MEASURE APPLICATIONS PARTNERSHIP
COORDINATING COMMITTEE
Convened by the National Quality Forum

Summary of In-Person Meeting #2

An in-person meeting of the Measure Applications Partnership (MAP) Coordinating Committee was held on Tuesday, June 21 and Wednesday, June 22, 2011. For those interested in reviewing an online archive of the meeting please click on the link below:

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

The next meeting of the MAP Coordinating Committee will be a web meeting on August 5 from 11 am-1 pm EST.

Committee Members in Attendance at the June 21-22, 2011 Meeting:

George Isham (Co-Chair)	William Kramer, Pacific Business Group on Health
Elizabeth McGlynn (Co-Chair)	Sam Lin, American Medical Group Association (phone)
Rhonda Anderson, American Hospital Association	Elizabeth Mitchell, Maine Health Management Coalition
Richard Antonelli [subject matter expert: child health]	Ira Moscovice [subject matter expert: rural health]
David Baker, American College of Physicians	Frank Opelka, American College of Surgeons
Christine Bechtel, National Partnership for Women and Families	Cheryl Phillips, LeadingAge
Joseph Betancourt [subject matter expert: disparities]	Harold Pincus [subject matter expert: mental health]
Judith Cahill, Academy of Managed Care Pharmacy	Carol Raphael (phone) [subject matter expert: health IT]
Mark Chassin, The Joint Commission	Bob Rehm, National Committee for Quality Assurance (substitute for Peggy O'Kane)
Suzanne Delbanco, Catalyst for Payment Reform (phone)	Chesley Richards, Centers for Disease Control and Prevention (phone)
Joyce Dubow, AARP	Gerald Shea, AFL-CIO
Victor Freeman, Health Resources and Services Administration	Carl Sirio, American Medical Association (phone)
Foster Gesten, National Association of Medicaid Directors	Thomas Tsang, Office of the National Coordinator for HIT
Aparna Higgins, America's Health Insurance Plans	Marla Weston, American Nurses Association
Eric Holmboe, American Board of Medical Specialties (substitute for Christine Cassel)	Nancy Wilson, Agency for Healthcare Research and Quality
Chip Kahn, Federation of American Hospitals	

This was the second in-person meeting of the Coordinating Committee. The primary objectives of the meeting were to:

- Establish coordination strategy elements
- Adopt a working set of measure selection criteria
- Review interim findings from Clinician, Ad Hoc Safety, and Dual Eligible Beneficiaries Workgroups and a synthesis of themes
- Provide guidance to workgroups on coordination strategies

Committee Co-Chair, George Isham, began the meeting with a welcome, review of the meeting objectives, and the decision making framework from the Coordinating Committee's May 3-4 meeting. Nalini Pande, Senior Director, NQF, provided an overview of the timelines for the MAP workgroups and Coordinating Committee work. Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, introduced Connie Hwang, MD, as the new Vice President of the Measure Applications Partnership.

In the first session of the day, Tom Valuck provided an overview of emerging elements for coordination strategies as a roadmap for accomplishing the MAP tasks. He briefly touched on measure and measurement issues; data sources and HIT implications; alignment; special considerations for dual eligible beneficiaries; and a pathway for improving measure application. Discussion ensued around the importance of the National Quality Strategy as a key element, leveraging public-private alignment, and focusing on patients.

In the next session, Floyd Eisenberg, Senior Vice President, Health Information Technology, NQF, discussed data sources, HIT implications, and how the measurement arena can push the development of HIT. He described how data, measurement, and HIT are inextricably linked and how the requirement for measures and information will continue to change and develop over time. Additionally, he shared with the committee how the quality data model (QDM) is used to define data. Finally, the current state of silos of data was discussed and how policy and addressing HIT issues is necessary for moving into the future.

