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**Measure Applications
Partnership**

Clinician Workgroup
Web Meeting #2

August 1, 2011

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Agenda

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10:00	Welcome, Review of Meeting Objectives
10:05	Review of the Clinician Workgroup Exercise
10:35	Adoption of Data Platform Principles
10:50	Preparation of the Final Report
11:00	Adjourn

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***Welcome and Review of
Meeting Objectives***

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Meeting Objectives

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- Review of the Clinician Workgroup Exercise
 - Evaluation of the physician value-modifier proposed measure set
 - Experience with applying the set-level measure selection criteria
 - Review and comment on the data platform principles
- Adoption of data platform principles
- Preparation of the final report

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Review of the Clinician Workgroup Exercise

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Measure Selection Criteria Development

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Input: Stanford team development of measure selection criteria options

Assumption: Build upon, but don't revisit existing NQF endorsement criteria or duplicate the endorsement process

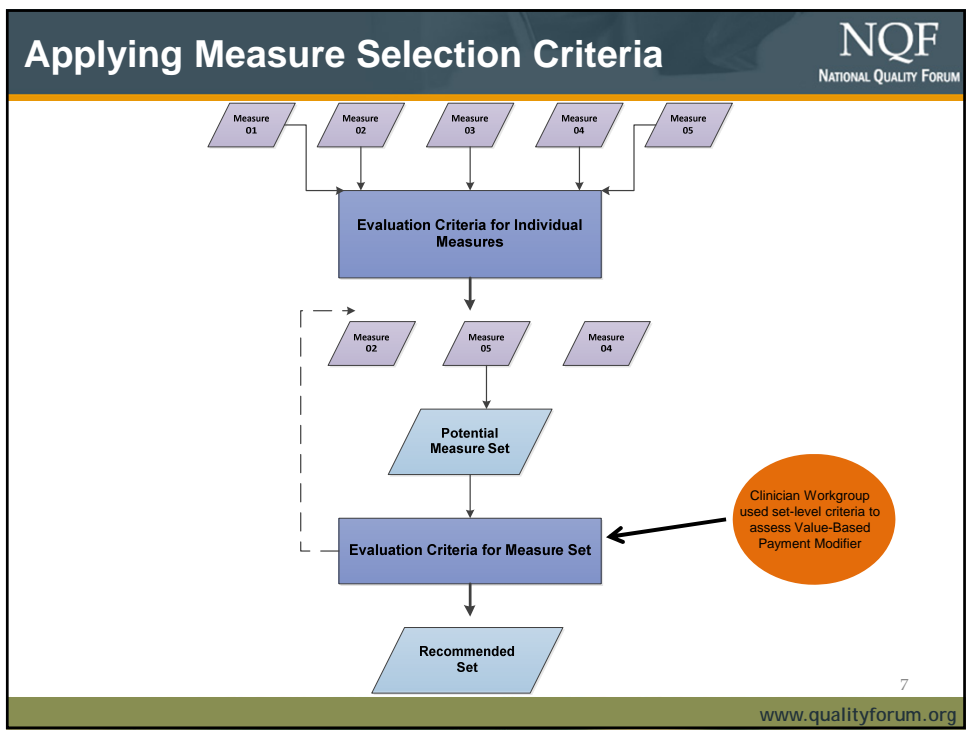
Input: Coordinating Committee deliberations with input from MAP Workgroups

