MAP Coordinating Committee Background Materials

NATIONAL QUALITY FORUM

Tuesday, August 14, 2012
Wednesday, August 15, 2012

National Quality Forum
9th Floor Conference Center
1030 15th Street, NW
Washington, DC 20005

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Agency for Healthcare Research and Quality (AHRQ)	Nancy Wilson, MD, MPH
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Centers for Medicare & Medicaid Services (CMS)	Patrick Conway, MD MSc
Health Resources and Services Administration (HRSA)	Ahmed Calvo, MD, MPH
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American Board of Medical Specialties	Christine Cassel, MD
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Measure Applications Partnership (MAP)

Bios of the MAP Coordinating Committee

Co-Chairs (voting)

George J. Isham, MD, MS

George Isham, M.D., M.S. is Senior Advisor to HealthPartners, responsible for working with the board of directors and the senior management team on health and quality of care improvement for patients, members and the community. Dr. Isham is also Senior Policy Fellow, HealthPartners Research Foundation and facilitates forward progress at the intersection of population health research and public policy. Dr. Isham is active nationally and currently co-chairs the National Quality Forum convened Measurement Application Partnership, chairs the National Committee for Quality Assurances' clinical program committee and a is member of NCQA's committee on performance measurement. Dr. Isham is chair of the Institute of Medicine's Roundtable on Health Literacy and has chaired three studies in addition to serving on a number of IOM studies related to health and quality of care. In 2003 Isham was appointed as a lifetime National Associate of the National Academies of Science in recognition of his contributions to the work of the Institute of Medicine. He is a former member of the Center for Disease Control and Prevention's Task Force on Community Preventive Services and the Agency for Health Care Quality's United States Preventive Services Task Force and currently serves on the advisory committee to the director of Centers for Disease Control and Prevention. His practice experience as a general internist was with the United States Navy, at the Freeport Clinic in Freeport, Illinois, and as a clinical assistant professor of medicine at the University of Wisconsin Hospitals and Clinics in Madison, Wisconsin.

Elizabeth A. McGlynn, PhD, MPP

Elizabeth A. McGlynn, PhD, is the director for the Center of Effectiveness and Safety Research (CESR) at Kaiser Permanente. She is responsible for oversight of CESR, a network of investigators, data managers and analysts in Kaiser Permanente's regional research centers experienced in effectiveness and safety research. The Center draws on over 400 Kaiser Permanente researchers and clinicians, along with Kaiser Permanente's 8.6 million members and their electronic health records, to conduct patient-centered effectiveness and safety research on a national scale. Kaiser Permanente conducts more than 3,500 studies and its research led to more than 600 professional publications in 2010. It is one of the largest research institutions in the United States. Dr. McGlynn leads efforts to address the critical research questions posed by Kaiser Permanente clinical and operations leaders and the requirements of the national research community. CESR, founded in 2009, conducts in-depth studies of the safety and comparative effectiveness of drugs, devices, biologics and care delivery strategies. Prior to joining Kaiser Permanente, Dr. McGlynn was the Associate Director of RAND Health and held the RAND Distinguished Chair in Health Care Quality. She was responsible for strategic development and oversight of the research portfolio, and external dissemination and communications of RAND Health research findings. Dr. McGlynn is an internationally known expert on methods for evaluating the appropriateness and technical quality of health care delivery. She has conducted research on the appropriateness with which a variety of surgical and diagnostic procedures are used in the U.S. and in other countries. She led the development of a comprehensive method for evaluating the technical quality of care delivered to adults and children. The method was used in a national study of the quality of care delivered to U.S. adults and children. The article reporting the adult findings received the Article-of-the-Year award from AcademyHealth in 2004. Dr. McGlynn also led the RAND Health's COMPARE initiative, which developed a comprehensive method for evaluating health policy proposals. COMPARE developed a new microsimulation model to

estimate the effect of coverage expansion options on the number of newly insured, the cost to the government, and the effects on premiums in the private sector. She has conducted research on efficiency measures and has recently published results of a study on the methodological and policy issues associated with implementing measures of efficiency and effectiveness of care at the individual physician level for payment and public reporting. Dr. McGlynn is a member of the Institute of Medicine and serves on a variety of national advisory committees. She was a member of the Strategic Framework Board that provided a blueprint for the National Quality Forum on the development of a national quality measurement and reporting system. She chairs the board of AcademyHealth, serves on the board of the American Board of Internal Medicine Foundation, and has served on the Community Ministry Board of Providence-Little Company of Mary Hospital Service Area in Southern California. She serves on the editorial boards for *Health Services Research* and *The Milbank Quarterly* and is a regular reviewer for many leading journals. Dr. McGlynn received her BA in international political economy from Colorado College, her MPP from the University of Michigan's Gerald R. Ford School of Public Policy, and her PhD in public policy from the Pardee RAND Graduate School.

Organizational Members (voting)

AARP
Joyce Dubow, MUP
Ms. Dubow is Senior Health Care Reform Director in AARP's Office of the Executive Vice- President for Policy and Strategy, where she has responsibility for a broad health portfolio related to AARP's health care reform initiatives with a special focus on health care quality, HIT, and consumer decision making, as well as private health plans in the Medicare program. Dubow serves on several multi-stakeholder groups focusing on quality improvement. She was the first chair (and continues to be a member) of the Consensus Standards Approval Committee (CSAC) of the National Quality Forum. She is a member of the National Committee for Quality Assurance's Committee on Physician Programs and its Measurement Panel on Geriatrics; the National Advisory Committee for Aligning Forces for Quality of the Robert Woods Johnson Foundation; the National Committee on Evidence-based Benefit Design of the National Business Group on Health; the National Heart Lung Blood Institute Cardiovascular Disease Clinical Guideline Expert Panel and the National Advisory Board of the Practice Change Fellows Program. She also participates in the Hospital Quality Alliance, the AQA Steering Committee, the Markle Foundation's Connecting For Health program, as well as other ad hoc groups focusing on health care quality and consumer decision making. In a "former life," Ms. Dubow was the executive vice-president of the Georgetown University Community Health Plan, a university-sponsored prepaid group practice plan. She was also the Director of Policy and Legislation in the federal Office of Health Maintenance Organizations. Ms. Dubow holds a B.A. in Political Science from the University of Michigan and a Masters in Urban Planning from Hunter College of the University of the City of New York.

Academy of Managed Care Pharmacy
Marissa Schlaifer, RPh, MS
Marissa Schlaifer joined the Academy of Managed Care Pharmacy (AMCP) as Pharmacy Affairs Director in January 2003. The Academy is a professional society with over 6,000 members which is dedicated to the continuing professional development of health care professionals engaged in the practice of pharmacy in managed care settings. For the Academy, Marissa is involved in all professional and clinical aspects of the organization's activities. She was been involved in the development and implementation of the Medicare prescription drug benefit. Marissa served on various Part D Medication Measures technical expert panels (TEPs), providing input on the development of quality measures, serves on the Department of Defense Uniform Formulary Beneficiary Advisory Panel, and has represented AMCP in many capacities within the Pharmacy Quality Alliance (PQA). Marissa brings experience in both the managed care pharmacy and community pharmacy segments of the profession as well as leadership experience in

several pharmacy organizations. Prior to joining AMCP, Marissa was Healthy Outcomes Director at H-E-B Grocery Company, where she was responsible for disease management and health improvement programs, immunization programs and new business opportunities. Previously, Marissa worked for PacifiCare of Texas and Prescription Solutions as a clinical pharmacist, and for Eckerd Drug Company as pharmacy manager and a regional manager for managed care sales. She received her B.S. in Pharmacy and M.S. in Pharmacy Administration from The University of Texas at Austin College of Pharmacy. Marissa has been active in leadership positions within AMCP, the American Pharmacists Association and the Texas Pharmacy Association.

AdvaMed
Steven Brotman, MD, JD
Steven J. Brotman, M.D., J.D. is Senior Vice President, Payment and Policy, for the Advanced Medical Technology Association (AdvaMed). Dr. Brotman leads AdvaMed's health care quality initiatives, working closely with member companies on key policy issues. Dr. Brotman is a Board Certified Pathologist. Dr. Brotman received his M.D. from The Mount Sinai School of Medicine in New York City, where he also completed a residency in Pathology, after performing an internship in General Surgery. He had additional clinical and research fellowship training at the Johns Hopkins Hospital in the field of immuno-pathology, with in-depth training in immuno-dermatology and hematopathology. Additionally, Dr. Brotman earned a J.D. from the University Of Maryland School of Law and was a Federal Judicial Intern working under the Honorable Paul Grimm at the United States Federal Court in Baltimore, MD. Subsequently, he joined Morgan, Lewis, and Bockius, L.L.P. in Washington, D.C. as an associate in the FDA Regulatory/Healthcare group, where he worked with various domestic and international companies on pharmaceutical/device lifecycle, regulatory and healthcare issues. He most recently was a Senior Regulatory and Research Attorney at Wyeth Pharmaceuticals (now Pfizer) specializing in complex safety, drug development, clinical trial and compliance issues. Dr. Brotman has authored several peer-reviewed scientific publications and made numerous presentations to the scientific, pharmaceutical and legal communities. He is on the editorial board of Maryland Medicine, the Maryland Medical Society Journal and developed and taught the Seminar Series on Scientific Evidence at the University Of Maryland School of Law.

AFL-CIO
Gerald Shea
As Assistant to the President at the AFL-CIO since 1995, Gerald M. Shea's work covers issues such as health care and retirement security as well as relations with allied organizations and government entities. In that position, Shea manages the work of the AFL-CIO on all aspects of healthcare. Through his work, he represents the experience and perspective of workers as health care consumers in various policy organizations and health events. Shea is a member of the Board of the National Quality Forum (NQF), the Board of the Joint Commission on the Accreditation of Health Care Organizations (JCAHO), of the Hospital Quality Alliance, and the Quality Alliance Steering Committee. He was a founding board member of the Foundation for Accountability (FACCT), Health Care for America NOW and the RxHealthValue Project. He is a past member of the Social Security Advisory Board, the Medicare Prospective Payment Advisory Commission (MedPAC) and its predecessor, the Prospective Payment Advisory Commission. Before his appointment in 1995, Shea held various positions at the AFL-CIO from August 1993 through October 1995; as director of the policy office with responsibility for health care and pensions and then in several executive staff positions. Prior to joining the AFL-CIO, Shea spent 21 years with the Service Employees International Union as an organizer and local union official in Massachusetts and as a member of SEIU's senior staff in Washington, D.C. Shea is a native of Massachusetts and a graduate of Boston College.

America's Health Insurance Plans
Aparna Higgins, MA
Ms. Higgins is Vice President, Private Market Innovations at America's Health Insurance Plans (AHIP), where she is focused on a number of key initiatives including performance measurement, innovative payment models and delivery system reform. She led AHIP Foundation's efforts to pilot-test a data aggregation methodology, a component of the High-Value Health Care project funded by the Robert Wood Johnson Foundation, for individual physician performance measurement across regions and health plans. She is a healthcare economist with expertise and experience in study design and economic modeling and has directed a number of research and analytic projects employing multi-disciplinary teams. She serves on a number of expert panels on performance measurement. Prior to AHIP, she was at Booz Allen Hamilton where she led a team of health services researchers focused on studies related to electronic health record (EHR) adoption, quality measurement, and value-based purchasing. She was the principal investigator for two research studies on physician adoption of EHRs and evaluation design of the business case for Health Information Technology (HIT) in Long-Term Care for the Department of Health and Human Services (HHS) Assistant Secretary for Planning and Evaluation (ASPE). She played a key leadership role in assisting the Centers for Medicare and Medicaid Services (CMS) with the design of a Medicare Hospital Value-based purchasing (VBP) program and was closely involved in developing the hospital VBP report to Congress.

American College of Physicians
David W. Baker, MD, MPH, FACP
David W. Baker, MD, MPH is Michael A. Gertz Professor in Medicine and Chief of the Division of General Internal Medicine, Northwestern University. He received his MD from the UCLA School of Medicine and his MPH from the UCLA School of Public Health. He completed his research training in the UCLA Robert Wood Johnson Clinical Scholars' Program. His research has focused on access to health care, racial and ethnic disparities in care, health communication, and quality of care for chronic diseases. He has led studies examining many aspects of quality, including whether hospital mortality "report cards" lead to changes in market share for hospitals and improvements in outcomes, the effect of disease management programs for patients with heart failure, and an evaluation of the Institute for Healthcare Improvement's Improving Chronic Illness Care Collaborative. His current work is examining quality measurement and quality improvement using electronic health record systems. Dr. Baker has served in many national roles as well. He served as the Associate Project Director for the AHCPR-funded Heart Failure guideline and was lead author for a series of manuscripts in JAMA on quality of care for patients with heart failure. He has served as an advisor to both the Ohio and the Georgia Peer Review Organizations' heart failure quality improvement projects, and he was part of the American Heart Association's first working group for measuring quality of care and outcomes for cardiovascular disease. He served on the American College of Cardiology/American Heart Association Heart Failure Practice Guideline committee and the American Board of Internal Medicine's Committee for their new Heart Failure Practice Improvement Module. He has served as a member of the Health Information Technology Expert Panel's (HITEP) Quality Data Set subcommittee. He currently serves on the Physicians' Consortium for Performance Improvement (PCPI) Measure Implementation and Evaluation subcommittee and the American College of Physicians' Performance Measure Advisory Committee.

