

MEASURE APPLICATIONS PARTNERSHIP
Workgroup Orientation
Convened by the National Quality Forum

Summary of MAP Workgroup Orientation Web Meeting

A web meeting of the Measure Applications Partnership (MAP) Coordinating Committee and workgroups (Ad Hoc Safety Workgroup, Clinician Workgroup, Dual Eligible Beneficiaries Workgroup, Hospital Workgroup, and Post-Acute Care/Long-Term Care Workgroup), was held on Friday, May 13, 2011. For those interested in viewing an online archive of the web meeting please visit the link below:

http://www.myeventpartner.com/WebConference/RecordingDefault.aspx?c_psrId=E951DF80834B

The next meetings for the MAP Coordinating Committee and workgroups will take place as follows:

Committee/Workgroup	Date
Dual-Eligible Beneficiaries Workgroup In-Person Meeting #1	June 2-3, 2011
Clinician Workgroup In-Person Meeting #1	June 7-8, 2011
Ad Hoc Safety Workgroup In-Person #1	June 9-10, 2011
Coordinating Committee In-Person Meeting #2	June 21-22, 2011
Hospital Workgroup In-Person Meeting #1	October 12-13, 2011

Committee Members in Attendance at the May 13, 2011 Web Meeting:

Please see attachment for a listing of members in attendance.

The primary objectives of the web meeting were to:

- Set context for the role of the MAP;
- Review Coordinating Committee and workgroup charges;
- Describe initial tasks of the MAP.

George Isham, Coordinating Committee Co-Chair; Chip Kahn, President, Federation of American Hospitals; and Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided the context for the role of the MAP. They stated the need for a formal process for public and private sector collaboration to select the best measures for specific public reporting and performance-based payment programs. Mr. Kahn provided the historical perspective, stating that the multi-stakeholder group, Stand for Quality, was the impetus for the creation of the MAP. 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. The MAP will look to the portfolio of endorsed measures and those that could be brought into the portfolio of endorsed measures in an expedited

manner. The MAP will then be able to identify gaps in quality measures, including measure gaps, endorsement gaps and data gaps.

Tom Valuck provided an overview of the statutory authority, function, and structure of the MAP. The Coordinating Committee, comprised of multi-stakeholder members, is charged with providing input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs; advising HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers; setting the strategy for the two-tiered Partnership; and giving direction to and ensuring alignment among the MAP advisory Workgroups. Also discussed was the decision-making framework that will be utilized as input into the MAP work. These strategies and models include the HHS National Quality Strategy (NQS), HHS Partnership for Patients safety initiative, the high impact conditions as identified by the NQF-convened Measure Prioritization Advisory Committee, and the NQF endorsed Patient-focused Episodes of Care Model. Additional factors for consideration were added at the first Coordinating Committee meeting to include the HHS Multiple Chronic Conditions Framework, attention to equity across the NQS priorities, and the importance of considering the connection to financing and delivery models and the broader context (e.g., ACOs).

Dr. Patrick Romano, Professor of General Medicine and Pediatrics, University of California, discussed the development of decision making criteria for recommending measures for public reporting, payment programs, and program evaluation. A key aspect of this work will be to ensure that the measure selection criteria will build on, and not duplicate, the NQF measure endorsement criteria. The first step in the process was to inventory and compare historical criteria sets to prepare a comprehensive criteria set. Future steps include stress tests, evaluation of findings with key informants, and the final recommendation of a set of criteria for consideration by the MAP Coordinating Committee for payment, public reporting, and program development.

Nalini Pande, Senior Director, Strategic Partnerships, NQF, provided an overview of the approach for the project, describing the tasks specified by HHS. Additionally, Ms. Pande presented the Coordinating Committee and workgroup rosters, comprised of multi-stakeholders, along with the charges for the Coordinating Committee and each workgroup.

The next meeting of the combined MAP Coordinating Committee and workgroups will be via web on December 8, 2011.

