NATIONAL QUALITY FORUM

Agenda

MAP Person-and Family-Centered Care Family of Measures Task Force In-Person Meeting

May 12, 2014

Remote Participation Instructions:

Streaming Slides and Audio Online

1. Direct your web browser to the following URL: nqf.commpartners.com
2. Under “Enter a meeting,” type in the meeting number **892351** and click on “Enter.”
3. In the “Display Name” field, type in your first and last name and click on “Enter Meeting.” Audio will be transmitted through the phone, so turn off your computer speakers.

Teleconference

4. Committee participant: Dial **(888) 802-7237** and use confirmation code **24763967**. Note: All committee members will have an open line.
5. Public participant: Dial **(877) 303-9138** and use confirmation code **24763967.**

Meeting Objectives:

- Affirmation of task force use of terminology and high-leverage opportunities
- Select measures and identify high-priority gaps for the Person- and Family-Centered Care family

8:30 am **Breakfast**

9:00 am **Welcome, Introductions, and Review of Meeting Objectives**
Gail Hunt, Co-Chair
Rhonda Anderson, Co-Chair

9:20 am **MAP Population Health and Affordability Families**
Gail Hunt, Co-Chair
Allen Leavens, Senior Director, NQF
Rob Saunders, Senior Director, NQF

- MAP Population Health High-Leverage Opportunities
- MAP Affordability High-Leverage Opportunities

9:40 am **Person- and Family-Centered Care Definition and High-leverage Opportunities and Measurement Areas**
Rhonda Anderson, Co-Chair

- Person-Centered Care Terminology
- Review Survey results for the PFCC definition and high-leverage opportunities

10:15 am **Break**

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10:25 am	**Experience of Care** *Rhonda Anderson, Co-Chair* *Task Force Discussion* • Select and prioritize measures • Identify gaps
12:00 pm	**Lunch**
12:30 pm	**Quality of Life** *Rhonda Anderson, Co-Chair* *Task Force Discussion* • Select and prioritize measures • Identify gaps
2:10 pm	**Break**
2:25 pm	**Patient and Family Engagement** *Gail Hunt, Co-Chair* *Task Force Discussion* • Select and prioritize measures • Identify gaps
3:00 pm	**Access to Self-Management Support** *Gail Hunt, Co-Chair* *Task Force Discussion* • Select and prioritize measures • Identify gaps
3:45 pm	**Identify Short-Term and Long-Term Recommendations** *Gail Hunt, Co-Chair* • Round-robin discussion from each task force member regarding short and longer-term recommendations
4:35 pm	**Public Comment**
4:50 pm	**Wrap Up and Next Steps** *Gail Hunt, Co-Chair* *Mitra Ghazinour, Project Manager, NQF*
5:00 pm	**Adjourn**