American College of Surgeons
Frank G. Opelka, MD, FACS
Frank G. Opelka, MD FACS is the Vice Chancellor for Clinical Affairs and Professor of Surgery at Louisiana State University Health Sciences Center in New Orleans. In LSU, he actively teaches in the 4 health sciences schools developing programs for innovation and delivery system redesign. He also works at the LSU seven hospital system to support efforts for the development of a safety net ACO to address various challenges such as the dual eligible. He also represents the American College of Surgeons,

Washington DC Office in the Division of Health Policy and Advocacy. Dr. Opelka founded and serves as the chair of the Surgical Quality Alliance, with over 20 surgical organizations sitting in the alliance. He serves as one of the original members of the National Priorities Partnership in the National Quality Forum, a member of the NQF's Consensus Standards Advisory Committee, and has served as a chair of an NQF steering committee. Dr. Opelka continues to serve on the Quality Alliance Steering Committee, the AQA, and the AMA's Physician Consortium for Performance Improvement. He has served on several advisory committees to several health plans, including United Health Group, Blue Cross Blue Shield of America, and Humana. Dr. Opelka has developed and assisted the American Board of Medical Specialties in their clinical registry efforts for the Maintenance of Certification Part IV. Prior to serving in the quality arena, Dr. Opelka worked closely with CMS in the Ambulatory APG relative values, AMA's Relative Value Updates Committee, Practice Expense Committee, and an advisory to the CPT Editorial Committee. Dr. Opelka served 12 years on active duty in the US Army where he did his residency in General Surgery at the Walter Reed Army Medical Center and Eisenhower Army Medical Center. His colorectal surgery fellowship was at the Ochsner Clinic New Orleans where he served for 12 years as faculty and attending surgeon. His career then included time at the Beth Israel Deaconess Medical Center in Boston before returning to New Orleans just in time for Hurricane Katrina. Dr. Opelka is a board certified colon and rectal surgery. He is a fellow of the American College of Surgeons and the American Society of Colon and Rectal Surgeons.

American Hospital Association
Rhonda Anderson, RN, DNSc, FAAN

Rhonda Anderson, RN, DNSC, FAAN, is Chief Executive Officer of Cardon Children's Medical Center in Mesa, Arizona. She is a Fellow in the American Academy of Nursing and the American College of Healthcare Executives. She also serves on the Institute for Interactive Patient Care (GetWell Network) National Advisory Board, National Guideline Clearinghouse and National Quality Measures Clearinghouse Expert Panel, American Hospital Association Board of Trustees, American Hospital Association Health Research and Educational Trust Board, and a member of the National Association of Children's Hospitals and Related Institutions Quality Council. Rhonda received the Distinguished Achievement Award from Arizona State University College of Nursing and was a selected participant in The First International Institute: Executive Nurse Leadership in the United Kingdom and the United States-Florence Nightingale Trust in London, England. She attended the Wharton School of Business as a selected participant in The Johnson & Johnson Fellowship Program. In November 2005, Rhonda was awarded the Nursing Legends Nurse of the Year Award by the March of Dimes. Rhonda was awarded the American Organization of Nurse Executive's Lifetime Achievement Award in April of 2006, NurseWeek's Lifetime Achievement Award in September of 2006, and is a Phoenix Business Journal 2011 Women in Business Honoree.

American Medical Association
Carl A. Sirio, MD

Carl A. Sirio, MD, a board certified internist and critical care physician, was elected to the American Medical Association (AMA) Board of Trustees (BOT) in June 2010. Prior to his election, Dr. Sirio served in the AMA House of Delegates as a delegate from Pennsylvania. Dr. Sirio has a long history of service to the profession. He served eight years on the AMA Council on Medical Education, including serving as chair. He helped establish and chaired the AMA Initiative to Transform Medical Education since inception. In addition, he also represented the AMA to the Liaison Committee on Medical Education where he was in part responsible for the new standards related to building greater diversity in medicine and to understanding the impact the learning environment has on students as they prepare for careers as physicians. Prior to this he served on the Internal Medicine Residency Review Committee, responsible for policy and accreditation of all graduate medical education programs in internal medicine. Dr. Sirio has broad interests that include the organization and delivery of health care services, medical education,

patient safety, quality of care, patient risk assessment, evaluation of clinical performance, process improvement, and health care management and financing. Capitalizing on these interests he serves on the Executive Committee of the Physician Consortium for Performance Improvement, helping to drive the development of evidenced based measures for use by doctors in their efforts to improve care. Dr. Sirio is a co-founder of the Pittsburgh Regional Healthcare Initiative (PRHI), a nationally recognized multistakeholder collaborative designed to improve care over a large geographic area. With PRHI he facilitated the work of 40 competing institutions in an effort to improve care for all patients by reducing infections and improving medication safety. He was the recipient of several large grants from the Agency for Healthcare Research and Quality, equaling more than $6.5 million in total, for work designed to foster meaningful improvement in the care of patients. In addition, he has worked with the National Quality Forum, the National Institute of Medicine, The Joint Commission, and the U.S. Pharmacopoeia, among others, in his efforts related to patient care quality and safety. After spending 17 years at the University of Pittsburgh School Medicine where he was a professor, Dr. Sirio recently moved to the Pittsburgh campus of the Drexel University School Medicine. Completing his undergraduate and medical school training at Columbia University and Rutgers Medical School (now Robert Wood Johnson School of Medicine), Dr. Sirio received post graduate medical training at the Milton S. Hershey Medical Center – Pennsylvania State University, the National Institutes of Health and George Washington University. Dr. Sirio is married to Mary Beth Sirio, RN, MBA, and has four children—Alex, Nicholas, James and Alessandra ranging in age from infancy to 19 years.

American Medical Group Association
Sam Lin, MD, PhD, MBA

Samuel Lin received his MD and PhD from the Oregon Health Sciences University and is a member of the Alpha Omega Alpha Medical Honor Society. His other degrees include a BS (Seattle Pacific University), MS (Oregon State), MPA (Troy State University) and MBA (Johns Hopkins University). He began his professional career as a US Public Health Service (PHS) Commissioned Officer in the US Department of Health and Human Services (DHHS) and received exceptional capability promotions to the ranks of Captain and to Rear Admiral. From his first assignment as a General Medical Officer and Clinical Director in the US Indian Health Service (IHS), he next headed the IHS Physician Branch. Later, he headed the Office for Europe, DHHS Office of International Health and served as the US Executive Secretary for Joint US Health Commissions with the former USSR, Poland and former Yugoslavia. He was appointed DHHS Deputy Assistant Secretary for Health from 1981 to 1992. During this time, he also served as Acting Director of the National Center for Health Services Research (now Agency for Healthcare Research and Quality), as Acting Director of the Office of Minority Health and as Chair of the Special Committee to Investigate the FDA's Center for Veterinary Medicine. He also served on various policy committees of DHHS UnderSecretaries and FDA Commissioners and as an ex-officio member of a number of NIH Advisory Councils. From 1992 until 1994, he served as Acting DHHS Deputy Assistant Secretary for Minority Health and then as Senior Advisor to the DHHS Deputy Assistant Secretary for International Health focusing on Asian-Pacific Rim and US-Mexico Border health issues. While in Federal service, he co-founded several organizations (the Asian Pacific Islanders American Health Forum, the Association of Asian Pacific Community Health Organizations and the Asian Pacific Nurses Association). He has served, or currently serves, on Boards of VetsFirst, United Spinal Association, Daiichi Sankyo, Inc., Military Officers Association of America, National Capital Area Epilepsy Foundation, China Foundation, Inc., Hepatitis Foundation International, Rock-Asia Capital Group, Ltd., Omega Systems Group, Inc., National Military Family Association, as Commissioner and Vice Chair of the Maryland Health Services Cost Review Commission and as Commissioner and Chair of the Maryland Community Health Resources Commission. He serves as the American Medical Group Association's Alternate Delegate to the American Medical Association (AMA). He has been recognized with the Veterans of Foreign Wars' Commander-in-Chief Gold Medal of Merit, institution of the US Public Health Service Samuel Lin Award, Seattle Pacific University's 2008 Alumnus of Year, AMA Foundation's 2008

Excellence in Medicine Leadership Award, Oregon Health & Sciences University 2009 Alumni Award for Medical Leadership. After leaving Federal service, he joined the then-Upjohn Company as Executive Director for Federal Medical Affairs. He established new business relationships and marketing opportunities in diverse arenas including the healthcare of military beneficiaries. He subsequently established The Lin Group, LLC and then Humetrics, Inc., a service disabled, veteran owned small business, and serves as a proprietary consultant or project director for domestic and global healthcare ventures in areas such as health care management and administration, biomedical research and development, biomedical technology and transfer, pharmaceutical and device approvals, health information technology, health management and administration, health facility financing and construction, health systems-medical home and accountable care organizations, alternative and complementary medicine and applied technologies in counter-bioterrorism and homeland security.

American Nurses Association
Marla J. Weston, PhD, RN

Marla J. Weston, PhD, RN, a nurse leader with nearly 30 years of diverse management experience in health care operations, is the chief executive officer (CEO) of the American Nurses Association (ANA), and the American Nurses Foundation (ANF). Dr. Weston currently is involved in multiple performance measurement and public reporting initiatives. She is ANA's representative to the National Priorities Partnership, Hospital Quality Alliance, and Nursing Alliance for Quality Care. Prior to assuming the leadership post at ANA, Dr. Weston developed and managed U.S. Department of Veterans Affairs initiatives to improve the quality of health care for veterans in all Veterans Healthcare Administration facilities nationwide, with a focus on improving the VA nursing workforce. She implemented strategies to improve the work environment, created policies and programs to attract and retain a highly qualified nursing workforce, and promoted nursing as a career choice. Dr. Weston served for four years as the Arizona Nurses Association's executive director, where she led efforts to advocate for nurses on the state and national level and promoted the Magnet Recognition concept, an indication of excellent quality of nursing in hospitals. As a principal in her own consulting firm, Dr. Weston has advised hospitals and educational institutions on quality improvements, as well as resource management, recruitment and retention, and regulatory compliance. Earlier in her career, Dr. Weston worked in a variety of hospital nursing roles for 18 years, including direct patient care in intensive care and medical-surgical units, nurse educator, clinical nurse specialist, director of patient care support and nurse executive. As a hospital administrator, Dr. Weston oversaw structural changes in services that resulted in improved patient satisfaction scores and quality measures. Dr. Weston graduated from Indiana University of Pennsylvania with a bachelor's of science degree in nursing. She graduated from Arizona State University, with a master's of science degree in nursing. She earned her doctoral degree at the University of Arizona. Her dissertation topic, "Antecedents to control over nursing practice," addressed ways to increase the decision-making role of the hospital nurse – in short, nurse influence and power.

Catalyst for Payment Reform
Suzanne F. Delbanco, PhD

Suzanne F. Delbanco is the executive director of Catalyst for Payment Reform (www.catalyzepaymentreform.org). Catalyst for Payment Reform (CPR) is an independent, non-profit organization working on behalf of large employers to catalyze improvements to how we pay for health care in the U.S. to signal powerful expectations for better and higher-value care. In addition to her duties at CPR, Suzanne is on the Advisory Committee to the Director of the Centers for Disease Control and Prevention (CDC). She just joined HFMA's Healthcare Leadership Council and serves on the boards of the Health Care Incentives Improvement Institute, the Anvita Health Advisory Council, the executive committee of the California Maternal Quality Care Collaborative, and participates in the Healthcare Executives Leadership Network. Prior to CPR, Suzanne was President, Health Care Division at Arrowsight, Inc., a company using video to help hospitals measure the performance of health care

workers and provide them with feedback while they are working to improve adherence to safety and quality protocols. From 2000-2007, Suzanne was the founding CEO of The Leapfrog Group. The Leapfrog Group uses the collective leverage of its large corporate and public members to initiate breakthrough improvements in the safety, quality, and affordability of health care for Americans. Before joining Leapfrog, Suzanne was a senior manager at the Pacific Business Group on Health where she worked on the Quality Team. Prior to PBGH, Suzanne worked on reproductive health policy and the changing healthcare marketplace initiative at the Henry J. Kaiser Family Foundation. Suzanne holds a Ph.D. in Public Policy from the Goldman School of Public Policy and a M.P.H. from the School of Public Health at the University of California, Berkeley.

Consumers Union
Doris Peter, PhD
Dr. Peter is the Assistant Director of the Consumer Reports Health Ratings Center. She has spent more than 10 years in medical publishing, translating complex medical and scientific evidence for both professionals and consumers. At Consumer Reports, Dr Peter leads multidisciplinary teams that develop Ratings and other communication tools to help consumers understand comparisons of the quality of health care products (e.g., drugs) and services (e.g., hospitals, insurance plans). She is the Principal Investigator of a grant from the Consumer and Prescriber Education Grant Project (Consumer Reports Health Best Buy Drugs) that involves translating and disseminating comparative effectiveness research into actionable advice for consumers. Prior to joining Consumers she was an editor and Publisher at The Medical Letter and then North American Editor for an international evidence-based medicine journal.

Federation of American Hospitals
Charles N. Kahn III
Charles N. ("Chip") Kahn III is President and CEO of the Federation of American Hospitals (FAH), the national advocacy organization for investor-owned hospitals and health systems. Before coming to the FAH, he was President of the former Health Insurance Association of America and a professional staff person on Capitol Hill specializing in health policy issues. Mr. Kahn holds a Masters of Public Health (M.P.H.) degree from Tulane University School of Public Health and Tropical Medicine, which in 2001 bestowed upon him its prestigious "Champion of Public Health" award. He received a Bachelor of Arts degree from The Johns Hopkins University.

LeadingAge (formerly AAHSA)
Cheryl Phillips, MD, AGSF
Cheryl Phillips, M.D. is Senior VP of Advocacy at LeadingAge (formerly the American Association of Homes and Services for the Aging). Prior to joining LeadingAge, she was Chief Medical Officer of On Lok Lifeways, the parent to the PACE (Program of All-inclusive Care for the Elderly) model that serves nursing home eligible seniors in the greater San Francisco bay area. Dr. Phillips is the past president of the American Geriatrics Society, the national organization for geriatric health care professionals, and the past president of the American Medical Directors Association, an organization for physicians in long-term care. Dr. Phillips has served on multiple national boards and advisory groups for chronic care including the CMS Technical Expert Panel on Quality Indicators in Long-Term Care, the NCQA Geriatric Measurement Advisory Panel, and the CMS Technical Advisory Panel for Independence at Home Demonstration. She has twice provided testimony to the U.S. Senate Special Committee on Aging. In 2005, she was appointed by Governor Schwarzenegger as a governor's delegate to the White House Conference on Aging, and is a Governor's appointee to the California Commission on Aging and the California Olmstead Committee. In 2002, she served as one of 30 fellows for the Primary Health Care Policy Fellowship under Secretary Tommy Thompson, Department of Health and Human Services. Dr. Phillips completed her family practice residency and geriatric fellowship at the University of California, Davis.