Beth McGlynn, Committee Co-Chair, began the section on the measure selection criteria. She stated that the Coordinating Committee will not be adopting criteria at this meeting but will identify key aspects of criteria. The committee will formally adopt the measure selection criteria at the August 17-18 Coordinating Committee in-person meeting. Nalini Pande provided additional context for the measure selection criteria and the pre-rulemaking task, in which the MAP will receive a list of measures from HHS in December that the MAP will react to and provide feedback to HHS by February 1, 2012. In addition, she also provided the strategy and process for meetings, draft reports, public comment opportunities and the final reports.

Tom Valuck presented the quality measurement enterprise and described the relationship of the MAP to other functions, including the NQF Endorsement Process. He mentioned that if the MAP recommends a measure that is not NQF endorsed, it can be brought through the measure endorsement process. Helen Burstin, Senior Vice President, Performance Measures, NQF, provided a recap of the NQF Endorsement Process and NQF Evaluation Criteria, which consist

of importance to measure and report, scientific acceptability of the measurement properties, usability, feasibility and comparison to related or competing measures. Additionally, she commented on the endorsement maintenance process, which occurs every 3 years for a measure and that an expedited review can occur as necessary.

The committee reviewed the principles that emerged from the Clinician Workgroup meeting held June 7-8. The principles that emerged concerning the measure selection criteria included promoting shared accountability and "teamness"; addressing multiple levels of analysis; ensuring the usefulness to intended audiences; looking at the potential for unintended consequences; and balancing comprehensiveness and parsimony.

Arnold Milstein, Director, Stanford Clinical Excellence Research Center, described the process of analyzing the use cases which informed the findings. Dr. Milstein presented the current findings, which included:

- Value of aligning cost and quality performance
- Weighing of measures by users' needs
- Measure selection criteria should favor measures with a fall back reporting option for those who are data challenged
- Measure selection criteria should be accompanied by performance discrimination methods
- Proposed aggregation methods
- Focus on intended use
- Standardized measurement
- Mitigate unintended consequences
- Multiple dimensions of care
- Alignment with the National Quality Strategy

Tom Valuck presented "strawperson" measure selection criteria as a synthesis for all inputs into the measure selection criteria up to this point. The document is comprised of criteria for both measure sets and individual measures within a measure set. This was presented for committee review and discussion. There was discussion among the committee in which clarifying questions were asked and issues where raised about the level of precision and weights of the domains within the measure selection criteria.

The Committee then broke into smaller groups to further discuss if the working criteria are actionable and to comment on concepts that should be further emphasized or de-emphasized. The small groups reported out to the larger group.

The next steps for the measure selection criteria will be for NQF staff to continue to collaborate with the Stanford team to refine the proposed criteria for the August 17-18 meeting.

In the afternoon of day 1, Eugene Nelson, Clinician Workgroup member, reviewed the interim findings from the June 7-8 Clinician Workgroup meeting. The main items covered in the June

meeting were the elements of a coordination strategy and a review of the current clinician performance measures. The elements of the coordination strategy include:

- Measures and measurement issues and identification of gaps
- Data source and HIT implications
- Special considerations for dual eligible beneficiaries
- Alignment with other settings
- Pathway for improving measure application, recognizing current limitations

The Coordinating Committee provided the following guidance and input to the clinician Workgroup:

- The scope of the clinician coordination strategy should focus on federal programs, while considering the broader context, as a detailed alignment strategy with the private sector is beyond scope. As part of efforts going forward, a phase 2 proposal could include addressing public and private alignment in-depth.
- Patients should be considered part of the team. The Clinician Workgroup should consider the importance of patient reported data in gathering specific types of information (e.g., care coordination, patient experience).
- The audience for should be noted when considering use (e.g., patients to select providers, clinicians to use data to improve practice).
- Information on quality and cost should be obtained at the population and clinician levels; clinician data should include both individual clinician and group levels of analysis.
- The efforts should avoid getting locked into current limitations regarding the flow of information and practice patterns. Consider the infrastructure that needs to be in place to meet the long term goals and objectives of the clinician group.
- Consider a core set and an aspirational set of measures; define domains in the missing areas of measures (i.e., measurement gaps).