Measure Applications Partnership

Person- and Family-Centered Care Task Force

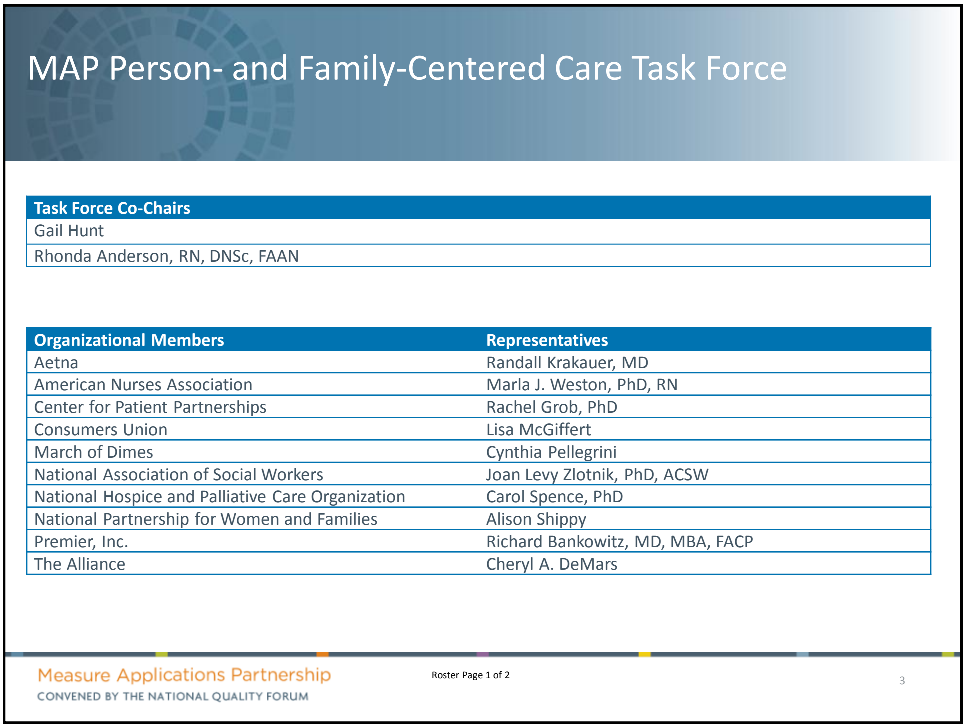
In-Person Meeting

May 12, 2014

NATIONAL QUALITY FORUM

Welcome

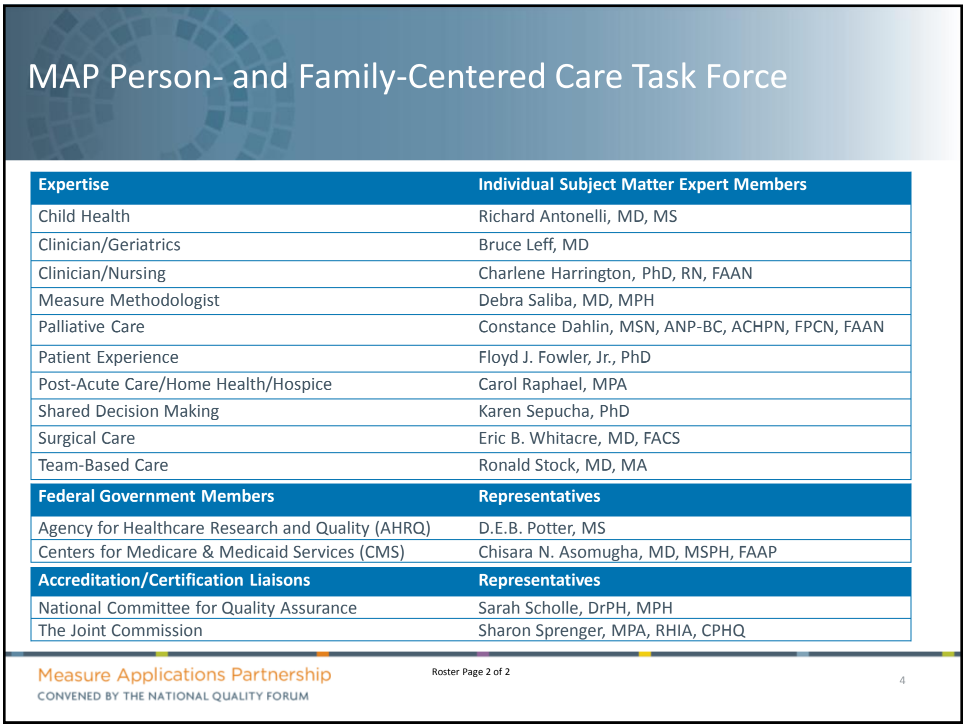
Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM



MAP Person- and Family-Centered Care Task Force

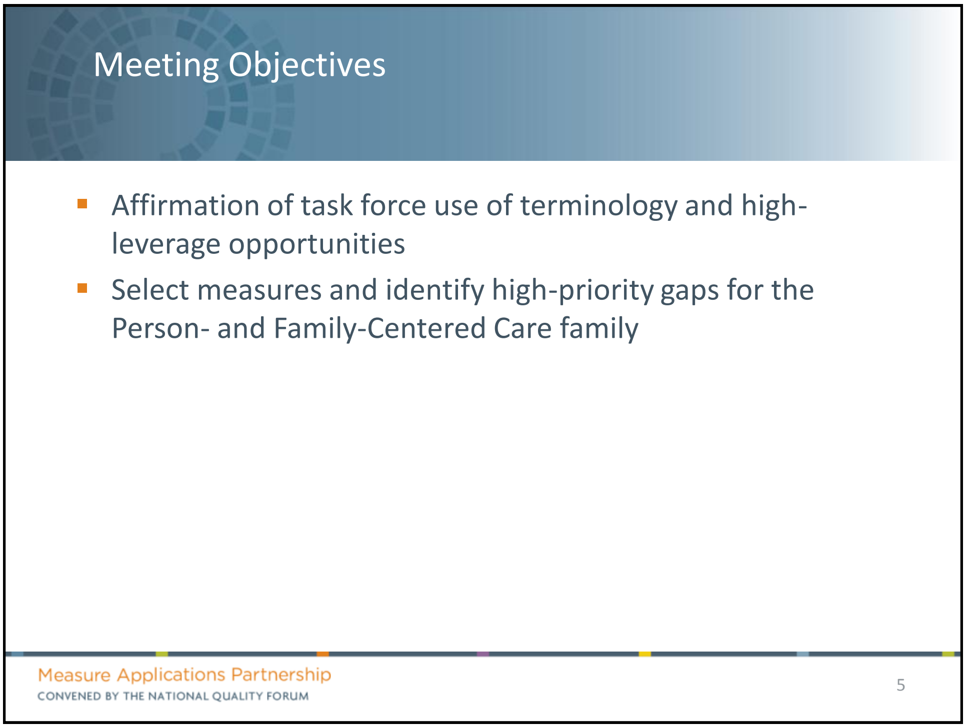
Task Force Co-Chairs
Gail Hunt
Rhonda Anderson, RN, DNSc, FAAN

