

MEASURE APPLICATIONS PARTNERSHIP
Convened by the National Quality Forum

Summary of the All MAP and NQF Member Web Meeting

A web meeting of the members of the Measure Applications Partnership (MAP) and the National Quality Forum was convened on Monday, July 23, 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=902468>

MAP Coordinating Committee and Workgroup Members in Attendance at the July 23, 2012 Web Meeting:

Please see attachment for a listing of members in attendance.

The primary objectives of the web meeting were to:

- Review draft MAP Strategic Plan
- Review proposed MAP families of measures
- Review uptake of MAP recommendations in federal proposed rules

Welcome and Review of Meeting Objectives

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

Draft MAP Strategic Plan

MAP Strategy Task Force Co-Chairs, Chip Kahn and Gerald Shea, reviewed the activities of the task force and the development of the MAP Strategic Plan. The charge of the Strategy Task Force is to advise the Coordinating Committee on a three-year strategic plan for achieving improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the National Quality Strategy. On June 1, MAP submitted to HHS the [MAP Approach to the Strategic Plan](#), which provides an overview of objectives, strategies, and tactics MAP intends to pursue to accomplish the goal specified in the plan. Mr. Kahn and Mr. Shea then presented the latest draft version of the final MAP Strategic Plan for MAP and NQF member feedback. The draft built off of the Approach report, with more specific information about how MAP intends to implement the strategic plan.

Initial discussion focused on the importance of having an infrastructure to collect data on the use of performance measures to assess whether MAP's recommendations are improving quality of care. This discussion highlighted the need for engaging both public and private stakeholders to obtain measure use and experience information. Similarly, it was mentioned that engagement with the public and private sectors will facilitate the bi-directional channel needed for true alignment of performance measurement. Lastly, a member of the public encouraged MAP to find more opportunities for patient and consumer group involvement in MAP processes.

Proposed MAP Families of Measures – Patient Safety and Care Coordination

Connie Hwang, Vice President, Measure Applications Partnership, presented the concept of families of measures and core measure sets and how the 2012 families will be used to inform MAP's pre-rulemaking activities in December 2012 and January 2013. Families of measures are sets of related available measures and measure gaps that

span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities and high-impact conditions. Core measure sets are drawn from the families of measures and will consist of the best available measures and gaps for a specific care setting, population, or level of analysis. MAP will use the core measure sets to guide its pre-rulemaking inputs on the selection of measures sets for specific programs, providing recommendations on how program measures sets can best align with the core set.

Following Connie's presentation, Frank Opelka, Chair of the MAP Safety and Care Coordination Task Force, presented on the task force's June 19-20 in-person meeting, where the task force established an initial family of measures for patient safety. Key themes from the task force's June meeting included:

- Importance of creating and measuring a culture of safety that encourages reporting adverse events
- Recognizing that the inclusion of patient (and/or caregiver) in treatment planning and decisions is an important aspect of patient safety
- Appropriateness of including balancing measures to monitor potential undesirable consequences
- Preference for outcome measures over process and structural measures
- Preference for medical record abstraction over claims-based measures
- General concern regarding small numbers related to the reporting of "never events"

The Safety and Care Coordination Task Force also met in-person on July 18-19, where the task force established an initial care coordination family of measures and gaps. Key themes from the task force's July meeting included:

- Existing outcome measures can show system success but do not hold the system accountable if only applicable to one setting
- Current measures reinforce silos within the system and are mostly hospital-centric
- Importance of ensuring that patients understand the plan of care and agree with the plan
- Existing measures are hospital and physician focused and do not address teams
- Provider communication measures need to address both the sending and receiving of information
- Ability of patients to connect to resources available in the community
- Existing patient surveys, looking at experience broadly, can capture patient perceptions of care coordination failures

During discussion, a MAP member highlighted that many hospital systems have patient advisory groups on many of their quality and safety committees and encouraged MAP to adopt a similar approach.

Proposed MAP Families of Measures – Cardiovascular and Diabetes Care

Christine Cassel, Chair of the Cardiovascular and Diabetes Task Force, presented on the recent experiences of the task force in developing families of measures. Dr. Cassel highlighted that the episode of care was a useful framework for task force discussions. Additionally, the task force had a preference for outcomes measures focused on control over process measures focused more on screening and testing. Lastly, Dr. Cassel

underscored that the task force focused on achieving a parsimonious set of measures for inclusion in the families.

The Cardiovascular and Diabetes Task Force met on June 21 to establish an initial diabetes family of measures. Key concepts included:

- Assessing management of diabetes is the highest-leverage opportunity for accountability measurement
- Assessing exacerbations is important, but is best suited for quality improvement measurement

The Cardiovascular and Diabetes Task Force met again in-person on July 17, where the task force established an initial cardiovascular care family of measures and gaps. Key concepts from the July 17 meeting included:

- Medication measures should focus on persistence of medication, rather than medications ordered in an acute setting or on discharge
- Patient engagement, patient satisfaction, and care coordination are high-leverage opportunities that are not currently included in the family

During discussions, MAP members highlighted the importance of considering common co-morbidities. One MAP member gave the example of the high prevalence of depression associated with cardiovascular disease. Another MAP member encouraged integrating the families of measures recommendations into future MAP pre-rulemaking materials to assist in decision-making.

