



HHSM-500-2012-00009I – Task Order 2

MAP Coordinating Committee In-Person Meeting January 7-8, 2014

An in-person meeting of the Measure Applications Partnership (MAP) Coordinating Committee was held on Tuesday, January 7, and Wednesday, January 8, 2013. An online archive of the meeting is available ([Day 1](#); [Day 2](#)).

The public comment draft of MAP's 2013-2014 Pre-Rulemaking Report can be accessed [here](#). The document contains more detailed information on MAP's draft input to HHS on measures under consideration.

Coordinating Committee Members in Attendance:

Please see attachment for a list of members in attendance.

Welcome, Review of Meeting Objectives, and Pre-Rulemaking Approach

Session led by MAP Coordinating Committee Co-Chair, George Isham. Additional presentation by Christine Cassel, President and CEO, NQF.

- The primary objectives of the meeting were to:
 - Review progress on measure alignment and measure gaps.
 - Finalize recommendations to HHS on measures for use in federal programs for the clinician, hospital, and post-acute care/long-term care settings.
 - Finalize plan for MAP off-cycle measure review.
 - Finalize recommendations to HHS on the structure and measures for the Health Insurance Marketplaces Quality Rating System.
 - Provide early input on the MAP Affordability, Person- and Family-Centered Care, and Population Health Families of Measures.
 - Provide input on determining potential measure impact and improving MAP's processes.
- Dr. Isham provided opening remarks. Dr. Cassel provided additional remarks and highlighted how NQF is enhancing the measure endorsement process, heightening collaborations among stakeholders to address measure gaps, and establishing more timely feedback loops.
- Coordinating Committee members expressed support for NQF playing a more active role in advancing measurement science and facilitating public- and private-sector measure gap-filling activities.

MAP Pre-Rulemaking Strategic Issues: Progress on Measure Alignment and Filling Measure Gaps

Session led by Allen Leavens, Senior Director, NQF.

- Dr. Leavens presented MAP’s progress-to-date on promoting aligned measurement and filling measure gaps, and noted that MAP recently updated its Measure Selection Criteria to further emphasize the importance of critical gap-filling and alignment. Highlights included:
 - A sizable portion of measures aligned with the NQS priority of Affordable Care were under consideration and supported by MAP, but a relatively small number of measures related to the NQS priorities of Person- and Family-Centered Experience and Community/Population Health were on the list of measures under consideration.
 - There has been a shift towards application of the same measures in multiple HHS programs.
 - A study completed for the Buying Value initiative demonstrated that more attention is needed to alignment of measures across public- and private-sector initiatives. MAP supported both endorsed and non-endorsed measures that address high-priority gap areas.
 - MAP would like to see a more systematic assessment of progress on gap-filling.
 - NQF continues to address measure gaps through development of MAP families of measures, other HHS-funded projects on measure gaps, enhancements to the endorsement process, and new efforts to engage with measure developers.

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Clinician Programs, including the Medicare Shared Savings Program

Session led by George Isham and Mark McClellan, MAP Clinician Workgroup Chair. Additional presentations by Allison Ludwig, Senior Project Manager, NQF, and Aisha Pittman, Senior Director, NQF.

- Ms. Ludwig reviewed the four step pre-rulemaking approach for 2014:
 - Build on MAP’s prior recommendations;
 - Evaluate each finalized program measure set using MAP’s Measure Selection Criteria;
 - Evaluate measures under consideration for what they would add to the program measure sets; and
 - Identify and prioritize gaps for programs and settings.
- Ms. Ludwig also explained new aspects of pre-rulemaking this year, such as the new decision category of “Conditional Support,” indicating measures, measure concepts, or measure ideas that should be phased into program measure sets over time, subject to contingent factor(s).
- Ms. Pittman provided an overview of the measures under consideration that the Clinician Workgroup reviewed for clinician programs:
 - Physician Quality Reporting System (PQRS)
 - Reviewed 89 measures under consideration.
 - Reviewed existing measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program to identify measures for hospital-based physicians.
 - Physician Compare
 - Reviewed measures under consideration and existing measures from PQRS.
 - Value-Based Payment Modifier (VBPM)
 - Reviewed measures under consideration and existing measures from PQRS.

- Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)
 - Reviewed 38 measures under consideration.
- The majority of measures under consideration for clinician programs were measure concepts, being specified, or being tested. While MAP prefers NQF-endorsed measures—ensuring that measures are reliable, valid, and feasible—MAP generally supported or conditionally supported measures that may be relevant to many clinician specialties. MAP did not support most of these measures for inclusion in Physician Compare and VBPM, as MAP prefers that measures first gain experience in PQRS and that measures be submitted for and receive NQF-endorsement prior to implementation in public reporting and payment programs.
- Additionally, MAP reviewed one program that assesses care at the system level, the Medicare Savings Program.
 - MAP generally supported measures for MSSP that are used in other system-level programs (e.g., Medicare Advantage 5-Star Quality Rating System) and measures of population health. Ideally, the same measure could be used across all system-level programs. Additionally, Dr. McClellan discussed that system-level program measure sets align with measures used for setting-specific performance measurement programs, as harmonized measures can enhance focus on care delivery goals and reduce data collection burden.

Cross-Program Input from Dual Eligible Beneficiaries Workgroup

Session led Alice Lind, MAP Dual Eligible Beneficiaries Workgroup Chair. Additional presentation by Sarah Lash, Senior Director, NQF.

- Modeling an approach used during last year’s pre-rulemaking workgroup meetings, MAP identified liaisons from the Dual Eligible Beneficiaries Workgroup to participate in the setting-specific workgroup pre-rulemaking deliberations.
- Ms. Lind reviewed the input provided by the Dual Eligible Beneficiaries Workgroup to the MAP Clinician, Hospital, and Post-Acute Care/Long-Term Care (PAC/LTC) Workgroups for pre-rulemaking. Ms. Lind highlighted that the workgroups were cognizant on the selection of relevant measures under consideration for the dual eligible beneficiaries’ population, such as identifying measures from the Dual Eligible Beneficiaries Family of Measures that could be recommended and used in federal programs.
- Ms. Lind then discussed the measurement topic areas the workgroup will be addressing in 2014 including:
 - Quality of life measurement;
 - Person- and family-centered care, including review of progress of MAP Person- and Family-Centered Care Task Force; and
 - Integration of primary care and behavioral health.
- Coordinating Committee discussion confirmed the value of the workgroup’s cross-cutting review of pre-rulemaking deliberations.

MAP Pre-Rulemaking: Finalize Pre-Rulemaking Recommendations for Hospital Programs

Session led by George Isham and Frank Opelka, MAP Hospital Workgroup Chair. Additional presentations by Sarah Lash, and Erin O'Rourke, Project Manager, NQF.

- Ms. Lash and Ms. O'Rourke provided an overview of the Hospital Workgroup's review of measures under consideration for 9 hospital programs:
 - Ambulatory Surgical Center Quality Reporting Measure Set
 - Reviewed 3 measures under consideration.
 - Hospital-Acquired Condition Payment Reduction Program
 - Reviewed 4 measures under consideration.
 - Hospital Inpatient Quality Reporting Program
 - Reviewed 11 measures under consideration.
 - Hospital Outpatient Quality Reporting Program
 - Reviewed 6 measures under consideration.
 - Hospital Readmission Reduction Program
 - Reviewed 3 measures under consideration.
 - Hospital Value-Based Purchasing Program
 - Reviewed 14 measures under consideration.
 - Inpatient Psychiatric Facility Quality Reporting Program
 - Reviewed 10 measures under consideration.
 - Medicare and Medicaid EHR Incentive Program for Hospitals and Critical Access Hospitals (Meaningful Use)
 - Reviewed 6 measures under consideration.
 - PPS-Exempt Cancer Hospital Quality Reporting Program
 - Reviewed 6 measures under consideration.
- Dr. Opelka discussed key issues related to hospital performance measurement, such as considering the balance between rapid implementation of measures that address critical outcomes, and concerns about measures' reliability, validity, feasibility, and potential unintended consequences.
- The Coordinating Committee made final decisions about several measures that did not reach consensus at the workgroup level:
 - The stroke mortality measure should be retained in the Inpatient Quality Reporting program measure set.
 - MAP conditionally supported a measure of high-acuity visits after outpatient colonoscopy procedure for use in the Ambulatory Surgical Center Quality Reporting program and the Hospital Outpatient Quality Reporting Program, following endorsement by NQF.
 - MAP did not support PSI-9: Perioperative Hemorrhage or Hematoma Rate for use in the Hospital-Acquired Condition Payment Reduction Program.
 - MAP conditionally supported NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure for use in the Hospital Readmission Reduction Program, if HHS can address program implementation challenges. These challenges include the potential

for readmissions to be double-counted if both all-cause and condition-specific measures are used in the program as well as the need to calculate measure results for peer groups of hospitals.

