

**MEASURE APPLICATIONS PARTNERSHIP**  
*Convened by the National Quality Forum*

**Summary of All MAP Member Web Meeting**

A web meeting of All Measure Applications Partnership (MAP) members was convened on Tuesday, June 5, 2012. For those interested in viewing an online archive of the web meeting, please use the link below:

<http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=873719>

**Coordinating Committee and Workgroup Members in Attendance at the June 5, 2012 Web Meeting:**

*Please see attachment for a listing of members in attendance.*

The primary objectives of the web meeting were to:

- Reflect on MAP Year 1 Accomplishments
- Review Proposed MAP Scope of Work, Timeline, and Deliverables for 2012

**Welcome and Review of Meeting Objectives**

Coordinating Committee Co-Chair, George Isham, began the meeting with a welcome and review of the meeting objectives.

**MAP Year 1 Accomplishments**

George Isham began this section of the meeting with a review of the major MAP year one achievements including: establishment of the MAP Measure Selection Criteria, successful submission of seven performance measurement coordination strategy reports and the first annual MAP Pre-Rulemaking Report to Health and Human Services (HHS). Dr. Isham also highlighted the major learning themes from year one:

- Continue to push for alignment with the National Quality Strategy (NQS), across programs and settings and between the public and private sectors;
- Adopt a more person-centered approach throughout MAP's work, especially for high-need subgroups;
- Provide more granular recommendations for measure gaps and gap-filling strategies;
- Consider additional measure information for pre-rulemaking activities, such as measure use and impact, where available; and
- Begin to establish feedback loops from HHS and private sector experience with measure use and implementation.

Following Dr. Isham's presentation, Dr. Allen Leavens, Senior Director, Measure Applications Partnership, discussed the uptake of MAP's pre-rulemaking recommendations in two recently released federal proposed rules: Electronic Health Record (EHR) Meaningful Use Incentive Program Stage 2 and the FY2013 Inpatient Prospective Payment System (IPPS). Dr. Leavens stated that the range of concordance between MAP recommendations and the programs was between 70-100%. A full analysis of concordance will be conducted by NQF staff following the posting of final rules. Federal partners commented that some of the discordance observed in the proposed rules can be attributed to federal rulemaking timelines, as well as

programmatic priorities. Further considerations of MAP's recommendations will be taken into account during final rulemaking.

### **Proposed MAP Scope of Work, Timeline, and Deliverables for 2012**

George Isham then presented the proposed MAP scope of work and key deliverables for 2012-2013. Dr. Isham discussed the establishment of time-limited, content-focused task forces which will advise the Coordinating Committee on: (1) a three-year strategic plan for MAP, and (2) "families of measures," topically-related sets of available measures and measure gaps that span programs, care settings, and levels of analysis. The task forces will be selected by the Coordinating Committee Co-Chairs from existing MAP Coordinating Committee and workgroup members.

Chip Kahn and Gerry Shea, MAP Coordinating Committee members and Strategy Task Force Co-Chairs, followed with a presentation on the MAP Strategy Task Force recent meeting held on April 12, 2012 and the output from that meeting, a draft MAP Approach to the Strategic Plan. The charge of the MAP Strategy Task Force is to advise the Coordinating Committee on a three-year strategic plan for achieving aligned performance measurement that enables improvement, transparency, and value. To accomplish this, the MAP Strategy Task Force considered a number of objectives:

- Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS;
- Stimulate gap-filling for high-priority measure gaps;
- Promote alignment of performance measurement across HHS programs and between public and private initiatives; and
- Ensure MAP's recommendations are relevant to public and private stakeholders and its processes are effective.