Uptake of MAP Recommendations

Dr. Allen Leavens, Senior Director, Measure Applications Partnership, provided an update on the uptake of MAP's recommendations from its 2012 Pre-Rulemaking Report in federal proposed rules.

To date, the overall concordance between the recently proposed rules and MAP's recommendations were:

- Meaningful use measures = 74%
- IPPS measures:
 - Hospital IQR = 76%
 - Hospital VBP = 79%
 - Inpatient Psychiatric Facility Quality Reporting = 100%
 - PPS-Exempt Cancer Hospitals Quality Reporting = 100%
- Physician Quality Reporting System measures = 83%
- End-Stage Renal Disease measures = 70%

Ongoing assessment of MAP recommendation uptake will continue as HHS issues final rules. Information and analysis regarding MAP recommendation uptake will inform MAP's pre-rulemaking activities in December 2012 and January 2013.

Next Steps

The next meeting of All MAP will be December 4, 2012 via web.

MAP Coordinating Committee and Workgroup Members in Attendance

Coordinating Committee

George Isham (Co-Chair)	Chip Kahn, Federation of American Hospitals
Elizabeth McGlynn (Co-Chair)	Kevin Larsen, Office of the National Coordinator for HIT
Rhonda Anderson, American Hospital Association	Elizabeth Mitchell, Maine Health Management
Richard Antonelli [subject matter expert: child health]	Frank Opelka, American College of Surgeons
David Baker, American College of Physicians	Cheryl Phillips, LeadingAge
Steven Brotman, AdvaMed	Harold Pincus [subject matter expert: mental health]
Ahmed Calvo, Health Resources and Services Administration	Chesley Richards, Centers for Disease Control and Prevention
Christine Cassel, American Board of Medical Specialties	Marissa Schlaifer, Academy of Managed Care Pharmacy
Suzanne Delbanco, Catalyst for Payment Reform	Gerald Shea, AFL-CIO
Aparna Higgins, America's Health Insurance Plans	Nancy Wilson, Agency for Healthcare Research and Quality

Clinician Workgroup

Bruce Auerbach, American Academy of Family Physicians	Darryl Gray, Agency for Healthcare Research and Quality
Beth Averbeck, Minnesota Community Measurement	David Hopkins, Pacific Business Group on Health
Peter Briss, Centers for Disease Control and Prevention	Mark Metersky, Physician Consortium for Performance Improvement
Janet Brown, American Speech-Language-Hearing Association	Karen Sepucha [subject matter expert: shared decision making]
Cheryl DeMars, The Alliance	Dolores Yanagihara [subject matter expert: measure methodologist]
Marshall Chin [subject matter expert: disparities]	

Dual Eligible Beneficiaries Workgroup

Alice Lind (Chair)	David Polakoff, American Medical Directors Association
Richard Bringewatt, SNP Alliance	D.E.B. Potter, Agency for Healthcare Research and Quality
Mady Chalk [subject matter expert: substance abuse]	Susan Reinhard [subject matter expert: home and community-based services]
Anne Cohen [subject matter expert: disability]	Rhonda Robinson-Beale [subject matter expert: mental health]

Steven Counsell, National Association of Public Hospitals and Health Systems	Clarke Ross, Consortium for Citizens with Disabilities
Leonardo Cuello, National Health Law Program	Gail Stuart [subject matter expert: nursing]
James Dunford [subject matter expert: emergency medical services]	Samantha Wallack Meklir, Health Resources and Services Administration
Daniel Kivlahan, Veterans Health Administration	

Hospital Workgroup

Frank Opelka (Chair)	Dolores Mitchell [subject matter expert: state policy]
Dana Alexander [subject matter expert: health IT]	Chesley Richards, Centers for Disease Control and Prevention
Richard Bankowitz, Premier	Lance Roberts, Iowa Healthcare Collaborative
Jane Franke, Blue Cross Blue Shield of Massachusetts	Bruce Siegel [subject matter expert: safety net]
Kevin Larsen, Office of the National Coordinator for HIT	Cristie Upshaw Travis, Memphis Business Group on Health
Shekhar Mehta, American Society of Health-System Pharmacists	Ronald Walters, Alliance of Dedicated Cancer Centers

Post-Acute/Long-Term Care Workgroup

Louis Diamond [subject matter expert: clinician/nephrology]	Carol Spence, National Hospice and Palliative Care Organization
Kathleen Kelly, Family Caregiver Alliance	Charissa Raynor, Service Employees International Union
Randall Krakauer, Aetna	Margaret Terry, Visiting Nurses Association of America
Bruce Leff [subject matter expert: clinician/geriatrics]	