MEASURE APPLICATIONS PARTNERSHIP
COORDINATING COMMITTEE
Convened by the National Quality Forum

Summary of In-Person Meeting

The Measure Applications Partnership (MAP) Coordinating Committee met in person on Tuesday, August 14, 2012, and Wednesday, August 15, 2012. For those interested in reviewing an online archive of the meeting, please click the following links: August 14; August 15.

Committee Members Attending the August 14-15, 2012 Meeting:

George Isham (Co-Chair)	Gail Janes, Centers for Disease Control and Prevention (substitute for Chesley Richards)
Elizabeth McGlynn (Co-Chair)	William Kramer, Pacific Business Group on Health
Rhonda Anderson, American Hospital Association	Kevin Larsen, Office of the National Coordinator for HIT (Day 2)
Richard Antonelli [subject matter expert: child health] (Day 2)	Sam Lin, American Medical Group Association
David Baker, American College of Physicians	Elizabeth Mitchell, Maine Health Management Coalition
Christine Bechtel, National Partnership for Women and Families (Day 2)	Ira Moscovice [subject matter expert: rural health]
Bobbie Berkowitz [subject matter expert: population health]	Peggy O'Kane, National Committee for Quality Assurance (Day 2)
Steven Brotman, AdvaMed	Frank Opelka, American College of Surgeons
Samantha Burch Halpert, Federation of American Hospitals (substitute for Chip Kahn)	Jennifer Meeks, American Medical Association (substitute for Carl Sirio)
Ahmed Calvo, Health Resources and Services Administration	Cheryl Phillips, LeadingAge
Christine Cassel, American Board of Medical Specialties	Harold Pincus [subject matter expert: mental health]
Mark Chassin, The Joint Commission	Carol Raphael [subject matter expert: post-acute care/home health/hospice]
Patrick Conway, Centers for Medicare & Medicaid Services	Marissa Schlaifer, Academy of Managed Care Pharmacy
Suzanne Delbanco, Catalyst for Payment Reform (Day 2)	Gerald Shea, AFL-CIO
Andrea Dilweg, Catalyst for Payment Reform (substitute for Suzanne Delbanco, Day 1)	Aldo Tinoco, National Committee for Quality Assurance (substitute for Peggy O'Kane, Day 1)
Joyce Dubow, AARP	Marla Weston, American Nurses Association
Aparna Higgins, America's Health Insurance Plans	Nancy Wilson, Agency for Healthcare Research and Quality

The primary objectives of the meeting were to:

- Review the final draft MAP Strategic Plan;
- Review proposed families of measures identified by the MAP task forces;
- Provide input into the development of a guidance document for MAP pre-rulemaking deliberations about the implementation of readmission measures in specific programs;
- Provide input on MAP's role and next steps for gap-filling pathways

- Review uptake of MAP's 2012 pre-rulemaking recommendations in federal proposed rules; and
- Finalize the MAP Strategic Plan and families of measures.

The MAP Strategic Plan and Families of Measures reports can be accessed by clicking here. The reports contain MAP's three-year strategic plan and the proposed families of measures for safety, care coordination, cardiovascular conditions and diabetes.

Welcome, Review of Meeting Objectives, and Disclosures of Interest
Coordinating Committee Co-Chairs, George Isham and Beth McGlynn, began the meeting with a welcome and review of the meeting objectives, followed by disclosures of interest from committee members.

MAP Strategic Plan
Strategy Task Force Co-Chair, Gerald Shea, presented the activities of the MAP Strategy Task Force and the final draft of the MAP Strategic Plan. Mr. Shea discussed how the Strategy Task Force met several times in-person and by conference call during the spring and summer, and periodically shared its progress with the MAP Coordinating Committee and workgroups.

The MAP Strategic Plan covers the period 2012-2015. The plan defines the goal of MAP in terms of improvement, transparency, and value. MAP's objectives are to:

1. Improve outcomes in high-leverage areas for patients and their families (i.e., progress toward realization of the NQS).
2. Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value.
3. Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.