Organizational Members	Representatives
Aetna	Randall Krakauer, MD
American Nurses Association	Marla J. Weston, PhD, RN
Center for Patient Partnerships	Rachel Grob, PhD
Consumers Union	Lisa McGiffert
March of Dimes	Cynthia Pellegrini
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
National Hospice and Palliative Care Organization	Carol Spence, PhD
National Partnership for Women and Families	Alison Shippy
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP
The Alliance	Cheryl A. DeMars



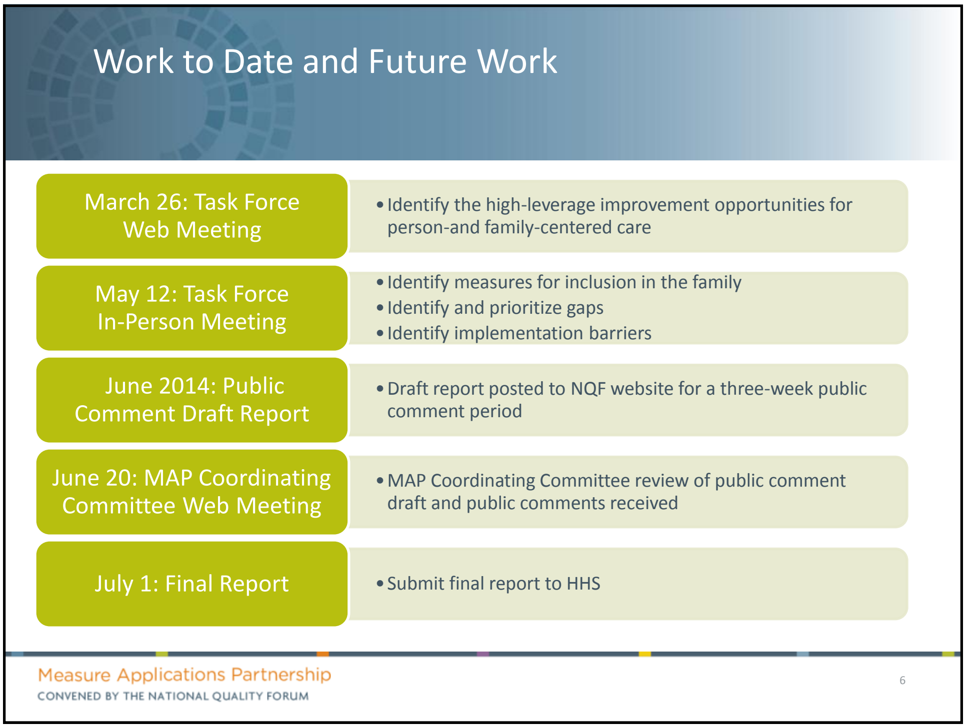
MAP Person- and Family-Centered Care Task Force

Expertise	Individual Subject Matter Expert Members
Child Health	Richard Antonelli, MD, MS
Clinician/Geriatrics	Bruce Leff, MD
Clinician/Nursing	Charlene Harrington, PhD, RN, FAAN
Measure Methodologist	Debra Saliba, MD, MPH
Palliative Care	Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN
Patient Experience	Floyd J. Fowler, Jr., PhD
Post-Acute Care/Home Health/Hospice	Carol Raphael, MPA
Shared Decision Making	Karen Sepucha, PhD
Surgical Care	Eric B. Whitacre, MD, FACS
Team-Based Care	Ronald Stock, MD, MA
Federal Government Members	**Representatives**
Agency for Healthcare Research and Quality (AHRQ)	D.E.B. Potter, MS
Centers for Medicare & Medicaid Services (CMS)	Chisara N. Asomugha, MD, MSPH, FAAP
Accreditation/Certification Liaisons	**Representatives**
National Committee for Quality Assurance	Sarah Scholle, DrPH, MPH
The Joint Commission	Sharon Sprenger, MPA, RHIA, CPHQ



