

Measure Applications Partnership Strategic Plan: 2012-2015

Purpose of the MAP Strategic Plan

The first year of the Measure Applications Partnership's work yielded a rich experience and highlighted daunting challenges. To build on the experience and place MAP's work squarely in the context of the challenges, the MAP Coordinating Committee resolved to undertake a strategic planning process. Specifically, the following challenges were evident during year-one work:

- **Walls are easier to build up than to break down.** Figuring out how to use measures across programs and sectors, rather than within silos, will be key to a more uniform and integrated measurement approach.
- **Many of the measures needed to support improvement do not exist.** At present, we do not have many of the measures we need to achieve patient-centered measurement across programs.
- **We need to build the infrastructure for our health information “highway” and measure “traffic signals.”** Effective data collection, transmission, and sharing mechanisms are necessary for a nationally-unified measurement approach.
- **People, not numbers or tools, are the true focus of this work, and not all people's needs are the same.** In particular, we have many vulnerable who live among us, and their situations require specialized and thoughtful approaches to measurement.

To address these challenges and make MAP's work more information-rich, nationally beneficial across public and private sectors, and representative of a true partnership in pursuit of national improvement priorities, MAP has embarked on a three-year strategic planning process.

Background

Problem Statement

More than ten years ago, our nation awakened to a sobering reality: our healthcare system, while delivering innovative help and healing, was also generating preventable harm. People were suffering or dying from avoidable mistakes, and our collective bill was growing for services that often generated little value. All the while, we as a nation were experiencing more life-debilitating disease and watching our overall indicators of health slip.

Various motivated organizations were spurred to take action in pursuit of making healthcare more value-driven. What they had in good intention, they lacked in a coordinated plan. Could various leaders from all corners of healthcare—including those who pay for, deliver, and receive care—join together in articulating a national vision for making healthcare safer and people healthier? Would a prioritized “to-do” list help sharpen healthcare improvement efforts?

Years in the making, we now have a national blueprint for achieving a high-value healthcare system. Called “The National Quality Strategy,” it sets clear goals to help the collective public focus its efforts on improving the quality of health and healthcare. Working together on a focused set of activities will accelerate meaningful change.

Performance measurement is an important tool to help incentivize change and monitor progress we're making in achieving the goals articulated in the National Quality Strategy (NQS). Measures give evidence-based signals to healthcare providers and clinicians to further strengthen their performance. Measures also generate valuable information for those who make healthcare decisions, and help everyone with a stake in healthcare better understand the value of what our system produces. Measures make healthcare decision-making information richer, guesswork poorer.

The field of healthcare performance measurement has proliferated in recent years with many in the public and private sectors embracing its promise. However, in trying to realize the potential of using measurement to accelerate efforts to make healthcare safer and more affordable, and make people healthier, the result to date has been a fragmented and siloed patchwork of activity. This mirrors the system in which measures are used, and reinforces that we have great opportunity to be more coordinated in all that we do within healthcare.

Said more plainly, imagine a traffic signaling system that used purple, blue, and beige in certain intersections; red, yellow, green in others; and orange, black, and gold in yet another set of intersections. The likely result would be more car accidents, mass confusion, a lack of clear consumer driving educational tools, and more police resources dedicated to manning those intersections rather than tackling higher crimes. People may start to approach intersections with trepidation rather than confidence. This is where we are in use of measures today.

In an effort to move our country toward a more predictable, uniformly used and understood measurement system—the red, yellow, green signaling for healthcare—the Affordable Care Act calls for a single streamlined process for providing pre-rulemaking input on the selection of measures for various uses. The input is designed to come from all of those who have a stake in the decisions made by the federal government within its healthcare rulemaking process. This represents a sea change in how rules with respect to measurement are shaped.

In past years, The Department of Health and Human Services (HHS) has issued draft rules one healthcare program at a time, inclusive of proposed measures within that program; the market responds via comments; final rules are issued; and measures intended to gauge performance are implemented. This process has not deliberately encouraged a cross-program look at measures in use by the federal government—missing valuable opportunities to create a fully coordinated vision for performance measurement and send strong, unified signals to the healthcare market about incentives and which performance goals to align with. Importantly, the private sector has largely been the recipient of federal rulemaking, with limited ability to provide real world input that could prove beneficial to the optimal shape of rules with respect to selection of measures.

MAP's Role

HHS has contracted with The National Quality Forum (NQF), a mission-driven, neutral, non-profit organization, to convene MAP to be the body that helps coordinate and provide upstream recommendations on measures use. MAP is a unique collaboration of organizations, designed to balance the interests of consumers, businesses and purchasers, labor, health plans, clinicians and providers, communities and states, and suppliers. MAP's diverse, public-private nature ensures future federal strategies and rulemaking with respect to measure selection is informed upstream by varied, thoughtful organizations that are invested in the outcomes of measurement decisions made.

In its first year, MAP generated both program-specific measure recommendations to HHS (first annual MAP Pre-Rulemaking Report) and recommendations for coordination of performance measurement across public- and private-

sector programs (safety, clinician, post-acute care/long-term care, hospice, cancer hospital, and dual eligible beneficiary coordination strategies). This initial work was a big first step toward achieving a “red, yellow, green” for measurement. It also highlighted that we as a nation have a ways to go.

Recognizing the complexity and importance of MAP’s tasks, this strategic plan includes ambitious goals and objectives and deliberate approaches to make progress against the goals and objectives over time. In pursuit of its objectives, MAP has established several overarching strategies to guide its ongoing and future work. MAP has also developed an action plan that delineates concrete tactics for implementing the MAP strategies over the next three years. Initial work on these tactics (e.g., initial development of families of measures) has already and will continue to enhance MAP’s input to HHS and the field. As MAP evolves, the tactics will evolve to ensure the MAP strategies are addressed with increasing sophistication.

MAP Goal and Objectives

The National Quality Strategy (NQS) provides the national blueprint for providing better care, improving health for people and communities, and making care more affordable. In pursuit of the aims, priorities, and goals of the NQS, MAP informs the selection of performance measures to achieve the **goal of improvement for clinicians and providers, transparency for consumers and purchasers, and value for all.**

MAP’s objectives are to:

1. **Improve outcomes in high leverage areas for patients and their families.** MAP will encourage the use of the best available measures that are high-impact, relevant, and actionable. Additionally, MAP has adopted a person-centered approach to measure selection, promoting broader use of patient-reported outcomes, experience, and shared-decision making.
2. **Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value.** MAP will promote the use of measures that are aligned across programs and between public and private sectors to provide a comprehensive picture of quality. Achieving this objective will require filling measure development and implementation gaps.
3. **Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.** MAP will encourage the use of measures that help transform fragmented healthcare delivery into a more integrated system with standardized mechanisms for data collection and transmission.

MAP Strategies

MAP has identified several strategies (bolded below) to achieve its goals and objectives. MAP’s primary purpose, as specified in the Affordable Care Act (ACA), is to **provide input on performance measures sets for numerous accountability applications**, such as public reporting, performance-based payment, and financial incentives tied to meaningful use of electronic health records. In its first year, MAP has provided such input through several reports (see [clinician](#), [safety](#), [dual-eligible beneficiaries](#), [post-acute care/long-term care](#) coordination strategies for performance measurement) and its initial [pre-rulemaking input](#). These reports included recommendations for applying the best available measures and prioritization of measure gaps to guide policymakers’ decision-making.

While MAP’s input focuses on HHS quality improvement programs, MAP recognizes that aligned performance measurement is important to send clear direction and provide strong incentives to providers and clinicians regarding desired health system change. Accordingly, MAP will **promote alignment of performance measurement across HHS**

programs and between public and private initiatives. Strategically aligning public and private payment and public reporting programs (across settings, programs, populations, and payers) will encourage delivery of patient-centered care, reduce providers' data collection burden, and provide a comprehensive picture of quality.

MAP aims to **ensure recommended performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS.** NQF endorsement is a threshold criterion for selecting measures that are important, scientifically acceptable, feasible, and useful for accountability purposes and quality improvement. Through its consensus-driven process, MAP then utilizes its Measure Selection Criteria to recommend measures that are high-impact, align with the NQS, promote alignment across programs, and consider the needs of complex patients. MAP has adopted a person-centered approach to measurement, preferring measures of patient outcomes (or those processes most tightly linked to outcomes) and experience across settings, rather than measures that are specific to providers or settings. Performance measurement is continually evolving and many of the performance measurement programs for which MAP provides input are long established and may include measures that are topped-out, do not drive improvement in patient outcomes, or result in unintended consequences of measurement. Accordingly, MAP will **recommend removal of low-value measures from federal programs.**

MAP's input has and will continue to identify and prioritize measure gaps, recognizing that currently available measures do not fully address the highest-leverage opportunities for improvement. MAP recognizes that it must go beyond stating measure gaps; through collaboration with HHS and private entities, MAP will **stimulate gap-filling for high-priority measure gaps and identify solutions to performance measurement implementation barriers.** This includes, but is not limited to, defining measure ideas to address gap areas; identifying needed funding for measure development, testing, and endorsement; engaging measure developers and end-users; facilitating the construction of test beds for measure testing; and identifying opportunities to build mechanisms for efficient collection and reporting of data.