Coordinating Committee adoption

Measure Selection Criteria

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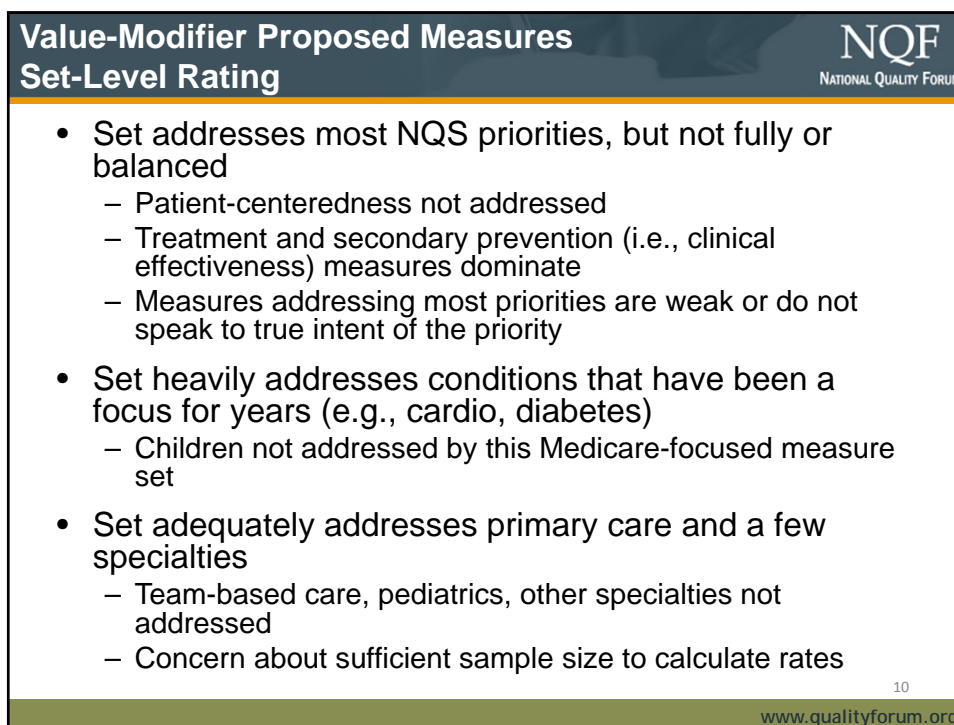
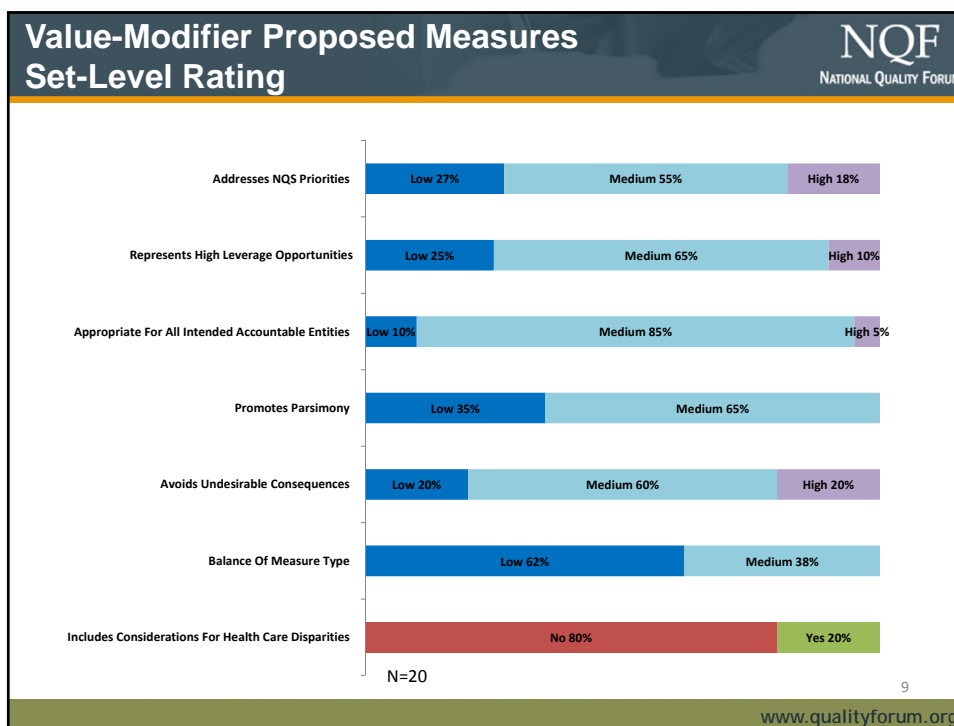


Evaluation of the Physician Value-Modifier Proposed Measure Set

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Value-Modifier Proposed Measures Set-Level Rating



- Lack of cross-cutting measures works against parsimony
 - Focus on individual conditions and provider types, rather than systems of care
 - Data collection burden is high; need to enable measurement through HIT/HIE
 - Some alignment with meaningful use measures, but should be stronger
- Unsure of potential for undesirable consequences and whether disparities addressed by stratification or adjustment
- Measure set is dominated by process measures
 - Outcomes, experience, and cost have minimal or no representation

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Value-Modifier Proposed Measure Set Gaps



- Patient preferences, patient experience, and patient-reported outcomes
- Care coordination, communication with patient/family, social supports
- Function, quality of life, pain, fatigue
- Affordability, overuse, efficiency
- Safety
- Surgical care
- Child health
- Oral health
- Mental and behavioral health

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Experience with Applying the Set-Level Measure Selection Criteria

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Experience Applying the Set-Level Criteria

Majority of respondents agree the MAP set-level measure selection criteria are a good starting place for assessing the adequacy of a measure set for a specific purpose



Strongly Agree- 30%
Agree- 50%
Disagree- 20%
Strongly Disagree- 0

Criteria would ideally better ascertain if a set contains the best or right measures to address a given criterion

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Experience Applying the Set-Level Criteria



- Addresses NQS Priorities
 - Difficult determining how completely addressed
- Addresses high-leverage opportunities
 - Different from high-leverage for improvement
 - High-leverage should be defined beyond high-impact conditions
- Appropriate for all intended accountable entities
 - Addressing all intended accountable entities may not encourage “systemness” or shared accountability

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Experience Applying the Set-Level Criteria



- Promotes parsimony
 - Many variables, generally difficult to assess
- Avoids undesirable consequences
 - Difficult to predict, as all measures have some potential for unintended consequences
 - Rating dependent on programmatic features, such as a plan to monitor

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Experience Applying the Set-Level Criteria

- Contains a balance of type of measures
 - Equal representation is not necessarily the goal, rather addressing priorities in parsimonious manner
- Includes considerations for health care disparities
 - Further guidance needed
 - Difficult criterion to meet
 - Disparities measurement is new
 - Stratification at individual clinician level may not be possible due to sample size

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Discussion Questions

- How should the criteria be modified to:
 - Identify the best or the right measures?
 - Promote systemness/shared accountability?
 - Assess for potential unintended consequences/exacerbation of disparities?
- Would any of the current criteria be better characterized as principles?

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Discussion and Questions

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***Adoption of Data
Platform Principles***

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Preparation of the Final Report

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Final Report Contents

- Clinician Performance Measurement Coordination Strategy report will contain:
 - Characteristics of an ideal measure set
 - Evaluation of the physician value-modifier proposed measure set and gaps identified
 - Experience applying the set-level measure selection criteria
 - Data platform principles
 - Key considerations for improving the application of measures and path forward

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Next Steps

- August 12: Draft for Coordinating Committee reaction distributed to CC and Clinician WG
- August 18: Comments to “Reaction Draft” due by COB
- Late August: 2 week public comment period
- October 1: Final Report due to HHS