Maine Health Management Coalition
Elizabeth Mitchell
Elizabeth Mitchell serves as CEO of the Maine Health Management Coalition, an employer-led, multi-stakeholder coalition whose mission is to improve the value of healthcare services. The Coalition is actively engaged in payment reform and health system redesign with its many partners. Elizabeth serves on the Board of the National Business Coalition on Health and as Co-Chair of its Government Affairs Committee and on the Board of the Network for Regional Health Improvement. Elizabeth also serves as chair of Maine's Chartered Value Exchange, a convener of Maine's Aligning Forces for Quality project, and on the Advisory Council of the Maine Quality Forum. Prior to being appointed CEO, Elizabeth worked for MaineHealth, Maine's largest integrated health system. She served in the Maine State Legislature, where she chaired the Health and Human Services Committee and has held posts at the National Academy for State Health Policy, and London's Nuffield Trust. Elizabeth was selected for an Atlantic Fellowship in Public Policy by the Commonwealth Fund and the British Council. While in the UK, she completed the International Health Leadership Program at Cambridge University's Judge School of Management, while pursuing graduate studies at the London School of Economics.

National Association of Medicaid Directors
Foster Gesten, MD
Foster Gesten is the Medical Director for the Office of Health Insurance Programs in the New York State Department of Health. Dr. Gesten provides clinical direction and leadership for a team of professionals engaged in quality oversight, performance measurement and clinical improvement within health plans and public insurance programs in New York. Major initiatives include the development of statewide public reporting systems for commercial, Medicaid, and Child Health managed care programs on quality, access, and satisfaction, medical home demonstrations, and provider based quality measurement and improvement. His interests include population health, health service research, and quality improvement projects directed at prevention services and chronic care. Dr. Gesten is a member of the National CAHPS Benchmarking Database (NCBD) Advisory Group, the Committee on Performance Measurement (CPM) at the National Committee for Quality Assurance (NCQA), and an Expert Panel Member for the Agency for Healthcare Quality (AHRQ) Health Care Innovations Exchange. Dr. Gesten was trained in general internal medicine at Brown University.

National Partnership for Women and Families
Christine A. Bechtel, MA
Christine Bechtel is the Vice President of the National Partnership for Women & Families, a non-profit consumer advocacy organization based in Washington DC. The National Partnership has been the driving force behind some of the country's most important policies and initiatives, including the Family and Medical Leave Act, the Pregnancy Discrimination Act, and the Consumer Partnership for eHealth. As Vice President, Bechtel oversees the day to day operations of the organization, including its work on health care quality, information technology and patient engagement. She also serves on the federal Health IT Policy Committee. Bechtel was previously Vice President of the eHealth Initiative (eHI), where she led the organization's membership, public policy and government relations work. She has a background in health care quality improvement from her work with the American Health Quality Association and Louisiana Health Care Review, now eQHealth Solutions, a Medicare Quality Improvement Organization (QIO). As a Senior Research Advisor at AARP, Bechtel conducted public opinion studies with consumers regarding their views on national political issues. She began her career as a Legislative Associate for United States Senator Barbara A. Mikulski (D-MD), where she focused on legislative issues ranging from women's health and stem cell research to Medicare and Social Security.

Pacific Business Group on Health
William E. Kramer, MBA
Bill Kramer is Executive Director of National Policy for the Pacific Business Group on Health. In this role he leads the organization's policy work at the federal and state level helping to ensure health care reform is implemented in ways that improve health care quality and reduce costs. Kramer also serves as Project Director for the Consumer-Purchaser Disclosure Project, a collaborative led by PBGH and the National Partnership for Women & Families to bring purchasers and consumers together to improve the quality and affordability of health care. Bill has a long and distinguished career in health care. Most recently, he led his own consulting practice where he was actively involved in health reform in Oregon. There he provided policy analysis and guidance to the Oregon Business Council and strategic and technical assistance to the state government. At the national level, Kramer worked with a group of organizations, including the Small Business Majority, on the design and implementation of health insurance exchanges. Prior to developing his consulting practice, Bill was a senior executive with Kaiser Permanente for over 20 years--most recently as Chief Financial Officer for Kaiser Permanente's Northwest Region. Bill also served as general manager for Kaiser Permanente's operations in Connecticut; earlier in his career, he managed marketing, human resources, and medical economics functions. Prior to his career at Kaiser, he was Chief of Budget and Program Analysis Services for the Washington State Department of Social and Health Services. Bill has an MBA from Stanford Graduate School of Business and a BA from Harvard.

Individual Subject Matter Expert Members (voting)

Child Health
Richard C. Antonelli, MD, MS
Rich is the Medical Director of Integrated Care and of Strategic Partnerships for Children's Hospital Boston. He is on the faculty of Harvard Medical School in the Department of Pediatrics. Between 1987 and 2005, he was in full time, community-based general pediatrics, founding Nashaway Pediatrics in Sterling, MA. Since 1987, his clinical work has focused on providing comprehensive, family-centered care for all children, youth, and young adults, but especially for those with special health care needs. He is a member of the Project Advisory Committee of the National Center for Medical Home Implementation at the American Academy of Pediatrics. He has published data about the outcome efficacy and cost of care coordination services for children and youth with special health care needs and their families in primary care settings. Rich has also published work defining mechanisms for integration and coordination of care across systems including the development of strategies and interventions to improve collaborative efforts between families, primary care providers, and subspecialists. He has served on the Steering Committee for Care Coordination at the National Quality Forum and as an advisor to the Patient-Centered Medical Home measurement tool work group at the National Committee for Quality Assurance (NCQA). In conjunction with researchers and policy representatives from internal medicine and family medicine, he represented the Academic Pediatrics Association in the national initiative *Establishing a Policy Relevant Research Agenda for the Patient-Centered Medical Home: A Multi-Disciplinary Approach.* He co-authored *Making Care Coordination a Critical Component of the Pediatric Health System: A Multidisciplinary Framework*, supported by The Commonwealth Fund. Most recently, he was appointed to the Measure Applications Partnership at the National Quality Forum. He has provided consultation on care coordination and integration methodologies and measures to multiple states, to US federal agencies, and to some international stakeholders. Since care coordination is so central to the effective transformation of the American health care system, Antonelli's work has been used for both adult and pediatric health care delivery systems. He has general pediatrics clinical responsibilities in the Primary Care Clinic setting at Children's Hospital Boston where he teaches residents, students, and fellows. In fact, he still is the primary care provider for several patients who have been with him since he first completed his residency!

Population Health
Bobbie Berkowitz, PhD, RN, CNAA, FAAN
Bobbie Berkowitz is currently the Dean and Mary O'Neil Mundinger Professor of Nursing at Columbia University School of Nursing and Senior Vice President of the Columbia University Medical Center. She was previously the Alumni Endowed Professor of Nursing and Chair of the Department of Psychosocial and Community Health at the University Of Washington School Of Nursing and Adjunct Professor in the School of Public Health and Community Medicine. In addition, she served as a Consulting Professor with Duke University and the University of California at Davis. Dr. Berkowitz directed the NIH/NINR funded Center for the Advancement of Health Disparities Research and the National Program Office for the RWJF funded Turning Point Initiative. She joined the faculty at the University of Washington after having served as Deputy Secretary for the Washington State Department of Health and Chief of Nursing Services for the Seattle-King County Department of Public Health. Dr. Berkowitz has been a member of the Washington State Board of Health, the Washington Health Care Commission, the board of the American Academy of Nursing, and chaired the Board of Trustees of Group Health Cooperative. She serves on a number of editorial boards, including the Journal of Public Health Management and Practice, American Journal of Public Health, Policy, Politics, and Nursing Practice, and as Associate Editor of Nursing Outlook. Dr. Berkowitz is an elected Fellow in the American Academy of Nursing and elected member of the Institute of Medicine. She holds a Ph.D. in Nursing Science from Case Western Reserve University and Master of Nursing and Bachelor of Science in Nursing from the University of Washington. Her areas of expertise and research include public health systems and health equity.

Disparities
Joseph R. Betancourt, MD, MPH
Dr. Betancourt directs the Disparities Solutions Center, which works with healthcare organizations to improve quality of care, address racial and ethnic disparities, and achieve equity. He is Director of Multicultural Education for Massachusetts General Hospital (MGH), and an expert in cross-cultural care and communication. Dr. Betancourt served on several Institute of Medicine committees, including those that produced *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care* and *Guidance for a National Health Care Disparities Report*. He has also advised federal, state and local government, foundations, health plans, hospitals, health centers, professional societies, trade organizations, pharma, and private industry on strategies to improve quality of care and eliminate disparities. He has received grants from foundations and the federal government, and published extensively in these areas. He is a practicing internist, co-chairs the MGH Committee on Racial and Ethnic Disparities, and sits on the Boston Board of Health as well as Health Equity Committee, and the Massachusetts Disparities Council.

Rural Health
Ira Moscovice, PhD
Dr. Moscovice is the Mayo Professor and Head of the Division of Health Policy and Management at the University of Minnesota School of Public Health. He is director of the Upper Midwest Rural Health Research Center funded by the Federal Office of Rural Health Policy (ORHP). He has written extensively on issues related to rural health care and use of health services research to improve health policy decision making in state government. Dr. Moscovice is one of the leading rural health services researchers in the nation and was the first recipient of the National Rural Health Association's Distinguished Researcher Award in 1992. In 2002, he received a Robert Wood Johnson Foundation Investigator Award in Health Policy Research and in 2004 he served as a member of the Future of Rural Health Care Panel of the Institute of Medicine, National Academies. Dr. Moscovice has served as the principal investigator for numerous rural health studies funded by, among others, ORHP, the Centers for Medicare and Medicaid Studies, AHRQ, the Robert Wood Johnson Foundation, and the U.S. Department of Veterans Affairs. His current research interests include the quality of rural health care, the evaluation

of alternative rural health care delivery systems, hospice and end-of-life care for rural Medicare beneficiaries, technology diffusion in rural areas, and the implementation and the assessment of rural health networks.

Mental Health
Harold A. Pincus, MD

Harold Alan Pincus, M.D. is Professor and Vice Chair of the Department of Psychiatry at Columbia University's College of Physicians and Surgeons, Director of Quality and Outcomes Research at New York Presbyterian Hospital and Co-Director of Columbia's Irving Institute for Clinical and Translational Research. Dr. Pincus also serves as a Senior Scientist at the RAND Corporation. Previously he was Director of the RAND-University of Pittsburgh Health Institute and Executive Vice Chairman of the Department of Psychiatry at the University of Pittsburgh. He is the National Director of the Health and Aging Policy Fellows Program (funded by Atlantic Philanthropies), and directed the Robert Wood Johnson Foundation's National Program on Depression in Primary Care and the John A. Hartford Foundation's national program on Building Interdisciplinary Geriatric Research Centers. Dr. Pincus was also the Deputy Medical Director of the American Psychiatric Association and the founding director of APA's Office of Research and Special Assistant to the Director of the NIMH and also served on White House and Congressional staffs. Dr. Pincus was Vice Chair of the Task Force on Diagnostic and Statistical Manual, Fourth Edition (DSM IV) and has been appointed to the editorial boards of ten major scientific journals. He has edited or co-authored 23 books and over 300 scientific publications on health services research, science policy, research career development and the diagnosis and treatment of mental disorders. Among other projects, he is currently leading the national evaluation of mental health services for veterans and the redesign of primary care/ behavioral health relationships in New Orleans. He has also been a consultant to federal agencies and private organizations, including the U.S. Secret Service, Institute of Medicine, John T. and Catherine D. MacArthur Foundation and served on multiple national and international committees. He is a member of the Scientific Council of the National Alliance for the Mentally Ill and chairs the NIH/NCRR Evaluation Key Function Committee for Clinical and Translational Science Awards and the WHO/ICD 11 Technical Advisory Group on Quality and Patient Safety. For over 22 years he worked one night a week treating the severely mentally ill at a community clinic.

Post-Acute Care/ Home Health/ Hospice
Carol Raphael, MPA

Carol Raphael, MPA, is President and Chief Executive Officer of Visiting Nurse Service of New York, the largest nonprofit home health agency in the United States. She oversees VNSNY's comprehensive programs in post-acute care, long-term care, hospice and palliative care, rehabilitation and mental health as well as its health plans for dually eligible Medicare and Medicaid beneficiaries. Ms. Raphael developed the Center for Home Care Policy and Research, which conducts policy-relevant research focusing on the management and quality of home and community-based services. Previously, Ms. Raphael held positions as Director of Operations Management at Mt. Sinai Medical Center and Executive Deputy Commissioner of the Human Resources Administration in charge of the Medicaid and Public Assistance programs in New York City. Between 1999 and 2005, Ms. Raphael was a member of MedPAC. She served on the New York State Hospital Review and Planning Council for 12 years (1992-2004) and chaired its Fiscal Policy Committee. She chairs the New York eHealth Collaborative and was a member of the IOM's Committee to Study the Future Health Care Workforce for Older Americans, which issued its report in April 2008. She is on the Boards of AARP, Pace University, and the Continuing Care Leadership Coalition. She is a member of the Harvard School of Public Health's Health Policy Management Executive Council, the Markle Foundation Connecting for Health Steering Group, Atlantic Philanthropies Geriatrics Practice Scholars Program, the Henry Schein Company Medical Advisory Board, the Jonas Center for Excellence in Nursing Advisory Board, NYU College of Nursing Advisory

Board, and the New York City Health and Mental Hygiene Advisory Council. She was a member of the Lifetime Excellus Board from 2002-2010. She has authored papers and presentations on post-acute, long-term and end-of-life care and co-edited the book *Home Based Care for a New Century*. Ms. Raphael has an M.P.A. from Harvard University's Kennedy School of Government, and was a Visiting Fellow at the Kings Fund in the United Kingdom. Ms. Raphael was recently listed in *Cram's New York Business* 50 Most Powerful Women in New York City.