MAP's careful balance of interests is designed to provide HHS and the field with thoughtful input on performance measure selection. As a public-private partnership, MAP must work collaboratively with the stakeholders involved in performance measurement. To facilitate bi-directional exchange with stakeholders, MAP will establish **feedback loops** to (1) **support a data-drive approach to MAP's decision-making and build on other initiatives,** (2) **determine if MAP's recommendations are meeting stakeholder needs and are aligned with their goals,** and (3) **ensure MAP's recommendations are relevant to public and private implementers and its processes are effective.**

Table 1 below demonstrates the relationships among MAP's goals, objectives, strategies, and tactics.

Table 1. MAP Goals, Objectives, Strategies, Tactics

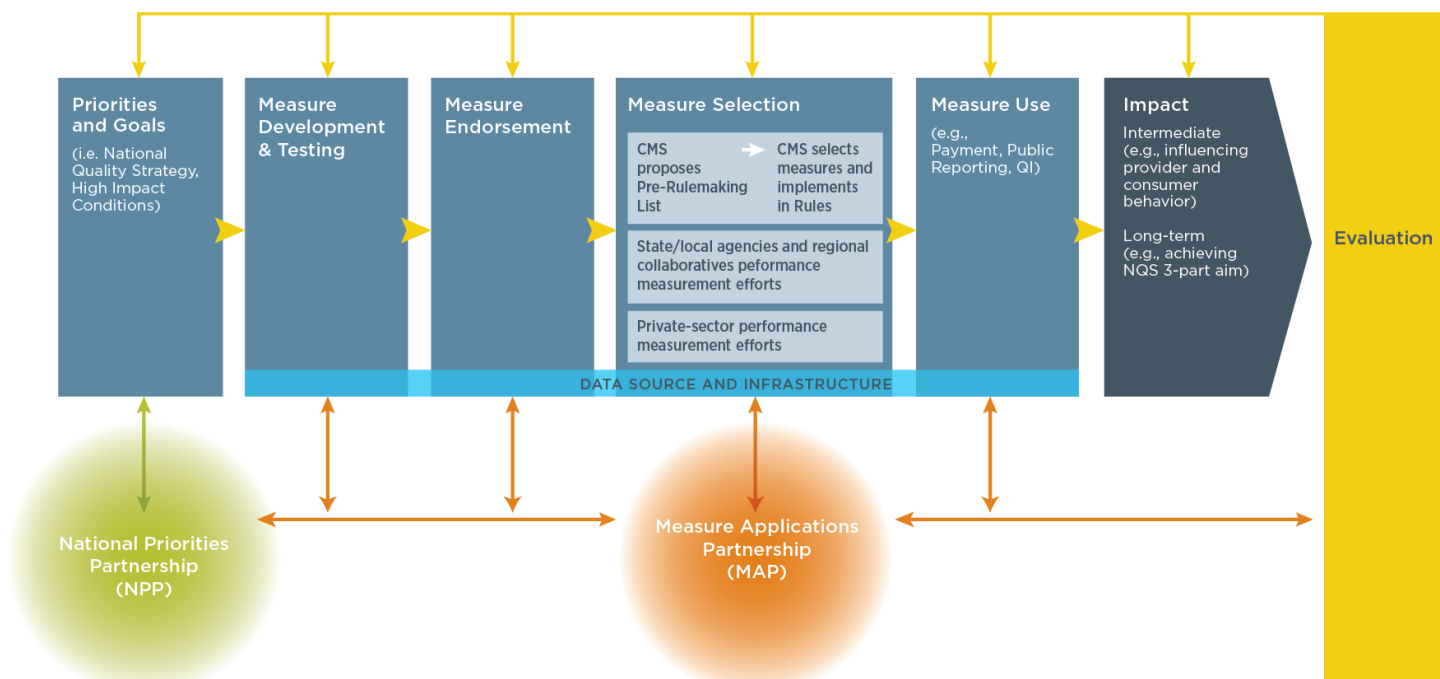
	OBJECTIVES	STRATEGIES	TACTICS <i>(see MAP Action Plan below for further detail)</i>	MILESTONES/METRICS OF SUCCESS
GOALS: Achieve improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the National Quality Strategy	1. Improve outcomes in high-leverage areas for patients and their families (i.e., progress towards realization of the NQS)	<ul style="list-style-type: none"> Ensure recommended performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS Establish feedback loops to support data-driven decision making and build on other initiatives (e.g., NQS, NPP, private sector efforts) Provide input on measure sets for specific applications 	<ul style="list-style-type: none"> Identify Families of Measures and Core Measure Sets Enhance MAP Measure Selection Criteria Develop MAP Analytics Function Define Measure Implementation Phasing Strategies Create and Execute MAP Evaluation Plan 	<ul style="list-style-type: none"> Program measure sets align with MAP families of measures and core measure sets
	2. Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value	<ul style="list-style-type: none"> Promote alignment of performance measurement across HHS programs and between public and private initiatives Stimulate gap-filling for high-priority measure gaps Identify solutions to performance measure implementation barriers 	<ul style="list-style-type: none"> Identify Families of Measures and Core Measure Sets Address Measure Gaps Enhance MAP Measure Selection Criteria Create and Execute MAP Evaluation Plan 	<ul style="list-style-type: none"> Funding for measure development and developer efforts focus on the highly-prioritized gaps identified by MAP Proposed solutions to implementation barriers for existing high-leverage measures are tested in the field Low-value measures are removed from programs
	3. Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and	<ul style="list-style-type: none"> Ensure MAP’s recommendations are relevant to public and private implementers and its processes are effective 	<ul style="list-style-type: none"> Identify Families of Measures and Core Measure Sets Enhance MAP Measure 	<ul style="list-style-type: none"> Key purchasers and payers are aware of and engaged in MAP work MAP recommendations are

	OBJECTIVES	STRATEGIES	TACTICS <i>(see MAP Action Plan below for further detail)</i>	MILESTONES/METRICS OF SUCCESS
	<p>reduce provider data collection burden</p>	<ul style="list-style-type: none"> • Establish feedback loops with stakeholders to determine if MAP recommendations are meeting stakeholder needs and are aligned with their goals • Recommend removal of low-value measures from federal programs 	<p>Selection Criteria</p> <ul style="list-style-type: none"> • Establish a MAP Communication Plan • Execute MAP Engagement Plan 	<p>implemented in public and private sector programs</p>

Feedback Loops

The MAP strategies highlight the need for multi-directional collaboration among the many stakeholders engaged in performance measurement efforts to achieve the goals of the NQS. These efforts comprise the Quality Measurement Enterprise and include the functions of priority and goal setting, measure development and testing, measure endorsement, measure selection and use for various purposes, and determining impact. Figure 1 demonstrates the complex interactions among the functions and those entities fulfilling the functions.

Figure 1. Feedback Loops in the Quality Measurement Enterprise.



To truly make progress against its goals and objectives, it is imperative for MAP to establish bi-directional collaboration (i.e., feedback loops) with the stakeholders involved in each of these functions. Recognizing that most of these feedback loops do not currently exist, MAP has identified initial priority feedback loops to connect its work to each function of the quality measurement enterprise:

Priorities and Goals. The priorities and goals established by the NQS serve as a guiding framework for the Quality Measurement Enterprise, including MAP’s work. To ensure its recommendations align with the NQS, MAP will work with the NPP and other entities to understand the implications of the NQS priorities and goals and what quality measures are needed for which purposes. As MAP develops recommendations, it may identify opportunities to enhance the NQS, and will share these findings with its federal partners and the NPP.

Measure Development and Testing. Using the established NQS priorities and goals as a guide, various entities develop and test measures (e.g., PCPI, NCQA, The Joint Commission, medical specialty societies). Throughout its work, MAP identifies and prioritizes measure gaps. To effectively assist in addressing measure gaps, MAP needs information about measures in the development pipeline to understand which high-leverage improvement

opportunities have not yet been addressed. Further, to help identify solutions, MAP needs a deep understanding of the barriers that hinder measure development (e.g., unreliable or unavailable data sources).

Measure Endorsement. NQF endorses measures based on criteria of importance, scientific acceptability (i.e., validity and reliability), usability, and feasibility. The endorsement process generates important information for MAP decision-making, including intended use of measures, performance over time for measures undergoing endorsement maintenance review, and applicability to various settings and levels of analysis. Additionally, the endorsement process can signal where there have been attempts to fill high-leverage gaps (e.g., measures submitted that were not endorsed) and the barriers to filling those gaps to inform MAP's efforts to stimulate gap-filling.

Measure Selection and Use. Measures are used across a variety of quality measurement initiatives conducted by federal, state, and local agencies; regional collaboratives; and private sector entities. To ensure MAP's input on measures for specific purposes promotes alignment across programs and sectors, MAP must understand which measures are currently used in programs and the rationale for selecting those measures (e.g., measures stakeholders find most useful, measures that end-users find difficult to report). With an increased understanding of measure selection, use, and usefulness, MAP will be able to provide more detailed recommendations, including but not limited to, implementation guidance, programmatic structure guidance, and specific recommendations for varying program purposes (e.g. payment models, public reporting programs, clinical quality improvement).

