

## Measure Applications Partnership - Coordinating Committee Roster Public Comments

Comment Period Closed 1/7/2011

Organization	Individual	Feedback
Alliance for Pediatric Quality	Errol Alden, MD, FAAP Lawrence McAndrews Jerry Rutherford James Stockman	The Alliance for Pediatric Quality applauds the addition of new entities, such as the National Association of Medicaid Directors, and is very pleased to see the provisional appointment of Dr. Richard Antonelli as an individual subject matter expert in child health. The Alliance for Pediatric Quality is disappointed, however, in the omission of an entity representing child health as an organizational member of the Coordinating Committee. The unique needs of infants, children and adolescents have not been equally addressed by the quality measurement enterprise. We also observe that many of the proposed organizational members are also members of the National Quality Forum Board of Directors. We wonder if there is a missed opportunity for enhancing the diversity of the Partnership, including the representation of vulnerable populations.
American College of Physicians	Lea Anne Gardner RN, PhD	The co-chairs are terrific experts, but the roster may be light on individuals with expertise in implementation, data issues, and health information technology. Will a technical advisory group be used to supply that input?
American Geriatrics Society	Sharon Brangman, MD Jennie Chin Hansen, RN, MS, FAAN	The nation's millions of baby boomers are expected to live longer than their predecessors and to have more chronic and complex chronic conditions. AGS strongly recommends that NQF include an older adult health expert who can speak to issues that take into account vulnerable elders.
Association for Behavioral Health and Wellness, comments signed by the 40 members of the Mental Health Liaison Group	Pamela Greenberg	It is necessary to address co-occurring mental health and substance use disorders in order to achieve improvements in quality of care. Federal government membership should include representatives from SAMHSA. In addition to the important inclusion of Dr. Harold Pincus as an expert, we ask for additional representation from the mental health and substance use disorder communities.

NQF Response
<ul style="list-style-type: none"> <li>• 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.</li>   <li>• During the selection of members for the MAP Coordinating Committee, the Nominating Committee considered all of the specific topic areas for which commenters requested additional representation. The Nominating Committee will consider these important topic areas again during the selection of members for the MAP workgroups.</li>   <li>• NQF has issued a call for nominations for the MAP advisory workgroups, open through February 7, 2011. The workgroups will advise the Coordinating Committee, as needed, on quality issues and the use of measures to encourage improvement for</li> </ul>

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California Hospital Association	Alyssa Keefe, MPP	In general, CHA supports the nominations and structure outlined in the MAP roster. CHA encourages NQF to remove the stakeholder group designations on the roster and in the future provide a brief paragraph describing the group or the individual. CHA strongly recommends that the chair of each subgroup be made a voting member of MAP to ensure continuity among the working groups and the coordinating committee. CHA also respectfully raises concerns regarding MAP oversight and the number of overlapping members of the Partnership, the NQF Board of Directors, and the National Priorities Partnership.
Center for Studying Health System Change	Ann O'Malley, MD, MPH	To ensure adult primary care representation, include an expert from the American Academy of Family Practice or from the Society of General Internal Medicine. I think this perspective would help ensure measures of person-centered care across needs and conditions are represented.
Cleveland Clinic	Michael Phelan, MD	Emergency medicine is an important area that is missing from the MAP. Emergency departments are the access point for many of the most difficult to treat patients. Consider adding the American College of Emergency Physicians to represent this key role in providing access and care.
HealthPartners	Nico Pronk, PhD	The proposed roster reflects a distinguished group of organizations and individual experts. Costly chronic conditions are preventable in nature and much of their burden can be addressed by health behaviors. It is strongly suggested that additional representation and expertise from the health promotion/disease prevention community is added to the committee.
National Association of Psychiatric Health Systems	Kathleen McCann, RN, PhD	The National Association of Psychiatric Health Systems requests that a member be appointed to the Measure Applications Partnership who is a subject matter expert in substance abuse disorders.
Physician Consortium for Performance Improvement (PCPI)	Bernard Rosof, MD, MACP	PCPI supports the proposed roster and would like to express our continued interest in engaging in the work of the Measure Applications Partnership.

NQF Response
<p>specific care settings, care providers, and patient populations. The MAP workgroups offer an additional opportunity for stakeholders to become involved.</p> <ul style="list-style-type: none"> <li>Two commenters raised the issue of overlap among MAP Coordinating Committee members, NQF Board members, and National Priorities Partnership members. Of the 27 voting Coordinating Committee members, 8 (30%) are on the NQF Board of Directors (note that NQF Board members sit as individuals, not organizational representatives) and 9 (33%) are on the NPP. Given the intense interest in the MAP and the need for coordination across these groups, the Nominating Committee intended some overlap. However, the Nominating Committee will be encouraging Coordinating Committee organizational members to select new faces as organizational representatives. Further, the Nominating Committee will take</li> </ul>

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Puget Sound Health Alliance	Susie Dade, MPA	I endorse the nomination of the Maine Health Management Coalition and the Pacific Business Group on Health. We believe it is important to have local organizations, particularly multi-stakeholder organizations, participate in this effort. We urge NQF to add additional multi-stakeholder Regional Health Improvement Collaboratives to the Coordinating Committee membership.
Society of Critical Care Medicine (SCCM)	Judith Jacobi, PharmD, BCPS, FCCM	SCCM is disappointed that our organization was not chosen, but we recognize the work the selection committee has undertaken to ensure broad representation. SCCM looks forward to upcoming opportunities to engage in this work.
Sylvester Comprehensive Cancer Center	L Jill Halman, BSN, MPH, PhD	While you seem to have thought of most constituencies, I am concerned that you do not have an expert in oncology care.
The Washington Circle	Frank McCorry, PhD	The effective prevention and treatment of substance use conditions is an essential component of any effort to improve patient outcomes and drive down health care costs, particularly for patients with chronic physical and behavioral health conditions. Federal government membership should include representatives from SAMHSA. In addition to the important inclusion of Dr. Harold Pincus as an expert, we ask for additional representation from the mental health and substance use disorder communities.
UCLA Integrated Substance Abuse Programs	Richard Rawson, PhD	I encourage the addition of SAMHSA as a government agency to provide an essential perspective on mental health and substance use disorders.
University of Wisconsin	Victor Capoccia, PhD	Substantial literature identifies the impact that addiction disorders and mental health conditions have on other chronic illnesses. I strongly urge the inclusion of the Substance Abuse and Mental Health Services Administration (SAMHSA) as an ex-officio member, and also a representative of a behavioral health organization (i.e. State Associations of Addiction Services).
	Michelle Allen, PharmD, BCPS, FCCM	Critical care is the most cost-intensive and one of the highest mortality practice areas; I request that a member who can represent this discipline be appointed.

NQF Response
<p>this issue into consideration again when selecting the MAP workgroups.</p>