MEASURE APPLICATIONS PARTNERSHIP
COORDINATING COMMITTEE
Convened by the National Quality Forum

Summary of In-Person Meeting #4

An in-person meeting of the Measure Applications Partnership (MAP) Coordinating Committee was held on Tuesday, November 1 and Wednesday, November 2, 2011. For those interested in reviewing an online archive of the web meeting, please click on the link below:

Committee Members in Attendance at the November 1-2, 2011 Meeting:

George Isham (Co-Chair)	Shari Ling, Center for Medicare and Medicaid Services (substitute for Patrick Conway, day 2)
Elizabeth McGlynn (Co-Chair)	Elizabeth Mitchell, Maine Health Management Coalition
Nancy Foster, American Hospital Association (substitute for Rhonda Anderson)	Ira Moscovice [subject matter expert: rural health]
Richard Antonelli (phone) [subject matter expert: child health]	Steven Brotman, AdvaMed (substitute for Michael Mussalem)
David Baker, American College of Physicians	Mary Barton, National Committee for Quality Assurance, (substitute for Peggy O'Kane)
Christine Bechtel, National Partnership for Women and Families	Frank Opelka, American College of Surgeons
Joseph Betancourt (phone) [subject matter expert: disparities]	Doris Peter, Consumers Union
Judith Cahill, Academy of Managed Care Pharmacy	Cheryl Phillips, LeadingAge
Ahmed Calvo, Health Resources and Services Administration	Harold Pincus [subject matter expert: mental health]
Christine Cassel, American Board of Medical Specialties	Carol Raphael [subject matter expert: health IT]
Mark Chassin, The Joint Commission	Chesley Richards, Centers for Disease Control and Prevention
Patrick Conway, Center for Medicare and Medicaid Services	Joshua Seidman, Office of the National Coordinator for HIT
Suzanne Delbanco, Catalyst for Payment Reform	Marissa Shlaifer, Academy of Managed Care Pharmacy (substitute for Judith Cahill, day 2)
Joyce Dubow, AARP	Gerald Shea, AFL-CIO
Aparna Higgins, America's Health Insurance Plans	Carl Sirio, American Medical Association
Eric Holmboe, American Board of Medical Specialties (substitute for Christine Cassel, Part of day 1 and day 2)	Margaret VanAmringe, The Joint Commission (substitute for Mark Chassin, day 2)
Chip Kahn, Federation of American Hospitals	Marla Weston, American Nurses Association
William Kramer, Pacific Business Group on Health	Nancy Wilson, Agency for Healthcare Research and Quality
Sam Lin, American Medical Group Association	

The primary objectives of the meeting were to:

- Finalize the MAP Measure Selection Criteria;
- Set the pre-rulemaking analysis approach;
- Identify core measures and prioritize measure gaps concepts; and
- Review findings from the Post-Acute Care/Long-Term Care Workgroup and finalize input to HHS on a coordination strategy for performance measurement across post-acute and long-term care settings.

Welcome and Review of Meeting Objectives

Coordinating Committee Co-Chairs, George Isham and Beth McGlynn, began the meeting with a welcome and review of the meeting objectives.

Measure Selection Criteria

George Isham began the section on the Measure Selection Criteria. Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided a review of the outstanding issues raised during the October 19 Coordinating Committee web meeting:

1. Marla Weston commenting that Criterion #4 (Measure set promotes alignment with specific program attributes) could work against harmonization across programs;
2. Chip Khan asking for clarification of the meaning of "measure set";
3. Steve Brotman recommending strengthening Criterion #1 (Measures within the set meet NQF-endorsement criteria); and
4. Mark Chassin recommending adding criteria to the characteristics of outcome and process measure types in the interpretive guide for Criterion #5 (Measure set includes an appropriate mix of measure types).

Marla Weston began the discussion on issue #1 by positing that the MAP Measure Selection Criteria should promote alignment of measure sets across programs, while accounting for individual program attributes, to drive toward a more coordinated, integrated system. Several Coordinating Committee members voiced support for this position and provided additional considerations for alignment. Following the discussion, the Committee adopted language modifications to Criterion #4 to include alignment across programs.