Measure Impact. Specific information on individual measures (i.e., current performance, improvement over time, unintended consequences) is essential to understand if measures are driving improvement, transparency, and value. MAP requires such information to enhance its decision-making.

Evaluation. As MAP is able to garner additional information through the establishing feedback loops, MAP's processes will continue to evolve. MAP's evaluation efforts must solicit feedback from stakeholders across the Quality Measurement Enterprise to determine if MAP is successful.

Table below 2 is an initial mapping of the collaboration needed, captured in the context of inputs to and outputs of MAP's work.

Table 2. MAP Feedback Loops

Feedback Loop	MAP Needed Inputs		MAP Outputs	
	Information	Key Stakeholders	Information	Key Stakeholders
Priorities and Goals	<ul style="list-style-type: none"> NQS priorities and goals Adoption of NQS by federal agencies and entities outside of the federal government 	<ul style="list-style-type: none"> NPP (multi-stakeholder group including, but not limited to, clinicians, providers, consumers, purchasers, health plans, measurement experts, accreditation/certification organizations) Federal partners (AHRQ) State/local agencies, regional collaboratives 	<ul style="list-style-type: none"> Signals where national strategies are needed (e.g., disparities) 	<ul style="list-style-type: none"> NPP Federal partners (AHRQ)
Measure Development and Testing	<ul style="list-style-type: none"> Measures in the development pipeline Development issues—evidence base, data for testing 	<ul style="list-style-type: none"> Measure developers (e.g., PCPI, NCQA, Joint Commission, medical specialty societies) NQF endorsement process (i.e., Consensus Standards Approval Committee, topic-specific Steering Committees) 	<ul style="list-style-type: none"> Identification and prioritization of gaps Identification of gap-filling barriers 	<ul style="list-style-type: none"> Measure developers NPP NQF endorsement process Federal partners (e.g., CMS, AHRQ, ONC, SAHMSA, HRSA) Private sector stakeholders funding measure development (e.g., medical specialty societies)
Measure Endorsement	<ul style="list-style-type: none"> Endorsed measures—important, scientifically acceptable, feasible, usable Measures not endorsed—signal where gap-filling has been attempted 	<ul style="list-style-type: none"> NQF endorsement process 	<ul style="list-style-type: none"> Identification and prioritization of gaps Identification of gap-filling barriers Solutions to implementation and use barriers 	<ul style="list-style-type: none"> NQF endorsement process Measure developers Federal partners (e.g., CMS, AHRQ, ONC, SAHMSA, HRSA) Private sector stakeholders funding measure

Feedback Loop	MAP Needed Inputs		MAP Outputs	
	Information	Key Stakeholders	Information	Key Stakeholders
	<ul style="list-style-type: none"> Implementation challenges from maintenance process 			development
Measure Selection	<ul style="list-style-type: none"> Current measures selected for use in programs and rationale Rationale for accepting/rejecting MAP input 	<ul style="list-style-type: none"> Federal partners State/local agencies, regional collaboratives Purchasers, payers Providers, clinicians Accreditation/certification entities Other public reporting entities (e.g., Consumer Reports) 	<ul style="list-style-type: none"> Families of measures and core measure sets Input on measures for specific programs (e.g., adding/removing measures) Guidance on implementing MAP recommendations 	<ul style="list-style-type: none"> Federal partners State/local agencies, regional collaborative Purchasers, payers Providers, clinicians Accreditation/certification entities Other public reporting entities
Measure Use	<ul style="list-style-type: none"> Current measures in use, including rationale 	<ul style="list-style-type: none"> Federal partners State/local agencies, regional collaboratives Purchasers, payers Accreditation/ certification entities Providers, clinicians Consumers Assessments of measure use (e.g., CMS, QASC, AHIP, RWJF, NRHI) 	<ul style="list-style-type: none"> Measure use for varying payment models (e.g., measure domain weighting, benefit structure) Input on programmatic structure (e.g., data collection and transmission) Measure use for accountability Measure use to support clinical quality improvement Measure use to support informed choices 	<ul style="list-style-type: none"> Federal partners State/local agencies, regional collaboratives Purchasers, payers Accreditation and certification entities Providers, clinicians Consumers

Feedback Loop	MAP Needed Inputs		MAP Outputs	
	Information	Key Stakeholders	Information	Key Stakeholders
Impact	<ul style="list-style-type: none"> • Current performance • Improvement • Unintended Consequences 	<ul style="list-style-type: none"> • Federal partners • State/local agencies, regional collaboratives • Purchasers, payers • Providers, clinicians • Assessments of measure impact (e.g., CMS, QASC, AHIP) 		
Evaluation	<ul style="list-style-type: none"> • Definitions of MAP's success 	<ul style="list-style-type: none"> • Federal partners • State/local agencies, regional collaboratives • Purchasers, payers • Providers, clinicians • Consumers • Accreditation/ certification entities 		

MAP Action Plan

MAP's action plan specifies seven tactics for operationalizing its goals and objectives: (1) approach to stakeholder engagement, (2) identifying families of measures and core measure sets, (3) addressing measure gaps, (4) defining measure implementation phasing strategies, (5) analytic support for MAP decision making, (6) refining the MAP measure selection criteria, and (7) evaluating MAP's processes and impact. The detailed description of each tactic includes the key participants, what MAP will produce, and when the tactic will be implemented.

1. Approach to Stakeholder Engagement

MAP has articulated the need to collaborate with multiple stakeholders across the Quality Measurement Enterprise to support data-driven decision-making and determine if MAP recommendations are meeting stakeholder needs.

Accordingly, engagement must occur: (1) within MAP as a group, MAP members must bring their breadth of experiences and knowledge to allow for more informed decision-making and work to execute MAP's recommendations; (2) within MAP and with individual stakeholders, including consumers, to ensure that MAP recommendations are meaningful and reflect the perspectives and needs of stakeholders; and (3) more broadly with individual stakeholders involved in some aspect of healthcare quality measurement to determine the degree of uptake and use of MAP recommendations and related supporting materials.

Successful engagement depends on MAP members sharing expertise and learning, and using MAP recommendations. Success also depends on engaging end-users of MAP recommendations, as improvement in outcomes, alignment of measurement, and coordination across programs relies on public- and private-sector stakeholders at the national, state, and local levels applying MAP's recommendations to their own activities. MAP's approach to stakeholder engagement will establish feedback loops (discussed earlier, see Table 2) with multiple stakeholders in phases: an initial engagement phase to frame the approach and make targeted connections, and a subsequent phase defined by a MAP Engagement Task Force. Additionally, the MAP Communications Plan (see companion document) will support the engagement of key stakeholders.

Initial Engagement Phase. MAP's immediate effort to engage stakeholders relies heavily on the involvement of MAP members. First, MAP will request that its members provide practical information that MAP needs to inform its decision-making. Second, MAP members are asked to help disseminate and apply key recommendations from MAP to increase uptake in the field, across the public and private sectors at the national, state and local levels. Table 3 provides an illustrative example of MAP's initial engagement activities:

Table 3. Illustrative Example of MAP's Initial Engagement Activities.

Overarching Strategy	Action by MAP	Action by MAP Members and Other Stakeholders	Desired Result
Establish feedback loops to support informed decision-making by MAP as a group	Identify or create methods to <i>request and receive insights</i> from stakeholders to then factor into MAP work	Provide comments or insights regarding issues that are important to MAP	MAP's deliverables reflect stakeholder perspectives and help meet key practical needs of those directly involved in measurement and improvement of health and healthcare
Establish feedback loops to support informed decision-	Identify or create methods to <i>share insights and ideas</i>	Help disseminate insights and ideas from MAP to	MAP output motivates and enables stakeholders to

making <i>by stakeholders</i>	with stakeholders	others involved in measurement and improvement of health and healthcare	take actions that improve outcomes and align measurement across programs and sectors
		Apply insights and ideas from MAP in their own work in measurement and improvement of health and healthcare	

MAP will provide members structured ways to share information on measure use and implementation experience that can inform MAP decision-making. Similarly, MAP will seek stakeholder input for an array of effective ways to disseminate recommendations and deliverables from MAP (e.g., how might NQF’s Quality Positioning System best be used as one method for disseminating the families of measures and core measure sets). MAP will also involve NQF’s broader membership and NPP members in this two-way engagement. Examples of channels used to connect include the NQF member Councils and drawing from other NQF activities that involve soliciting information and insights from a variety of stakeholders in the field (e.g., Registry Needs Assessment, Measure Gap Report, and various NQF convenings).