Federal Government Members (non-voting, ex officio)

Agency for Healthcare Research and Quality (AHRQ)
Nancy J. Wilson, MD, MPH

Nancy J. Wilson, MD, MPH is Senior Advisor to the Director of the Agency for Healthcare Research and Quality and leads the Agency's work to develop and implement a national strategy for quality improvement that improves the healthcare delivery system, patient health outcomes, and population health. She also supports the newly established federal-wide Working Group to address healthcare quality. She provides strategic leadership and technical assistance on improvement implementation and data sharing among state Medicaid Medical Directors and is currently working with CMS to identify a core set of quality measures for Medicaid eligible adults. Dr. Wilson has a bachelor's degree in nursing from the University of Pittsburgh, a medical degree from Johns Hopkins, and a master's degree in public health/health care management from the Harvard School of Public Health where she completed a health services research fellowship.

Centers for Disease Control and Prevention (CDC)
Chesley Richards, MD, MPH

Chesley Richards MD, MPH, FACP, is the Director, in the Office of Prevention through Healthcare (OPTH) in the Office of the Director, Centers for Disease Control and Prevention. OPTH, a new office at CDC, works to build and enhance strategic collaboration between public health and healthcare sector stakeholders to improve the use of preventive services, and to enhance the quality and safety of healthcare. Previously, Dr. Richards served as the Deputy Director, Division of Healthcare Quality Promotion in the National Center for Infectious Diseases at CDC. Dr. Richards is a board-certified internist and geriatrician and holds an appointment as Clinical Associate Professor of Medicine in the Division of Geriatric Medicine and Gerontology at Emory University. Dr. Richards earned his MD from the Medical University of South Carolina, an MPH in Health Policy and Administration from University of North Carolina at Chapel Hill and is a graduate of the Epidemic Intelligence Service (EIS) at CDC and the Program on Clinical Effectiveness at Harvard School of Public Health. Dr. Richards's interests include patient safety, healthcare quality, and preventive services, especially among older adults.

Centers for Medicare & Medicaid Services (CMS)
Patrick Conway, MD, MSc

Patrick Conway, MD, MSc, is Chief Medical Officer for the Centers for Medicare & Medicaid Services (CMS) and Director of the Office of Clinical Standards and Quality. This office is responsible for all quality measures for CMS, quality improvement programs in all 50 states, clinical standards, and all coverage decisions for treatments and services for CMS. The office budget exceeds $1.3 billion. Previously, he was Director of Hospital Medicine and an Associate Professor at Cincinnati Children's Hospital. He was also AVP Outcomes Performance, responsible for leading measurement, including the electronic health record measures, and facilitating improvement of health outcomes across the $1.5 billion health care system, including all Divisions and Institutes. Previously, he was Chief Medical Officer at the Department of Health and Human Services (HHS) in the Office of the Assistant Secretary for Planning and Evaluation. In 2007-08, he was a White House Fellow assigned to the Office of Secretary in HHS and

the Director of the Agency for Healthcare Research and Quality. As Chief Medical Officer, he had a portfolio of work focused primarily on quality measurement and links to payment, health information technology, and policy, research, and evaluation across the entire Department. He also served as Executive Director of the Federal Coordinating Council on Comparative Effectiveness Research coordinating the investment of the $1.1 billion for CER in the Recovery Act. He was a Robert Wood Johnson Clinical Scholar and completed a Master's of Science focused on health services research and clinical epidemiology at the University of Pennsylvania and Children's Hospital of Philadelphia. Previously, he was a management consultant at McKinsey & Company, serving senior management of mainly health care clients on strategy projects. He has published articles in journals such as JAMA, New England Journal of Medicine, Health Affairs, and Pediatrics and given national presentations on topics including health care policy, quality of care, comparative effectiveness, hospitalist systems, and nurse staffing. He is a practicing pediatric hospitalist, completed pediatrics residency at Harvard Medical School's Children's Hospital Boston, and graduated with High Honors from Baylor College of Medicine. He is married with two children.

Health Resources and Services Administration (HRSA)
Ahmed Calvo, MD, MPH

Ahmed Calvo, MD, MPH, is Chief Medical Officer and Senior Advisor, Office of Health IT and Quality, Health Resources and Services Administration, US Department of Health and Human Services, Washington DC. HRSA supports over 8000 federally qualified health center (FQHC) sites throughout the nation, which have a long history of collaborating together via the HRSA funded Health Disparities Collaboratives (HDC). The HDC were led by Dr. Calvo as Chief of the Clinical Quality Improvement Branch, in the Bureau of Primary Health Care. Prior to joining HRSA, Dr. Calvo was Director of Medical Education and Medical Director at Scripps Memorial Hospital in Chula Vista; Chief Medical Officer of the San Ysidro Health Center, an FQHC network on the U.S./Mexico border; and on the clinical faculty in the Department of Family and Preventive Medicine at the University of California–San Diego (UCSD) School of Medicine. Dr. Calvo's primary responsibilities at HRSA have been accelerating and disseminating key lessons learned from the multiple quality improvement (QI) Breakthrough Collaboratives. The HRSA agency-wide quality systems strategy work has helped the HHS National Quality Strategy and ongoing work with the HHS Measurement Policy Council. As a Federal liaison representing HRSA, Dr. Calvo is a member of the National Quality Forum (NQF) Measures Application Partnership (MAP). Dr. Calvo's research is focused on evidence-based methods of dissemination science & translational science, applied to clinical and operational QI at a local, regional, and national level. Last year he was asked by HRSA and the NIH to function as Senior Guest Editor for a peer-reviewed issue of the Journal of Health Care for the Poor and Underserved. The special themed issue, titled: "Evidence for Informing the Next Generation of Quality Improvement Initiatives: Models, Methods, Measures, and Outcomes," is due out August 2012. Dr. Calvo currently collaborates in various federal-government dialogues on QI methods, for example, via consultation for the Department of Defense (DoD) and the Veterans Health Administration (VHA) via the Futures Based Agile Thinking (FBAT) initiative with Offices of the Surgeons General of the Air Force, Army, Navy and US Public Health Service (USPHS). This activity was a direct result of interest generated by Dr. Calvo's 2008 paper with Leah Rainsford Calvo and Clement Bezold titled: "Comprehensive Health Homes: Implications of convergence of the chronic care model, planned care model and patient centered medical home model." A graduate from Stanford University and the University of California–San Francisco School of Medicine, Dr. Calvo completed several UCSD/San Diego State University Faculty Development Fellowships on care of underserved communities; a Master's of Public Health on Public Health Management; and multiple advanced practice fellowships, including the HRSA-funded National Leadership Fellowship at NYU's Wagner School of Public Service, with the National Hispanic Medical Association. He also was Executive Vice-President for Medical Affairs and Principal over the years in a variety of national and international consulting firms; and CEO of multiple medical groups. Dr. Calvo directs an HHS National Health Policy Fellowship in collaboration with the Haas Center for Public Service at Stanford University.

Office of Personnel Management/FEHBP (OPM)
John O'Brien
John O'Brien is the Director of Health Care and Insurance at the Office of Personnel Management. In this position he oversees the insurance programs for federal employees including the Federal Employees Health Benefit (FEHB) program, which provides health insurance to over 8 million federal employees, retirees, and their dependents. In addition, he leads the team implementing OPM's responsibilities under the Affordable Care Act (ACA) including the development of multi-state plans for state exchanges. From 2007 to 2009 he helped oversee the State of Maryland's unique all-payer hospital rate setting system as the Deputy Director for Research and Methodology at the Maryland Health Services Cost Review Commission (HSCRC). From 1997 to 2007 he was the Director of Acute Care Policy at the University of Maryland, Baltimore County (UMBC) Hilltop Institute where his work focused on the management and oversight of Medicaid managed care plans. Mr. O'Brien was a 2005 recipient of an Ian Axford Fellowship in Public Policy under which he studied health system performance measurement in New Zealand. He has a Master Degree in Public Administration from Syracuse University.

Office of the National Coordinator for HIT (ONC)
Kevin Larsen, MD
Kevin L. Larsen, MD is Medical Director of Meaningful Use at the Office of the National Coordinator for Health IT. In that role he is responsible for coordinating the clinical quality measures for Meaningful Use Certification and overseas the development of the Population Health Tool http://projectpophealth.org. Prior to working for the federal government he was Chief Medical Informatics Officer and Associate Medical Director at Hennepin County Medical Center in Minneapolis, Minnesota. He is also an Associate Professor of Medicine at the University of Minnesota. Dr. Larsen graduated from the University of Minnesota Medical School and was a resident and chief medical resident at Hennepin County Medical Center. He is a general internist and teacher in the medical school and residency programs. His research includes health care financing for people living in poverty, computer systems to support clinical decision making, and health literacy. In Minneapolis he was also the Medical Director for the Center for Urban Health, a hospital, community collaboration to eliminate health disparities. He served on a number of state and national committees in informatics, data standards and health IT.

Accreditation/Certification Liaisons (non-voting)

American Board of Medical Specialties
Christine Cassel, MD
Dr. Cassel, a leading expert in geriatric medicine, medical ethics and quality of care, is President and CEO of the American Board of Internal Medicine and the ABIM Foundation. She is board certified in internal medicine and geriatric medicine. Dr. Cassel is past President of the American Federation for Aging Research and the American College of Physicians. She also formerly served as Dean of the School of Medicine and Vice President for Medical Affairs at Oregon Health and Science University, Chair of the Department of Geriatrics and Adult Development at Mount Sinai School of Medicine and Chief of General Internal Medicine at the University of Chicago. Dr. Cassel is one of 20 scientists chosen by United States President Barack Obama to serve on the President's Council of Advisors on Science and Technology (PCAST) and is co-Chair and physician leader of a PCAST report to the President on future directions of health information technology. A member of the Institute of Medicine (IOM) since 1992, she served on the IOM's Comparative Effective Research (CER) Committee and the IOM committees that wrote the influential reports "To Err is Human" and "Crossing the Quality Chasm." She chaired major IOM reports on public heath (2002) and on palliative care (1997). In 2009 and 2010, Modern Healthcare named Dr. Cassel among the 50 most powerful physicians and ranked among the top 100 most powerful people in health care. An active scholar and lecturer, she is the author or co-author of 14 books

and more than 200 journal articles on geriatric medicine, aging, bioethics and health policy. A graduate of the University of Chicago, Dr. Cassel received her medical degree from the University of Massachusetts Medical School. She is the recipient of numerous honorary degrees and awards of distinction, including honorary Fellowship in the Royal College of Medicine of England and the Royal College of Physicians and Surgeons of Canada, and Mastership in the American College of Physicians.

National Committee for Quality Assurance
Margaret E. O'Kane, MPH

Since 1990, Margaret E. O'Kane has served as President of the National Committee for Quality Assurance (NCQA), an independent, non-profit organization whose mission is to improve the quality of health care everywhere. Under her leadership, NCQA has developed broad support among the consumer, employer and health plan communities. About three-quarters of the nation's largest employers evaluate plans that serve their employees using Healthcare Effectiveness Data and Information Set (HEDIS®) data. In recent years, NCQA has received awards from the National Coalition for Cancer Survivorship, the American Diabetes Association and the American Pharmacists' Association. In addition to her leadership of NCQA, Ms. O'Kane plays a key role in many efforts to improve health care quality. Recently, she was awarded the 2009 Picker Institute Individual Award for Excellence in the Advancement of Patient-Centered Care for her leadership of NCQA and lifetime achievement in improving patient-centered health care. In 1999, Ms. O'Kane was elected as a member of the Institute of Medicine. She also serves as co-chair of the National Priorities Partnership, a broad-based group of high-impact stakeholder organizations, working together to bring transformative improvement to our health care system. Ms. O'Kane began her career in health care as a respiratory therapist and went on to earn a master's degree in health administration and planning from the Johns Hopkins University.

The Joint Commission
Mark R. Chassin, MD, FACP, MPP, MPH

Mark R. Chassin, M.D., FACP, M.P.P., M.P.H., is president of The Joint Commission. In this role, he oversees the activities of the nation's leading accrediting body in health care. Joint Commission accreditation and certification is recognized worldwide as a symbol of quality that reflects an organization's commitment to quality improvement and to meeting state-of-the-art performance standards. Dr. Chassin is also president of the Joint Commission Center for Transforming Healthcare. Established in 2009 under Dr. Chassin's leadership, the Center works with the nation's leading hospitals and health systems to address health care's most critical safety and quality problems such as health care-associated infection (HAI), hand-off communications, wrong site surgery, surgical site infections, and preventing avoidable heart failure hospitalizations. The Center is developing solutions through the application of the same Robust Process Improvement™ (RPI) methods and tools that other industries rely on to improve quality, safety and efficiency. In keeping with its objective to transform health care into a high reliability industry, The Joint Commission shares these proven effective solutions with the more than 19,000 health care organizations it accredits and certifies. Previously, Dr. Chassin was the Guggenheim Professor of Health Policy; founding Chairman of the Department of Health Policy at the Mount Sinai School of Medicine, New York; and Executive Vice President for Excellence in Patient Care at The Mount Sinai Medical Center. Dr. Chassin also served as Commissioner of the New York State Department of Health. He is a board-certified internist and practiced emergency medicine for 12 years, and is a member of the Institute of Medicine of the National Academy of Sciences. Dr. Chassin received his undergraduate and medical degrees from Harvard University. He holds a master's degree in public policy from Kennedy School of Government at Harvard, and a master's degree in public health from UCLA.

National Quality Forum Staff

Laura J. Miller, FACHE
Interim President and CEO
Laura Miller is the senior vice president and chief operating officer at the National Quality Forum (NQF). Ms. Miller provides leadership in formulating NQF's operations and policies, oversees organization programs, and assists in identifying new initiatives and opportunities for NQF. She has more than 25 years of experience working in healthcare operations. As deputy undersecretary for health for operations and management at the U.S. Department of Veterans Affairs, Ms. Miller was the chief operating officer for the VA healthcare system and directed all VA healthcare facilities. She achieved significant improvements in patient safety and quality that resulted in the Veterans Health Administration achieving the highest levels in 18 national measures of care quality. Before joining NQF, Ms. Miller served as the interim and founding executive director of the National eHealth Collaborative, an organization to advance the interoperability of health information technology, where she established the board of directors, bylaws, strategic plan, and operational plans for the new organization. Ms. Miller was honored twice with the Presidential Rank Award, including the Distinguished Rank Award, the highest civilian honor. Ms. Miller received masters of public administration and Bachelor of Arts degrees from the University of Missouri. She is a fellow of the American College of Healthcare Executives.

