

**MEASURE APPLICATIONS PARTNERSHIP
CLINICIAN WORKGROUP**

Convened by the National Quality Forum

Summary of Web Meeting #2

The Measure Applications Partnership (MAP) Clinician Workgroup held their second web meeting on August 1, 2011. For those interested in reviewing an online archive of the web meeting please visit the [MAP Clinician Workgroup web page](#).

The next meeting of the Clinician Workgroup will be an in-person meeting on December 12, 2011.

Committee members in attendance at the August 1 webinar:

Chair

Mark McClellan, MD, PhD

Organizational Members

American Academy of Family Physicians
American Academy of Orthopaedic Surgeons
American College of Cardiology
American College of Radiology
American Speech-Language-Hearing Association
Association of American Medical Colleges
Center for Patient Partnerships
CIGNA
Consumers' CHECKBOOK
Kaiser Permanente
Minnesota Community Measurement
Physician Consortium for Performance Improvement
The Alliance
Unite Here Health

Bruce Bagley, MD
Douglas Burton, MD
Paul Casale, MD, FACC
David Seidenwurm, MD
Janet Brown, MA, CCC-SLP
Joanne Conroy, MD
Rachel Grob, PhD
Richard Salmon MD, PhD
Robert Krughoff, JD
Amy Compton-Phillips, MD
Jim Chase
Mark Metersky, MD
Cheryl DeMars
Elizabeth Gilbertson, MS

Expertise

Disparities
Shared Decision Making
Team-Based Care
Health IT/ Patient Reported Outcome Measures
Measure Methodologist

Individual Subject Matter Expert Members

Marshall Chin, MD, MPH, FACP
Karen Sepucha, PhD
Ronald Stock, MD, MA
James Walker, MD, FACP
Dolores Yanagihara, MPH

Federal Government Members

Centers for Disease Control and Prevention (CDC) Peter Briss, MD, MPH

Centers for Medicare & Medicaid Services (CMS)
Health Resources and Services Administration (HRSA)
Veterans Health Administration (VHA)

Michael Rapp, MD, JD, FACEP
Ian Corbridge, MPH, RN
Joseph Francis, MD, MPH

The primary objectives of the web meeting were the following:

- Review the results of the Clinician Workgroup July 13-14 in-person meeting which included:
 - Evaluation of the physician value-modifier proposed measure set
 - Feedback on experience applying the draft measure selection criteria
 - Review of the data platform principles
- Discuss any final considerations for the clinician performance measurement coordination strategy report

The Clinician Workgroup Chair, Mark McClellan, welcomed attendees and reviewed the meeting objectives. Connie Hwang, Vice President, Measure Applications Partnership, NQF, discussed the iterative process for developing the MAP measure selection criteria.

Next, Aisha Pittman, Senior Program Director, NQF, provided an overview of the results of the Value-Modifier measure set exercise, in which the workgroup members were asked to rate the measure set using the set-level measure selection criteria. The measure set was rated medium for most of the criteria, except for the “balance of measure type” criterion, which was rated low. Additional comments and feedback included the following:

- The measure set addresses all of the National Quality Strategy (NQS) priorities with the exception of patient-centeredness. Moreover, the set is dominated by the secondary prevention and treatment of individual conditions and diseases priority.
- Though many of the priorities are addressed, the measures addressing them are weak or do not speak to the true intent or goals of the priorities.
- The set heavily addresses high-leverage conditions like cardiovascular conditions and diabetes, but lacks measures for children because it is Medicare-focused.
- In terms of addressing intended accountable entities, the set focuses on primary care and a few key specialties but does not address other specialties such as pediatrics and team-based care. Also, some of the measures may not have sufficient sample size to calculate rates at an individual clinician level.
- With respect to the parsimony criterion, the lack of cross-cutting measures in the set works against parsimony.
- The potential for undesirable consequences is unclear.
- The set does not adequately address health care disparities.
- Lastly, the measure set is dominated by process measures, with prominent measure gaps for outcomes, experience, and cost measures.

Subsequently, Aisha Pittman reviewed the results for the workgroup’s experience with applying the set-level measure selection criteria. The majority of respondents agreed that the criteria are a good starting place for assessing a measure set; however, the comments also indicated that the criteria requires

some refinements to help determine whether the set includes the best or right measures for each criterion. Specific comments for each criterion are listed below:

- Difficult to determine whether the measure set address the true intent of the NQS priorities.
- High-leverage opportunities should be defined beyond high-impact conditions.
- Assessing all intended accountable entities may not promote “systemness” or shared accountability.
- Difficult to determine parsimony due to the large number of variables inherent in this criterion.
- Difficult to predict undesirable consequences that may be influenced by programmatic features.
- The goal should not be an equal representation of all measure types, but rather an appropriate representation of each measure type.
- Further guidance is needed as to how the disparity criterion should be addressed, since this is a particularly difficult criterion to address.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, noted this process provides input on the priority gap areas and can assist CMS in prioritizing funding for measurement development.

In the next segment of the presentation, Aisha Pittman reviewed the data platform coordination strategy principles and stated that there was a high level of agreement in the survey results among the workgroup members and thus minor edits to the principles. Workgroup members raised the issue of addressing the funding mechanisms and costs for implementing the data platform principles.

The meeting concluded with Tom Valuck providing next steps, which will include developing a reaction paper for the Coordinating Committee, a report for public comment, and ultimately submission of the final report to HHS.