The discussion on issue #2 began with a restatement of the issue previously raised by Chip Kahn at the October 19 web meeting. Mr. Kahn stated it was unclear how MAP was defining the term "measure set." The Committee then discussed how the term can refer to a collection of measures for a condition, procedure, topic, population, or program. It was noted that the Center for Medicare and Medicaid Services rules have used the term variably. It was proposed that for the purposes of MAP, all uses of the term measure set should be qualified for clarity. Following the discussion, the Committee adopted modifications of the Measure Selection Criteria and Interpretive Guide to add the requested clarifications.

The discussion on issue #3 began with a suggestion by Steve Brotman that language in the Measure Selection Criteria should more heavily emphasize the importance of NQF-endorsement. This was followed by discussion that there may be instances where a promising measure may not have been submitted for NQF endorsement or in the pipeline for endorsement. It was determined that in those instances, MAP could make its recommendation contingent on the measure meeting the NQF criteria for expedited review as well as subsequent endorsement. The discussion concluded with the Committee adopting the corresponding modification to the Measure Selection Criteria and Interpretive Guide.

The discussion on issue #4 began with a restatement by Mark Chassin on the desired characteristics of outcomes and process measures raised during the October 19 web meeting. Dr. Chassin made a motion to create a new Criterion #9 to be added to the Measure Selection Criteria with additional criteria for outcome and process measures. The Committee then discussed implications of the proposed new criterion on:

- NQF endorsement criteria and process;
- Innovation in the evolving science of measurement, including risk adjustment; and
- Balance of measure integrity, getting measures into use, and maintaining forward motion of the quality measurement enterprise.

While there was widespread support among the Committee members for the aspirational notions represented by the additional criteria, a number of members pointed out the need to balance aspirations with the realities of the current state of measurement. Additionally, Committee members were concerned that the additional criteria would undermine the NQF endorsement process.

Following the discussion, Dr. Isham called for a show of hands on the motion to add the new Criterion #9. He counted 4 in favor, 21 opposed, and 2 abstentions. The motion failed.

Proposed Approach to Pre-Rulemaking Analysis
Connie Hwang explained the proposed approach and the roles of the Coordinating Committee and MAP workgroups for the pre-rulemaking task. The approach includes setting a vision for harmonized measurement, developing core measures for settings, and reviewing measures under consideration by CMS for rulemaking for specific programs. She explained that the process had been worked out through discussions with CMS.

Partnership Alignment – NPP and MAP
Bernard Rosof, Co-Chair of the National Priorities Partnership (NPP), presented on NPP's recent input to HHS on the 2012 National Quality Strategy (NQS). The aim of their input was to make the NQS more actionable by Identifying measureable goals and recommending strategic opportunities. Following the presentation, MAP Coordinating Committee members expressed interest in more closely connecting the work of MAP and NPP.

MAP Hospital Workgroup Experience with Core Measures
Frank Opelka, Chair of the MAP Hospital Workgroup, shared the workgroup's experience in developing a hospital core measure set. He stated that to get to a core measure set the workgroup began by evaluating the CMS Hospital Inpatient and Outpatient Quality Reporting measures and the Hospital Value-based Purchasing measures using the MAP Measure Selection Criteria. Focusing on high-impact conditions, the NQS, and NQF endorsement status, the workgroup identified hospital core measures and measure gap areas.

Core Measures Breakout Session
Connie Hwang presented the summary of the pre-meeting survey exercise the Coordinating Committee members completed. The objectives of exercise were to:

- Determine setting-specific core measures;
- Confirm priority measure gap concepts; and
- Suggest potential removal and/or addition of measures to the cores.

Dr. Hwang explained that the core measures will serve as a starting place for decisions about the pre-rulemaking inputs to HHS.

