MEASURE APPLICATIONS PARTNERSHIP
COORDINATING COMMITTEE
Convened by the National Quality Forum

Summary of In-Person Meeting #1

An in-person meeting of the Measure Applications Partnership (MAP) Coordinating Committee was held on Tuesday, May 3 and Wednesday, May 4, 2011. For those interested in reviewing an online archive of the web meeting please click on the link below:

http://www.qualityforum.org/Setting_Priorities/Partnership/MAP_Coordinating_Committee.aspx

The next meeting of the Coordinating Committee will be an in-person meeting on June 21-22, 2011, in Washington, DC.

Committee Members in Attendance at the May 3-4, 2011 Meeting:

George Isham (Co-Chair)
Elizabeth McGlynn (Co-Chair)
Richard Antonelli
David Baker, ACP
Christine A. Bechtel, National Partnership for Women and Families
Bobbie Berkowitz
Joseph Betancourt
Judith A. Cahill, AMCP
Mark R. Chassin, The Joint Commission
Maureen Dailey, ANA (substitute for Marla Weston)
Suzanne F. Delbanco, Catalyst for Payment Reform
Joyce Dubow, AARP
Steven Findlay, Consumers Union
Nancy Foster, AHA (substitute for Rhonda Anderson)
Victor Freeman, HRSA
Foster Gesten, NAMD
Aparna Higgins, AHIP
Eric Holmboe, ABMS (substitute for Christine Cassel)
Chip N. Kahn, FAH
William E. Kramer, PBGH
Sam Lin, AMGA
Karen Milgate, CMS
Elizabeth Mitchell (phone), MHMC
Ira Moscovice
Michael A. Mussallem, AdvaMed
John O'Brien, OPM
Peggy O'Kane, NCQA
Frank G. Opelka, ACS
Cheryl Phillips, LeadingAge
Harold Pincus
Carol Raphael
Chesley Richards, CDC
Gerald Shea, AFL-CIO
Carl A. Sirio, AMA
Thomas Tsang, ONC
Nancy J. Wilson, AHRQ

This was the first in-person meeting of the Measure Applications Partnership Coordinating Committee. The primary objectives of the meeting were to:

- Establish the decision making framework for the MAP,
- Consider measure selection criteria,
- Finalize workgroup charges,
- Review the Ad Hoc Safety Workgroup roster, and
- Direct workgroups to consider measurement strategies for HACs and readmissions.

Committee Co-Chairs, George Isham and Beth McGlynn, as well as Janet Corrigan, President and CEO, NQF, began the meeting with a welcome and introductions. This was followed by disclosures of interest by the Committee and a review of the MAP member responsibilities and media policies.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided an overview of the Coordinating Committee charge and brief review of the strategies and models that contribute to the MAP decision making framework. These inputs include the HHS National Quality Strategy, the HHS Partnership for Patients safety initiative, the NQF-endorsed Patient-focused Episode of Care Model, and the high impact conditions as identified by the NQF-convened Measure Prioritization Advisory Committee. Regarding the high impact conditions, the Committee discussed the importance of viewing these lists as inputs to the MAP, not limitations, and the need to consider how measurement may impact persons with multiple chronic conditions. NQF staff raised how the HHS Multiple Chronic Conditions Framework and the Multiple Chronic Conditions Performance Measurement Framework (currently in development as an NQF project under contract with HHS) will help support this consideration.

The Committee members drew for their terms of membership. The chart below presents the terms for all Coordinating Committee members.

Helen Burstin, Senior Vice President, Performance Measures, NQF, provided background information on NQF's current endorsement criteria. Tom Valuck discussed the relationships among the roles of the National Priorities Partnership, a multi-stakeholder group that provides input to the HHS National Quality Strategy; the role of measure endorsement, which endorses measures for public reporting and quality improvement; and the role of the MAP in selecting measures for particular purposes, such as public reporting and payment reform.

Tom Valuck, Helen Burstin, and Beth McGlynn discussed how the measure selection criteria, which are currently in development and will be used by the MAP with regard to selection of measures, should not duplicate the endorsement criteria and are meant to build on the foundation of endorsement. Arnie Milstein, Director, Stanford Clinical Excellence Research Center, presented the work of the MAP measure selection criteria project. The Committee's discussion led to the following considerations that the measure selection criteria should address:

- Promoting 'systemness' and shared accountability,
- Addressing the various levels of accountability in a cascading fashion to contribute to a coherent measure set,
- Enabling action by providers,
- Helping consumers make rational judgments,
- Assessing quantifiable impact and contributing to improved outcomes, and
- Considering and assessing the burden of measurement.

Additionally, consideration was given to tailoring the criteria for various purposes (e.g., payment reform, public reporting, and program evaluation), addressing public/private alignment, and contributing to parsimony.