Meeting Objectives

- Affirmation of task force use of terminology and high-leverage opportunities
- Select measures and identify high-priority gaps for the Person- and Family-Centered Care family



Work to Date and Future Work

March 26: Task Force Web Meeting	• Identify the high-leverage improvement opportunities for person-and family-centered care
May 12: Task Force In-Person Meeting	• Identify measures for inclusion in the family • Identify and prioritize gaps • Identify implementation barriers
June 2014: Public Comment Draft Report	• Draft report posted to NQF website for a three-week public comment period
June 20: MAP Coordinating Committee Web Meeting	• MAP Coordinating Committee review of public comment draft and public comments received
July 1: Final Report	• Submit final report to HHS

MAP Families of Measures—Population Health and Affordability

MAP Population Health Family of Measures

National Quality Strategy Priority: Working with communities to promote wide use of practices to enable healthy living

Long-term goals:

1. Promote healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.
2. Promote healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.
3. Promote healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.

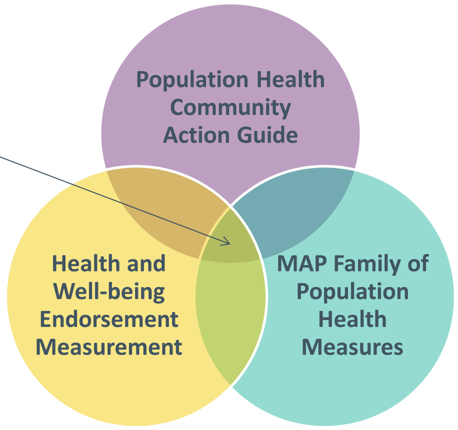
MEASURE FOCUS	KEY MEASURE NAME/DESCRIPTION	CURRENT RATE
Depression	Percentage of adults reported symptoms of a major depressive episode (MDE) in the last 12 months who received treatment for depression in the last 12 months	68.3%*
Obesity	Proportion of adults who are obese	35.7%**

*Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2010.

** Source: Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES), 2010.

NQF's Current Work on Population Health

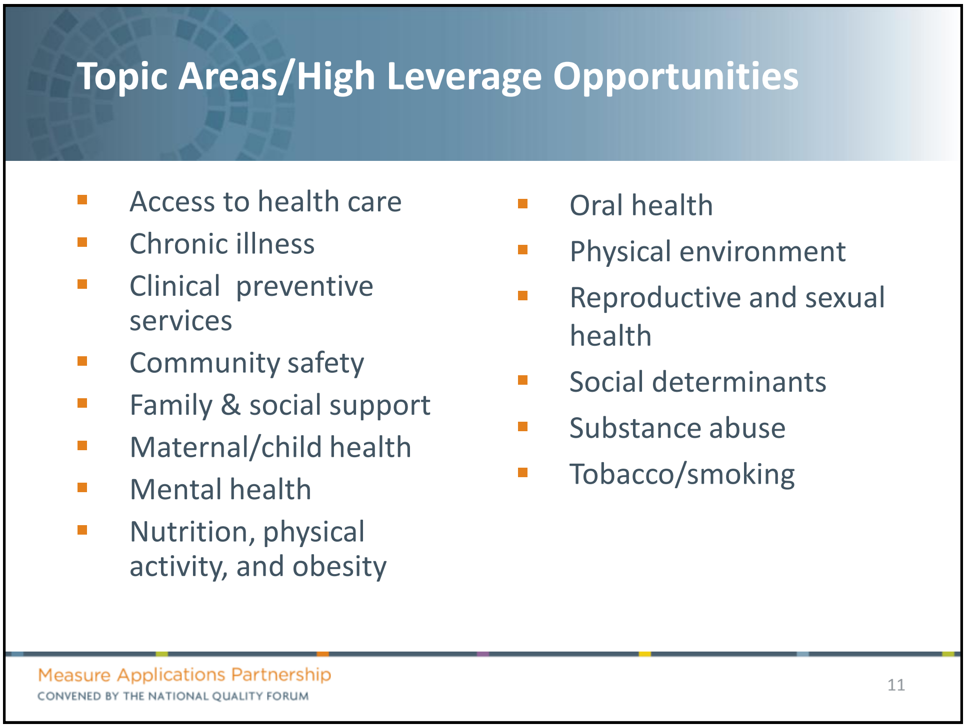
- **Aligned with NQS' Three-Part Aim**
- **Focus beyond medical model – increased emphasis on determinants of health and improvement activities**
- **Address measurement, measure gaps, methodological and other challenges of population health measure development**
- **Opportunity to leverage population health activities and to exchange ideas between committees**



