MEASURE APPLICATIONS PARTNERSHIP
CLINICIAN WORKGROUP
Convened by the National Quality Forum

Summary of MAP Clinician In-Person Meeting #1

The Measure Applications Partnership (MAP) Clinician Workgroup held their first in-person meeting on June 7-8, 2011. For those interested in reviewing an online archive of the web meeting, the link will be provided on the MAP Clinician Website.

The next meeting of the Clinician Workgroup will be a web meeting on June 30, followed by an in-person meeting on July 13-14, 2011, in Washington, DC.

Workgroup Members in Attendance at the June 7-8 meeting:

Chair
Mark McClellan, MD, PhD

Organizational Members	
American Academy of Family Physicians	Bruce Bagley, MD
American Academy of Nurse Practitioners	Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP
American Academy of Orthopaedic Surgeons	Douglas Burton, MD
American College of Cardiology	Paul Casale, MD, FACC
American College of Radiology	David Seidenwurm, MD (phone)
American Speech-Language-Hearing Association	Janet Brown, MA, CCC-SLP
Association of American Medical Colleges	Joanne Conroy, MD
Center for Patient Partnerships	Rachel Grob, PhD
CIGNA	Richard Salmon MD, PhD (phone)
Consumers' CHECKBOOK	Robert Krughoff, JD
Kaiser Permanente	Amy Compton-Phillips, MD
Minnesota Community Measurement	Beth Averbeck, MD
Physician Consortium for Performance Improvement	Mark Metersky, MD
The Alliance	Cheryl DeMars
Unite Here Health	Elizabeth Gilbertson, MS

Expertise	**Individual Subject Matter Expert Members**
Disparities	Marshall Chin, MD, MPH, FACP
Population Health	Eugene Nelson, MPH, DSc
Shared Decision Making	Karen Sepucha, PhD
Team-Based Care	Ronald Stock, MD, MA
Health IT/ Patient Reported Outcome Measures	James Walker, MD, FACP (phone)
Measure Methodologist	Dolores Yanagihara, MPH

Federal Government Members	
Agency for Healthcare Research and Quality (AHRQ)	Darryl Gray, MD, ScD
Centers for Disease Control and Prevention (CDC)	Peter Briss, MD, MPH
Centers for Medicare & Medicaid Services (CMS)	Michael Rapp, MD, JD, FACEP
Health Resources and Services Administration (HRSA)	Ian Corbridge, MPH, RN
Office of the National Coordinator for HIT (ONC)	Thomas Tsang, MD, MPH
Veterans Health Administration (VHA)	Joseph Francis, MD, MPH

The primary objectives of the first in-person meeting were to:

- *Review charge of the MAP Clinician Workgroup, role within the MAP, and a plan to complete the tasks;*
- *Define the elements and discuss guiding principles for a coordination strategy for clinician performance measurement;*
- *Analyze clinician measures currently in use in federal programs and their alignment to the National Quality Strategy;*
- *Provide input on the coordination of healthcare-acquired condition and hospital readmission measures across public and private payers.*

Workgroup Chair, Mark McClellan, as well as Janet Corrigan, President and CEO, NQF, began the meeting with a welcome and introductions. This was followed by disclosures of interest by the Workgroup, led by Ann Hammersmith, General Counsel, NQF.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided an overview of the MAP function, the specific charge the Coordinating Committee, the interaction between the Coordinating Committee and the Clinician Workgroup, and the MAP's member responsibilities, communications policy, and principles for media and public engagement.

The Workgroup members drew for their terms of membership. The chart below presents the terms for all Workgroup members.

Mark McClellan and Tom Valuck reviewed the Clinician Workgroup charge and described the strategies and models that contribute to the MAP decision making framework. These inputs include the HHS National Quality Strategy, the HHS Partnership for Patients safety initiative, the NQF-endorsed Patient-focused Episode of Care Model, and the high impact conditions as identified by the NQF-convened Measure Prioritization Advisory Committee.

In reviewing the clinician Workgroup charge, there was some discussion among the Workgroup about whether the term "clinician" was too narrow and should be replaced by something broader, such as "healthcare team." Ultimately, the Workgroup agreed that "clinician" was appropriate to use given the charge and its context.

Mark McClellan gave an overview of the elements of the clinician performance measurement strategy, which included:

- Core issues for measures and measurement – set of issues that measures and measurement strategies should seek to address;
- Data source and HIT implications – recognition of limitations of current data systems but potential for measures to promote more integrated and comprehensive data;
- Special considerations for vulnerable populations;

- Alignment with other settings; and
- Pathway for improving measure application.

These elements were discussed in detail throughout the remainder of the meeting.

In considering vulnerable populations Sarah Lash, Senior Program Director, Strategic Partnerships, NQF provided background on the Medicare-Medicaid dual-eligible population and discussed the measurement goals outlined by the MAP Dual-Eligible Workgroup. The complex and heterogeneous dual-eligible population was noted as important to consider throughout all aspects of the coordination strategy; however, the group identified several gap areas that differentially impact the duals:

- Measures that assess care across multiple settings, as well as the adequacy of community supports;
- Measures that support the assessment of multiple comorbidities;
- Measures addressing physical and mental disabilities; and
- Measures addressing cultural competency, language, and health literacy.