George Isham and Nalini Pande, Senior Director, Strategic Partnerships, NQF, discussed the charges and tasks for each of the Workgroups. In discussing the workgroup charges, the Committee offered the following considerations for all of the workgroups:

- While addressing the specific HHS tasks contractually outlined, each workgroup should consider alignment with the private sector;
- Given that this work is on a short timeline, each workgroup should take the timeline into consideration, setting expectations accordingly and identifying what work will need to be done in subsequent phases; and
- There should be a focus on models of care rather than individual measures.

Further, the Coordinating Committee proposed the following:

- The Hospital Workgroup should consider cancer care beyond PPS-exempt cancer hospitals.
- The Dual Eligible Beneficiaries Workgroup should consider opportunities for cross-linking with the post-acute care/long-term care tasks.
- The Post-Acute Care/Long-Term Care Workgroup should specifically look at quality from a family perspective of hospice care delivery.

The first day of the meeting concluded with a review of the evening assignment where Committee Members were asked to further consider a list of inputs to the measure selection criteria; specifically, members were asked to identify historical sets of criteria that should be considered and to recommend additional strategies to resolve the criteria gaps and conflicts in existing criteria. Committee Members were asked to email the Co-Chairs and NQF staff with any additional information they would like to share after the meeting.

The second day of the meeting began with Beth McGlynn providing a recap of day 1, followed by the full Committee providing comments regarding the evening assignment. Additional considerations raised regarding the measure selection criteria included the following:

- Resource use, efficiency, and cost need to be explicitly addressed within the criteria;
- Appropriateness needs to be considered as efficiency cannot be addressed without considering appropriateness;
- Patient preference should be incorporated;
- While there is agreement that there needs to be ‘systemness’, it is a data challenge to do so, therefore, usability and feasibility need to be addressed to promote ‘systemness’;
- Measures need to serve multiple audiences and cross points of delivery;
- The criteria stress test needs to look for unintended consequences.

George Isham and Nalini Pande reviewed the healthcare-acquired conditions (HACs) and readmissions tasks, including the formation of the Ad Hoc Safety Workgroup. The Ad Hoc Safety Workgroup must be composed of MAP workgroup members that have already been vetted through the nomination and roster review process. The Committee’s Co-Chairs proposed that the Ad Hoc Safety Workgroup be composed of the Hospital Workgroup and all the payers and purchasers represented on the other MAP workgroups and the Coordinating Committee. The Committee accepted this recommendation, while noting that the Ad Hoc Safety Workgroup should invite additional experts to present during Safety

Workgroup meetings. Regarding the charge of the Ad Hoc Safety Workgroup, the Coordinating Committee discussed that alignment of the strategy for addressing HACs and readmissions is more important to this task than specific metrics. Additionally, the current set of metrics does not address regional variation.

The meeting concluded with a summary of day 2 and discussion of next steps. The next meeting of the Coordinating Committee will be in-person on June 21-22, in Washington, DC.

Coordinating Committee Member Terms, Beginning May 2011

1-Year Term	2-Year Term	3-Year Term
National Partnership for Women and Families, represented by Christine A. Bechtel, MA	Bobbie Berkowitz, PhD, RN, CNAA, FAAN	AHA, represented by Rhonda Anderson, RN, DNSc, FAAN
The Joint Commission, represented by Mark R. Chassin, MD, FACP, MPP, MPH	Joseph Betancourt, MD, MPH	Richard Antonelli, MD, MS
Catalyst for Payment Reform, represented by Suzanne F. Delbanco, PhD	AMCP, represented by Judith A. Cahill	ACP, represented by David Baker, MD, MPH, FACP
HRSA, represented by Victor Freeman, MD, MPP	ABMS, represented by Christine Cassel, MD	NAMD, represented by Foster Gesten, MD
AHIP, represented by Aparna Higgins, MA	AARP, represented byJoyce Dubow, MUP	George Isham, MD, MS
PBGH, represented by William E. Kramer, MBA	Consumers Union, represented by Steven Findlay, MPH	Elizabeth McGlynn, PhD, MPP
MHMC, represented by Elizabeth Mitchell	FAH, represented by Chip N. Kahn	CMS, represented by Karen Milgate, MPP
LeadingAge, represented by Cheryl Phillips, MD, AGSF	AMGA, represented by Sam Lin, MD, PhD, MBA, MPA, MS	Ira Moscovice, PhD
Harold Pincus, MD	ACS, represented by Frank G. Opelka, MD, FACS	AdvaMed, represented by Michael A. Mussallem
Carol Raphael, MPA	AMA, represented by Carl A. Sirio, MD	OPM, represented by John O'Brien
AFL-CIO, represented by Gerald Shea	ONC, represented by Thomas Tsang, MD, MPH	NCQA, represented by Peggy O'Kane, MPH
AHRQ, represented by Nancy J. Wilson, MD, MPH	ANA, represented by Marla J. Weston, PhD, RN	CDC, represented by Chesley Richards, MD, MPH