Thomas B. Valuck, MD, JD, MHSA
Senior Vice President
Thomas B. Valuck, MD, JD, is senior vice president, Strategic Partnerships, at the National Quality Forum (NQF), a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Dr. Valuck oversees NQF-convened partnerships—the Measure Applications Partnership (MAP) and the National Priorities Partnership (NPP)—as well as NQF's engagement with states and regional community alliances. These NQF initiatives aim to improve health and healthcare through public reporting, payment incentives, accreditation and certification, workforce development, and systems improvement. Dr. Valuck comes to NQF from the Centers for Medicare & Medicaid Services (CMS), where he advised senior agency and Department of Health and Human Services leadership regarding Medicare payment and quality of care, particularly value-based purchasing. While at CMS, Dr. Valuck was recognized for his leadership in advancing Medicare's pay-for-performance initiatives, receiving both the 2009 Administrator's Citation and the 2007 Administrator's Achievement Awards. Before joining CMS, Dr. Valuck was the vice president of medical affairs at the University of Kansas Medical Center, where he managed quality improvement, utilization review, risk management, and physician relations. Before that he served on the Senate Health, Education, Labor, and Pensions Committee as a Robert Wood Johnson Health Policy Fellow; the White House Council of Economic Advisers, where he researched and analyzed public and private healthcare financing issues; and at the law firm of Latham & Watkins as an associate, where he practiced regulatory health law. Dr. Valuck has degrees in biological science and medicine from the University of Missouri-Kansas City, a master's degree in health services administration from the University of Kansas, and a law degree from the Georgetown University Law School.

Constance W. Hwang, MD, MPH
Vice President
Constance W. Hwang, MD, MPH, is vice president of the Measure Applications Partnership (MAP) at the National Quality Forum, a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Dr. Hwang is a board-certified general internist, and before joining NQF was the director of clinical affairs and analytics at Resolution Health, Inc. (RHI). At RHI, Dr. Hwang managed an analytics team that developed and implemented clinical algorithms and predictive models describing individual health plan members, their overall health

status, and potential areas for quality and safety improvement. Dr. Hwang has served as clinical lead for physician quality measurement initiatives, including provider recognition and pay-for-performance programs. She has experience designing and programming technical specifications for quality measures and has represented RHI as a measure developer during NQF's clinically enriched claims-based ambulatory care measure submission process. Nominated to two different NQF committees, Dr. Hwang has participated in both NQF's Measure Harmonization Steering Committee, which addressed challenges of unintended variation in technical specifications across NQF-endorsed quality measures, and the NQF Technical Advisory Panel for Resource Use for cardiovascular and diabetes care. Dr. Hwang is a former Robert Wood Johnson Clinical Scholar at Johns Hopkins and received her master's degree in public health as a Sommer Scholar from the Johns Hopkins Bloomberg School of Public Health. She completed her internal medicine residency at Thomas Jefferson University Hospital in Philadelphia and received her medical degree from Mount Sinai School of Medicine in New York.

Allison Ludwig, RN, MPH, MHA
Project Manager
Allison Ludwig is a Project Manager, Strategic Partnerships, at the National Quality Forum, a nonprofit membership organization with the mission to build consensus on national priorities and goals for performance improvement and endorse national consensus standards for measuring and publicly reporting on performance. Ms. Ludwig supports the work of the NQF-convened Measures Application Partnership Coordinating Committee. Prior to joining NQF, Ms. Ludwig spent two years as an Administrative Fellow at the University of Pittsburgh Medical Center where she worked in various capacities, primarily working to support quality initiatives and further build quality infrastructure at the UPMC Cancer Centers. Before joining UPMC, Ms. Ludwig began her career as a surgical oncology staff nurse at the University of Minnesota Medical Center - Fairview in Minneapolis, MN. Ms. Ludwig received her Bachelor of Science in Nursing from the University of Wisconsin, a Master of Public Health - Health Policy and Master of Health Administration from the University of Iowa.

Amaru J. Sanchez, MPH
Project Analyst
Amaru J. Sanchez, MPH, is a Project Analyst at the National Quality Forum (NQF), a private, nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Mr. Sanchez is currently supporting the work of the NQF Measure Applications Partnership, established to provide multi-stakeholder input to the Department of Health and Human Services on the selection of performance measures for public reporting and payment reform programs. Prior to joining NQF, Mr. Sanchez served as a Health Policy Research Analyst for the bicameral Public Health Committee at the Massachusetts Legislature. At the legislature, Mr. Sanchez influenced the passage of several novel public health and healthcare related laws as well as drafted legislative proposals relative to medical debt, chronic disease management, health disparities and health care transparency. Mr. Sanchez is a graduate of the Boston University School of Public Health (MPH, Social Behavioral Sciences/Health Policy and Management) and the University of Florida (BS, Integrative Biology).

Summary of the Prevention and Treatment Family of Measures - Diabetes

The table below summarize the prevention and treatment family of measures along the patient-focused episode of care. As the primary prevention measures apply to both cardiovascular conditions and diabetes care, the measures are repeated in each table.

The bolded high leverage opportunities represent areas where the task force has identified measures to populate the family; non-bolded entries are considered gaps.

Diabetes Family of Measures

	Primary Prevention of CV and DM		Evaluation & ongoing management		Exacerbation of Diabetes and Complex Treatments	
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient
Clinician Group/ Individual	• **Smoking Cessation/ Tobacco Use (0028, 1406);** • **Lifestyle Management – Weight/Obesity (0024, 0421)** • **Blood Pressure Control (0018)** • Lipid Control • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic	• Smoking Cessation/ Tobacco Use	• **Glycemic control/ HbA1c (0575);** • **Lipid Control (0064)** • **Composite (0729 and 0731)** • Glycemic control for complex patients • Pediatric glycemic control • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise • Blood Pressure	• No high-leverage opportunities for measurement	• Sequelae of diabetes exacerbations	• No high-leverage opportunities for measurement

	Primary Prevention of CV and DM		Evaluation & ongoing management		Exacerbation of Diabetes and Complex Treatments	
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient
	risk		Control			
	• Resource Use (1598 and 1604)					
Provider/ Facility	• Smoking Cessation/ Tobacco Use • Lipid Control • Lifestyle Management – Weight/Obesity • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk	• **Smoking Cessation/ Tobacco Use (1651, 1654)**	• Glycemic control/ HbA1c • Glycemic control for complex patients • Pediatric glycemic control • Lipid Control • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise • Blood Pressure Control	• No high-leverage opportunities for measurement	• Sequelae of diabetes exacerbations	• No high-leverage opportunities for measurement
	• Resource Use (1598 and 1604)					
System	• **Lifestyle Management – Weight/Obesity (0024)** • **Blood Pressure Control (0018)** • Smoking Cessation/ Tobacco Use • Lipid Control • Blood pressure Control • screening		• **Composite (0729 and 0731)** • **Glycemic control/ HbA1c (0575)** • **Lipid Control (0064)** • Glycemic control for complex patients • Pediatric glycemic control • Lipid Control		• Sequelae of diabetes exacerbations	• No high-leverage opportunities for measurement

	Primary Prevention of CV and DM		Evaluation & ongoing management		Exacerbation of Diabetes and Complex Treatments	
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient
	• Lifestyle Management –Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk		• Lifestyle Management –Diet/nutrition • Lifestyle Management – Activity/Exercise • Blood Pressure Control			
	• Resource Use (1598 and 1604)					
Community	• **Smoking Cessation/Tobacco Use (1406, 1651, 1654);** • **Lifestyle Management – Weight/Obesity (0024, 0421)** • **Blood Pressure Control (0018)** • Cardiometabolic risk • Lipid Control • Lifestyle Management –Diet/nutrition • Lifestyle Management – Activity/Exercise		• **Glycemic control/ HbA1c (0575);** • **Lipid Control (0064)** • Lifestyle Management –Diet/nutrition • Lifestyle Management – Activity/Exercise • Blood Pressure Control		• Sequelae of diabetes exacerbations	
	• Resource Use (1598 and 1604)					

Summary of the Prevention and Treatment Family of Measures – Cardiovascular Conditions

The tables below summarize the prevention and treatment family of measures along the patient-focused episode of care. As the primary prevention measures apply to both cardiovascular conditions and diabetes care, the measures are repeated in each table.

The bolded high leverage opportunities represent areas where the task force has identified measures to populate the family; non-bolded entries are considered gaps.

Acute Cardiovascular Conditions Family of Measures

	Primary Prevention		Acute Phase		Post-Acute/Rehab Phase		Secondary Prevention
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Clinician Group/ Individual	• **Smoking Cessation/ Tobacco Use (0028, 1406);** • **Lifestyle Management – Weight/Obesity (0024, 0421)** • **Blood Pressure Control (0018)** • Lipid Control • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk	• Smoking Cessation/ Tobacco Use	• **IHD Complications (0709)**	• **IHD Procedures – CABG (0696)** • **Stroke Anticoag for afib at d/c (0241)**	• **IHD Complications (0709)**	• **IHD Rehab (0642)**	• **IHD Medications – Aspirin (0068)** • **IHD Medications – ACE/ARB (0066)** • **IHD Medications – Beta Blocker (0070)** • **IHD Secondary Prevention – Lipids (0075)**
	• **Resource Use (1598 and1604)**						

	Primary Prevention		Acute Phase		Post-Acute/Rehab Phase		Secondary Prevention
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Provider/ Facility	• Smoking Cessation/ Tobacco Use • Lipid Control • Lifestyle Management – Weight/Obesity • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk	• **Smoking Cessation/ Tobacco Use (1651, 1654)**	• IHD **Diagnostic - ECG (0289)** • IHD **Medications - fibrinolysis (0287/ 0288)** • Stroke **Diagnostic - CT (0661)** • IHD *Cardiac imaging (NQF 0669, 0670, 0671, 0672)*	• IHD **Diagnostic - ECG (0289)** • IHD **Procedures - PCI(0163)** • IHD **Procedures - CABG (0696)** • IHD **Medications - fibrinolysis (0287/0288)** • IHD *Bilateral cardiac cath (0355)* • IHD Cardiac imaging composite • IHD Appropriateness for CABG and non-emergent PCI • Stroke **Diagnostic - CT (0661)** • Stroke **Medications - Thrombolytic**	• IHD Outcomes related to rehab • Stroke Anticoagulants, statins, anti-hypertensive • Stroke Obtaining rehab services • Stroke Outcomes related to rehab (includes functional status) • Mortality – **IHD AMI (0230)** • Mortality – **IHD PCI (535)** • Mortality – **IHD PCI (536)** • Mortality – **HF (229)**	• IHD Outcomes related to rehab • Stroke **Rehab – assessment (0441)** • Stroke Obtaining rehab services • Stroke Outcomes related to rehab (includes functional status) • Mortality – **IHD AMI (0230)** • Mortality – **IHD PCI (535)** Mortality – **IHD PCI (536)** • Mortality – **HF (229)**	• Stroke Anticoagulants, statins, anti-hypertensive • Stroke High risk medication management

	Primary Prevention		Acute Phase		Post-Acute/Rehab Phase		Secondary Prevention
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
				(0437) • **Mortality – IHD CABG (0119)** • **Mortality – IHD CABG/MV (0122)**			
System	• **Lifestyle Management – Weight/Obesity (0024)** • **Blood Pressure Control (0018)** • Smoking Cessation/ Tobacco Use • Lipid Control • Blood pressure Control • screening • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk		• **IHD Complications (0709)** • IHD Cardiac imaging composite • IHD Global resource measures • IHD Appropriateness for CABG and non-emergent PCI • Stroke **Medications -Thrombolytic (0437)**		• **IHD Complications (0709)** • **IHD Rehab (0642)** • IHD outcomes related to rehab • Stroke Anticoagulants, statins, anti-hypertensive • Stroke obtaining rehab services		• IHD **Secondary Prevention – Lipids (0075)** • Stroke Anticoagulants, statins, anti-hypertensive • IHD Medications--ACE/ARB, beta blocker, statin persistence
	• **Resource Use (1598 and1604)**						

	Primary Prevention		Acute Phase		Post-Acute/Rehab Phase		Secondary Prevention
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Community	• **Smoking Cessation/Tobacco Use (1406, 1651, 1654);** • **Lifestyle Management – Weight/Obesity (0024, 0421)** • **Blood Pressure Control (0018)** • Cardiometabolic risk • Lipid Control • Lifestyle Management – Diet/nutrition • Lifestyle Management – Activity/Exercise		• **IHD Diagnostic – ECG (0289)** • **IHD Procedures – PCI (0163)** • **IHD Procedures – CABG (0696)** • **IHD Medications – Fibrinolysis (0287/ 0288)** • **IHD Complications (0709)** • **IHD** *Cardiac imaging (0669)* • **Stroke Medications -Thrombolytic (0437)** • **Mortality – IHD – CABG (0119)** • **Mortality – IHD CABG/MV (0122)**		• **IHD Avoidable complication (0709)** • **IHD** Outcomes related to rehab • **Stroke Rehab – assessment (0441)** • **Stroke** Anticoagulants, statins, anti-hypertensive		• **Stroke** Anticoagulants, statins, anti-hypertensive • **IHD** Medications-- ACE/ARB, beta blocker, statin persistence
	• **Resource Use (1598 and1604)**						

Chronic Cardiovascular Conditions Family of Measures

	Primary Prevention		Evaluation and Initial Management		Follow-Up Care
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Clinician Group/ Individual	• **Smoking Cessation/ Tobacco Use (0028, 1406);** • **Lifestyle Management – Weight/Obesity (0024, 0421)** • **Blood Pressure Control (0018)** • Lipid Control • Lifestyle Management	• Smoking Cessation/ Tobacco Use	• **HF** Functional status	• **HF** Functional status	• **Afib Medications – anti-coagulation (1525)** • **HF Medications – ACE/ARB(0081)** • **HF Medications – Beta -blocker (0083)** • **HF** Medications-- ACE/ARB, beta blocker persistence