Ted vonGlahn, Pacific Business Group on Health, presented the Stanford-PBGH team's work supporting the MAP Coordinating Committee's development of measure selection criteria. Tom Valuck presented the Coordinating Committee's measures selection principles that will serve as the basis of the measure selection criteria. Those principles are:

- Promoting "systemness" and shared accountability,
- Addressing the various levels of accountability in a cascading fashion to contribute to a coherent
- measure set,
- Enabling action by providers,
- Helping consumers make rational judgments,
- Assessing quantifiable impact and contributing to improved outcomes, and
- Considering and assessing the burden of measurement.

In providing input to the Coordinating Committee on the measure selection principles, the Workgroup highlighted the following additional considerations:

- Additional measure selection principles:
  - Measure sets for a specific purpose
  - Impact
  - Evidence-based as indicative of high value
  - Disparities
  - Understandable/usable to intended audiences (e.g., consumers, physicians, policymakers)
  - Actionable to the affected healthcare team member
  - Unintended consequences
  - Balancing parsimony and comprehensiveness
- Key measure types needed in the coordination strategy:
  - Defining what people need – functional status, quality of life, coordinated care
  - Delta measures (change across time)
  - Across settings
  - Patient-reported outcomes

Representatives of ONC and CMS presented their specific needs regarding alignment among federal programs, public-private alignment, and what they wanted the Clinician Workgroup to accomplish. Tom Tsang, Medical Director, Meaningful Use, ONC, gave a brief presentation about HIT implications; and Mike Rapp, Director, Quality Measurement and Health Assessment, CMS, reviewed the federal programs specifically highlighting CMS' goal of working with multiple stakeholders in moving toward value-based purchasing. In reviewing the various federal programs – PQRS, Physician Compare, ePrescribing, EHR/Meaningful Use, and the QRUR/Value Modifier – Dr. Rapp presented the following as key implementation issues for physicians:

- Selection of measures
- Collection of quality data
- Public reporting of measures
- Resource use reports

In discussion, the Workgroup raised issues about patient safety, the current lack of standards around care coordination, harmonization of measure domains, and the proper use of efficiency measures. There was discussion about individual vs. group measures and reporting, and the issue of reporting burden on providers. The Workgroup highlighted the need to incorporate non-clinical data, such as societal factors surrounding patients.

Frank Opelka, MAP Safety Workgroup Chair, presented the current approach and work of the MAP Safety Workgroup to solicit input from the Clinician Workgroup. The Clinician Workgroup provided the following input to the MAP Safety Workgroup:

- Look beyond hospitals
- Importance of real-time feedback of data from payers
- Assessment through risk/predictive modeling
- Significance of payers role in system-wide collaboration
- Significance of clinician role in education/readmission prevention
- Align incentives for performance improvement
- Importance of front-line staff

To begin the second day, Floyd Eisenberg, Senior Vice President, HIT, NQF, provided an overview of NQF's Quality Data Model and how the current and future status of HIT adoption impacts quality measurement. Jim Walker, Chief Health Information Officer of the Geisinger Health System, provided comments highlighting the need for parsimony— finding measures that address care process and management in real time and at multiple levels. There was discussion again about individual/physician-level vs. group reporting, as well as the types of data being collected and reported. The subjects of ACOs and medical homes were raised as examples of a broader approach that HHS seems to be taking for promoting HIT adoption through systems that incorporate data derived from EHRs. The Workgroup also raised the importance of getting both clinicians and the public timely and transparent data to support decision making.

Taroon Amin, Senior Director, Strategic Partnerships, NQF, and Mitra Ghazinour, Project Manager, NQF, provided an orientation to the clinician performance measures table, a tool created to assist the Workgroup in its task of analyzing measures currently in use in federal programs. Mark McClellan and Aisha Pittman, Senior Program Director, Strategic Partnerships, NQF gave an overview of the federal and select private programs, related to clinical performance measures, and explained the Workgroup's afternoon activity of evaluating subsets of the existing clinician measures utilizing the measure selection principles. Through this activity the

Workgroup was asked to consider what should be incorporated into the measure selection criteria and to begin to consider which existing measures would best contribute to a core set of clinician measures.

In reporting back from the small group session, the following essential key themes arose:

- Shared accountability or "teamness"
- The importance of having measures address multiple levels of analysis
- Measures should be useful to their intended audience (e.g., consumers, policy makers, payers, purchasers)
- Predicting, preventing, and mitigating unintended consequences

The group also acknowledged the tension between balancing parsimony and comprehensiveness in a measure selection process, and began noting measure gap areas.

The meeting concluded with Mark McClellan providing a synthesis of day 2 conversation and next steps for the Workgroup.

1-Year Term	2-Year Term	3-Year Term
Mark McClellan, MD, PhD (*Chair)*	Center for Patient Partnerships, represented by Rachel Grob, PhD	American Academy of Nurse Practitioners, represented by Mary Jo Goolsby, EdD, MSN, NP-C, CAE, FAANP
American Academy of Family Physicians, represented by Bruce Bagley, MD	Kaiser Permanente, represented by Amy Compton-Phillips, MD	American College of Radiology, represented by David Seidenwurm, MD
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