MAP's strategies to achieve its goals and objectives are:
- Promote alignment of performance measurement across HHS programs and between public- and private-sector initiatives.
- Ensure recommended performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS.
- Recommend removal of measures from federal programs that no longer meet program needs.
- Stimulate gap-filling for high-priority measure gaps.
- Identify solutions to performance measurement implementation barriers.
- Establish feedback loops to support a data-driven approach to MAP's decision-making and build on other initiatives.
- Determine whether MAP's recommendations are meeting stakeholder needs and are aligned with their goals.
- Ensure that MAP's recommendations are relevant to public and private implementers and that its processes are effective.

The MAP Strategic Plan includes detailed Action and Communications Plans. The Action Plan specifies seven tactics for operationalizing the goals and objectives, and for each tactic, notes the collaborators who will be the key participants, what deliverables will be produced, and when the products will be delivered. The Action Plan tactics describe the following:

- Enhancing stakeholder engagement
- Identifying families of measures and core measure sets
- Addressing measure gaps
- Defining measure implementation phasing strategies
- Providing analytic support for MAP decision-making
- Refining the MAP Measure Selection Criteria and Interpretive Guide
- Evaluating MAP's processes and impact

As part of the MAP Strategic Plan, the MAP Communications Plan defines target audiences, messaging, specific communications tactics, and a table of timeframes and deliverables. Finally, Mr. Shea mentioned that the final draft MAP Strategic Plan will be posted for a public comment period August 27-September 10 and is due to HHS October 1.

Committee member discussions focused on the overall importance of monitoring and improving the health of populations. Members raised concerns that the strategic plan focuses too much on measure alignment across programs and settings without enough attention to how these efforts will contribute to improvement in population health. Members also discussed the topic of feedback loops, offering clarifying language for ways MAP can establish and manage the information obtained from stakeholder experience with performance measurement.

Diabetes Family of Measures
Report Link

Christine Cassel, MAP Cardiovascular and Diabetes Task Force Chair, began with a presentation on the activities of the task force and the proposed Diabetes Family of Measures. The task force noted that many preventive activities overlap for cardiovascular conditions and diabetes. Task force members also emphasized the NQS aim of affordability and the need to address cost of care within each family of measures. Task force discussion recognized that cost of care measurement is relatively nascent and that significant methodological and implementation issues exist, resulting in multiple measure gaps.

The task force focused on the high-leverage improvement opportunities across the diabetes episode of care model. The task force noted that focusing on upstream evaluation and ongoing management can prevent downstream complications. Accordingly, the task force emphasized measures of evaluation and ongoing management rather than measures assessing management of exacerbations of diabetes and complex treatments. Dr. Cassel also highlighted how the task force recognized that diabetes care requires significant self-management. As a result, the task force noted the need for good measures of patient and family engagement, but preferred broadly-applicable measures of engagement, rather than specific measures for diabetes only.

Marla Weston and Andrea Dilweg were asked to provide initial comments. Ms. Weston discussed the role of patient self-management in diabetes care. Ms. Dilweg's comments focused on the importance of care coordination and patient engagement within the diabetic population. Initial committee member discussion focused on the persistence of disparities within the diabetes population. A member also suggested that the report should not only highlight the episodic nature of chronic diseases like diabetes, but also the disease burden more broadly (i.e., life course impact of chronic diseases). Finally, the group discussed clinician attribution and accountability.

Cardiovascular Conditions Family of Measures
Report Link

Dr. Cassel continued with a presentation on the proposed MAP Cardiovascular Conditions Family of Measures. The task force focused on the high-leverage improvement opportunities across the acute and chronic episode of the care models. To cover the highest-leverage opportunities for improvement in cardiovascular care, the task force focused on the cardiovascular conditions identified as high-impact conditions based on prevalence, associated morbidity and mortality, and cost of care. The high-impact cardiovascular conditions evaluated included ischemic heart disease, stroke/TIA, atrial fibrillation, and heart failure.

