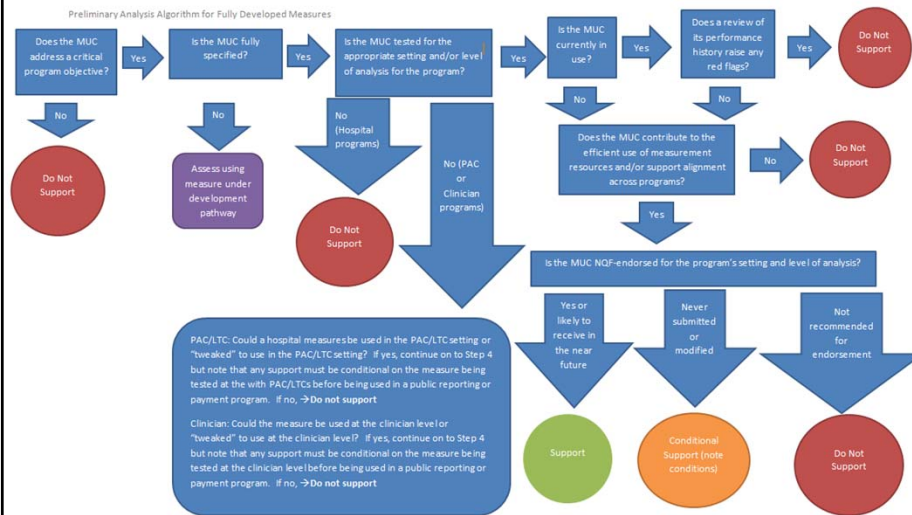
Old

- Variations occurred in reviewing and recommending measures.

New

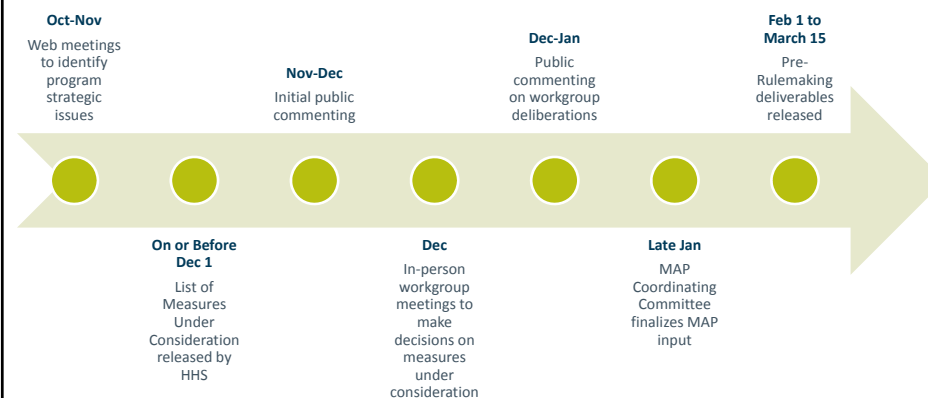
- Using a “consent calendar” format that relies on algorithm, MAP workgroups will reach consensus decisions on the use measures in a consistent manner
- Members can identify measures that need discussion. Will allow the groups to spend more time on measures where there are differing stakeholder perspectives
- Consensus is reached when more than 60% agree

New for 2014-2015 Pre-Rulemaking: Preliminary analysis of measures with MAP measure selection criteria



13

Flow of activities for reviewing measures being considered for federal programs



NATIONAL QUALITY FORUM

14

What to expect during fall web meetings: Focus on prospective strategic considerations for programs

- Intended to identify and discuss programmatic strategic issues such as:
 - Are the current measures in the program helping to meet the program's overall objectives?
 - Are there ongoing measure implementation challenges or unintended consequences?
 - Are there opportunities to align measure across programs in that setting or across all settings?
- Will be more prospective, as opposed to reviewing measures already finalized in the program

What to expect during December in-person meetings: Transparent and explicit decision making

- Quorum needed for decision-making (at least 75% of voting members must be present)
- Consensus threshold of greater than 60% of participants
- Workgroups will be expected to reach a decision on every measure under consideration (i.e., no "split decisions")
- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin

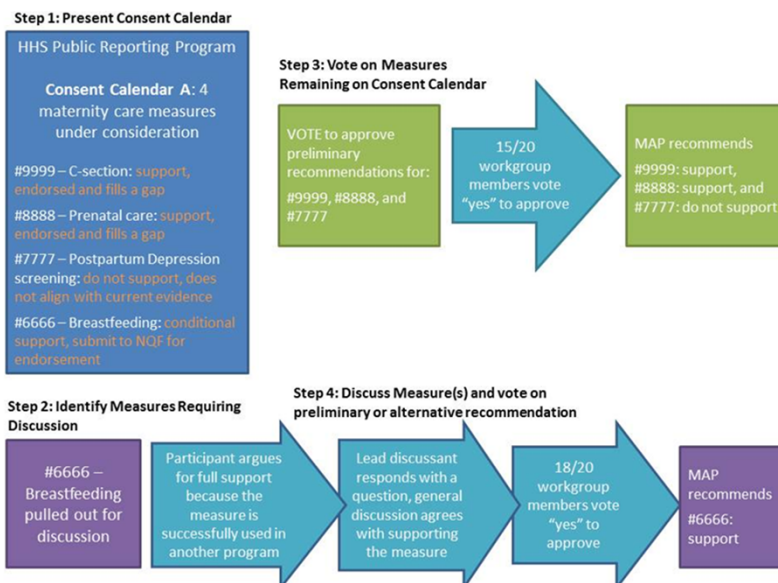
What to expect during December in-person meetings: Supporting deliberations with preliminary analysis

- Each workgroup's measures under consideration will be divided into a series of related groups for the purposes of discussion and voting
- Each measure under consideration will have been subjected to a preliminary staff analysis based on a decision algorithm applying MAP measure selection criteria
- Discussion guide will note the result of the preliminary analysis and provide rationale to support how that conclusion was reached

What to expect during December in-person meetings: Reserving time for discussing different perspectives

- Each group of measures and their preliminary analysis are presented as a consent calendar
- Chair asks participants if they would like to discuss any of the measures on the consent calendar presently under review
 - Will be able to set aside any measures for further discussion
- Chair will call for votes on confirming the preliminary analysis associated with the measures remaining on the consent calendar
- If consensus is not initially reached, measure(s) will also be set aside for further discussion
- Chair will facilitate dialogue on measure(s) set aside

What to expect during December in-person meetings: Reserving time for discussing different perspectives



Presentation Overview

- Welcome and Review of Meeting Objectives
- MAP Process Improvements
- **Meeting the teams**
- MAP Member Question and Answer
- Opportunity for Public Comment
- Summary and Next Steps

MAP Coordinating Committee Team



Robert
Saunders,
Senior Director

Allen Leavens,
Senior Director



Project Email:
MAPCoordinatingCommittee@qualityforum.org



Wunmi Isijola,
Project Manager



Amaru Sanchez,
Project Analyst

NATIONAL QUALITY FORUM

21

MAP Hospital Team

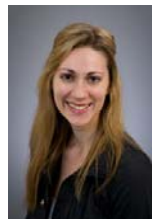


Taroon Amin,
Special
Assistant to
the President

Erin O'Rourke,
Senior Project
Manager



Project Email:
MAPHospital@qualityforum.org



Rachel Weissburg,
Project Manager



Poonam Bal,
Project
Analyst

NATIONAL QUALITY FORUM

22

MAP Clinician Team



Reva Winkler,
Senior
Director

Ashley Morsell,
Project Manager



Project Email:
MAPClinician@qualityforum.org



Lauralei Dorian,
Project Manager

Alexandra
Ogunbemi,
Project Analyst



NATIONAL QUALITY FORUM

23

MAP PAC/LTC Team

Project Email:
MAPPAC-LTC@qualityforum.org



Angela Franklin,
Senior Director



Mitra Ghazinour,
Project Manager



Laura Ibragimova,
Project Analyst

NATIONAL QUALITY FORUM

24

MAP Duals Eligible Beneficiaries Team

Project Email:
MeasureApplications@qualityforum.org



Sarah Lash,
Senior Director



Megan Duevel
Anderson, Project
Manager



Zehra Shahab,
Project Analyst

NATIONAL QUALITY FORUM

25

Presentation Overview

- Welcome and Review of Meeting Objectives
- MAP Process Improvements
- Meeting the teams
- **MAP Member Question and Answer**
- Opportunity for Public Comment
- Summary and Next Steps

NATIONAL QUALITY FORUM

26

Presentation Overview

- Welcome and Review of Meeting Objectives
- MAP Process Improvements
- Meeting the teams
- MAP Member Question and Answer
- **Opportunity for Public Comment**
- Summary and Next Steps

Presentation Overview

- Welcome and Review of Meeting Objectives
- MAP Process Improvements
- Meeting the teams
- MAP Member Question and Answer
- Opportunity for Public Comment
- **Summary and Next Steps**

Upcoming MAP Pre-Rulemaking Meetings

October/November Strategic Web Meetings

- Clinician Workgroup - **October 3**
- Hospital Workgroup - **October 8**
- Dual Eligible Workgroup - **October 10**
- PAC/LTC Workgroup - **October 17**
- Coordinating Committee - **November 10**

