

Call for Nominations: Measure Applications Partnership Coordinating Committee and Workgroups

The National Quality Forum (NQF) is seeking nominations for organizations and individual subject matter experts for the Coordinating Committee and four advisory Workgroups of the Measure Applications Partnership (MAP). For more information on the MAP, please see Appendix A. The Coordinating Committee and four advisory Workgroups are focused in the following areas:

Coordinating Committee – This committee sets the strategy for MAP, provides direction to and ensures alignment among the workgroups, and gives all input to HHS.

Clinician Workgroup – This workgroup provides input to the Coordinating Committee on matters related to the selection and coordination of measures for clinicians, particularly in the office setting.

Hospital Workgroup – This workgroup provides input to the Coordinating Committee on matters related to the selection and coordination of measures for hospitals, including inpatient acute, outpatient, cancer, and psychiatric hospitals.

Post-Acute Care/Long-Term Care Workgroup – This workgroup provides input to the Coordinating Committee on matters related to the selection and coordination of measures for post-acute care and long-term care providers, for example hospices, inpatient rehabilitation facilities, long-term care hospitals, skilled nursing facilities, and home health care.

Dual Eligible Beneficiaries Workgroup – This workgroup provides input to the Coordinating Committee on issues related to the quality of care for Medicare-Medicaid dual eligible beneficiaries across the care continuum.

Organizations and individuals selected will serve a three year term and are eligible for reappointment with no term limits at this time. It is expected that given the initial startup of the MAP that many of the members who were selected for a one year term in 2011 will reapply in 2012. For more information on commitments and expectations of MAP members, please see Appendix B.

MATERIALS TO SUBMIT

Nominations will be accepted for organizations and individual subject matter experts. Materials should be submitted via the [NQF website](#).

Nominations for individual subject matter experts may be self-nominations or may be nominations submitted by a third party. For more information on criteria for consideration, please see Appendix C.

To nominate an organization, an executive should submit the following information:

- Completed nomination form via the [NQF website](#); and
- Optional: up to three relevant letters of support.

To nominate an individual subject matter expert, nominators or self-nominators should submit:

- Materials requested of organizations above; and
- 100-word biography;
- Curriculum vitae (maximum of 20 pages);
- Disclosure of interest form.

DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **Monday March 26, 2012 at 6:00 PM EST**.

QUESTIONS

If you have questions about the nominations process, please contact Connie Bach at 202-783-1300 or nominations@qualityforum.org.

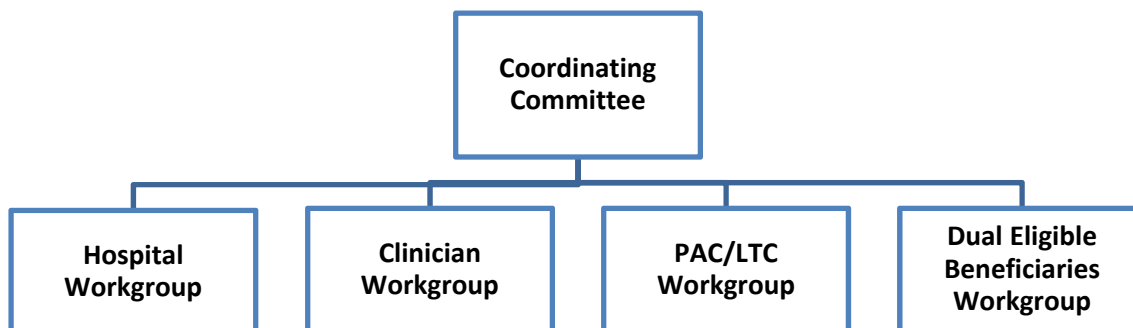
If you have questions about MAP, please contact Erin O'Rourke at 202-783-1300 or measureapplications@qualityforum.org.

Appendix A: MAP Background

The Measure Applications Partnership (MAP) is a public-private partnership convened by the National Quality Forum (NQF) for the primary purpose of providing input to the Department of Health and Human Services (HHS) on selecting performance measures for public reporting, performance-based payment programs, and other purposes. The statutory authority for MAP is the Affordable Care Act (ACA), which requires HHS to contract with NQF (as the consensus-based entity) to “convene multi-stakeholder groups to provide input on the selection of quality measures” for various uses.