Population Health Community Action Guide

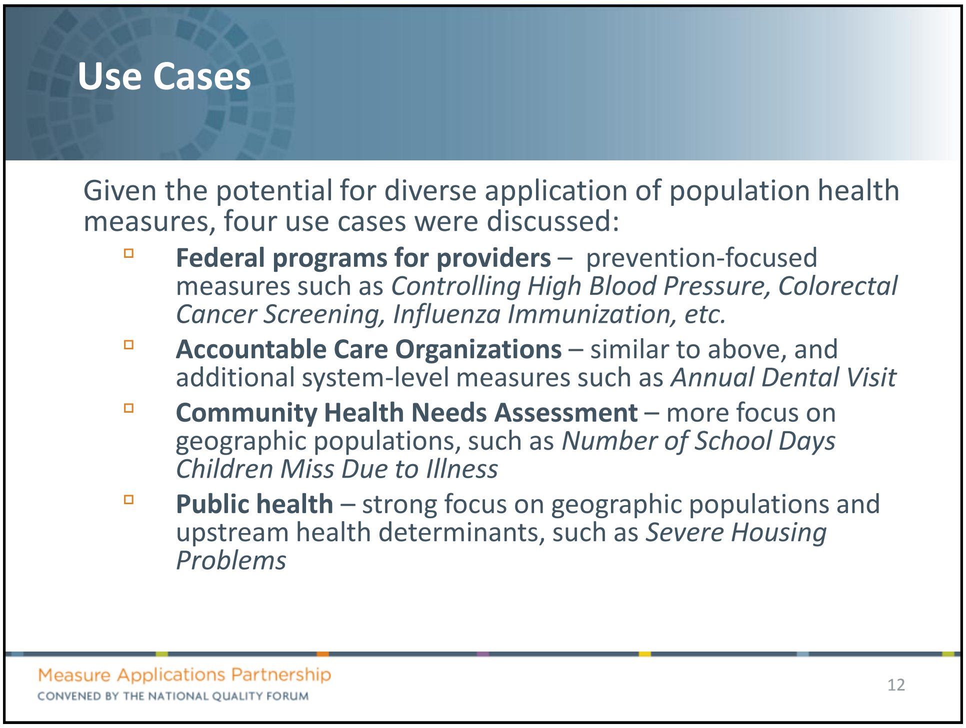
Health and Well-being Endorsement Measurement

MAP Family of Population Health Measures



Topic Areas/High Leverage Opportunities

- Access to health care
- Chronic illness
- Clinical preventive services
- Community safety
- Family & social support
- Maternal/child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Physical environment
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco/smoking



Use Cases

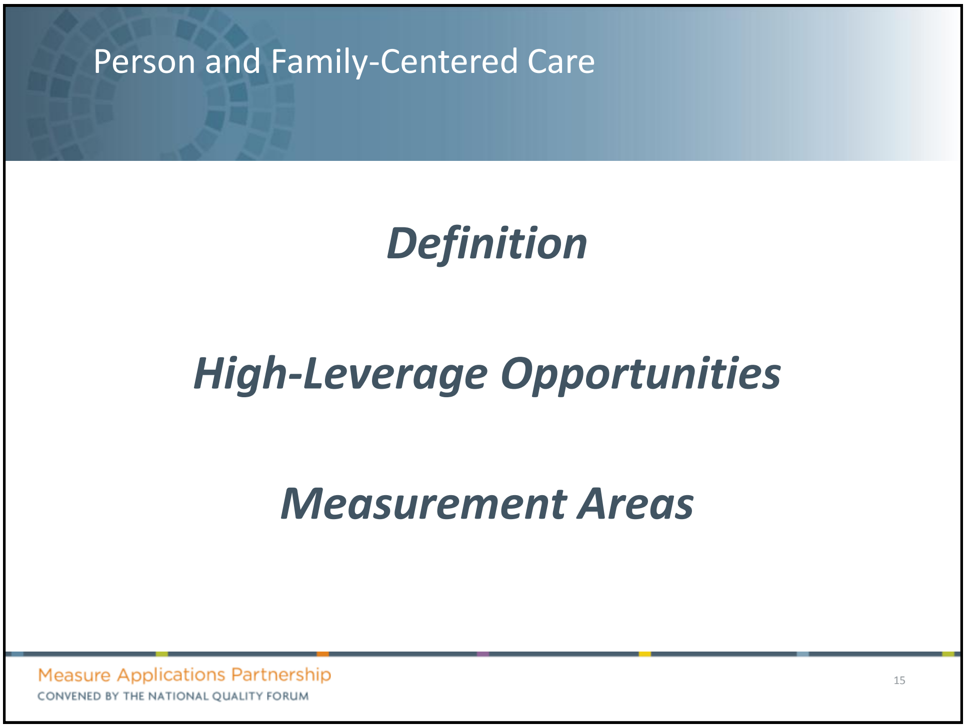
Given the potential for diverse application of population health measures, four use cases were discussed:

