

Measure Applications Partnership - Coordinating Committee Roster Public Comments

Comment Period Closed 1/7/2011

| Organization | Individual | Feedback |
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| Network for Regional Healthcare Improvement | Harold Miller President and CEO | <p>The Network for Regional Healthcare Improvement (NRHI) strongly endorses the following appointments to the NQF Measure Applications Partnership Workgroups:</p> <ul style="list-style-type: none"> • Minnesota Community Measurement and Dolores Yanagihara for the Clinician Workgroup • The Iowa Healthcare Collaborative for the Hospital Workgroup • HealthInsight for the Post-Acute Care/Long-Term Care Workgroup • Better Health Greater Cleveland and Juliana Preston for the Dual Eligible Beneficiaries Workgroup |
| Quality Counts | Lisa M. Letourneau, MD, MPH Executive Director | <p>As a regional health improvement collaborative, we at Quality Counts strongly endorse the following appointments to the NQF Measure Applications Partnership Workgroups:</p> <ul style="list-style-type: none"> • Minnesota Community Measurement and Dolores Yanagihara for the Clinician Workgroup • The Iowa Healthcare Collaborative for the Hospital Workgroup • HealthInsight for the Post-Acute Care/Long-Term Care Workgroup • Better Health Greater Cleveland and Juliana Preston for the Dual Eligible Beneficiaries Workgroup |
| Caterpillar, Quality Quest for Health of Illinois | Gail Amundson MD, FACP President and CEO | <p>Caterpillar and Quality Quest for Health of Illinois strongly endorse the following appointments to the NQF Measure Applications Partnership Workgroups:</p> <ul style="list-style-type: none"> • Minnesota Community Measurement and Dolores Yanagihara for the Clinician Workgroup • The Iowa Healthcare Collaborative for the Hospital Workgroup • HealthInsight for the Post-Acute Care/Long-Term Care Workgroup • Better Health Greater Cleveland and Juliana Preston for the Dual Eligible Beneficiaries Workgroup |

| NQF Response |
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| <ul style="list-style-type: none"> • NQF thanks commenters for their engagement and support. Public comments have influenced the structure and composition of the Measure Applications Partnership (MAP), and will continue to do so. • During the selection of members for the MAP advisory workgroups, the Nominating Committee considered all of the specific topic areas for which commenters requested additional representation. In particular, the Nominating Committee and the NQF Board sought to achieve a balanced mix of stakeholders on each group, while maintaining a manageable workgroup size. |

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| Integrated Healthcare Association | Tom Williams, DrPH Executive Director | <p>As a representative for a Regional Healthcare Improvement Collaborative I wish to strongly endorse the appointments of individuals from similar organizations and their representatives for the NQF Measure Applications Partnership Workgroups. These include the following appointments:</p> <ul style="list-style-type: none"> • Minnesota Community Measurement and Dolores Yanagihara for the Clinician Workgroup • The Iowa Healthcare Collaborative for the Hospital Workgroup • HealthInsight for the Post-Acute Care/Long-Term Care Workgroup • Better Health Greater Cleveland and Juliana Preston for the Dual Eligible Beneficiaries Workgroup |
| Oregon Health Care Quality Corporation | Summer Boslaugh, MBA, MHA Oregon Health Care Quality Corporation | <p>The Oregon Health Care Quality Corporation would like to strongly endorse the following appointments to the NQF Measure Applications Partnership Workgroups:</p> <ul style="list-style-type: none"> • Minnesota Community Measurement and Dolores Yanagihara for the Clinician Workgroup • The Iowa Healthcare Collaborative for the Hospital Workgroup • HealthInsight for the Post-Acute Care/Long-Term Care Workgroup • Better Health Greater Cleveland and Juliana Preston for the Dual Eligible Beneficiaries Workgroup <p>Participation in this important work by fellow Regional Quality Improvement Collaboratives is critical for the success of quality measurement for public reporting and payment programs. Thank you for making these appointments. We look forward to the opportunity to comment on the activities of the workgroups.</p> |
| University of California, Irvine Hospitalist Program | Solomon Liao, MD, FAAHPM Director of Palliative Care Services Associate Clinical Professor | <p>I am writing in support of the nomination of Dr. Sean Morrison, immediate Past President of the American Academy of Hospice and Palliative Medicine, to serve as a subject matter expert on NQF's Measure Applications Partnership advisory hospital workgroup. I would like to thank the nominating committee for including palliative care and for appreciating the importance of having the palliative medicine perspective on the workgroup.</p> |

| NQF Response |
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| <ul style="list-style-type: none"> • The Board approved the addition of the Veterans Health Administration to the Clinician and Hospital Workgroups. This adds the value of the VA's specific expertise without disturbing the stakeholder balance, as ex-officio members are non-voting. • Gaps in expertise perceived by some commenters are addressed in the following ways: subject matter expert Ann Marie Sullivan can represent psychiatric hospitals on the Hospital Workgroup, American Organization of Nurse Executives can represent nursing leadership on the Hospital Workgroup (with ANA serving on the overarching Coordinating Committee), and the American Association of Intellectual and Developmental Disabilities can represent the developmental disability network. |