	Primary Prevention		Evaluation and Initial Management		Follow-Up Care
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
	–Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk				
	• **Resource Use (1598 and 1604)**				
Provider/ Facility	• Smoking Cessation/ Tobacco Use • Lipid Control • Lifestyle Management – Weight/Obesity • Lifestyle Management –Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk	• **Smoking Cessation/ Tobacco Use (1651, 1654)**	• **HF** Functional status • **Mortality – HF (229)**	• **HF** Functional status • **Mortality – HF (229)**	• **HF Medications – Beta -blocker (0083)** • **HF** Medications-- ACE/ARB, beta blocker persistence • **HF** Early identification of decompensated HF
System	• **Lifestyle Management – Weight/Obesity (0024)** • **Blood Pressure Control (0018)** • Smoking Cessation/ Tobacco Use • Lipid Control • Blood pressure Control screening • Lifestyle Management –Diet/nutrition • Lifestyle Management – Activity/Exercise • Cardiometabolic risk		• Mortality • **HF** Functional status		• **HF** Medications-- ACE/ARB, beta blocker persistence
	• **Resource Use (1598 and 1604)**				

	Primary Prevention		Evaluation and Initial Management		Follow-Up Care
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient
Community	• **Smoking Cessation/Tobacco Use (1406, 1651, 1654);** • **Lifestyle Management – Weight/Obesity (0024, 0421)** • **Blood Pressure Control (0018)** • Cardiometabolic risk • Lipid Control • Lifestyle Management –Diet/nutrition • Lifestyle Management – Activity/Exercise		• Mortality • **HF** Functional status		• **HF** Medications--ACE/ARB, beta blocker persistence
	• **Resource Use (1598 and 1604)**				

Subtopic	NQF Number and Status	Title	Steward	Description	Care Setting	Level of Analysis	Measure Type	Target Population
IHD - Diagnostic	0669 Endorsed	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Centers for Medicare and Medicaid Services	This measure calculates the percentage of low-risk, non-cardiac surgeries performed at a hospital outpatient facility with a Stress Echocardiography, SPECT MPI or Stress MRI study performed in the 30 days prior to the surgery at a hospital outpatient facility (e.g., endoscopic, superficial, cataract surgery, and breast biopsy procedures). Results are to be segmented and reported by hospital outpatient facility where the imaging procedure was performed.	Ambulatory Care (Urgent Care)	Facility, Population (National)	Efficiency	>18 years old
IHD - Diagnostic	0670 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients	American College of Cardiology Foundation	Percentage of stress SPECT MPI, stress echo, CCTA, or CMR performed in low risk surgery patients for preoperative evaluation	Ambulatory Care (Clinician Office/Clinic , Urgent Care)	Facility	Efficiency	>18 years old
IHD - Diagnostic	0671 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	American College of Cardiology Foundation	Percentage of all stress SPECT MPI, stress echo, CCTA and CMR performed routinely after PCI, with reference to timing of test after PCI and symptom status.	Ambulatory Care (Clinician Office/Clinic , Urgent Care)	Facility	Efficiency	>18 years old

Subtopic	NQF Number and Status	Title	Steward	Description	Care Setting	Level of Analysis	Measure Type	Target Population
IHD - Diagnostic	0672 Endorsed	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic, low risk patients	American College of Cardiology Foundation	Percentage of all stress SPECT MPI, stress echo, CCTA, and CMR performed in asymptomatic, low CHD risk patients for initial detection and risk assessment	Ambulatory Care (Clinician Office/Clinic , Urgent Care)	Facility	Efficiency	>18 years old
IHD - Diagnostic	0355 Endorsed	Bilateral Cardiac Catheterization Rate (IQI 25)	Agency for Healthcare Research and Quality	Percent of discharges with heart catheterizations in any procedure field with simultaneous right and left heart (bilateral) heart catheterizations.	Hospital/ Acute Care Facility	Facility	Outcome	> 18 years old

Considerations raised by the MAP Cardiovascular/Diabetes Task Force:

- Measures of overuse can have an impact on affordability and making care safer; when possible overuse measures should be included in the family of measures.
- The available measures addressing individual procedures that may not substantially impact overuse.
- Measures that globally assess overuse are preferred.

	Clinican		Hospital		Post-Acute		Long-Term Care	
Safety Topic Area	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
Example Public Programs	**PQRS, EP-MU**	**PQRS, EP-MU, Value Modifier**	**VPB, IQR, Hosp MU, Psych, Cancer**	**OQR, ASC**	**IRF**	**OP Rehab**	**LTCH, NH**	**HH**
Venous Thromboembolism (VTE)		#0581 Deep Vein Thrombosis Anticoagulation >= 3 Months #0593 Pulmonary Embolism Anticoagulation >= 3 Months	#0450 PSI 12: Post-Operative PE or DVT #0376 VTE-6: Incidence of Potentially-Preventable VTE					
C. Difficile			#1717 NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure		#1717 NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure		#1717 NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	
Catheter Associated Urinary Tract Infection (CAUTI)			#0138 NHSN CAUTI Outcome Measure		#0138 NHSN CAUTI Outcome Measure		#0138 NHSN CAUTI Outcome Measure	
Central Line Associated Bloodstream Infection (CLABSI)			#0139 NHSN CLABSI Outcome Measure		#0139 NHSN CLABSI Outcome Measure		#0139 NHSN CLABSI Outcome Measure	
Methicillin-resistant Staphylococcus aureus (MRSA)			#1716 NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure		#1716 NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure		#1716 NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure	
Surgical Site Infection (SSI)			#0753 ACS-CDC Harmonized Procedure Specific SSI Outcome Measure #0529 SCIP INF–3 Prophylactic Antibiotics Discontinued within 24 Hours after Surgery End Time (48 hours for cardiac surgery)					

	Clinician		Hospital		Post-Acute		Long-Term Care	
Safety Topic Area	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
Example Public Programs	**PQRS, EP-MU**	**PQRS, EP-MU, Value Modifier**	**VPB, IQR, Hosp MU, Psych, Cancer**	**OQR, ASC**	**IRF**	**OP Rehab**	**LTCH, NH**	**HH**
Sepsis			#0304 Late sepsis or meningitis in Very Low Birth Weight (VLBW) Neonates (risk-adjusted) #0500 Severe Sepsis and Septic Shock: Management Bundle					
Healthcare Acquired Condition (HAI): Other			#0431 Influenza Vaccination Coverage among Healthcare Personnel					
Falls	#0141 Patient Fall Rate #0202 Falls with Injury			#0266 ASC-2: Patient Fall			#0674 Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	
Pressure Ulcers	#0201 Pressure Ulcer Prevalence		#0201 Pressure Ulcer Prevalence		#0201 Pressure Ulcer Prevalence		#0201 Pressure Ulcer Prevalence	#0181 Increase in Number of Pressure Ulcers
PeriOp/ Procedural			#0344 Accidental Puncture or Laceration (PDI 1) (risk adjusted) #0345 PSI 15: Accidental Puncture or Laceration #0363 Foreign Body Left in During Procedure (PSI 5) #0362 Foreign Body Left after Procedure (PDI 3)	#0263 ASC-1: Patient Burn -Percentage of ASC Admissions Experiencing a Burn Prior to Discharge #0267 ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant OP-25: Safe Surgery Checklist				

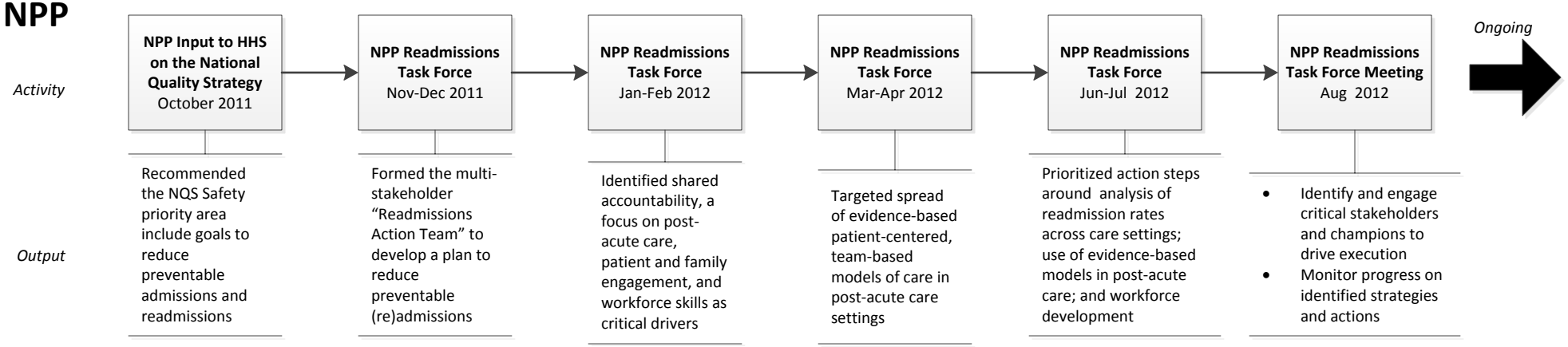
	Clinican		Hospital		Post-Acute		Long-Term Care	
Safety Topic Area	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
Example Public Programs	**PQRS, EP-MU**	**PQRS, EP-MU, Value Modifier**	**VPB, IQR, Hosp MU, Psych, Cancer**	**OQR, ASC**	**IRF**	**OP Rehab**	**LTCH, NH**	**HH**
Medication/Infusion Safety	#0419 Documentation of Current Medications in the Medical Record	#0022 Drugs to be Avoided in the Elderly: a. Patients who Receive at Least One Drug to be Avoided, b. Patients who Receive at Least Two Different Drugs to be Avoided. #0419 Documentation of Current Medications in the Medical Record #0554 Medication Reconciliation Post-Discharge (MRP) #0486 Adoption of Medication e-Prescribing	#0646 Reconciled Medication List Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) #0293 Medication Information		#0646 Reconciled Medication List Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)		#0646 Reconciled Medication List Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	#0176 Improvement in Management of Oral Medications
Pain Management		#1617 Patients Treated with an Opioid who are Given a Bowel Regimen	#0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment #1617 Patients Treated with an Opioid who are Given a Bowel Regimen #1634 Hospice and Palliative Care -- Pain Screening #1637 Hospice and Palliative Care -- Pain Assessment				#0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment #1634 Hospice and Palliative Care -- Pain Screening #1637 Hospice and Palliative Care -- Pain Assessment	#0177 Improvement in pain interfering with activity #0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment #1634 Hospice and Palliative Care -- Pain Screening #1637 Hospice and Palliative Care -- Pain Assessment
Obstetrical Adverse Events			#0471 PC-02 Cesarean Section #0477 Under 1500g infant Not Delivered at Appropriate Level of Care #0469 PC-01 Elective Delivery Prior to 39 Completed Weeks gestation #0716 Healthy Term Newborn					

	Clinican		Hospital		Post-Acute		Long-Term Care	
Safety Topic Area	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
Example Public Programs	**PQRS, EP-MU**	**PQRS, EP-MU, Value Modifier**	**VPB, IQR, Hosp MU, Psych, Cancer**	**OQR, ASC**	**IRF**	**OP Rehab**	**LTCH, NH**	**HH**
Safety-Related Overuse & Appropriateness	#0052 Low Back Pain: Use of Imaging Studies #0667 Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism	#0052 Low Back Pain: Use of Imaging Studies #0667 Inappropriate Pulmonary CT Imaging for Patients at Low Risk for Pulmonary Embolism #0002 Appropriate Testing for Children with Pharyngitis #0058 Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use #0069 Appropriate Treatment for Children with Upper Respiratory Infection (URI) #0309 LBP: Appropriate Use of Epidural Steroid Injections #0656 Otitis Media with Effusion: Systemic corticosteroids – Avoidance of Inappropriate Use #0657 Percentage of Patients Aged 2 months through 12 years with a Diagnosis of OME who were not Prescribed Systemic Antimicrobials #0305 LBP: Surgical Timing #0659 Endoscopy & Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps- Avoidance of Inappropriate Use		#0755 Appropriate Cervical Spine Radiography and CT Imaging in Trauma #0668 Appropriate Head CT Imaging in Adults with Mild Traumatic Brain Injury				
Complications-Related Mortality			#0351 Death among Surgical Inpatients with Serious, Treatable Complications (PSI 4)					