To operationalize these objectives, the MAP Strategy Task Force plans to explore several strategies and tactics, including:

- Developing families of measures, sets of related available measures and measure gaps that span programs, care settings, and levels of analysis, for each of the NQF priority areas;
- Facilitating a coordinated strategy for gap-filling among public and private entities;
- Defining measure implementation phasing strategies to quickly and deliberately transition from the current state of measure sets to ideal;
- Enhancing decision-making by establishing an analytics plan that builds off the strategic opportunities identified by the National Quality Strategy, National Priorities Partnership, and other stakeholders, as well as incorporates information on measure use and impact;
- Enhancing the MAP Measure Selection Criteria, as needed;
- Establishing an evaluation plan that develops feedback loops with the greater quality measurement enterprise community, as well as assesses the impact and effectiveness of MAP; and
- Developing a communication plan for disseminating recommendations in a clear and effective manner to both public and private sector audiences.

Dr. Isham then reviewed upcoming work of the MAP Dual Eligible Beneficiary Workgroup. For year two, the workgroup will analyze special measurement considerations for high-need sub-populations, consider the current limitations to effective measurement, and devise potential strategies to address the identified limitations.

Dr. Isham also reviewed the annual pre-rulemaking process. A similar approach to the first year will be taken. MAP will continue to utilize the Clinician, Hospital, PAC/LTC, and Dual Eligible Beneficiaries Workgroups to complete the pre-rulemaking task. MAP will also enhance its decision making support to further increase capacity to gather, present, and maintain information about measures.

Member discussion focused on understanding the scope of work and processes for the various task forces and development of the families of measures. The discussion included the need for further clinician engagement in the MAP Strategy Task Force and Patient Safety and Care Coordination Task Force, maternity and neonatal care as suggested topic areas for families of measures, and the need for a robust communication plan.

### **Next Steps**

The meeting concluded with a listing of the upcoming MAP Task Force meetings. The next meeting of All MAP will be a July 23, 2012 web meeting.

## MAP Coordinating Committee and Workgroup Members in Attendance

*(Attendance at this update web meeting was optional)*

### Coordinating Committee:

George Isham, Co-Chair	Harold Pincus, mental health
Ahmed Calvo, HRSA	Kevin Larsen, ONC
Aparna Higgins, AHIP	Marissa Schlaifer, AMCP
Carl Sirio, AMA	Marla Weston, ANA
Chesley Richards, CDC	Patrick Conway, CMS
Chip Kahn, FAH	Rhonda Anderson, AHA
Christine Cassel, ABMS	Sam Lin, AMGA
Frank Opelka, ACS	Suzanne Delbanco, Catalyst for Payment Reform
Gerald Shea, AFL-CIO	William Kramer, PBGH

### Clinician Workgroup:

Beth Averbeck, Minnesota Community Measurement	Eugene Nelson, population health
Bruce Bagley, AAFP	Joshua Seidman, ONC
David Seidenwurm, ACR	Mark Metersky, PCPI
Dolores Yanagihara, measure methodologist	Rachel Grob, Center for Patient Partnerships
	Ronald Stock, team-based care

### Dual Eligible Beneficiaries Workgroup:

Alice Lind, Chair	Rhonda Robinson-Beale, mental health
Adam Burrows, National PACE Association	Steve Counsell, NAPH
Daniel Kivlahan, VHA	Susan Reinhard, home and community-based services
Leonardo Cuello, National Health Law Program	Tom James, Humana

### Hospital Workgroup:

Frank Opelka, Chair	Lance Roberts, IHC
Ann Sullivan, mental health	Michael Kelley, VHA
Barbara Caress, Building Services 32BJ Health Fund	Mitchell Levy, patient safety
Brock Slabach, NRHA	Pamela Cipriano, ONC
Bruce Siegel, safety net	Patricia Conway-Morana, AONE
Dale Shaller, patient experience	Richard Bankowitz, Premier
Delores Mitchell, State Policy	Ronald Walters, ADCC
Jane Franke, BCBS of Massachusetts	Sean Morrison, Palliative Care
Kasey Thompson, ASHP	

**Post-Acute Care/Long-Term Care  
Workgroup:**

Charlene Harrington,  
clinician/nursing  
Emilie Deady, VNAA  
Kathleen Kelly, Family Caregiver  
Alliance  
Margaret Terry, VNAA

Randall Krakauer, Aetna  
Robert Hellrigel, Providence Health and  
Services  
Sean Muldoon, Kindred Healthcare