January In-Person Meeting

- Coordinating Committee
January 26-27



December In-Person Workgroup Meetings

- Hospital Workgroup - **December 8-9**
- PAC/LTC Workgroup - **December 12**
- Clinician Workgroup - **December 15-16**

Measure Applications Partnership (MAP)



In convening MAP, the National Quality Forum (NQF) brings together representatives of consumers, businesses and purchasers, labor, health plans, clinicians and providers, communities and states, and suppliers. MAP's careful balance of these stakeholder interests ensures that the federal government will receive varied and thoughtful input on performance measure selection. As of this year, MAP involves approximately 150 healthcare leaders and experts representing nearly 90 private-sector organizations, as well as liaisons from seven federal agencies.

WHAT IS MAP?

MAP is a multistakeholder partnership that guides the U.S. Department of Health and Human Services (HHS) on the selection of performance measures for federal health programs. Congress recognized in 2010 the benefit of an approach that encourages consensus building among diverse private- and public-sector stakeholders. Importantly, it provides a coordinated look across federal programs at performance measures being considered.¹

MAP's work fosters the use of a more uniform set of measures in federal programs and across the public and private sectors. This uniformity helps providers better identify key areas in which to improve quality; reduces wasteful data collection for hospitals, physicians, and nurses; and helps to curb the proliferation of redundant measures which could confuse patients and payers.

Given the impact of MAP's work, healthcare leaders have growing interest in becoming involved in MAP workgroups; participation in MAP discussions is increasing; and the public increasingly engages with MAP reports.

WHAT DOES MAP DO?

Since 2011, HHS has called upon MAP to recommend measures most appropriate for public reporting, performance-based payment, and other uses. One of MAP's key initiatives is to convene stakeholders for an intensive annual review of the quality measures being considered by HHS for 20-plus federal

health programs. More recently, MAP has provided input to HHS on assessing the quality of care for the nearly 10 million Americans enrolled in both Medicare and Medicaid due to very low income and complex healthcare needs. Another recent initiative is recommending core measures for assessing the quality of care for adults in Medicaid and ensuring that the measure set evolve over time. In 2014, MAP has begun work on a core set of measures for children enrolled in Medicaid. HHS is guided by the recommendations from all of these projects as it finalizes measures for programs, which helps to improve care quality for the more than 100 million Americans covered by these federal health programs.

SUCSESSES

MAP has accomplished a variety of projects, ranging from guidance on measures for use in Medicare and Medicaid programs to more focused activities on strategic topics and specific populations, including:

- **Pre-rulemaking input** – MAP provides input on

¹ MAP is in contrast to traditional rulemaking where there are no forums for upfront discussion, and, once initial rules are issued, the federal government can only provide responses to clarifying questions. With MAP, there is an opportunity to look at programs in a strategic and coordinated way.



150
INDIVIDUALS

90
ORGANIZATIONS

Consumer advocacy organizations
Purchasers
Health plans
Clinicians and providers
Suppliers
Accreditation and certification entities
Communities and states
Regional collaboratives

performance measures being considered for federal programs, and its feedback informs the rulemaking process that finalizes programs' measures. It completed its third pre-rulemaking cycle in 2014, which culminated in a [report](#) examining measures for more than 20 different federal programs. MAP works continuously to improve, and, in 2014, it completed a major redesign of its processes to enhance the work it produces.

- **Core Set for Adults in Medicaid** – MAP provides continued [input](#) on the core set of measures for adults enrolled in Medicaid. States are not required to report on these measures but are encouraged to do so voluntarily. MAP has examined state experiences in implementing this set and makes recommendations to strengthen the measure set going forward.
- **Core Set for Children in Medicaid and CHIP** – Beginning in 2014, MAP will expand its role to provide regular input on a core set of measures for children enrolled in Medicaid. Similarly, state reporting on these measures is voluntary.
- **Families of Measures** – Families of measures provide a tool that stakeholders can use to identify the most relevant available measures for particular measurement needs; to promote uniformity by highlighting important measurement categories; and to apply to other measurement initiatives. With its [2014 report](#), MAP has now produced 10 families that assess all 6 priorities within the National Quality Strategy.
- **Dual Eligible Beneficiaries** – To improve health outcomes for the vulnerable population of Americans enrolled in both Medicare and Medicaid,

MAP regularly produces guidance on quality measurement driven by an updated family of measures for dual eligible beneficiaries. MAP also highlights promising measurement activities for this patient population and considers the field's progress in filling high-priority measurement gaps.