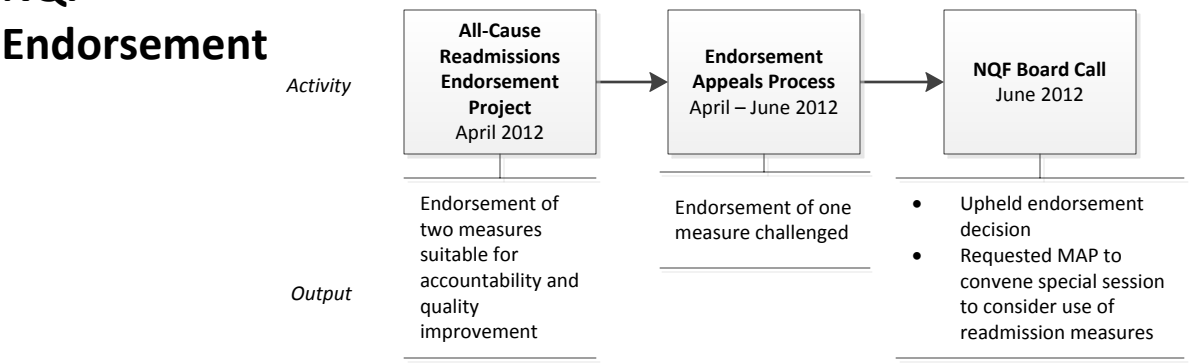
Safety Topic Area	Priority Measure Gap Areas
Venous Thromboembolism (VTE)	• Adherence to VTE medications, monitoring of therapeutic levels and medication side effects • Monitoring for VTE recurrence • VTE outcome measures for ASCs and PAC/LTC settings
Healthcare Acquired Condition (HAI)	• VRE outcome measure • Ventilator-associated events for acute, PAC, LTCH and home health settings • Post-discharge follow up on infections in ambulatory settings • Special considerations for the pediatric population related to ventilator associated events and C. difficile • Infection measures reported as rates, rather than ratios (more meaningful to consumers) • Sepsis (healthcare-acquired and community-acquired) incidence, early detection and monitoring
Injuries from Immobility	• Standard definition of falls across settings to avoid potential confusion related to two different fall rates • Evaluating bone density, prevention and treatment of osteoporosis in ambulatory settings
PeriOp/ Procedural	• Single composite measure that encompasses all, or most significant, "never events" • Iatrogenic Pneumothorax measures: modify denominator to include patients receiving treatments putting them at risk for this complication • Anesthesia events (inter-op MI, corneal abrasion, broken tooth, etc.) • Perioperative respiratory events • Perioperative blood loss or transfusion/over-transfusion • Altered mental status in Perioperative period
Medication/Infusion Safety	• Outcomes – injury/mortality related to inappropriate drug management • Patient-reported measures of understanding medications (purpose, dosage, side effects, etc.) • Total number of adverse drug events that occur within all settings (including administration of wrong medication, wrong dosage, drug-allergy or drug-drug interactions) • Polypharmacy and use of unnecessary medications for all ages, especially with high-risk medications • Comprehensive medication review • Role of community pharmacist or home health in reconciliation • Blood Incompatibility •Manifestations of Poor Glycemic Control •Air Embolism
Pain Management	• Effectiveness of pain management paired with patient experience and balanced by overuse/misuse monitoring • Assessment of depression with pain
Obstetrical Adverse Events	• Obstetrical adverse event index • Overall complications composite measure • Measures using NHSN definitions for infections in newborns
Safety-Related Overuse & Appropriateness	• Consistency in scoring for public reporting: should be clear if high or low scores are desired • Chemotherapy appropriateness, including dosing • Over diagnosis, under diagnosis, misdiagnosis • Use of sedatives, hypnotics, atypical anti-psychotics, pain medications (with chronic pain management) • Treatment given that is not matched to patient goals, especially with palliative and end-of-life care • Antibiotic use for sinusitis • Use of cardiac CT and stenting
Complications-Related Mortality	• Preferably expressed as a ratio instead of percentage • Questions of how to accommodate small numbers • Expand to PAC/LTC settings • Failure to Rescue

Coordination Among Readmissions Activities

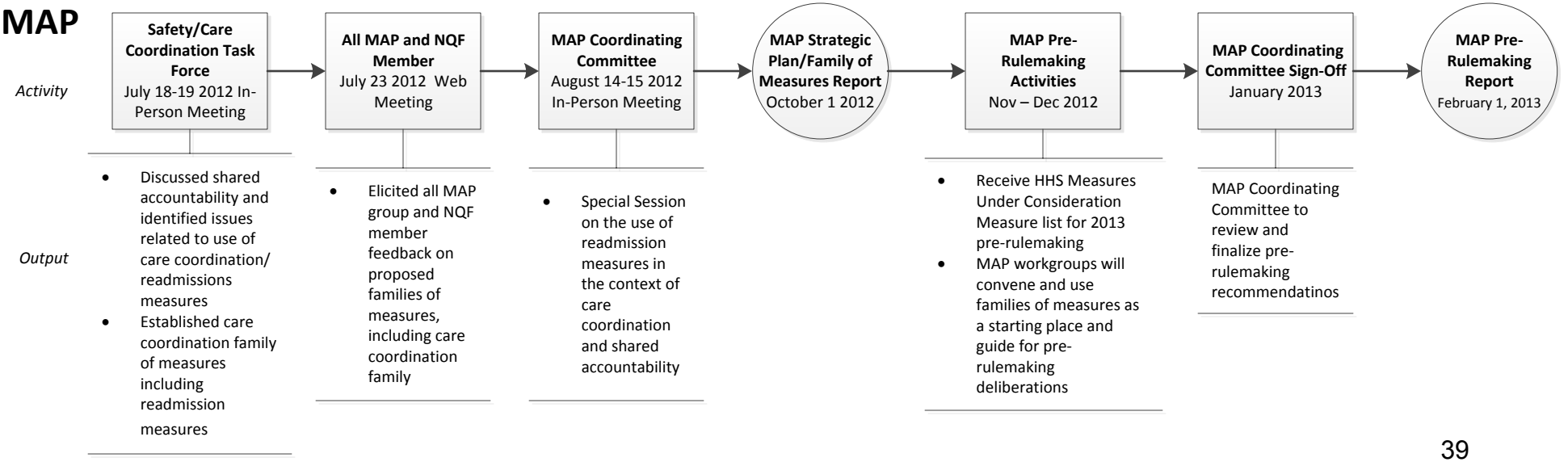
NPP



NQF Endorsement



MAP



	Clinican		Hospital		Post-Acute		Long-Term Care	
Care Coordination Topic Area	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
Example Public Programs	**PQRS, EP-MU**	**PQRS, EP-MU, Value Modifier**	**VPB, IQR, Hosp MU, Psych, Cancer**	**OQR, ASC**	**IRF**	**OP Rehab**	**LTCH, NH**	**HH**
Avoidable Admissions/Readmissions			#0704 Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period) #0705 Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period) #0708 Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period) #0709 Proportion of patients with a chronic condition that have a potentially avoidable complication during a calendar year. #1768 Plan All-Cause Readmissions #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	#0265 Hospital Transfer/Admission #1381 Asthma Emergency Department Visits				#0171 Acute care hospitalization (risk-adjusted) #0173 Emergent care (risk adjusted)
Care Planning		#0326 Advance Care Plan	#0211 Proportion with More than One Emergency Room Visit in the Last Days of Life #0212 Proportion with More than One Hospitalization in the Last 30 Days of Life #0213 Proportion Admitted to the ICU in the Last 30 Days of Life #0214 Proportion Dying from Cancer in an Acute Care Setting #0215 Proportion Not Admitted to Hospice #0216 Proportion Admitted to Hospice for Less than 3 Days #0557 HBIPS-6 Post Discharge Continuing Care Plan Created #0558 HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge #1626 Patients Admitted to ICU who Have Care Preferences Documented				#0211 Proportion with more than one emergency room visit in the last days of life #0212 Proportion with more than one hospitalization in the last 30 days of life #0215 Proportion not admitted to hospice #0216 Proportion admitted to hospice for less than 3 days	#0211 Proportion with more than one emergency room visit in the last days of life #0212 Proportion with more than one hospitalization in the last 30 days of life #0215 Proportion not admitted to hospice #0216 Proportion admitted to hospice for less than 3 days

	Clinican		Hospital		Post-Acute		Long-Term Care	
Care Coordination Topic Area	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
Example Public Programs	**PQRS, EP-MU**	**PQRS, EP-MU, Value Modifier**	**VPB, IQR, Hosp MU, Psych, Cancer**	**OQR, ASC**	**IRF**	**OP Rehab**	**LTCH, NH**	**HH**
Communication		#0310 LBP: Shared Decision Making	#0647 Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) (Inpatient Discharges to Home/Self Care or Any Other Site of Care) #0648 Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care) #0649 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care])	#0291 Administrative Communication #0294 Patient Information #0295 Physician Information #0296 Nursing Information #0297 Procedures and Tests	#0647 Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) (Inpatient Discharges to Home/Self Care or Any Other Site of Care) #0648 Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care) #0649 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care])		#0647 Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) (Inpatient Discharges to Home/Self Care or Any Other Site of Care) #0648 Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care) #0649 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care])	
Patient Experience with Care Coordination		#0005 CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) #0006 CAHPS Health Plan Survey v 4.0 - Adult questionnaire #0007 NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire #0008 Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions) #0009 CAHPS Health Plan Survey v 3.0 Children with Chronic Conditions Supplement #0010 Young Adult Health Care Survey (YAHCS) #1741 Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey	#0166 HCAHPS #0208 Family Evaluation of Hospice Care #0725 Validated Family-Centered Survey Questionnaire for Parents' and Patients' Experiences during Inpatient Pediatric Hospital Stay #0726 Inpatient Consumer Survey (ICS) Consumer Evaluation of Inpatient Behavioral Healthcare Services #1632 CARE - Consumer Assessments and Reports of End of Life #1741 Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey	#1741 Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey	#0726 Inpatient Consumer Survey (ICS) Consumer Evaluation of Inpatient Behavioral Healthcare Services		#0208 Family Evaluation of Hospice Care #0691 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument #0692 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument #0693 Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument #1632 CARE - Consumer Assessments and Reports of End of Life	#0208 Family Evaluation of Hospice Care #0258 CAHPS In-Center Hemodialysis Survey #0517 CAHPS® Home Health Care Survey #1632 CARE - Consumer Assessments and Reports of End of Life
System and Infrastructure Support		#0494 Medical Home System Survey						

	Clinican		Hospital		Post-Acute		Long-Term Care	
Care Coordination Topic Area	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**	**Inpatient**	**Outpatient**
Example Public Programs	**PQRS, EP-MU**	**PQRS, EP-MU, Value Modifier**	**VPB, IQR, Hosp MU, Psych, Cancer**	**OQR, ASC**	**IRF**	**OP Rehab**	**LTCH, NH**	**HH**
Care Transtions	#0576 Follow-Up After Hospitalization for Mental Illness	#0403 HIV/AIDS: Medical Visit #0576 Follow-Up After Hospitalization for Mental Illness	#0228 3-Item Care Transition Measure (CTM-3) #0335 PICU Unplanned Readmission Rate #0698 30-Day Post-Hospital AMI Discharge Care Transition Composite Measure #0699 30-Day Post-Hospital HF Discharge Care Transition Composite Measure #0707 30-day Post Hospital Pneumonia Discharge Transition Composite Measure #0163 Primary PCI received within 90 Minutes of Hospital Arrival #0164 AMI-7a- Fibrinolytic Therapy Received within 30 minutes of Hospital Arrival	#0289 Median Time to ECG #0287 Median to Fibrinolysis #0288 OP-2: AMI Emergency Department Acute Myocardial Infarction (AMI) Patients with ST-segment Elevation or LBBB on the ECG Closest to Arrival time Receiving Fibrinolytic Therapy During the Stay and Having a Time from ED Arrival to Fibrinolysis of 30 minutes or Less. #0290 Median Time to Transfer to Another Facility for Acute Coronary Intervention #0661 OP-23: ED-Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 minutes of Arrival				#0526 Timely Initiation of Care

Care Coordination Topic Area	Priority Measure Gap Areas
Avoidable Admissions/Readmissions	• Shared accountability and attribution across the continuum • Community role, patient's ability to connect to available resources • All populations and causes of admissions/readmissions • Modify PQI measures to address accountability for ACOs. Modify population to include those with the disease (if applicable).
Systems and Infrastructure Support	• Move beyond EHR capacity to measures of interoperability of EHRs, enhanced communication • Measures of "systemness," including but not limited to ACOs, PCMHs
Patient Experience with Care Coordination	• Need to address patients who can't self-report/issues with surrogate reporting • Existing surveys o Need surveys in electronic format o Test national-level surveys for reporting out at the organization and/or clinician level o Bring medical home CG-CAHPS for NQF endorsement • Comprehensive care coordination survey that looks across episode and settings, particularly with the development of medical homes and ACOs o Include all ages o Recognize accountability of the multi-disciplinary team • Survey/composite measure of provider perspective of care coordination o Timely and effective communication among providers
Care Transitions	• Transition measures that look beyond just timeliness to assess true quality • Measures of patient transition to next provider/site of care across all settings o Includes non- hospital transitions (examples: primary to specialist, clinician to community pharmacist, nursing home to home health) • Measures of intra-facility transitions
Communication	• Communication measures should address both simultaneous and subsequent information sharing across all settings • Move beyond current checkbox measures of communication to address both the sending and receiving of adequate information • Need measures of person-centered communication o Right information was given at the right time and aligned with patient preferences -Cultural sensitivity – ethnicity, language, religion -Multiple chronic conditions, frailty, disability, medical complexity o Address patient understanding of information, not just receiving information o Role for personal health records • Opportunity to leverage HIT, role of HIT/HIE in communication process o Need to address overuse, misuse, inefficiencies created by poor communication
Care Planning	• Shared-decision making and care planning; interactive care plan o All people should have care plan -"Healthy" patients – prevention mindset to keep them well o Agreed to by the patient and provider and given to patient, includes advanced care planning o Shared among all providers seeing patients (integrated); multidisciplinary o Identified primary provider responsible for the care plan • Advanced care planning/advanced directives for all patients created early in care process

Subtopic	NQF Number and Status	Title	Steward	Description	Care Setting	Level of Analysis	Measure Type	Target Population
Transitions	0495 Endorsed	ED–1 Median Time from Emergency Department Arrival to Time of Departure from the Emergency Room for Patients Admitted to the Hospital	Centers for Medicare and Medicaid Services	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department	Hospital/ Acute Care Facility	Facility	Outcome	Adult
Transitions	0496 Time-Limited Endorsed	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Centers for Medicare and Medicaid Services	Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department	Hospital/ Acute Care Facility	Facility	Outcome	Adult
Transitions	0497 Time-Limited Endorsed	ED–2 Median Time from Admit Decision to Time of Departure from the Emergency Department for Emergency Department Patients Admitted to the Inpatient Status	Centers for Medicare and Medicaid Services	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status	Hospital/ Acute Care Facility	Facility	Patient Engagement/ Experience	Adult

Subtopic	NQF Number and Status	Title	Steward	Description	Care Setting	Level of Analysis	Measure Type	Target Population
System and Infrastructure Support	0489 Time-Limited Endorsed	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data Elements	Centers for Medicare and Medicaid Services	Documents the extent to which a provider uses certified/qualified electronic health record (EHR) system that incorporates an electronic data interchange with one or more laboratories allowing for direct electronic transmission of laboratory data into the EHR as discrete searchable data elements.	Clinician Office/Clinic, Other	Clinician: Group/ Practice Clinician: Individual	Structure	
System and Infrastructure Support	0491 Time-Limited Endorsed	Tracking of Clinical Results Between Visits	Centers for Medicare and Medicaid Services	Documentation of the extent to which a provider uses a certified/qualified electronic health record (EHR) system to track pending laboratory tests, diagnostic studies (including common preventive screenings) or patient referrals. The Electronic Health Record includes provider reminders when clinical results are not received within a predefined timeframe.	Ambulatory Surgery Center (ASC), Clinician Office/ Clinic, Other	Clinician: Group/ Practice Clinician: Individual	Structure	

Defining MAP's Role and Next Steps for Gap-Filling Pathways

Gaps in performance measurement are of great interest and concern to those who receive, purchase, and provide care. Without a coordinated approach among measure developers, funders, program implementers, and other stakeholders, mismatches will exist between what is desired for measure development and what is ultimately generated. MAP and NPP are well-positioned to help bring stakeholders together to focus on the highest leverage areas for measurement under the National Quality Strategy (NQS). MAP's proposed efforts to address measure gaps are described in further detail within the MAP Strategic Plan. The strategic plan includes a graphic of the stages in the measure lifecycle that is meant to illuminate opportunities and challenges for gap-filling at each stage in the lifecycle (diagram attached).