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| Baylor College of Medicine and The Methodist Hospital | Laura J. Morrison, MD, FAAHPM Assistant Professor of Medicine, Section of Geriatrics Director of Education | I write in support of the nominations of Sean Morrison, MD and NHPCO to NQF's Measure Applications Partnership advisory workgroups. Sean Morrison is extremely qualified to serve on this committee as a national leader in research and measures around palliative care and related aspects. Thank you for taking hospice and palliative care into account and including this ever important area in these discussions. As our population ages and continues to eventually move beyond the ever expanding limits of technology, we must be attentive to quality of life and appropriate use of resources as we aim to honor the wishes of individuals. |
| Scott and White Healthcare | Denise Waugh, MD, FACEP, FAAHPM Medical Director of Palliative Care Services | I would like to strongly support the nomination of Ron Stock for team based care on the Clinician Work Group. I have worked with Ron and know he has much insight into how multidisciplinary care for patients offers the best care. I would also like to strongly support the nomination of Sean Morrison to represent Palliative Care in the Hospital Work Group. Sean is a strong leader, advocate and tireless believer in the importance of Palliative Care to improve care in this nation. Sean believes the literature strongly supports improved patient satisfaction, improved family satisfaction, improved staff retention and satisfaction and even improves the cost of care significantly. I believe both of these men are consensus builders and will work for the greater good of all. |
| Renal Physicians Association | Edward Jones, MD President | RPA is writing to strongly recommend that the NQF include representation from the end-stage renal disease (ESRD) community on the MAP Advisory Workgroups. To represent this vulnerable patient population and to ensure that their needs are addressed, RPA is pleased to recommend Louis H. Diamond, M.B., Ch.B., F.A.C.P and F.C.P., for service on the MAP Clinician Workgroup. The RPA appreciates the scope of NQF's efforts in the area of quality improvement, and we look forward to future collaboration whenever possible. |
| Forum of ESRD Networks | Cynthia Kristensen, MD President | The Forum of ESRD (End Stage Renal Disease) Networks requests that a seat on the Measures Application Partnerships (MAP) clinical workgroup be allocated to the ESRD Program and Louis Diamond be considered to fill that seat. |

| NQF Response |
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| <ul style="list-style-type: none"> • NQF anticipates turnover in the MAP membership over time, offering opportunities for new organizations and individuals to become involved. Those currently selected to serve will serve staggered terms of 1-3 years, by design, to allow for both variety and continuity. |

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| Veterans Health Administration | Robert Baum Executive Assistant to the Principal Deputy Under Secretary for Health | <p>The Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), was pleased to receive the notification from the National Quality Forum that we were on the roster for consideration to serve on the Post-Acute/Long Term Care and Dual Eligible Beneficiaries Workgroups. VHA would have much to offer and learn from participating on these two workgroups. VHA would also like to formally request participation on the remaining workgroups as well to further enhance our participation, collaboration and learning experience. As such, we would like to forward the following nominees for each of the workgroups for consideration. Upon review and consideration, feel free to contact me for any additional questions or additional required action. We look forward to contributing to this effort and look forward to hearing back from you.</p> <p>Hospital: Dr. Michael Kelley, National Director, Oncology, VHA Post Acute/LTC: Dr. Scott Shreve, National Director of Hospice/Palliative Care, VHA Dual Eligibility: Dr. Dan Kivlahan, Office of Mental Health Services, VHA Clinician: Dr. Joseph Francis, Chief Quality and Performance Officer, VHA</p> | |

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| American College of Radiology | Judy Burleson, MHSA Director, Metrics | <p>The American College of Radiology (ACR) is excited and pleased to be selected as a member of the MAP Clinician Advisory Workgroup (pending member review of the roster). We are very much looking forward to assisting in that endeavor.</p> <p>The ACR also self-nominated to the Hospital workgroup, but was not selected. In reviewing that proposed roster, it is apparent that the member organizations have a broader focus than the Clinician workgroup, e.g. no specialty societies. That is understandable – however our motivational interest in that group was, in general because of the comprehensive nature of imaging in the hospital setting, and in particular because of the Imaging Efficiency measure set in the CMS Hospital Outpatient Quality Data Reporting Program (HOPQDRP) and the need for imaging safety measurement. Clearly, CMS has great interest in continuing to develop and implement imaging related measures in the hospital, which may prove to be the most appropriate setting for such measurement. We believe that the MAP Hospital Advisory workgroup is lacking in imaging expertise, either from an organizational or individual subject matter expert. The ACR’s collective expertise would fill this needed role, which is likely more appropriate as an organization than through individual expertise due to the many aspects of imaging (i.e. modalities, anatomical areas, technical/patient safety, and radiation dose).</p> | |
| American College of Emergency Physicians | Angela Franklin, Esq. Director of Quality and Health IT | <p>ACEP respectfully suggests that an ACEP representative would add a key, cross-cutting perspective to the clinician workgroup in particular. As stated in our earlier nomination materials:</p> <p>"In 2007, there were about 222 visits to U.S. emergency departments (EDs). Of those visits, a cross-section of vulnerable populations are seen by emergency physicians, including infants under 12 months old (88.5 visits per 100 U.S. infants), and persons aged 75 years and over (62.0 visits per 100 U.S. persons). In addition, the ED visit rate for persons living in nursing homes was approximately four times higher than for those living in private residences, the visit rate for homeless persons was almost twice that of those living in private residences, and compared with the ED visit rate for white persons, the rate for black persons was more than double, and that for Asian persons was less than one-half (National Health Statistics Reports, #26, August 6, 2010)."</p> | |