Each subgroup reported their findings:

Hospital subgroup

- Focused on expectations for MAP Hospital Workgroup in upcoming pre-rulemaking analysis
    - Coordinating Committee should build on workgroup recommendations not complete a de novo exercise
    - Workgroups should be supplied with adequate specifications for measures for their evaluations
    - Include contextual overlay (e.g., pros/cons)
    - Recommend removal of measures
    - Considerations for critical access hospitals (CAHs)

Clinician subgroup

- When assessing core measures against measure selection criteria, recognize significant gap areas
- Identified two types of measurement gaps
    - Measures exist but not included in core (short-term gap)
    - Measures do not exist (long-term gap)
- Prioritization of 4 gaps out of 13 identified
    - Child health
    - Missing conditions for specialty providers
    - Patient and family experience
    - Resource use
- Suggested removal of measures
    - Agreement to remove NQF retired measures (NQF #0082, 0084, 0085, 0013)
    - Considered some diabetic measures to be weak

Post-Acute Care/Long-Term Care subgroup (reported out on day 2)

- Need to translate concepts into actionable measures
- Identified the following priorities
    - Infections, especially in post-acute care settings
    - Pressure ulcers
    - Inappropriate/medication management
    - Function preservation
    - Goals and shared decision-making
    - Experience of care
    - Individual affordability
- Identified the following gaps
    - Experience of care
    - Medication management and inappropriate prescribing
    - Making care more affordable
    - Avoidable hospitalization
    - Population specific prevention measures
    - Mental health measures
    - Care coordination among and within providers and across settings

During public comment, it was suggested that there is a need to distinguish between care coordination and team-based care. Victor Freedman cited that team-based care revolves

around a clinical system, while care coordination encompasses the participation of a much larger system beyond the confines of clinical settings.

The first day concluded with George Isham providing a summary of the day's themes and an overview of the second day's agenda.

The second day of the meeting began with George Isham providing a recap of day 1, touching on the overarching themes that emerged in day 1 discussions.

Post-Acute Care/Long-Term Care Quality Measurement Strategy
Carol Raphael, Chair of the MAP Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup, presented the contents of the workgroup draft report of a performance measurement coordination strategy for post-acute care and long-term care. The aim of the strategy is to enhance alignment across public and private initiatives and focuses on three key areas:

- Defining priority areas for measurement and a core set of measure concepts for PAC/LTC performance measurement to harmonize measures and promote common goals across initiatives. This also includes identification of priority measure gap concepts;
- Highlighting the need for common data sources and health information technology (HIT) so that data can be collected once, during the course of care, in the least burdensome way, used for multiple purposes, and with timely feedback; and
- Determining a pathway for improving measure application to meet current and emerging needs of all relevant initiatives.

Following the presentation, the Coordinating Committee provided the following guidance and input to the workgroup report:

- Balancing of standardized vs. customized care and measurement
- Appropriate level of care particularly important
- Safety is an important PAC/LTC issue for consideration
- Accountability and attribution important for consideration by the workgroup, with team based care, medical home/ACO concepts as well as linkages to community resources at the forefront
- Advanced care plans with person and family centered goals of great importance for this population
- Consideration of risk-adjustment as well as other population based statistical methodologies
- Staffing stability and caregiver preparedness/experience need to be contemplated
- Variety of settings contributes to complexity of measurement in this arena, therefore parsimony is of high importance

To close the meeting, Coordinating Committee members suggested some additional considerations regarding the important areas of measurement across the various settings (i.e., clinician, hospital, and PAC/LTC). The Coordinating Committee also offered further inputs and requests of the MAP workgroups during the upcoming pre-rulemaking activities. In addition to the workgroups' recommendations on program measure sets, the Coordination Committee asked to receive information on the workgroup's decision-making processes and rationale (e.g., strengths/weaknesses, list of excluded measures, alignment with NQS goals/priorities). A summary of requests for information that the Committee would like to receive includes:

- Description of the goals of the CMS programs
- Listing of measures with specifications

- Summary of the cross-cutting issues (e.g., care coordination, medication management), gaps, and if available, recommendations to fill gaps
- Information regarding experience of implementation and use of measures in the field
- Where significant disagreements occurred
- Consideration for health disparities.

The meeting concluded with a summary of day 2 and discussion of next steps. The next meeting of the Coordinating Committee will be an in-person meeting on January 5-6, 2012, in Washington, D.C.