Finalize Pre-Rulemaking Recommendations for Post-Acute Care/Long-Term Care Programs

Session led by George Isham and Carol Raphael, MAP PAC/LTC Workgroup Chair.

- Ms. Raphael provided an overview of the measures under consideration across the PAC/LTC programs reviewed by the PAC/LTC Workgroup:
 - Inpatient Rehabilitation Facility Quality Reporting Program
 - Reviewed 8 measures under consideration.
 - Long-Term Care Hospital Quality Reporting Program
 - Reviewed 3 measures under consideration.
 - End Stage Renal Disease Quality Improvement Program
 - Reviewed 21 measures under consideration.
 - Home Health Quality Reporting Program
 - Review 4 measures under consideration.
- In reviewing the measures, Ms. Raphael discussed key issues related to performance measurement in PAC/LTC settings, including the importance of measure alignment, care coordination, and shared accountability across settings.
- Alignment of measures to promote patient-centered care across the healthcare continuum. Recognizing the heterogeneity of populations served in each setting, measures should be specified and applicable to specific populations.
- Care transition measures, including setting-specific admission and readmission measures that address the unique needs of the heterogeneous PAC/LTC population, are needed to promote coordination and shared accountability across the care continuum.
- MAP encouraged highlighting the importance of providing preventive care for patients seen in PAC/LTC settings, care coordination, better communication, and shared accountability among acute care providers and PAC/LTC facilities to ensure timely receipt of appropriate services.

MAP Off-Cycle Measure Review Process

Session led by George Isham.

- Dr. Isham presented the proposed process for reviewing measures outside of the usual pre-rulemaking process. Off-cycle reviews are not intended to replace MAP's annual pre-rulemaking process, and will only be conducted in exceptional circumstances. Dr. Isham presented the following principles for off-cycle measure review:
 - The measures address a previously identified gap area of high impact.
 - A year delay would prevent HHS from meeting a statutory or regulatory requirement.
 - The measure would promote alignment and reduce measurement burden.
- A decision to conduct an off-cycle review will carefully balance the opportunity to provide multi-stakeholder input with maintaining the integrity of MAP's processes.

- Clear and transparent notification that MAP will be undertaking an off-cycle review will be provided to MAP Coordinating Committee and workgroup members and the public.
- Coordinating Committee discussion confirmed the value of providing input to measures outside of pre-rulemaking. Members emphasized maintaining a high-level of transparency and opportunities for increasing stakeholder engagement throughout the review process.

Finalize Input on the Health Insurance Marketplaces Quality Rating System

Session led by Elizabeth Mitchell, MAP Health Insurance Exchange Quality Rating System Task Force Chair.

- Ms. Mitchell presented the recent work of the MAP Health Insurance Exchange Quality Rating System Task Force that was tasked with advising the MAP Coordinating Committee on recommendations for the hierarchical structure, organization, and measures for the child and family core sets of the Quality Rating System (QRS).
- The task force developed guiding principles to support consumer decision-making for Qualified Health Plans (QHPs). The principles are intended to complement the statutory requirements for QHPs in the Affordable Care Act (ACA) and the MAP Measure Selection Criteria.
 - QRS structure should focus on consumer needs by providing information that is:
 - Usable and of interest to consumers in comparing plan performance;
 - Accessible and can be easily and quickly interpreted by consumers; and
 - Interactive and customizable, allowing consumers to emphasize their values.
 - Measures within the QRS should:
 - Focus on cost, experience, clinical quality outcomes, and patient-reported outcomes;
 - Address core plan functions, including quality of providers, managing costs, additional benefits;
 - Drive improvement for plans and providers by measuring quality at the proper level of accountability (i.e., attributable and actionable by plans, attributable and actionable by providers);
 - Be NQF-endorsed, or build on existing structural information; and
 - Be aligned and parsimonious, taking into consideration existing plan reporting requirements.
 - A phased approach to implementation is needed:
 - Initially limited to existing information.
 - Time is needed for meaningful comparisons as new plans entering market will require time to become established.
 - Begin with few categories of measures (e.g., roll-ups aligned with triple aim).
 - Over time, expand beyond existing health plan-level quality measures.
- Recommendations for early adoption of the QRS include:
 - Begin addressing measure gaps in the QRS immediately.
 - Highest priority gaps include measures of shared decision-making and cost (i.e., total out of pocket costs).