Committee and Workgroup Members in Attendance:

Coordinating Committee:

(attendance was optional)

George Isham, Committee Co-Chair
Elizabeth Mitchell, Maine Health Management
Coalition
Foster Gesten, NAMD

Frank Opelka, ACS
Harold Pincus
Maureen Dailey, substitute, ANA
Rhonda Anderson, AHA

Dual Eligible Beneficiary Workgroup:

Alice Lind, Workgroup Chair
Adam Burrows, National PACE Association
Cheryl Powell, CMS Federal Coordinated Health
Care Office
Daniel Kivlahan, VHA
Gail Stuart
Henry Claypool, HHS Office on Disability
Juliana Preston
Laura Linebach, LA Care Health Plan
Lawrence Gottlieb
Leonardo Cuello, National Health Law Program

Mady Chalk
Margaret Nygren, AAIDD
Patricia Nemore, Center for Medicare Advocacy
Patrick Murray, Better Health Greater Cleveland
Rita Vandivort, SAMHSA
Sally Tyler, AFSCME
Samatha Wallack, HRSA
Steve Counsell, NAPH
Tom James, Humana

PAC/LTC Workgroup:

Carol Spence, NHPCO
Charissa Raynor, SEIU
Debra Saliba
Emilie Deady, VNAA
Gerri Lamb
James Lett, NTOCC
Judith Sangl, AHRQ
Lisa Tripp, National Consumer Voice for Quality
Long-Term Care
Maryanne Lindeblad

Randall Krakauer, Aetna
Robert Hellrigel, Providence Health and Services
Roger Herr, APTA
Scott Shreve, VHA
Sean Muldoon, Kindred Healthcare
Shari Ling, CMS
Suzanne Snyder, AMRPA
Tom Vonsternberg

Clinician Workgroup:

Amy Compton-Phillips, Kaiser Permanente
Beth Averbeck, MN Community Measurement
Bruce Bagley, AAFP
Cheryl Demars, The Alliance
David Seidenwurm, ACR
Dolores Yanagihara,
Douglas Burton, AAOS
Elizabeth Gilbertson, Unite Here Health
Eugene Nelson,
Frederick Masoudi, ACC
Ian Corbridge, HRSA
Janet Brown, ASHA

Joanne Conroy, AAMC
Joseph Francis, VHA
Karen Sepucha,
Mark Metersky, PCPI
Marshall Chin,
Mary Goolsby, AANP
Peter Briss, CDC
Rachel Grob, Center for Patient
Partnerships
Robert Krughoff, Consumers'
CHECKBOOK
Ronald Stock
Thomas Tsang, ONC

Ad Hoc Workgroup:

Frank Opelka, Workgroup Chair
Ann Sullivan
Barbara Caress, Health Fund
Brock Slabach, NRHA
Bruce Siegel

Laura Linebach, LA Care Health Plan
Lawrence Gottlieb,
Mamatha Pancholi, AHRQ
Maryanne Lindeblad,
Michael Kelley, VHA

Cheryl Demars, The Alliance
Dale Shaller
Delores Mitchell
Foster Gesten, NAMD
Ian Corbridge, HRSA
Jane Franke, BCBS of Massachusetts
John Bott, AHRQ
Kasey Thompson, ASHP
Lance Roberts, IHC

Mitchell Levy
Pamela Cipriano, ONC
Patricia Conway-Morana, AONE
Randall Krakauer, Aetna
Richard Bankowitz, Premier, Inc.
Ronald Walters, ADCC
Sean Morrison
Tom James, Humana

Hospital Workgroup:

Frank Opelka - Workgroup Chair
Ann Sullivan
Barbara Caress, Health Fund
Brock Slabach, NRHA
Bruce Siegel
Dale Shaller
Delores Mitchell
Jane Franke, BCBS of Massachusetts
Kasey Thompson, ASHP

Lance Roberts, IHC
Mamatha Pancholi, AHRQ
Michael Kelley, VHA
Mitchell Levy
Pamela Cipriano, ONC
Patricia Conway-Morana, AONE
Richard Bankowitz, Premier, Inc.
Ronald Walters, ADCC
Sean Morrison