



MAP Hospital Workgroup Web Meeting
October 31, 2012
11:00am – 1:00pm ET

A web meeting of the Measure Applications Partnership (MAP) Hospital Workgroup was held on Wednesday, October 31, 2012. For those interested in reviewing an online archive of the web meeting, please click on the link below:

<http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=464976>

Workgroup Members in Attendance at the October 31, 2012 Meeting:

Dana Alexander [subject matter expert: health IT]	Kevin Larsen, Office of the National Coordinator for Health Information Technology (ONC)
Richard Bankowitz, Premier Inc.	Mitchell Levy [subject matter expert: patient safety]
Barbara Caress, Building Services 32BJ Health Fund	Pamela Owens, Agency for Healthcare Research and Quality (AHRQ)
James Dunford [MAP Dual Eligible Beneficiaries Workgroup liaison]	Lance Roberts, Iowa Healthcare Collaborative
Jane Franke, Blue Cross Blue Shield of Massachusetts	Bruce Siegel [subject matter expert: safety net]
Shaheen Halim, Centers for Medicare & Medicaid Services (CMS)	Cristie Travis, Memphis Business Group on Health

Meeting Objectives:

- Orientation to MAP 2013 pre-rulemaking approach
- Discuss how MAP's first-year work contributes to 2013 pre-rulemaking input
- Review each program likely to be considered by the Hospital Workgroup
- Identify additional information sources to enhance MAP's decision-making

Gerald Shea, Acting CEO of the National Quality Forum, provided welcoming remarks and reviewed the meeting objectives, in lieu of Hospital Workgroup Chair, Frank Opelka, who was unable to attend the meeting. Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, reviewed MAP's statutory authority, structure, and recently released three-year Strategic Plan (2012-2015). He emphasized the importance of continuing to build feedback loops into MAP's structure and work.

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Lindsay Lang, Senior Program Director, Strategic Partnerships, NQF, reviewed the four step pre-rulemaking approach for 2013: 1) building on MAP's prior recommendations; 2) evaluating each finalized program measure set using MAP's Measure Selection Criteria; 3) evaluating measures under consideration for what they would add to the program measure sets; and 4) identifying high-priority gaps for programs and settings. She also explained some new aspects of pre-rulemaking this year, such as the role that MAP's families of measures and core measure sets will play, the addition of measure use information and performance results where available to support decision-making, and the push to provide more granular recommendations and rationale for MAP decisions on each measure.

Lindsay Lang and additional NQF staff provided an overview of the ten federal programs that the Hospital Workgroup will likely review during the 2013 pre-rulemaking process, including any relevant measure uptake information of MAP's 2012 recommendations to HHS. They explained what information will be made available to the workgroup members at the in-person meetings to assist them in their evaluations.

One of the workgroup members raised a question about how NQF receives information about measures. Tom Valuck clarified that it is a combination of information that NQF receives directly from HHS, as well as research that NQF staff conduct in advance of the in-person meeting to gather data about the measures to inform the process.

Allen Leavens, Senior Director, Strategic Partnerships, NQF, provided information about this year's process for evaluating the measures under consideration. He reviewed the sample discussion guides that will be used, and also explained how information about performance and measure use will be incorporated into materials to inform Hospital Workgroup members during their in-person meeting.

Workgroup members asked questions about the uptake information available from last year's pre-rulemaking work. Workgroup members expressed interest in knowing how CMS had taken MAP's input into consideration and the reasons behind any discrepancy, specifically for finalized measures that MAP did not support. One of the workgroup members also pointed out that it is important to take into account the particular needs and timing issues around federal programs, which may explain some of the discordance in last year's uptake and also could be helpful in informing this year's pre-rulemaking work.

During public comment, MAP received a number of suggestions for additional places to find measure use and performance information. Among these suggestions were the National Conference of State Legislatures (NCSL) for state data, particularly for hospital infections; the Institute of Healthcare Improvement (IHI); and the Hospital Engagement Networks of the Partnership for Patients.

Lindsay Lang reviewed the schedule for MAP's upcoming meetings and the call was adjourned.