MAP Engagement Task Force. MAP would like to expand its reach to a broader range of stakeholders with a goal of engaging those who have not typically participated in MAP processes to this point (e.g., state and local agencies, additional regional collaboratives). MAP will pursue a more in-depth process to establish a systematic framework for creating and maintaining the bi-directional flow of information and motivating uptake of MAP recommendations, as described above. To do this, MAP will establish an Engagement Task Force. The task force will first assess the information types (e.g., measure use, measure performance over time) identified in the feedback loops and analytics sections of this strategic plan, to identify possible additional channels for engagement. Such methods may include focus groups, surveys, online discussion forums, regular submission of information by key stakeholders, targeted outreach, plus options identified through the structured assessment of the communications and outreach capabilities of MAP members. MAP will also determine the most useful content and format for materials to disseminate key information to stakeholders, with particular focus on meeting various stakeholders’ needs to enable and support their uptake of MAP recommendations.

Action Plan

Collaborators (Who are the key participants?). MAP will engage multiple stakeholders to both inform and disseminate MAP’s recommendations to promote uptake and ultimately achieve improved outcomes, aligned measurement, and coordinated program efforts. In addition to implementing initial engagement activities, MAP will convene a multi-stakeholder Engagement Task Force, comprising MAP and NPP members to design a framework as the basis for a structured and systematic approach to stakeholder engagement. This task force will provide input to the MAP Coordinating Committee on needed information, methods for obtaining that information, and opportunities for dissemination to promote and support uptake of MAP recommendations.

Deliverables (What will be produced?). MAP’s engagement approach supports all deliverables in the MAP Action Plan. MAP will produce a brief report with an engagement workplan that details the systematic approach to effective engagement, including strategies, tactics, channels, timing, and success metrics.

Timing (When will the products be delivered?). MAP's initial engagement is ongoing to actively seek information from stakeholders to inform MAP decision making, with growing attention to also encouraging and enabling stakeholder uptake of MAP recommendations. In 2013, MAP will convene the Engagement Task Force to establish a structured framework. The approach will be finalized by mid-2013, and the task force's recommendations will be phased-in.

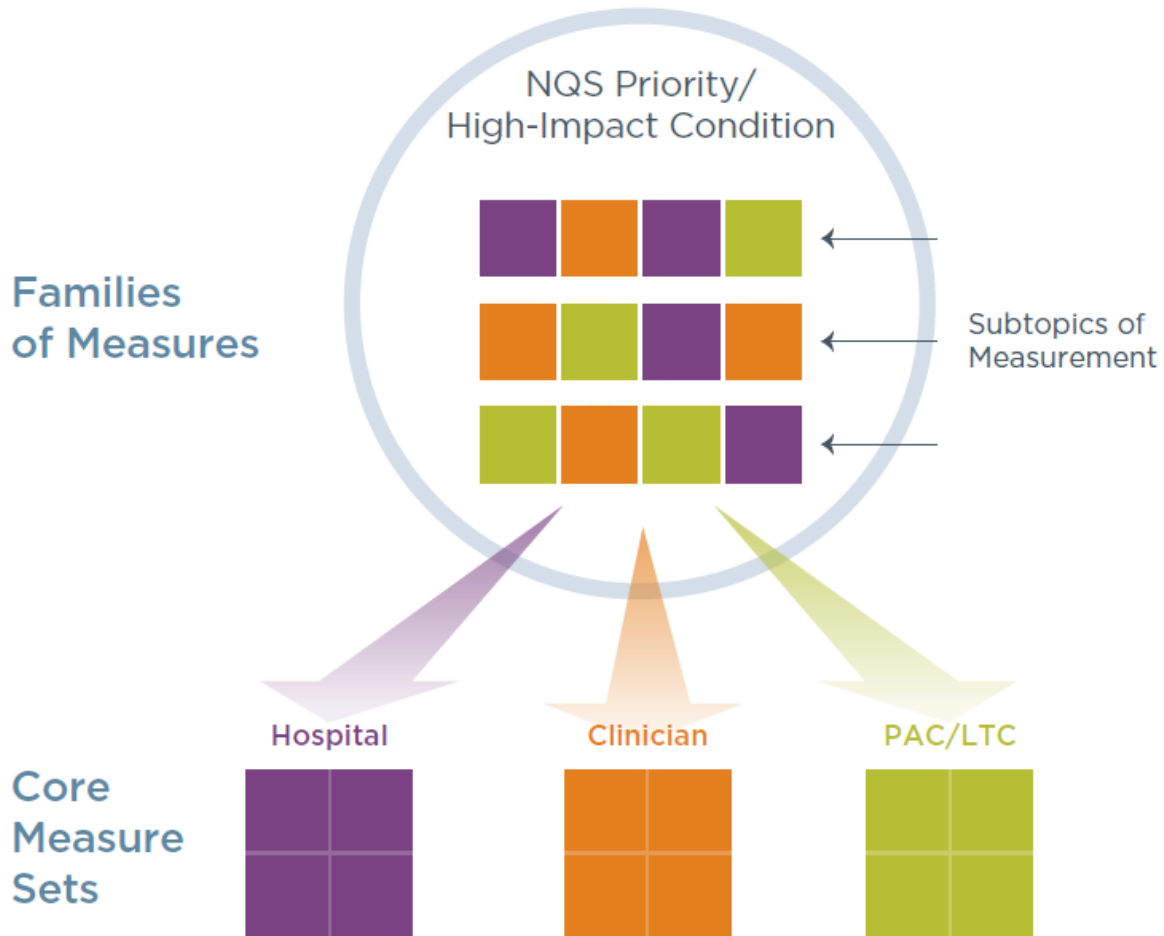
2. Identifying Families of Measures and Core Measure Sets

MAP's objectives aim to improve outcomes, provide consistent and meaningful information, and coordinate measurement efforts (see Goals, Objectives, Strategies, and Tactics, Table 1). To make progress on these objectives, MAP seeks to align performance measurement across HHS programs and between the public and private sectors, while identifying the best available measures to use for specific purposes. As a primary tactic to accomplish the objectives, MAP will identify families of measures to promote measure alignment and will create core measure sets to encourage best use of available measures in specific HHS and private sector programs. The families of measures and core measure sets will serve as a signal to HHS and the field of MAP's highest priorities for measurement for each topic, as well as a starting place and guide for MAP's pre-rulemaking deliberations.

Families of measures are sets of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities and high-impact conditions. To identify a family of measures, MAP will first ascertain and prioritize the subtopics of measurement that are considered the highest-leverage opportunities for improvement for the topic. Using the strategic opportunities and national-level measures presented in the NQS 2012 Annual Progress Report as a starting point, MAP will review impact, improvability, and inclusiveness of improvement opportunities under each subtopic giving additional consideration to cost of care—including areas of waste, inefficiency, overuse—and disparities to further prioritize the subtopics. Additionally, MAP will consider the highest-leverage improvement opportunities across the lifespan, recognizing that measurement opportunities can vary by age. Next, MAP will review the available measures that address the high-leverage improvement opportunities, gathered from the NQF-endorsed portfolio of measures, measures used in federal programs, and measures used in private sector efforts.