The NQF Board of Directors established MAP to provide thoughtful, balanced input to HHS and to provide a mechanism for aligning public and private sector use of performance measures. The structure of MAP consists of two tiers, which may be enhanced to meet the requirements of its scope of work. An overarching, standing, multi-stakeholder Coordinating Committee sets the strategy for MAP and provides direction to and ensures synchronization among the advisory workgroups. A second tier includes workgroups that are setting and population focused to advise the Coordinating Committee on measures for specific programs. It is anticipated that the MAP will pull from the Coordinating Committee and workgroups to form advisory task forces as needed. The Coordinating Committee will be solely responsible for providing input to HHS.

The multi-stakeholder Coordinating Committee and workgroups include organizations that have an interest in or are affected by the use of quality measures, as well as individual subject matter experts. Members should represent a balance of interests among consumers, businesses/purchasers, labor, health plans, clinicians, providers, community alliances, state Medicaid agencies, and suppliers/manufacturers. Members should also have expertise in the quality issues related to special populations, mental health, rural health, and health disparities. Federal government agencies can serve as non-voting, ex officio members. The Coordinating Committee may also include non-voting liaisons from accreditation and certification organizations.



Appendix B: Commitment and Expectations

Organizations and individuals selected will serve up to a three year term and are eligible for reappointment.

Organizations and individuals selected should be capable of and committed to meeting the following Partnership member responsibilities:

- **Strong commitment to advancing the performance measurement and accountability purposes of the Partnership.**
- **Willingness to work collaboratively with other Partnership members, respect differing views, and reach agreement on recommendations.** Input should not be limited to specific interests; though sharing of interests is expected. Impact of decisions on all healthcare populations should be considered. Input should be analysis and solution-oriented, not reactionary.
- **Ability to volunteer time and expertise as necessary to accomplish the work of the Partnership, including meeting preparation, attendance and active participation at meetings, completion of assignments, and service on task forces and ad hoc groups.**
- **Organizational Partnership members will be responsible for identifying an individual to represent them on the MAP.**
- **Commitment to attending meetings.** Individuals selected for membership will not be allowed to send substitutes to meetings. Organizational representatives may request to send a substitute in exceptional circumstances and with advance notice. If an organizational representative is repeatedly absent, the chair may ask the organization to designate a different representative.
- **Demonstration of respect for the Partnership's decision making process by not making public statements about issues under consideration until the Partnership has completed its deliberations.**
- **Acceptance of the Partnership's conflict of interest policy.** Members will be required to publicly disclose their interests and any changes in their interests over time.

Appendix C: Criteria for Consideration

Criteria for organizations

- **Organizations selected for the Partnership should represent leading stakeholder groups affected by the use of quality measures.** The ACA definition of multi-stakeholder group indicates that affected organizations and broad groups of stakeholders should be represented.
- **Organizational Partnership members should have structures and processes for setting policy and communicating with their constituencies.** Organizations should have a governance structure and have demonstrated success in representing the interests of their constituencies through collaborative policy development and effective communication of their positions.

- **Organizational Partnership members should contribute to a balance of stakeholder interests.** Important interests to consider include: consumers, purchasers, providers, professionals, health plans, public/community health agencies, suppliers/industry, and quality measurement experts/researchers.

- **Federal government agencies affected by the use of quality measures should be organizational members of the Partnership.** Federal agencies are important stakeholders, but government officials typically do not vote on recommendations to the government, so Federal officials will serve as ex-officio, non-voting members.

- **The majority of Partnership members should be organizations.**

Criteria for individual subject matter experts

- **Individual Partnership members should be subject matter experts in a relevant field, such as quality measurement, public reporting, or performance-based payment.**

- **Individual Partnership members' inherent interests should be considered in balancing stakeholder interests, even though they are not sitting as organizational representatives.** Individual subject matter experts are subject to a high level of scrutiny for potential conflicts of interest

Criteria for both organizations and individual subject matter experts

- **Members should contribute to the diversity of the Partnership.** For organizational members, the organization itself may represent the interests of a vulnerable population. In addition, organizational members' representatives and individual members should contribute to the diversity of the Partnership, whenever possible. Aspects of diversity to consider include race, ethnicity, gender, geographic area (region of the country, urban/rural, and communities), and representation of life stages (i.e., child, maternal, adult, and senior health).

- **Organizational members, as well as individual subject matter experts, should have demonstrated involvement and experience in quality measurement (e.g., development, endorsement, implementation, validation, methodological issues), public reporting, and performance-based payment.** Such involvement and experience is relevant to determining an organization's interest in the Partnership's purpose.