In MAP's first year, workgroups focused on identifying and prioritizing measure gaps for different care settings and populations. During its first annual pre-rulemaking process, MAP also listed important measure gaps for specific federal public reporting and performance-based payment programs. Subsequent feedback from HHS and MAP members requested more specificity regarding measure gaps and better understanding of measure development barriers, as well as ways to overcome them. As part of MAP's second year activities, MAP convened a series of meetings in June and July 2012 to develop four families of measures for safety, care coordination, diabetes, and cardiovascular disease. A small sample of MAP measure developers were invited to participate in these task force meetings to share their reactions to the measure gaps identified by MAP and to inform the task forces of any efforts underway to address these areas.

The following tables illustrate themes in measure gaps that have been identified by MAP, general barriers uncovered through discussions with measure developers, and potential next steps. Please consider these examples as you prepare for group discussion of the following questions:

1. **What role should MAP play within the landscape of existing measure gap identification, prioritization, and solution efforts?**
2. **Who should MAP partner with to support and enhance existing gap-filling efforts?**
3. **Based on the ideal role for MAP, what specific tactics should be undertaken?**
    a. Identification of measure gaps along the measure lifecycle?
    b. Prioritization for gap-filling, with consideration for development feasibility and funding needs?
    c. Environmental scan of measure development issues and barriers?
    d. Joint MAP-NPP Gap-Filling Task Force to propose solutions?

Gaps in measures that are person-centered and focused on bi-directional communication

Patient and family engagement, as well as effective communication and coordination of care, are two essential priorities within the NQS. MAP has identified a need for new and better measures to address these topics in greater depth. In addition, some of the barriers to developing measures in this domain have been repeatedly raised. More recently, measure developers have begun to offer direct input on possible next steps. Many examples of gaps in these areas exist from MAP's prior work, with several listed below.

Gap example	Where gap was identified	Barriers to gap-filling	Potential next steps
Person-Centered End-of-Life Care *There is a lack of measures that adequately assess the degree to which patients & family have been involved in making decisions for end-of-life preferences and care*	Pre-Rulemaking Report, Performance Measurement Coordination Strategy for Hospice and Palliative Care	<u>Evidence</u> *Research on the most effective practices may be lacking* <u>Data Sources</u> *Patient-reported data not consistently collected or integrated* <u>Funding</u> *Incentives are limited for creating new measures to track patient involvement and understanding* <u>Attribution</u> *It is challenging to attribute breakdowns in the care process within a coordinated care environment*	Consider incorporating patient acknowledgment of a care plan directly through an EHR Leverage EHR use across institutions and actively develop e-Measures that focus on care coordination Prioritize and fund translation of validated survey instruments on patient-centered and coordinated care in to measures EHRs can be used to collect more granular data on race, ethnicity, language, gender, and other demographic information, which is then incorporated in to measures
Coordination of Patient Preferences *Relatively few measures account for whether the care team is communicating with the patient at every stage of care planning and delivery, engaging in shared decision making, and facilitating the timely transfer of patient-derived information*	Pre-Rulemaking Report, Care Coordination Family of Measures, Dual Eligible Beneficiaries Report		
Bi-Directional Communication *Measures are not sufficiently reflecting provider receipt/use of patient feedback or patient understanding of information from the physician. For example, medication education measures often use a "checkbox" simply indicating that the patient was provided the information*	Care Coordination Family of Measures, Safety Family of Measures, Dual Eligible Beneficiaries Report		
Disparities/Special Populations *Measures not specified to identify and report health care disparities or detect progress toward health equity*	Care Coordination Family of Measures, Dual Eligible Beneficiaries Report		

Gaps in outcome measures for specific high priorities

MAP has emphasized the need for specific outcome measures within its prior coordination strategy reports, Pre-Rulemaking Report, and recent development of families of measures for safety, care coordination, diabetes, and cardiovascular disease. Selected examples of gaps in outcome measures have included patient-reported outcomes of functional status, measures capturing the occurrence of injury due to adverse drug events, measures related to global cardiovascular risk, and measures of survival.

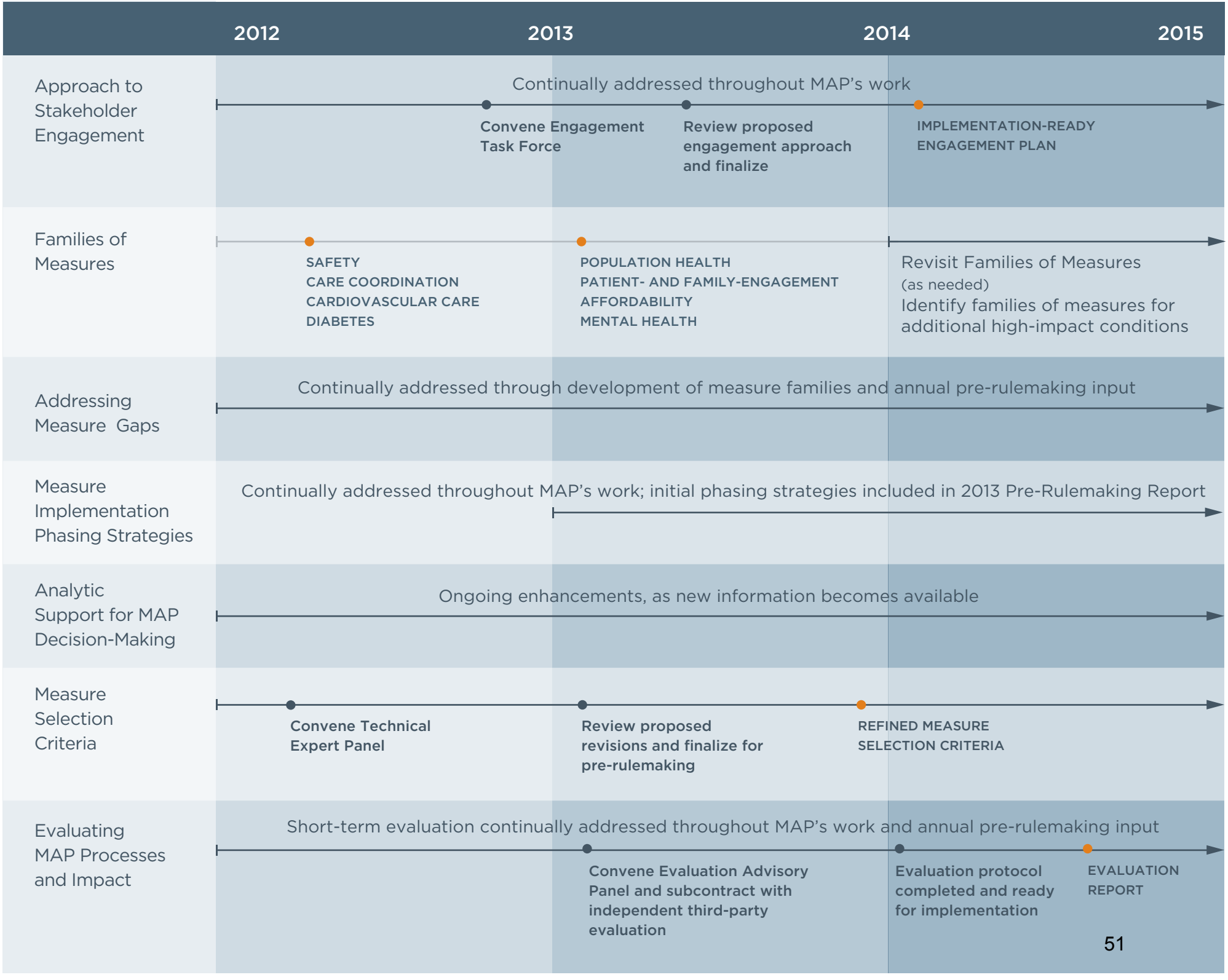
Gap example	Where gap was identified	Barriers to gap-filling	Potential next steps
Outcome measures related to functional status *Capturing patient factors, such as activities of daily living, quality of life, symptoms, pain, and cognitive status*	Coordination Strategy for PAC/LTC, Dual Eligible Beneficiary Final Report, Coordination Strategy for PPS-Exempt Cancer Hospitals, Pre-Rulemaking Report, Cardiovascular Disease Family of Measures	<u>Evidence</u> *Lacking evidence for subpopulations* <u>Data Sources</u> *Feasibility of using clinical practice data extracted from EHRs in global risk calculations* *Availability of data needed for adequate risk adjustment (e.g., CVA severity)* <u>Funding</u> *Funding for measures limited to specific population in one setting* <u>Attribution</u> *Appropriate attribution for outcomes of chronic conditions vs. discrete events/procedures*	Create eMeasure specifications for standardized, validated patient-reported functional status survey instruments Identify ways to leverage EHRs to systematically capture data elements needed for risk adjustment in outcomes measures Monitor progress on efforts to fill outcome measure gaps (e.g., NCQA's global cardiovascular risk measure, ONC's Warfarin Time in Therapeutic Range)
Outcome measures for adverse drug events (ADE) *Capturing injury and/or mortality from ADEs across all care settings, including events of wrong medication, wrong dosage, drug-allergy and contraindicated drug-drug interactions*	Safety Family of Measures, Pre-Rulemaking Report		
Outcome measures for survival *Capturing survival rates which are cancer- and stage-specific*	Coordination Strategy for PPS-Exempt Cancer Hospitals		
Outcome measures assessing global risk status *Examples include overall risk for cardiovascular events or safety risk assessment for vulnerable populations*	Cardiovascular Disease Family of Measures, Dual Eligible Beneficiary Final Report		

Gaps in measures that do not cover all desired populations, settings, or levels of analysis

Many existing measures do not include all populations, settings, and/or levels of analysis that may be relevant. MAP has made recommendations to expand the original specifications for certain measures to address these types of gaps. However, barriers to modifying measures may be similar in type and magnitude to barriers involved in new measure development. Some examples from prior MAP experience are listed below.

Gap example	Where gap was identified	Barriers to gap-filling	Potential next steps
Palliative and hospice care *Assessment of coordinated palliative and hospice care across settings is needed*	Pre-Rulemaking Report, Performance Measurement Coordination Strategy for Hospice and Palliative Care	<u>Evidence</u> *Studies often restricted to selected sub-groups* <u>Data Sources</u> *Varying amounts of test data available from different settings* <u>Funding</u> *Developer resources are limited, and modification/testing can be costly* <u>Attribution</u> *More challenging to attribute issues across settings and providers*	Continued development and testing of expanded measures, incorporating the latest research on populations of interest Promote electronic exchange of health information for tracking patients across settings Funding for measure modification needs to be targeted to the highest unmet priorities, where modification is most expeditious
Covering pediatric populations *Certain measures do not include children or pediatric conditions (e.g., pediatric cancers)*	Pre-Rulemaking Report, Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals, all Families of Measures		
Comprehensive medication management *There is a lack of measures that address medication management across settings and providers*	Pre-Rulemaking Report, Dual Eligible Beneficiaries Report, Care Coordination Family of Measures, Safety Family of Measures		
Tracking care transitions *Enhanced measures are required to address care transitions between a variety of settings*	Pre-Rulemaking Report, Care Coordination Family of Measures, Dual Eligible Beneficiaries Report		
Broader condition coverage *Measures may be too restricted in the conditions included; e.g., assessment of surgical site infections for only hysterectomy and colorectal surgery*	Pre-Rulemaking Report, Safety Family of Measures		

Measure Lifecycle Diagram


2012
2013
2014
2015
Approach to Stakeholder Engagement
Continually addressed throughout MAP's work
Convene Engagement Task Force
Review proposed engagement approach and finalize
IMPLEMENTATION-READY ENGAGEMENT PLAN
Families of Measures
SAFETY
CARE COORDINATION
CARDIOVASCULAR CARE
DIABETES
POPULATION HEALTH
PATIENT- AND FAMILY-ENGAGEMENT
AFFORDABILITY
MENTAL HEALTH
Revisit Families of Measures
(as needed)
Identify families of measures for additional high-impact conditions
Addressing Measure Gaps
Continually addressed through development of measure families and annual pre-rulemaking input
Measure Implementation Phasing Strategies
Continually addressed throughout MAP's work; initial phasing strategies included in 2013 Pre-Rulemaking Report
Analytic Support for MAP Decision-Making
Ongoing enhancements, as new information becomes available
Measure Selection Criteria
Convene Technical Expert Panel
Review proposed revisions and finalize for pre-rulemaking
REFINED MEASURE SELECTION CRITERIA
Evaluating MAP Processes and Impact
Short-term evaluation continually addressed throughout MAP's work and annual pre-rulemaking input
Convene Evaluation Advisory Panel and subcontract with independent third-party evaluation
Evaluation protocol completed and ready for implementation
EVALUATION REPORT