MEASURE APPLICATIONS PARTNERSHIP
CLINICIAN WORKGROUP
Convened by the National Quality Forum

Summary of MAP Clinician In-Person Meeting #2

The Measure Applications Partnership (MAP) Clinician Workgroup held their second in-person meeting on July 13-14, 2011. For those interested in reviewing an online archive of the web meeting, please visit the MAP Clinician Workgroup web page.

Workgroup members in attendance at the July 13-14 meeting:

Chair	
Mark McClellan, MD, PhD	

Organizational Members	
American Academy of Family Physicians	Bruce Bagley, MD
American Academy of Nurse Practitioners	Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP
American Academy of Orthopaedic Surgeons	Douglas Burton, MD
American College of Cardiology	Paul Casale, MD, FACC
American College of Radiology	David Seidenwurm, MD (phone)
American Speech-Language-Hearing Association	Janet Brown, MA, CCC-SLP
Association of American Medical Colleges	Mary Patton-Wheatley/Joanne Conroy, MD (Mary substituted for Joanne on day 1)
Center for Patient Partnerships	Rachel Grob, PhD (phone)
CIGNA	Richard Salmon MD, PhD
Consumers' CHECKBOOK	Robert Krughoff, JD
Kaiser Permanente	Amy Compton-Phillips, MD (phone)
Minnesota Community Measurement	Beth Averbeck, MD
Physician Consortium for Performance Improvement	Mark Metersky, MD
The Alliance	Cheryl DeMars
Unite Here Health	Elizabeth Gilbertson, MS

Expertise	**Individual Subject Matter Expert Members**
Disparities	Marshall Chin, MD, MPH, FACP
Population Health	Eugene Nelson, MPH, DSc
Shared Decision Making	Karen Sepucha, PhD
Team-Based Care	Ronald Stock, MD, MA
Health IT/ Patient Reported Outcome Measures	James Walker, MD, FACP (phone)
Measure Methodologist	Dolores Yanagihara, MPH

Federal Government Members	
Agency for Healthcare Research and Quality (AHRQ)	Darryl Gray, MD, ScD (phone)
Centers for Disease Control and Prevention (CDC)	Peter Briss, MD, MPH

Centers for Medicare & Medicaid Services (CMS)	Michael Rapp, MD, JD, FACEP
Health Resources and Services Administration (HRSA)	Ian Corbridge, MPH, RN
Office of the National Coordinator for HIT (ONC)	Thomas Tsang, MD, MPH
Veterans Health Administration (VHA)	William Duncan, MD, PhD (substitute for Joseph Francis, MD, MPH)

The primary objectives of the meeting were to:

- Review and refine the report outline for the clinician performance measurement coordination strategy deliverable to HHS;
- Consider measures for an initial clinician core measure set and alignment with other efforts;
- Adopt coordination strategy data platform principles; and
- Develop the pathway for improving measure application.

The Clinician Workgroup Chair, Mark McClellan, began the meeting with a welcome and introductions of all the attending workgroup members, in person and on the phone.

Aisha Pittman, Senior Program Director, NQF, reviewed the Clinician Workgroup activities to date, particularly in relation to the Coordinating Committee's work. She summarized the meeting themes from the June meeting and the Coordinating Committee's reactions.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, reviewed the measure selection criteria development process. The criteria have been shaped by the Coordinating Committee's May 3-4 meeting, the Clinician Workgroup's June meeting, and the Coordinating Committee's June 21-22 meeting. An important element discussed was how to evaluate individual measures within measure sets.

Connie Hwang, Vice President, Measure Applications Partnership, NQF, led a discussion on an initial clinician core measure set. The group requested clarity on the process for evaluating measures, specifically a demonstration of how the principles will evolve into operationalized criteria. Additional criteria considered for the measure selection criteria included:

- "Systemness"
- Patient-centeredness
- Functional status
- Promotion of HIT adoption
- Balance among measure domains of process, outcome, experience, cost
- Define usability to include actionability and accountability

To operationalize the criteria, the Clinician Workgroup suggested the following:

- The criteria should be used to identify measures for consideration, not absolute inclusion
- Some criteria are not as important as others, so consideration should be given to weighting the criteria
- Assess inter-rater reliability to help further refine the criteria

The discussion of an initial clinician core set led to consideration of characteristics that should be present in an ideal measure set. The following were identified:

- Aligns with the NQS priorities
- Addresses high-impact conditions
- Contains a balance of domains—process, outcome, experience, cost

- Addresses accountable entities
- Is parsimonious
- Avoids unintended consequences

In the afternoon, aligning clinician performance reporting initiatives was discussed. Mike Rapp, Director, Quality Measurement and Health Assessment Group, CMS, provided a review of federal programs: PQRS, Physician Compare, EHR/MU (briefly), and the Value-Based Physician Modifier. There were a number of questions from the group regarding whether Physician Compare would be actionable to consumers and able to show individual physician performance variation.

Tom Tsang, Medical Director, Meaningful Use, ONC, elaborated further on Meaningful Use. He highlighted issues such as multiple portals for patient-reported outcomes, the need for standardization of patient safety measures, and the inclusion of adverse drug event reporting measures. The group discussed accountability – individual vs. system – and cautionary statements about patient shifting driven by individual reporting requirements (e.g., dropping patients with multiple chronic conditions since it's harder for physicians to achieve high performance outcomes with this demographic).

Mark McClellan provided an overview of the Accountable Care Organization work that is being conducted at The Brookings Institution. He shared what measures are being included in the ACOs, and the plan to move from claims-based data to more outcome e-specified and registry tracking system measures.

Karen Adams, Vice President, National Priorities, NQF, gave a brief presentation that mapped the work of the MAP, and specifically the Clinician Workgroup, to other frameworks, including the National Priorities Partnership (NPP) and the National Quality Strategy (NQS). She demonstrated the concept of cascading measures; that is, using harmonized measures at each level of the system to support accountability at all levels.

Mark McClellan provided a summary of the first day's activities. The group felt positively that they should recommend a set of measures to the Coordinating Committee for ultimate input to HHS, but wanted a re-phrasing from "core set" to something less constrictive, such as "illustrative example" or "proposed measures for use".

The second day began with a recap of day 1 and an overview of the objectives for the second day. The workgroup pointed out the importance of identifying measures that can be used for both group/system- and individual-level performance measurement. There were also requests for patient experience and resource utilization to be reflected in any chosen measures.

Gene Nelson, The Dartmouth Institute, presented considerations for the pathway for improving measure applications, informed by the Big Sky Group, the Gretzky Group, and other measure development and application initiatives. Group discussion touched on the issue of data platform principles, the need to incorporate patient-reported data and link it to registry data provided by specialty societies.

The morning concluded with a discussion of coordination strategy data platform principles. The group discussed in depth how current focus has been on what we can measure with the data available. Focus needs to be given to what needs to be measured and how that information can be obtained from health care settings. Accordingly, effort should be devoted to developing consistent data language, developing standardized processes for obtaining data, making data more timely, and incorporating patient-reported data into measurement.