



NATIONAL QUALITY FORUM

TO: Measure Applications Partnership

FROM: Christine Cassel, NQF President and CEO & Debra Ness, Chair, NQF Governance Committee

DATE: June 16, 2014

RE: Measure Applications Partnership Rosters 2014-2015

The Measure Applications Partnership (MAP) is entering its fourth year of providing strategic guidance to HHS. As a valued contributor to this important multi-stakeholder process, we wanted to make you aware of upcoming changes to MAP appointments and its governance structure. Historically, current MAP members who nominated themselves were reappointed to promote continuity and stability. However, as MAP has matured the benefits of new perspectives need to be balanced with having more seasoned voices at the table. We believe the changes recommended in this memo by the NQF Governance Committee will advance our shared desire to keep MAP relevant and nimble moving forward.

Strategic Issues for MAP Governance

Facilitating a seamless transition of MAP leadership

The current leadership on MAP has served since its inception. We are grateful for their time, dedication and extraordinary vision during these formative three years. The Coordinating Committee, Hospital Workgroup, and Dual Eligible Beneficiaries Workgroup have chairs with expiring terms in 2014. To ensure a seamless transition the following approach will be taken:

- Coordinating Committee: George Isham and Beth McGlynn will be reappointed as co-chairs. Over the next several months the Governance Committee will identify a co-chair to begin grooming for the next pre-rulemaking phase (2015-16). This individual will serve alongside an experienced co-chair as the other cycles off. We welcome your feedback as we recruit for this important role.
- Hospital and Dual Eligible Beneficiaries Workgroups: the current chairs, Frank Opelka and Alice Lind, will be re-appointed for an additional year and a vice-chair position will be created. The vice-chair will serve alongside the standing chair for 12 month period with the understanding they will assume the helm at the end of that time for a three-year term.

Rightsizing MAP for optimum decision-making

The composition and balance of MAP is critically important and includes having individuals with in-depth subject matter expertise and a diversity of perspectives across stakeholder groups. Over time MAP has recruited individuals with varying expertise as the breadth of its work has expanded. However, continuing to add more seats every year is not sustainable for meaningful conversation. Moving forward, although renewal of an existing seat is possible, it is not guaranteed, and expectations should be set for turnover to ensure fresh perspectives. To gradually right-size MAP membership a small number of seats will be eliminated from each group annually and a target "ideal" committee size will be established. This gradual adjustment will maintain balance of stakeholder interests and subject matter expertise while moving the group size in the right direction for more efficient decision-making.



Tapping expertise across NQF committees

NQF recently underwent an internal “lean” process improvement exercise to examine ways to better integrate measure endorsement (**C**onsensus **D**evelopment **P**rocess) and MAP measure selection in an effort to gain efficiencies and avoid duplication of effort. An opportunity was identified for MAP to tap standing CDP committees for specialized content knowledge on performance measures on an as-needed basis to allow for a broader range of feedback. This approach will support rightsizing as opposed to continually adding members to MAP.

Optimum Engagement of Federal Partners

Currently, MAP’s federal partners act as non-voting *ex-officio* members. Consistent with the “rightsizing” detailed above, a total of three federal partners will be appointed to the Coordinating Committee and each of the workgroups (Hospital, Clinician, PAC/LTC, and Dual Eligible Beneficiaries). CMS will serve as a standing member of the Coordinating Committee and each workgroup. HHS will identify two additional federal representatives to serve on the Coordinating Committee and each workgroup. A liaison strategy will be employed to engage federal partners more broadly as appropriate.

Consistent application of conflict of interest policy to measure developers

Historically, The Joint Commission, National Committee for Quality Assurance, and American Board of Medical Specialties have served as liaisons to MAP without voting privileges. The rationale for this status was they were measure developers/stewards of a significant number of measures submitted to MAP for review and hence had an inherent conflict of interest. However, other measure developers serve on MAP as voting members and recuse themselves when their measures are under consideration. Moving forward, NQF’s conflict of interest policy will be applied consistently across measure developers with all having voting privileges and being held to the same standards of transparency.

We wish to thank you for your support of MAP during the last three years and in the future. MAP’s value to HHS and to the field more broadly is determined by the willingness of its multi-stakeholder partners to volunteer their valuable time, energy, and expertise, and we do not take this for granted. If you would like to discuss any of the changes in this memo, please reach out to us directly. You may comment on the rosters at the following link to the [NQF website](#).