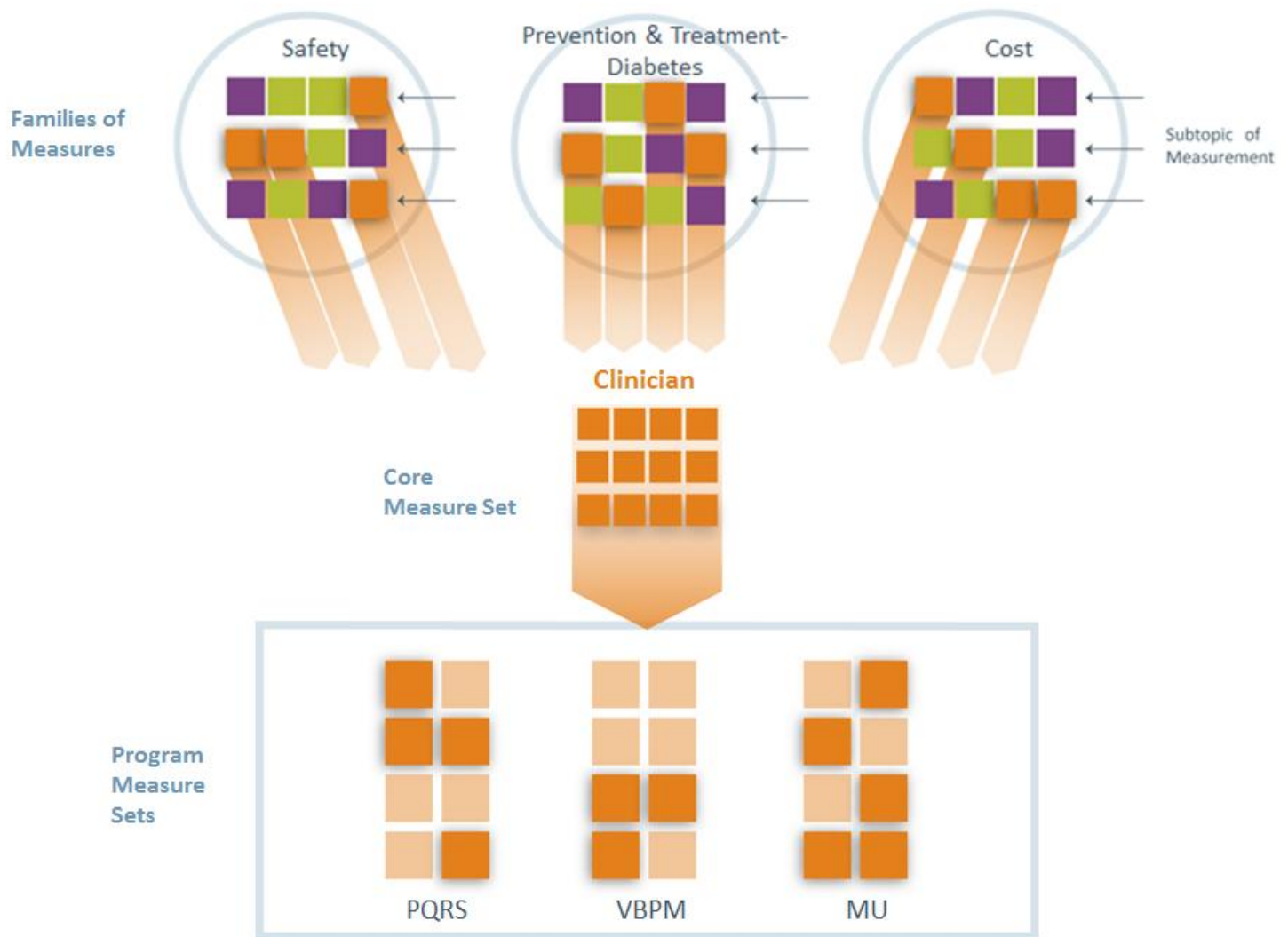
Using the MAP Measure Selection Criteria to provide guidance for considering if the family addresses the relevant care settings, populations, and levels of analysis, MAP will select measures for inclusion in the family. When selecting measures for the family, MAP will actively draw information and seek insights from private- and public-sector efforts; for example, the HHS Interagency Working Group on Healthcare Quality is engaging in efforts to align and coordinate performance measurement across federal programs. Measures used in initiatives, such as Partnership for Patients, the Million Hearts Campaign, and private sector programs (e.g., eValue8, IHA P4P, Bridges to Excellence, health plan value-based purchasing programs), will be considered when selecting measures for the families. As part of the selection process, MAP will identify the high-leverage opportunities that lack appropriate performance measures as measurement gaps. Figure 2 represents the concept of families of measures.

Figure 2 Families of Measures and Core Measure Sets



Core measure sets are drawn from the families of measures and consist of the best available measures and gaps for a specified care setting, population, or level of analysis. MAP will use the core measure sets to guide its pre-rulemaking input on the selection of measure sets for specific programs, providing recommendations on how program measures sets can best align with the core set. While MAP’s pre-rulemaking input is not necessarily limited to measures from core measure sets, such measures should be viewed as representing the highest-leverage opportunities for priorities areas under the NQS. Figure 3 illustrates program measure sets and core measure sets populated from families of measures.

Figure 3 Families of Measures Populating a Core Measure Set and Program Measure Sets



Action Plan

Collaborators. MAP will convene time-limited task forces, drawn from the membership of the MAP Coordinating Committee and workgroups, to identify the families of measures. Liaisons from the National Priorities Partnership (NPP) and endorsement project Steering Committees will also serve on the task forces to provide insight from the input to the NQS and from endorsement recommendations.

Deliverables. Through a phased approach, MAP will identify families of measures for each National Quality Strategy priority and several high-impact conditions (i.e., diabetes, cardiovascular disease, mental health). MAP also plans to revisit and refine the families of measures as needed; for example, if the MAP Measure Selection Criteria are enhanced to include criteria for differing program purposes, MAP will revisit existing measure families considering the enhanced measure selection criteria. MAP may also identify families of measures to address additional high-impact conditions.

Timing. In 2012, MAP will identify families of measures for diabetes, cardiovascular conditions, safety, and care coordination. In 2013, MAP will identify families of measures for affordability (e.g., resource use, total cost of care, appropriateness), population health, patient- and family-engagement, and mental health. In 2014 and subsequent years,

MAP will revisit existing families of measures and identify new families of measures for additional high-impact conditions.

3. Addressing Measure Gaps

Throughout MAP's work, including the identification of families of measures and core measure sets and pre-rulemaking activities, MAP will identify gaps in available performance measures. Critical measure gaps—such as patient-reported functional status, cost, care coordination, patient engagement, and shared decision-making—persist across settings and programs despite being previously identified as high-priority gaps. To ensure resources are effectively utilized and to synchronize public and private sector efforts, a coordinated approach to addressing measure gaps is needed.

MAP will serve as a catalyzing agent for coordinated gap-filling by public and private entities, engaging measure developers and those who fund measure development, assessing possible barriers or other reasons for the known gaps, and identifying solutions to implementation barriers. Recognizing MAP will not implement the solutions to measure gaps (i.e. MAP neither develops nor implements measures), MAP will identify the key stakeholders most aptly positioned to fill the measure gaps to collaborate on the development of gap-filling pathways. The NPP can assist in coordination with key stakeholders across the Quality Measurement Enterprise to lay out systematic plans to fill gaps.

The process of measure development and implementation consists of multiple steps, and granular information about measure gaps is needed at each step. When identifying measurement gaps, MAP will characterize the gaps along the measure lifecycle (Figure 4). The lifecycle is initiated by identification of performance gaps and measure ideas to fill those gaps, and is completed with the application and evaluation of the impact of measures.

First, high-leverage opportunities for measurement are identified as performance gaps in the NQS. Second, where no measure is available to address a performance gap, a measure gap is identified for de novo development, and measure ideas to fill the gap are generated. Third, a measure developer most aptly positioned to develop the measures looks to evidence-based practice guidelines to inform measure development, though developers are often faced with gaps in the evidence base. Fourth, measure concepts, including numerator and denominator statements and exclusions, are developed and tested. Availability of a test bed containing necessary data is another potential hurdle. During the fifth and sixth steps, measure development and testing, various measure methodological issues may arise, such as appropriate risk adjustment, level of analysis determination, attribution methodology, eMeasure specification, and data source availability.

Once measure development and testing have been completed, the measure can be brought forward for endorsement, the seventh step, to be assessed against the endorsement criteria of importance, scientific acceptability, usability, and feasibility. Where endorsed measures are available but not yet implemented or used in appropriate programs, an implementation gap is identified, which is the eighth step. Evaluation of measure use and impact is the ninth step in the measure lifecycle. Evaluation is important to determine the extent to which a measure is driving intended improvement or unintended, undesirable consequences. Information about the impact of measures is important to support and assess MAP decision-making (see analytics and evaluation sections).

As with other entities across the Quality Measurement Enterprise, MAP will also make recommendations for addressing measure gaps at all steps in the measure lifecycle. For example, where a de novo measure gap is identified, MAP will suggest measure ideas. Where an existing measure should be expanded to additional populations and settings, MAP will

signal development and testing gaps. Where an implementation gap exists for an endorsed measure, MAP will define a measure implementation phasing strategy.

Figure 4 Measure Lifecycle



As measure development is dependent on funding, MAP will prioritize the measure gaps to signal where funding is most needed. In prioritizing the gaps, MAP will consider the measurement needs of multiple stakeholders as their measurement priorities can vary. For example, gaps for the Medicare program largely focus on the needs of geriatric patients, while gaps for commercial health plans typically focus on the needs of chronically ill younger adults and maternity care. Once gaps are prioritized, MAP will work with measure developers, funders, and other stakeholders to identify potential barriers to filling gaps and will propose solutions.

Action Plan

Collaborators. The MAP task forces will identify measure gaps while developing families of measures. In addition, MAP workgroups will also identify measure gaps when developing MAP's pre-rulemaking input. To provide a comprehensive picture of the measure gaps and proposed options for addressing those gaps, MAP will engage the various stakeholders participating in the steps along the measure lifecycle. For example, MAP will collaborate with measure developers, funders, and program implementers to understand challenges that may be contributing to gaps.

Deliverables. Each family of measures will include a discussion of measure gaps and potential opportunities to address those gaps. Additionally, MAP's annual pre-rulemaking input will address measure development and implementation gaps.

Timing. MAP will identify and propose solutions to gaps throughout the course of its work. Initial MAP recommendations on opportunities to address measure gaps will be in identifying the 2012 families of measures.

4. Defining Measure Implementation Phasing Strategies

The families of measures and core measure sets will facilitate the use of high-impact measures that are aligned across programs and between public and private initiatives. The transition from current measure sets used in programs to the core measure sets must occur deliberately, to quickly achieve improved outcomes and to ensure the transition does not induce undue provider burden. Accordingly, MAP must define smooth measure implementation phasing strategies that delineate how program measure sets transition from current sets to the core sets.

