

# THE NATIONAL QUALITY FORUM

## MEASURE APPLICATIONS PARTNERSHIP CONFLICT OF INTEREST POLICY ORGANIZATIONAL MEMBERS

The Measure Applications Partnership (“MAP”) represents key healthcare stakeholder organizations from the public and private sectors and strives to represent a balance of organizational viewpoints and interests.

Although MAP participants serve as representatives of the organizations with which they are affiliated (the “Members”), participants unavoidably bring their personal backgrounds, experiences, and affiliations to the table. In an effort to minimize apparent or actual conflicts of interest, the MAP asks participants to recuse themselves from discussions, recommendations, or voting on matters in which participants (**not** participants’ family members) have a personal financial interest of \$10,000 or more.

*Example:* The MAP is working to identify a set of quality measures for use by hospitals in public reporting. You own \$100,000 of stock in a for-profit hospital system to which those measures are likely to apply. You should recuse yourself from these discussions and recommendations as you might benefit financially from the MAP’s recommendations.

MAP participants should recuse themselves from a discussion, recommendation, or voting immediately upon recognizing an apparent or actual financial conflict of interest. This recognition could occur as early as reviewing a meeting agenda or in the midst of discussion. If participants are unsure regarding the existence of a financial conflict of interest, they should consult with the Chair or MAP staff.

On an annual basis, MAP participants will be provided with a copy of this Policy and required to sign an acknowledgement form.

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## **MEASURE APPLICATIONS PARTNERSHIP CONFLICT OF INTEREST POLICY**

### **ACKNOWLEDGEMENT**

I, the undersigned representative of a Measure Applications Partnership Member, acknowledge that I have read and understood the Measure Applications Partnership Conflict of Interest Policy and agree to abide by its terms.

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Name of MAP Member Organization

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Signature of MAP Member Representative

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Name of MAP Member Representative

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Date