Across the acute episode of care, although outcomes were preferred, the task force suggested that the family should include process measures that hold the entire system accountable (e.g., addresses settings with limited offerings of services). In the post-acute phase, the task force emphasized the need for patient-reported outcome measures related to rehabilitation services and access to rehabilitation services. Finally, in the secondary prevention phase, the task force emphasized the need to assess medication management, focusing on persistence of medications over time (i.e., number of days the patient is taking the medication), rather than fill rates or clinician ordering of medications just in the acute care setting or at the time of discharge.

Dr. Cassel then presented the task force's approach for the chronic episode of care covering atrial fibrillation and heart failure, particularly the measurement opportunities for the evaluation and ongoing management phase and follow-up care phases. Within the evaluation and initial management phase of care, the highest-leverage opportunities focus on identifying patient preferences and care coordination; however, these topics will be covered in future MAP families. For the follow-up care phase, the task force emphasized the need for medication management measures that focus on the persistence of medications, rather than ordering or prescribing medications.

To conclude this section, Dr. Cassel discussed how the task force recognized that mortality indicators are meaningful outcomes for providers and consumers; therefore, the task force included measures of mortality in the cardiovascular family of measures.

David Baker and Bill Kramer were asked to provide initial comments. Dr. Baker discussed attribution at the clinician level. He cautioned that the majority of clinicians are not practicing in a group or system, and therefore, some measures may be inappropriate for accountability purposes. Mr. Kramer underscored the importance of including care coordination and outcome measures in the family. Member discussion focused on the concept of "fit for purpose," and how measure selection should be determined by the purpose of the measures' intended applications. Additionally, discussions highlighted the process of identifying gaps and potential gap-filling opportunities. Public comments focused on the continued importance of monitoring for unintended consequences, the need for efficient and timely feedback loops, and greater clarity about how proposed measure modifications can impact the initial purpose of the measure as well as its endorsement status.

Safety Family of Measures
Report Link

Frank Opelka, MAP Safety and Care Coordination Task Force Chair, began with a presentation on the activities of the task force and the proposed Safety Family of Measures. Four themes

resonated throughout the task force's identification of the safety family of measures: the importance of creating and maintaining a culture of safety, the need for patient and caregiver engagement in treatment planning and decisions, challenges to reporting meaningful safety information, and cost of care implications.

Marisa Schlaifer and Ira Moscovice were asked to provide initial comments. Ms. Schlaifer initially discussed how the task force favored clinical data abstracted from medical records over administrative data. She noted how measure developers have preferred administrative data because of easier data collection, but then discussed how there may be more value in clinically abstracted data from medical records for quality measurement. Dr. Moscovice shared similar thoughts and supported the use of clinically abstracted data from medical records due its high reliability. Follow-up comments from committee members highlighted overall support for the measures within the family, expressing strong support for the medication safety measures. Committee members also discussed the potential overlap between the medication safety measures and the care coordination measures, and suggested further analysis. Other topics highlighted by members included clarifying if there was an appropriate level or baseline when assessing overuse of medical imaging and medications.

Special Session on the Use of Readmission Measures
The special session on the use of readmission measures provided input into the development of a guidance document for MAP pre-rulemaking deliberations about the implementation of readmission measures in specific programs. The special session included presentations addressing avoidable readmissions from Helen Darling, National Priorities Partnership Co-Chair; Frank Opelka, MAP Safety and Care Coordination Task Force Chair; and representatives from seven stakeholder groups (i.e., institutional providers, health professionals, post-acute care/long-term care, communities, health plans, purchasers, and consumers) regarding their perspectives on the use of readmission measures. In addition, Patrick Conway, CMS Chief Medical Officer, and Kevin Larsen, ONC Medical Director Meaningful Use, gave presentations about care coordination and readmission measures needed for federal programs. Committee members then discussed promising approaches for safely reducing avoidable admissions and readmissions, and the implementation issues associated with avoidable admission and readmission measures.

To capture the learning and conclusions from the special session, MAP will produce a guidance document on the selection of avoidable admission and readmission measures, which is intended to provide guidance to program implementers and to MAP members to inform pre-rulemaking deliberations about the use of these measures in specific programs. The guidance document will be included in the MAP Families of Measures Report, as part of the care coordination family of measures, to emphasize the broader care coordination context for the use of avoidable admission and readmission measures. In its upcoming pre-rulemaking activities, MAP members will apply the guidance in making their recommendations about whether avoidable admission and readmission measures on HHS' list of measures under consideration should be included in measure sets for specific programs.