Measure implementation phasing strategies will address how a program's purpose transitions over time; for example, some federal programs transition to pay for performance after beginning as public reporting programs. Phasing strategies will also consider the evolving mechanisms for data collection, including systems capability and capacity, best practices for collecting data needed for robust measurement, and interim strategies for data collection. For example, MAP will identify which measures in a program should be phased out as more person-centered, cross-cutting, and health information technology (HIT)-enabled measures become available. Finally, implementation phasing strategies will aim to provide solutions to the barriers that perpetuate measure implementation gaps. For example, programmatic structure (e.g., reporting time frames, need for trended data, data transmission processes) can prohibit a program measure set from transitioning to the ideal and may limit the use of measure results to one specific program.

MAP phasing strategies will provide guidance on the implementation of MAP's recommendations in the public and private sectors. Specifically, MAP phasing strategies will define the following:

- Measures for immediate inclusion (e.g., core set measures that are not included in the program measure set) and removal (e.g., measures in the program measure set that conflict with the core set)
- Measures for phased inclusion—core measures that should be included in the program at a future date (e.g., core measures that cannot currently be included in the program due to data collection or other constraints but should be included in the program once more sophisticated data systems or measure reporting processes are available)
- Measures for phased removal—those that should remain in the program for now, yet be phased out as better measures become available (e.g., measures in the program set that address a measure gap but are not considered core) or measures that are no longer driving improvement (e.g., topped-out measures with low opportunity for improvement, measures with unintended consequences)

- Non-core measures that should remain or be included in the measure set (e.g., measures that address a specific programmatic goal)

Action Plan

Collaborators. MAP workgroups will develop measure implementation phasing strategies when providing MAP’s annual pre-rulemaking input; however, MAP task forces may also consider measure implementation phasing when developing families of measures. MAP will engage stakeholders to provide input to ensure feasibility of MAP’s phasing strategies. For example, NPP affinity groups may provide input on how MAP’s phasing strategies will address the real-world implementation challenges of measurement.

Deliverables. MAP’s input on each federal program will include a discussion of measure implementation phasing strategies. As applicable, MAP will provide phasing strategies for programs beyond federal programs.

Timing. MAP will define measure phasing strategies throughout the course of its work. Initial MAP phasing strategies will be included in the 2013 MAP Pre-Rulemaking Report.

5. Analytic Support for MAP Decision-Making

To drive improvement, MAP’s decision-making must be systematically informed by evidence, measurement data, and experience in the field. To provide thorough recommendations on the best performance measures for specific purposes, MAP has established the following approach to analytic support:

- Build on the NQS and broader evidence to identify high-leverage opportunities for improvement;
- Utilize measurement information, including available information on measure use and impact; and
- Refine MAP’s decision-making framework over time with experience and information gained from analysis to evaluate MAP’s impact.

Build on NQS and broader evidence to identify high-leverage opportunities for improvement. The foundation for MAP’s decision-making is the NQS. Accordingly, MAP’s analytics plan incorporates NPP’s input to HHS regarding strategic opportunities and national-level measures to achieve the aims, priorities, and specific goals of the NQS. MAP and NPP will promote bi-directional collaboration to ensure MAP’s decisions align with the true intent of the NQS aims and priorities. In addition, MAP will leverage findings from other initiatives focused on advancing healthcare quality. Specifically, MAP will actively seek information that describes impact, inclusiveness, and improvability for high-impact improvement opportunities, with a focus on incidence, prevalence, cost, and regional variation. For example, *The Healthcare Imperative: Lowering Costs and Improving Outcomes*, published by the Institute of Medicine (IOM), will provide MAP with valuable information regarding opportunities to address healthcare waste and resource use. Broader healthcare quality research and measure endorsement information will facilitate MAP’s articulation of the highest-leverage opportunities for performance measurement.

Utilize measurement information, including available information on measure use and impact. The NQF endorsement process evaluates measures for importance, scientific acceptability, usability, and feasibility. Accordingly, the NQF endorsement process provides insights into measure applicability across settings and populations, the use of measures, measurement challenges, and measure gaps. MAP will incorporate information gleaned from the endorsement process to inform its decision-making. MAP also requires information on the use and impact of existing measures—including experience using measures, unintended consequences, measure benchmarks, and trends—to

make informed decisions about the best available measures for specific purposes. MAP will request information from stakeholders who are assessing measure use and impact, including, but not limited to, federal efforts (e.g., CMS' *National Impact Assessment of Medicare Quality Measures Report*, which provides trended data for CMS programs; the Agency for Healthcare Research and Quality's (AHRQ) National Healthcare Quality and Disparities Reports and Healthcare Cost and Utilization Project; and the Centers for Disease Control and Prevention (CDC) and other federal surveillance data), state and community efforts (e.g., regional data collaboratives, state Medicaid data, the University of Wisconsin County health data), and private sector efforts (e.g., medical specialty societies, The Commonwealth Fund, the Quality Alliance Steering Committee's (QASC) Environmental Scan, the American's Health Insurance Plans' survey of measure use by health plans, the National Committee for Quality Assurance).

Inform MAP's evaluation and refine MAP's decision-making framework over time. Recognizing MAP's iterative processes, MAP's work will continually inform its future decisions. Similarly, MAP must determine if its recommendations and supporting materials are meeting stakeholder needs. To accomplish this, MAP assesses the uptake of its recommendations and will conduct outreach to understand the rationale for concordance or discordance with its recommendations.

Table 4 below summarizes the desired information to facilitate and enhance MAP decision-making, categorized by the three aspects of the analytics plan mentioned above. Needed information is further classified by data type including qualitative and quantitative, primary sources to collect data, planned use of information, and the extent to which the information is available. The thoroughness of MAP decision-making relies on the availability of the desired information. In the absence of the required information, MAP's work will be hampered.

Table 4 Information Needed to Support MAP Decision-Making

Information Type	Information Category	Primary Sources	Planned Use	Availability of Information
Background/Evidence				
Priorities	Qualitative	NQS, NPP	Guiding framework	Readily available
Specific goals (e.g., aspirational targets)	Quantitative	NQS, other HHS Frameworks (e.g., Partnership for Patients, Million Hearts Campaign, Healthy People 2020)	Guiding framework	Moderate—readily available for some areas, not available for other areas
Background research (e.g., incidence, improvability, inclusiveness)	Qualitative, quantitative	HHS data, IOM reports, research studies	Prioritization of high-leverage opportunities	Moderate—readily available for some areas, not available for other areas
Measure gap areas	Qualitative, quantitative	NQF, HHS reports, IOM reports, QASC, stakeholder input, measure developers	Create measure families; define gap-filling pathways	Moderate—gaps readily available; gap characterization and barriers are not available

Information Type	Information Category	Primary Sources	Planned Use	Availability of Information
Measurement Information				
Measure elements (e.g., specifications, applicable care settings)	Qualitative, quantitative	NQF endorsement process, AHRQ's National Quality Measures Clearinghouse	Provide detailed information on individual measures	Readily available
Measure performance results, benchmarks, and thresholds	Quantitative	HHS reports, measure developers, NQF endorsement process, publicly reported results	Assess trends and variability of results	Moderate
Implementation of measures	Qualitative, quantitative	HHS rules and reports, NQF Alignment tool, QPS portfolios, QASC, private sector programs	Determine where and how measures are being used and identify barriers	Moderate
Unintended consequences of measure use	Qualitative	NQF endorsement process, NQF's QPS tool, stakeholder input	Additional considerations for MAP decision-making	Limited
Measure impact	Qualitative, quantitative	HHS reports; selected outcome and patient experience measures results; stakeholder input	Feedback to inform future MAP decision-making	Limited
MAP Evaluation and Ongoing Enhancements to Decision-Making				
MAP deliberations, recommendations, and input	Qualitative	MAP meeting summaries and reports	Provide history and content; inform future MAP decision-making	Readily available
Uptake of MAP recommendations and rationale	Qualitative, quantitative	HHS proposed/final rules; measure sets used in non-federal programs	Evaluate impact of MAP input; inform future MAP decision-making	Moderate

Action Plan

Collaborators. MAP will seek input from NPP co-chairs serving on the MAP Strategy Task Force and NPP liaisons to the MAP task forces to identify the high-leverage opportunities for improvement and associated priorities for measurement. To collect measure use and impact information, MAP will utilize the NQF membership councils, as well as additional stakeholders who are implementing performance measurement and evaluating measures. To supplement its work, MAP will be engaged in and review the results of research conducted by other entities, such as CMS, AHRQ, QASC, AHIP, and IOM. For a detailed list of potential stakeholders, please refer to Table 4 above and the Feedback Loops Table (Table 2).

Deliverables. Information gathered through the analytics plan will inform the development of families of measures and core sets and facilitate annual pre-rulemaking activities.

Timing. In 2012, MAP will begin compiling, organizing, and synthesizing information that is readily available to support the development of the Safety, Care Coordination, Diabetes, and Cardiovascular measure families and core sets and to assist in the selection of measures for federal programs. MAP will continue to refine this process, as new information becomes available.