- **Health Insurance Exchanges** – MAP has provided [recommendations](#) to HHS on measures to use in the initial Quality Rating System for the Health Insurance Marketplaces to enable consumer choice and support regulatory oversight. Starting in 2016, exchanges will be required to publicly report measures, although some exchanges are voluntarily doing so already.

STRUCTURE AND MEMBERSHIP

MAP's overall strategy is set by the Coordinating Committee. Working directly under the Coordinating Committee, MAP workgroups advise the Coordinating Committee on measures needed for specific care settings, care providers, and patient populations. Time-limited task forces consider specific topics, such as families of measures, and provide further information to the Coordinating Committee and workgroups. The MAP Coordinating Committee provides final input to HHS in reports and other deliverables.

MAP's processes are transparent. All MAP meetings are open to the public, and reports and other materials are made available on NQF's website, <http://www.qualityforum.org>. Public comments are sought on MAP recommendations, and MAP reviews and considers every comment received.

An insider's view on improvements



The Measure Applications Partnership (MAP) provides pre-rulemaking guidance to HHS on measures being considered for different federal health programs. This work ensures that federal health programs measure important aspects of clinical care and gauge what can improve people's health. The MAP process depends on committed volunteers, who donate their time, energy, and expertise each year.

When the MAP pre-rulemaking process was established by law, its work was concentrated between December 1 and February 1 each year, which provides a short window for MAP members to review hundreds of potential measures and identify strategic measurement issues for approximately 20 federal health programs. To improve the process for this concentrated effort, NQF undertook an improvement effort in areas identified by feedback from MAP members, external stakeholders, and NQF staff. This document summarizes several major improvements resulting from that effort to streamline the work, improve the process for MAP members, and strengthen deliverables.

Continuously Improving MAP

STREAMLINING ITS PROCESS

BETTER ENGAGING MAP MEMBERS AND THE PUBLIC

STRENGTHENING MAP'S GUIDANCE ON MEASURES AND THEIR USE

EXPANDED OPPORTUNITIES TO GATHER PUBLIC FEEDBACK

To encourage early and broader public input, NQF staff has formalized a process where stakeholders can provide feedback immediately after HHS publicly releases the list of measures it is considering for federal programs that year. These public comments will be taken into account when MAP workgroups first review the measures under consideration. Additionally, there will be another opportunity for public input on the individual measures and broader measurement guidance for federal programs. These comments will

be considered by the MAP Coordinating Committee when it approves the final decisions on measures and strategic guidance to the programs.

EASIER ACCESS TO INFORMATION THROUGH FOCUSED DELIVERABLES

When deliberating on measures for potential use in federal health programs, NQF identifies broader issues for each program, such as whether the program's metrics help the program achieve its goals, implementation challenges, and unintended consequences. This is one of the ways in which NQF

adds strategic value and captures the expertise of the multistakeholder group. In the past, all NQF findings were bundled into one final report, and they will now be separated to make it easier for readers to find the programmatic guidance and individual measure analysis most applicable to their needs.

Consistent with MAP's legislative mandate, the feedback on individual measures under consideration will be released before February 1. The recommendations and rationale will be released in a searchable table, with short accompanying text explaining how to navigate the table. In later February and March, MAP will release strategic guidance on measurement in different federal health programs, as well as analysis on issues that cut across federal programs or public and private programs. The specific topics and content for those deliverables will be derived from the deliberations by the workgroups and Coordinating Committee.

CENTERING DECISIONS ON KEY PROGRAM NEEDS AND OBJECTIVES

In the fall, MAP workgroups will consider each of the programs in its setting, with the goal of identifying its specific measurement needs and objectives. After being reviewed and approved by the Coordinating Committee, each measure will be analyzed in light of how well it addresses a program's key measurement needs and objectives.

BETTER NAVIGATION AND FOCUSED ANALYSIS IN MEETING MATERIALS

Given the volume and technical nature of the information needed to reach decisions, it is imperative that the background materials prepared for MAP members be easy to navigate and synthesize multiple information sources about the measures and programs. To support members for decisions on individual measures, staff will provide a preliminary analysis of all measures under consideration based on a pre-defined and transparent algorithm derived from the MAP measure selection criteria and other prior guidance.

MORE CONSISTENT AND TRANSPARENT DELIBERATIONS PROCESS

The measures will be presented to the workgroups in a consent calendar format that groups similar measures. Members can then identify the specific measures that need discussion, which will allow the groups to spend more time on measures where there are differing stakeholder perspectives and less time on measures where there is already agreement. The new process establishes that consensus is reached when more than 60 percent agree with the measure decision. This transparent and standardized process will improve the efficiency and quality of the MAP's decisionmaking on measures.