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| The Leapfrog Group | Leah F. Binder, MA, MGA Chief Executive Officer | <p>It is a weakness of the Workgroup to not include Leapfrog’s senior science director as a member or expert, providing real-time information and experience on the translation of measures to public reporting. Leapfrog’s ongoing engagement of over 2000 employers also brings opportunity for public/private sector alignment that would benefit the Workgroup on an ongoing basis. There is nothing comparable to Leapfrog at the national level; Leapfrog is a unique and pioneering effort of hundreds of purchasers that have forged ahead for a decade on the very work this Workgroup is now beginning. Thus it is inexplicable why the Workgroup would not draw on the lessons we learned along the way.</p> | |
| NQF Supplier and Industry Council | Kathleen Shoemaker Pharm D, MBA Council Chair Deborah Fritz Council Vice-Chair | <p>The Supplier and Industry Council includes a variety of stakeholders within its membership, including the medical device and diagnostics industry, pharmaceutical industry, health information technology developers, and healthcare consultants. Though our Council has a representative on the MAP Steering Committee and the MAP Hospital workgroup, we have identified knowledge gaps in a minimum of three areas:</p> <ul style="list-style-type: none"> • Patient-Reported Outcomes (PROs): We have health outcomes, physician, and medical researchers who are leading experts in the field of patient-reported outcomes. Each of the committees could use this expertise, particularly as the measurement field seeks to expand availability of patient-experience measures. • Health Information Exchange: We have foremost industry experts in data exchange specializing in patient safety, biosurveillance and pharmacy claims standards, whose knowledge would complement the medical claims experts currently selected. HIE is cross-cutting for all of the workgroups. • Dual-Eligible Beneficiaries: The pharmaceutical industry is a major stakeholder in the implementation and operation of Medicare Part D and the changes made to the program through the ACA. As such, we have useful perspectives about benefits design coverage aspects of Parts B versus D, and the impact these can have on patients’ access to care and their health outcomes. <p>We encourage the selection committee to consider filling these gaps with experts found within the NQF Supplier and Industry Council’s member organizations. We want the MAP committees to be successful and have the expertise necessary to accomplish their task. We appreciate the opportunity to offer these comments.</p> | |

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| American Nurses Association | Marla J. Weston, PhD, RN Chief Executive Officer | <p>The ANA respectfully requests reconsideration of the organizational members of the Hospital Workgroup. The American Organization of Nurse Executives (AONE) is a national organization of nurses who are important leaders in the designation, facilitation, and management of hospital care. However, AONE is a subsidiary of the American Hospital Association. As such, the mission of AONE is not to represent staff nurses or nurses in other roles working in hospitals. Placing AONE on the same workgroup as the American Hospital Association is akin to placing the American Nurses Credentialing Center, a subsidiary of ANA, on the same workgroup. Thus, ANA respectfully requests that a nationally recognized nursing organization that represents nurses familiar with the opportunities, barriers, and quality of care at the hospital bedside and ambulatory care areas in multiple roles be considered for inclusion in the final roster.</p> <p>The unique perspective and input of the practicing bedside nurse is important to identify structural, process, and outcome areas for quality measurement that are key to quality patient-centered care, including patient safety and reduction of avoidable hospital-acquired conditions, and reduction of avoidable excess cost. The ANA suggests that the Academy of Medical Surgical Nurses (AMSN), the largest group of practicing health professionals, 400,000 out of 3.1 million registered nurses in the United States, would be a prudent addition to inform the work of the Hospital Workgroup. Medical-surgical (med-surg) nurses provide care for adult patients in many hospital settings, such as inpatient care units, clinics, and ambulatory care units.</p> <p>In addition to the lack of front line nursing expertise on the organizational member roster, the voting panel of individual subject matter experts does not include a nurse. A nurse with expertise in care coordination and other multiple cross cutting areas (e.g., patient safety, health information technology) would be an excellent addition to these experts regarding hospital care.</p> | |
| American College of Nurse-Midwives | Diana Jolles, RN, CNM, MS | <p>Congratulations on the high quality panels you have assembled. My only comment is that the hospital panel is notably homogeneous with regard to profession. Thanks for the opportunity to review.</p> | |