- Test the QRS with consumers prior to initial implementation.
 - Test the structure and hierarchy.
 - Refine consumer-friendly language, explanations, and displays.
- Include provider level quality information in the QRS within three years of initial implementation.
 - Provide information about provider performance.
 - Enable customers to identify a provider of their choice while selecting plans.
- Provide functionality for customized information in the QRS within five years of initial implementation.
 - Include functionality for consumers to access the information most important to them.
- Coordinating Committee discussion focused on tactics that would increase the value of the tool to consumers/patients (e.g., displaying information on cost, quality, disparities, network adequacy/access, enhanced consumer testing), inclusion of mental health, and building on standards already in existence (i.e., private exchange). Members also encouraged alignment of measures with other public and private sector initiatives.
- The Coordinating Committee also decided to recommend incorporating the CAHPS Global Rating measure into the core set of the QRS.
- The final report will be submitted to HHS at the end of January 2014.

MAP Families of Measures: Affordability Definitions

Session led by Mark McClellan, MAP Affordability Task Force Chair. Additional presentation by Aisha Pittman.

- Ms. Pittman reviewed the five step approach the MAP Affordability Task Force will be utilizing to develop an affordability family of measures:
 1. Develop consensus definitions of affordability;
 2. Identify and prioritize high-leverage opportunities for measurement;
 3. Scan available and pipeline measures that address the high-leverage opportunities;
 4. Define the Affordability Family of Measures and measure gaps; and
 5. Consider the application of principles developed through related NQF work in the context of public and private programs.
- Dr. McClellan then presented the consensus-based definition of affordability developed by the task force.
 - Dr. McClellan outlined the approach the group took to develop the definition, including the incorporation of early input from the public.
 - He then reviewed the task force's consumer-focused definition and conceptual model of affordability including the perspectives of each stakeholder group.
- Coordinating Committee discussion focused on the varying perspectives when defining affordability.
 - Several members highlighted the influence of social, environmental, and policy contexts on affordability.

- Members suggested that when defining affordability, and ultimately identifying measures, it is important to first understand the level of analysis that will be measured (i.e., individual consumer or system-level).

MAP Families of Measures: Preview of Person- and Family-Centered Care and Population Health Families of Measures

Session led by Karen Adams, VP, NQF, Rhonda Anderson and Gail Hunt, MAP Person and Family Centered Care Task Force Co-Chairs, and Bobbie Berkowitz, MAP Population Health Task Force Chair.

- Dr. Adams presented on the upcoming work of the Person- and Family-Centered Care and Population Health Task Forces.
- In their presentations, Ms. Anderson and Ms. Hunt discussed that performance measurement assessing person- and family-centered care should consider:
 - Patients' ability to understand clinical instructions and their confidence in managing chronic conditions;
 - Patient and family involvement in decisions about healthcare, including joint development of treatment goals and longitudinal plans of care incorporating patients' expressed values and preferences; and
 - Patient experience with care and patient reported outcomes.
- Dr. Berkowitz discussed that performance measurement assessing population health should promote health and well-being by:
 - Supporting community interventions that result in improved social, economic, and environmental conditions;
 - Encouraging adoption of healthy lifestyle behaviors across the lifespan; and
 - Improving receipt of effective clinical preventive services in both clinical and community settings.
- Discussion highlighted the importance on the integration of public health and more clinically-oriented aspects of the healthcare delivery system. Additional comments included not duplicating work done or currently being conducted on person- and family-centered care and population health. Examples included but were not limited to: Institute of Medicine's Roundtable on Population Health Improvement, the Center for Disease Control and Prevention's Division of Population Health, and the Accountable Care Community in Akron, Ohio.

Round Robin Discussion: Determining Potential Measure Impact, and Improving MAP's Processes

Session led by George Isham. Additional presentation by Allen Leavens.

- Dr. Leavens presented the MAP Measure Selection Criteria and Impact Task Force's recent work on assessing potential impact of measures under consideration. Following the October 3, 2013 MAP Coordinating Committee meeting where this topic was discussed, a small number of committee members met for further discussion and proposed the following next steps:
 - Develop a logic model capturing existing steps in, and potential additions to, MAP's processes that are important in assessment of measure impact;
 - Take a consumer-oriented approach to assessment of potential impact of measures;

- Consider variation in impact for sub-populations that may indicate disparities; and
- Attempt to establish explicit hypotheses of the expected impact of supported measures under consideration that can be evaluated against outcomes at a later time.
- Coordinating Committee discussion underscored the importance of understanding the context of where the impact will be measured to recognize what is truly driving improvement. Additionally, committee members recommended exploring more sophisticated predictive analyses and incorporating information on measure impact into an ongoing summary of the measures supported by MAP to help inform future decisions.
- The meeting concluded with a round-robin discussion regarding the pre-rulemaking process and opportunities for enhancement, including the following recommendations:
 - More advance notice of and supporting documents for understanding potential measurement controversies;
 - Measuring progress on filling high-leverage gaps against a framework; and
 - Emphasis on feedback loops including conducting retrospective analyses on previous MAP recommendations to facilitate prospective analysis and approach for new measures under consideration.