Care Coordination Family of Measures
Report Link

Frank Opelka continued with a presentation on the activities of the MAP Safety and Care Coordination Task Force and the latest iteration of the MAP Care Coordination Family of Measures. Five major themes emerged from the task force's discussions related to care coordination. These included the importance of person and caregiver engagement, access to

resources in the community, involvement of the entire healthcare system in coordination of care, continued challenges of collecting meaningful data for quality measurement, and cost of care implications.

Bobbie Berkowitz was asked to provide initial comments. Dr. Berkowitz expressed overall support for the content of the family but also wanted to underscore the important role of the community in improving overall health. Additionally, she highlighted that for true care coordination to exist, there has to be system-wide engagement (i.e., having both the health care system and community working in synergy). Overall, the committee was supportive of the care coordination family of measures and its person-centered focus. Members discussed including more patient and family engagement measures but deferred to a potential future family of measures addressing patient and family engagement. Other topics discussed included providing more detailed recommendations regarding gap-filling within the MAP Strategic Plan. During public comment, a member of the audience discussed how the work of the MAP may be enhanced with greater awareness of other health- and non-health-related paradigms such as those recognized by the disability community. Another audience member re-emphasized an earlier point made on the importance of community settings and consumer engagement for improving health.

Defining MAP's Role and Next Steps for Gap-Filling Pathways
Connie Hwang, Vice President, Measure Applications Partnership, presented NQF's previous and current measure gap identification and filling efforts:

- MAP Year 1 Coordination Strategies and Pre-Rulemaking Report
- NQF-wide measure gaps and barriers identification efforts
- MAP Strategic Plan's proposal to stimulate gap-filling for high-priority measurement gaps

Dr. Hwang discussed how in Year 2 MAP is starting to push beyond broad gap identification, as the task forces began characterizing measure gaps along the measure lifecycle, pinpointing where potential barriers may exist, and proposing potential solutions (e.g., where an existing measure should be expanded to additional populations and settings, MAP will signal development and testing gaps). Dr. Hwang provided illustrative examples of gaps in patient-centered care and bi-directional communication, specific outcome measures (e.g., patient reported outcomes of functional status), and measures that do not cover all desired populations/settings/levels of analysis.

Christine Bechtel was asked to provide initial comments. Ms. Bechtel's comments highlighted MAP's work to-date on identifying measure gaps and the importance of raising awareness of high-priority measure gaps. Ms. Bechtel noted that future recommendations should continue to be action-oriented, viewed through the aims and priorities of the NQS, and support new models of care. Committee member discussion focused on the various roles and opportunities for MAP to explore when identifying and addressing measure gaps. Members highlighted the continued significance of identifying and prioritizing gaps, which can serve as crucial signals to the measure development community about allocation of time and resources.

Uptake of MAP's Recommendations to HHS
Allen Leavens, Senior Director, Measure Applications Partnership, provided an update on the uptake of MAP's pre-rulemaking recommendations by HHS in federal proposed rules. To date, concordance between MAP recommendations to support or not support measure use in Federal programs and HHS proposed and finalized rules has been between 50-100%. Conclusive assessment of MAP recommendation uptake will continue as HHS issues final rules. The most

common reason for discordance has been that a number of proposed measures lacked specifications and/or NQF endorsement. Dr. Leavens mentioned that information and analysis regarding MAP recommendation uptake will be available to the MAP Coordinating Committee and workgroups to inform December 2012 and January 2013 for the pre-rulemaking activities.

Committee member discussion focused on clarifying MAP's decision-making categories for the next round of pre-rulemaking activities. Committee members raised concern that the "Do Not Support" category was vague and inconsistently applied. Members suggested that future decision-making categories provide rationale supporting the recommendations to provide more descriptive information about MAP's decisions, thereby avoiding ambiguity.

Summary and Next Steps

The next meeting of the MAP Coordinating Committee will be January 8-9, 2013 in Washington DC.