6. Refining the MAP Measure Selection Criteria

The MAP Measure Selection Criteria (MSC) guide MAP's input on the selection of measures and measure gap identification, ensuring that MAP's decisions address its objectives. MAP envisions that the MSC will continue to evolve as MAP gains experience using the criteria. Over time, MAP will revisit the selection criteria to ensure its goals and objectives are clearly articulated within the criteria and address issues raised. Planned enhancements to the MSC include:

- Addressing different programmatic purposes, such as public reporting and performance-based payment;
- Expanding the high-impact conditions beyond the Medicare and pediatric populations; and
- Adding measure removal criteria.

Addressing different programmatic purposes. MAP provides input on programs that use measurement for multiple purposes (e.g., public reporting, performance-based payment, clinical quality improvement). After its first year of pre-rulemaking input, MAP concluded that different programmatic purposes may require selecting different measures. For example, measures that are used in public reporting for use by consumers and purchasers must be relevant to audiences without a medical background, as well as important to providers/clinicians and those implementing public reporting programs. MAP will explore whether the different purposes of performance measurement programs call for different selection criteria.

Expanding the high-impact conditions beyond the Medicare and pediatric populations. MAP Measure Selection Criterion #3 (see Appendix 2 for MAP MSC) assesses whether a program measure set adequately addresses high-impact conditions, which are drawn from NQF's prioritized lists of high-impact conditions for the Medicare and pediatric populations. These populations are important, but the list fails to account for more than 60 percent of the U.S. population. State and private sector programs that could take cues from MAP's recommendations involve the care of adults between ages 18 and 64. As such, the current lists of high-impact conditions are not sufficient as MAP inputs. To achieve applicability across the lifespan, a MAP Technical Expert Panel (TEP) will analyze the improvement opportunities and prioritize additional high-impact conditions relevant to adults ages 18-65 and to maternal/neonatal conditions. MAP will also briefly revisit the Medicare and child health high-impact conditions to ensure the prioritization reflects the current evidence base.

Adding measure removal criteria. The families of measures and core measure sets establish the ideal. As program measure sets progress toward the ideal, measures that are determined to be less desirable (i.e., measures that are topped-out, do not support parsimony, have implementation issues, result in unintended consequences) will need to be removed from programs. Accordingly, MAP will develop criteria for removal of low-value measures.

Action Plan

Collaborators. The MAP Strategy Task Force will develop proposed revisions to the MAP MSC for consideration by the MAP Coordinating Committee. As an initial step, MAP will convene a multi-stakeholder Technical Expert Panel (TEP) drawn from MAP's membership to develop high-impact conditions for additional age groups..

Deliverables. Refined MAP Measure Selection Criteria that address different programmatic purposes, expand the high-impact conditions, and include a measure removal criterion.

Timing. Experts exploring ways to address varying programmatic purposes will conduct work in late 2012. The TEP will also convene in late 2012. MAP will review proposed revisions to the MAP MSC in mid-2013 and finalize the next version of the MAP MSC by October 2013, prior to the 2013 pre-rulemaking activities.

7. Evaluating MAP's Processes and Impact

Periodic evaluation will gauge the effectiveness of MAP's processes and recommendations and determine whether MAP is meeting stakeholders' needs. Evaluation also serves as an opportunity to inform and enhance MAP's subsequent decision-making. MAP's evaluation approach includes ongoing, short-term evaluation and a long-term, independent evaluation. MAP will convene a multi-stakeholder Evaluation Advisory Panel (EAP) to guide MAP's short- and long-term evaluations.

Short-term evaluation. MAP's ongoing evaluation focuses on determining the uptake of MAP's recommendations and related support materials to inform future MAP's decision-making. As an initial step, MAP will determine the concordance of its recommendations with the measures proposed and finalized through HHS rulemaking for use in federal programs. MAP will conduct outreach (as part of MAP's overall engagement plan) to other stakeholders selecting measures for use in state, regional, and private reporting programs to determine their needs as end-users along with the uptake of MAP's recommendations and the rationale for concordance and discordance with MAP's recommendations. MAP will collaborate with NPP to leverage input from the broad NPP network of performance measurement end-users.

Long-term evaluation. While ongoing evaluation will allow MAP to assess whether its recommendations and related support materials are meeting stakeholder needs in the short-term, a longer-term evaluation strategy will be needed to assess MAP's impact over time. MAP will conduct an independent third-party evaluation to determine whether MAP is meeting its objectives. The initial phase of the evaluation will build on the milestones and metrics of success established in the MAP strategic plan, to determine the evaluation logic model, research questions, and evaluation protocol. The evaluation protocol will describe data collection (i.e., surveys, key informant interviews, case studies, focus groups) and data analysis methodologies.

Action Plan

Collaborators. MAP will conduct targeted outreach to stakeholders selecting measures for use to understand the rationale for concordance and discordance with MAP's recommendations. The MAP EAP will provide input to the logic model, research questions, and evaluation protocol, and will provide initial feedback on the results of the third-party evaluation. MAP will subcontract with an independent third-party evaluator to conduct the long-term evaluation.

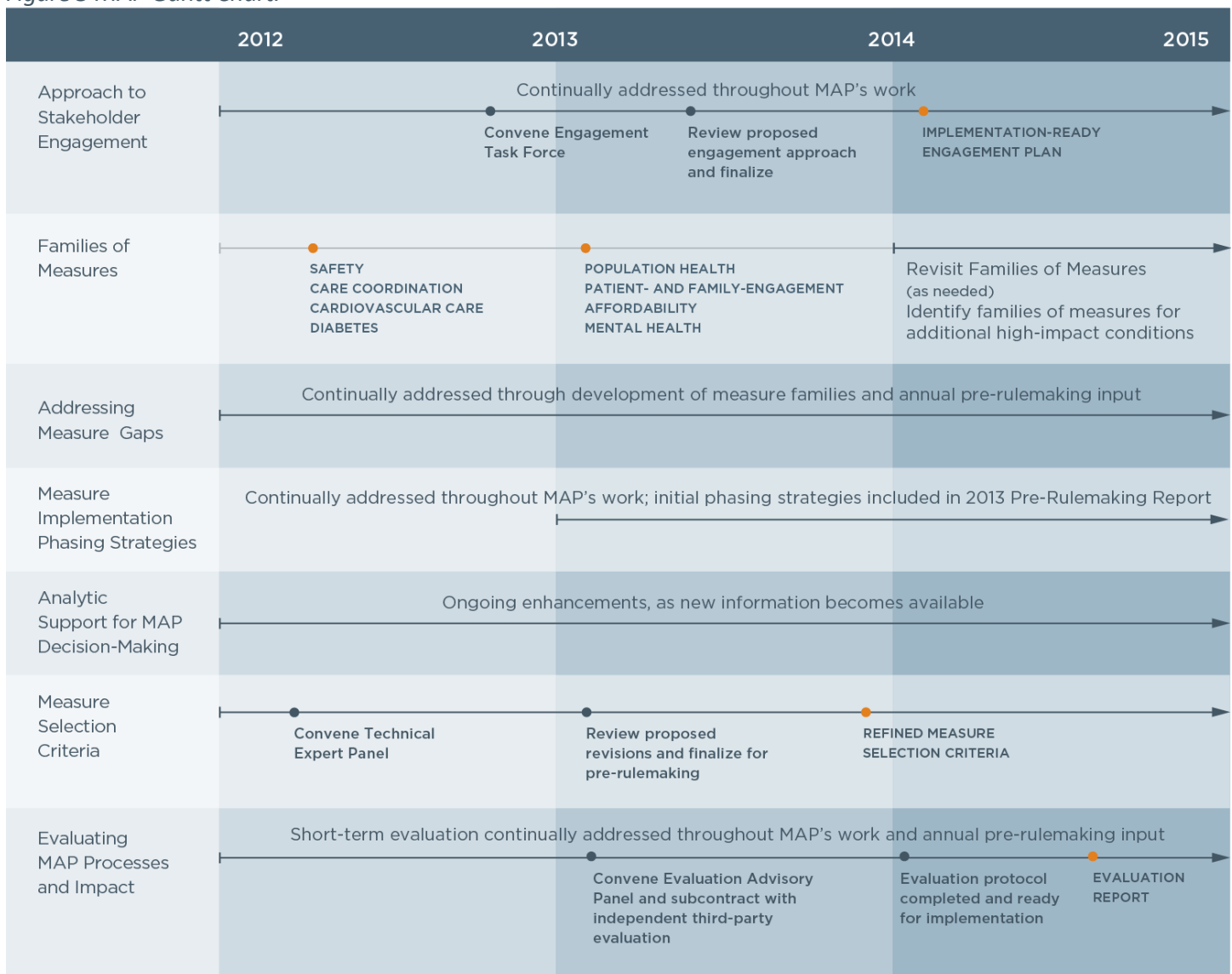
Deliverables. MAP will analyze and report on the uptake of MAP’s recommendations in its annual Pre-Rulemaking Report. MAP will also produce a report of the long-term evaluation findings.

Timing. MAP short-term evaluation is ongoing. MAP will report on uptake of its recommendations in its annual Pre-Rulemaking Report in February of each year. In early 2013, MAP will call for nominations for the Evaluation Advisory Panel. The panel will convene later in 2013. MAP will select and NQF will subcontract with an independent third-party evaluator in late 2013. The evaluation protocol will be completed and ready for implementation in 2014. MAP’s Evaluation Report will be completed in late 2014.