Public Comments

- Public commenters discussed possible challenges associated with a MAP Ad Hoc review. Cited challenges included: receiving measures that have not been fully developed or tested for the appropriate care-setting/level of analysis, and the challenges associated with eMeasures.
- Regarding the Affordability Definitions, one public commenter underscored the importance of emphasizing non-clinical factors when considering a definition of “affordability.” Additionally, the commenter discussed how the 10th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes may have an impact on the availability of adequate quality measures for performance measurement purposes.
- Another commenter highlighted caregiver burden as a prominent measurement gap that should be taken into account when evaluating cost and assessing care delivery.

Next Steps

Allison Ludwig presented the next steps for the Coordinating Committee.

- Ms. Ludwig noted that the MAP Pre-Rulemaking report will be available for a two-week public comment period January 13-27. The final Pre-Rulemaking Report will be submitted to HHS on February 1, 2014.
- Additionally, Ms. Ludwig highlighted that the MAP Health Insurance Exchange Quality Rating System report will be submitted to HHS on January 24, 2014.
- Lastly, Ms. Ludwig noted the upcoming MAP workgroup and task force meetings:
 - MAP Affordability Families of Measure Task Force
 - Web Meeting – February 19, 2014, 1-3 pm ET
 - In-Person Meeting – May 7-8, 2014
 - MAP Population Health Families of Measure Task Force

- Web Meeting – March 11, 2014, 1-3 pm ET
 - In-Person Meeting – April 9, 2014
- MAP Dual Eligible Beneficiaries Workgroup
 - Web Meeting – Mid-March
 - In-Person Meeting – April 10-11, 2014
- MAP Person- and Family-Centered Care Families of Measure Task Force
 - Web Meeting – March 26, 2014, 1-3 pm ET
 - In-Person Meeting – May 12, 2014

MAP Coordinating Committee and Workgroup Members in Attendance

MAP Coordinating Committee Member
George Isham, Co-Chair
Alison Shippy, National Partnership for Women and Families
Aparna Higgins, America’s Health Insurance Plans
Bobbie Berkowitz, Subject Matter Expert: Population Health
Carl Sirio, American Medical Association
Carol Raphael, Subject Matter Expert: Post-Acute Care/Home Health/Hospice
Cheryl Phillips, LeadingAge
Chip Kahn, Federation of American Hospitals
Christopher Dezii, Pharmaceutical Research and Manufacturers of America (PhRMA)
David Baker, American College of Physicians
Edward Lennard, Office of Personnel Management/FEHBP (OPM)
Elizabeth Mitchell, Maine Health Management Coalition
Foster Gesten, National Association of Medicaid Directors
Frank Opelka, American College of Surgeons
Gail Hunt, National Alliance for Caregiving
Gail Janes, Centers for Disease Control and Prevention (CDC)
Gerry Shea, AFL-CIO
Harold Pincus, Subject Matter Expert: Mental Health
Ira Moscovice, Subject Matter Expert: Rural Health
John Snyder, Health Resources and Services Administration (HRSA)
Joyce Dubow, AARP
Kate Goodrich, Centers for Medicare & Medicaid Services (CMS) <i>(Substitute)</i>
Kevin Larsen, Office of the National Coordinator for HIT (ONC)
Lisa McGiffert, Consumers Union
Margaret VanAmringe, The Joint Commission <i>(Substitute)</i>
Marissa Schlaifer, Academy of Managed Care Pharmacy

Marla Weston, American Nurses Association
Marshall Chin, Subject Matter Expert: Disparities
Nancy Wilson, Agency for Healthcare Research and Quality (AHRQ)
Patrick Conway, Centers for Medicare & Medicaid Services (CMS)
Peggy O’Kane, National Committee for Quality Assurance
Rhonda Anderson, American Hospital Association
Richard Antonelli, Subject Matter Expert: Child Health
Samantha Meklir, Health Resources and Services Administration (HRSA) (<i>Substitute</i>)
Shari Davidson, National Business Group on Health
Steven Brotman, AdvaMed
Suzanne Delbanco, Catalyst for Payment Reform
Tom Granatir, American Board of Medical Specialties (<i>Substitute</i>)
William Kramer, Pacific Business Group on Health