The first day concluded with George Isham providing a summary of the day's themes and an overview of the second day's activities and points of discussion.

The second day of the meeting began with Beth McGlynn providing a recap of day 1, touching on the overarching themes that emerged in day 1 discussions.

In the morning session, Frank Opelka, Chair of the Ad Hoc Safety Workgroup, reviewed the interim findings from the June 9-10 Ad Hoc Safety Workgroup Meeting. The Workgroup's focus is on readmissions and healthcare acquired conditions (HACs). He presented the conceptual framework that the Workgroup is utilizing to aid with their thoughts and discussions. The framework provides elements of payer alignment and includes dimensions around improving patient care by reducing HACs and readmissions. The main elements include:

- Collaboration among payers, purchasers, and providers
- Program features of promising practices
- Characteristics of aligned measures

Dr. Opelka stated that there were many commonalities identified for an overall coordination strategy for HACs and readmission, but that the uniqueness on HACs centered around data, while readmissions focused on care transitions and coordination.

The Coordinating Committee provided the following guidance and input to the Ad Hoc Safety Workgroup:

- Explore how patients can be activated to further engage in their care plans and to improve safety outcomes.
- Encourage purchasers to use their leverage to promote payer alignment of measures and incentives.
- Consider mechanisms to obtain multi-stakeholder engagement and commitment to coordination, particularly at the local/community level.
- Learn from community and regional efforts to achieve alignment across multi-stakeholder efforts to improve quality and reduce cost.
- Look beyond current models of care to drive improvement.
- Ensure overall approach spans the continuum of care, not just hospitals.
- Harmonize measures in use by private and public payers.
- Use measures that are actionable by providers but also provide meaningful comparisons to patients, purchasers, and payers.
- Consider preventable admissions while developing the strategy for readmissions.
- Prioritize efficiency and resource use measures, as well as quality measures.

In the next session, Alice Lind, Chair of the Dual Eligible Beneficiaries Workgroup, reviewed the interim findings from the June 3-4 Dual Eligible Beneficiaries Workgroup meeting. She provided the guiding principles which included:

- The dual eligible beneficiaries are a group that is diverse.
- Culturally competent care includes many dimensions.
- Performance measurement should emphasize data and information elements.
- Gaps in research and information are related to quality of care.

Ms. Lind also shared the high leverage opportunities for quality improvement for the dual eligible beneficiaries population. The Workgroup developed a framework which includes focus on care coordination, quality of life, and screening and assessment.

The Coordinating Committee provided the following guidance and input to the Dual Eligible Beneficiaries Workgroup:

- Duals is not an identity that patients or providers identify with. The group is diverse and has distinct needs based on demographics. It is important to embrace the complexity of the population.
- A very small number of duals served in integrated delivery models. We will need measures that will work in FFS and other models, and measures must be appropriate to context of current program parameters.
- General agreement with the Workgroup's aspirations to broaden the use of patient-reported data and expand the availability of real-time data for care coordination purposes.

- Important to address the cost/affordable care aspect of the National Quality Strategy.
- Consider the scope of the task and the associated timeline and avoiding broadening the scope to a level that is unreasonable.

In the afternoon, Tom Valuck proposed a synthesis of the emerging workgroup themes and the areas where the themes converged and diverged and where there is opportunity to avoid working in silos. Additionally, he spoke of the National Quality Strategy as the guiding framework with connections to the National Priorities Partnership. The Coordinating Committee will be coordinating across the silos.

The Committee suggested the following ideas and concepts:

- Further build in the NQS domains as the organizing framework (include sub domains).
- Include public/private alignment as a theme in current phase or proposed future phase of MAP work.
- Include efficient and affordable care as an emerging theme.
- Consider consumer involvement and patient engagement as an emerging theme.

The meeting concluded with a summary of day 2 and discussion of next steps. The next meeting of the Coordinating Committee will be a web meeting on August 5, 2011.