MAP Three Year Timeline

The Gantt chart below provides a summary of the action plan to execute the MAP tactics including corresponding timelines and deliverables for each tactic in the next three years.

Figure 5 MAP Gantt Chart.



MAP Communications Plan

Overview

A little more than a year since its inception, MAP has succeeded in delivering on its [major deliverables](#) and year one objectives. The primary audience in year one was a federal audience, as reflected in the multiple coordination strategy reports and MAP's first-ever pre-rulemaking report delivered to HHS February 1, 2012. A strong foundation for MAP work is being built thanks to its partners and many contributors to date.

However, to reach its longer-term goals as articulated in this plan, MAP must increase two-way engagement with stakeholders and tell a clear, compelling story about the societal challenges MAP seeks to help solve and where each stakeholder can play a specific role. Implicit in this is expanding MAP's reach outside the Beltway, and ensuring MAP strategies, materials, and outreach tactics are designed to effectively reach audiences that may be much less familiar with policy jargon, the MAP itself, the National Quality Strategy as the national blueprint for making health and healthcare more value-driven, and how this work connects to other organized efforts designed to accelerate healthcare improvement.

This communications plan is designed to support engagement of key stakeholders in MAP's work. The MAP approach to stakeholder engagement is largely focused on establishing stronger feedback loops between those who set national healthcare improvement priorities, develop measures, and use measures – and those who are helping recommend measures for use in federal and private accountability efforts. A secondary goal is to help raise awareness of the need for more coordinated use of performance measures as a way to develop a truly information-rich, value-driven healthcare system that enables better decision-making.

Strategy

The exercise of creating a three-year strategic plan for MAP has emphasized one key point: the necessity for a two-way engagement between MAP and end-users. MAP is designed in such a way that its outputs reflect inputs from end users in the field. This is an important message to stress over the course of communications activities, and is a guiding principle for what communications efforts to prioritize (i.e., focus on tactics that will help stimulate stronger engagement).

As a partnership, all MAP members play a vital role in driving the execution of this communications plan, as a way to achieve broader engagement and awareness. This plan is designed to leverage partner assets, and relies on materials developed centrally (at NQF) but tailored and distributed in a decentralized fashion. Audiences targeted in the engagement plan will be prioritized with respect to communications activities.

An important aspect of this plan is the need to participate in feedback loops – bi-directional information sharing between MAP and its stakeholders. These loops are designed to keep the flow of information into and out of MAP in a consistent and meaningful way to meet the goals and objectives spelled out in the MAP Action Plan.

This communications plan will lay out a set of recommended activities by year, with specific focus on the first year. Tactics for subsequent years will necessarily evolve based on the needs of the programs and available funding. It is important to note that some, but not all, communications activities are funded under the current MAP scope of work. Certain activities included in the communications and engagement plans may require additional sponsorship, either from a MAP member or a to-be-determined funder.

Target Audiences

The audiences we are most focused on reaching include measure developers, funders of measure development, purchasers and payers, providers and clinicians, consumer advocates, and leaders involved in measurement at the state and community level. These audiences will sync closely with those established in the MAP approach to stakeholder engagement, and as all of MAP’s processes and outputs are transparent, no one stakeholder will find themselves “left out.”

The goals for reaching these audiences include:

- Improving stakeholder engagement by creating or enhancing existing feedback loops
- Increasing participation in the MAP process, as seen in more comments submitted, participation in MAP convenings, etc.
- Increasing awareness of the problems MAP is trying to help solve
- Providing greater clarity of the MAP work’s value to both the public and private sector – specifically those who provide, pay for, and receive healthcare services

Importantly, the notion of “direct to consumer” has been raised during MAP strategy task force meetings. This plan seeks to clarify that MAP is not resourced or positioned at this time to launch a direct-to-consumer awareness and education campaign – nor do we advise this as the next step relative to enhancing stakeholder engagement in creating feedback loops. That said, the consumer perspective is integral in achieving a culture of measurement that is patient-centric and generated information that helps consumers make informed health and healthcare choices. The MAP communication plan recognizes the power of consumer advocacy organizations to help in meeting this essential component.

Messaging

MAP messaging can be developed centrally, but to be truly effective, will need to be carried forward by a wide variety of messengers that have reach far beyond the MAP table. These messengers include MAP members; members of other NQF initiatives, including the National Priorities Partnership and

Endorsement Steering Committees; and NQF Staff. MAP members in particular have an important role to play in advancing this plan as laid out, owning its progress, and helping to refine its approach as the work evolves.

Core messages include:

- A new effort exists today to help unify everyone that pays for and delivers healthcare with respect to use of measures. Called the Measure Application Partnership (MAP), its participants seek to recommend optimal measure use for a variety of accountability and payment programs. MAP's work is intended to help both public and private sectors make connected, better decisions about optimal measure use.
- Use of performance measures makes our healthcare system information-rich and enhances overall healthcare decision-making by those who pay for, deliver, or receive healthcare services. Without measures, people are left to make decisions based on hunches or intuition – and we need more than that to improve health and healthcare.
- Currently, performance measures are used inconsistently – impeding our national quest to achieve a value-driven healthcare system.
- MAP's success hinges on a constant “input-output” cycle from the measurement field. Feedback from all measure users is key to MAP making better recommendations.

Tactics

In order to successfully accomplish the goals of this plan, a number of internal (NQF-staff driven) and external (the entire group of messengers) tasks need to be accomplished. These tasks and tactics will grow and change over the course of three years, but will maintain the basic principle of promoting two way engagement.

Year One

Year one will focus on creating basic messaging and materials for all stakeholders and audiences that are designed to be both clear and encouraging of engagement opportunities. Ensuring that all MAP members can tell the same story is critical relative to expanding engagement more rapidly.

Goal:

Building a foundation. Communicate importance and goals of MAP to members' own organizations. Seek out opportunities to spread message beyond your organization in the coming year.

Materials (provided by NQF):

- One-pager describing what MAP is and its function
- Core set of power point slides outlining the basics of MAP
- A tough-questions guide for internal use

- A frequently asked questions guide for external use – geared around plain English explanations, how to effectively get involved, and what is at stake
- A messaging guide for internal use by members of MAP
- Canned newsletter articles outlining what MAP is, updates on recent reports, and providing information about feedback loops
- Infographic outlining what MAP is and how it relates to other work being done at NQF and with other NQF-convened groups
- “Making connections” documents, illustrating how the work of individual groups within NQF (MAP, NPP, other NQF affiliated stakeholder groups) connects and informs the work of other groups. This can be accomplished with a voiced-over PowerPoint deck, pictorials, and other fact sheets.
- Digital toolbox to contain all important materials – one pagers, fact sheets, reports, power point slides, etc. – allowing for centralized repository of materials that can be de-centrally tailored and distributed
- Continued build-out of NQF’s MAP web presence, with explicit links to places within NQF that feedback can be provided such as the Quality Positioning System, the new under-development NPP Action Registry, etc.
- A plan for outreach to all NQF Councils, tailored to each group
- Inventory of MAP partner communications assets, starting with the coordinating committee, and later creating specialized inventories based on work groups and subject matter experts.

Opportunities – MAP Members:

- Present an overview of MAP to key staff at your organization
- Tailor and disseminate NQF-created materials to better reach organizations you regularly connect with
- Include materials about MAP in upcoming, scheduled presentations
- Utilize your organization’s social media resources, such as Facebook, blogs, and Twitter to share information about MAP, its accomplishments, finalized work products, meetings, reminders about public comment and participation opportunities, requests for input to be utilized in feedback loops, etc.
- Disseminate MAP materials at your own or other external meetings, encouraging peers and colleagues to participate in building effective feedback loops, joining public meetings, and providing insight during commenting periods to ensure stronger bi-directional communication
- Host a meeting specifically designed around building measure use feedback loops (note this would require additional funding)

Opportunities: NQF Staff

- Draft materials (October 2012)
- Outreach to communications staff of MAP members to compile the MAP member communications inventory (November 2012)
- Educate staff about MAP and how it relates to the work of NQF (December 2012)
- Review accomplishments and set goals for increased engagement in year two (June 2012)

The communications plan and related tactics will evolve from year one to two based on current projects and funding.

NQF Staff Deliverables

Action/Deliverable	Timeframe/Deadlines
One-pager describing what MAP is and its function	October 2012
Core set of power point slides outlining the basics of MAP	October 2012
A tough- questions guide for internal use	October 2012
A frequently asked questions guide for external use	October 2012
A messaging guide	October 2012
Canned newsletter articles	October 2012
Making connections document	October 2012
Communications inventory	December 2012
Infographic outlining what MAP is and how it relates to other work being done at NQF and with other NQF-convened groups	Early 2013
Toolbox to contain all important materials – one pagers, fact sheets, reports, power point slides, etc.	Early 2013
Educate staff about MAP and how it relates to the work of NQF	Early 2013
Review accomplishments and set goals for increased engagement in year two	End of 2013
Outreach to communications staff of MAP members	Early 2013