- **Federal programs for providers** – prevention-focused measures such as *Controlling High Blood Pressure, Colorectal Cancer Screening, Influenza Immunization, etc.*
- **Accountable Care Organizations** – similar to above, and additional system-level measures such as *Annual Dental Visit*
- **Community Health Needs Assessment** – more focus on geographic populations, such as *Number of School Days Children Miss Due to Illness*
- **Public health** – strong focus on geographic populations and upstream health determinants, such as *Severe Housing Problems*

Project Timeline

March 11: Task Force Web Meeting	- Identify the high-leverage opportunities for population health measurement
April 9: Task Force In-Person Meeting	- Discuss use cases for the family of measures - Identify measures for inclusion in the family - Identify and prioritize gaps
June 2014: Public Comment Draft Report	- Draft report posted to NQF website for a three-week public comment period
June 20: MAP Coordinating Committee Web Meeting	- MAP Coordinating Committee review of public comment draft and public comments received
July 1: Final Report	- Submit final report to HHS

MAP Affordability
Family of Measures

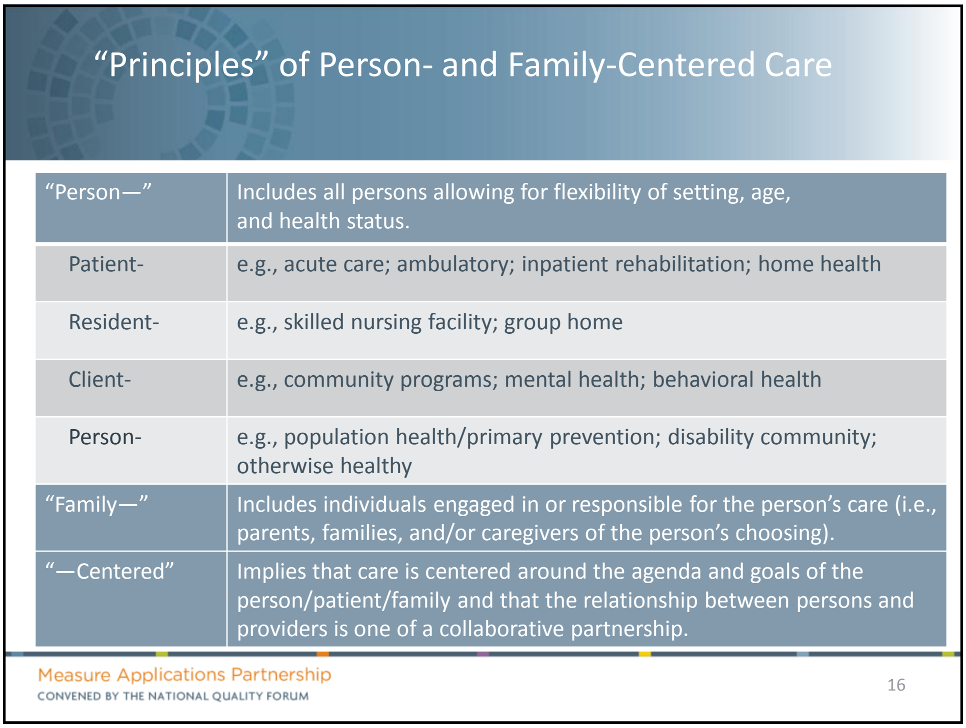


Person and Family-Centered Care

Definition

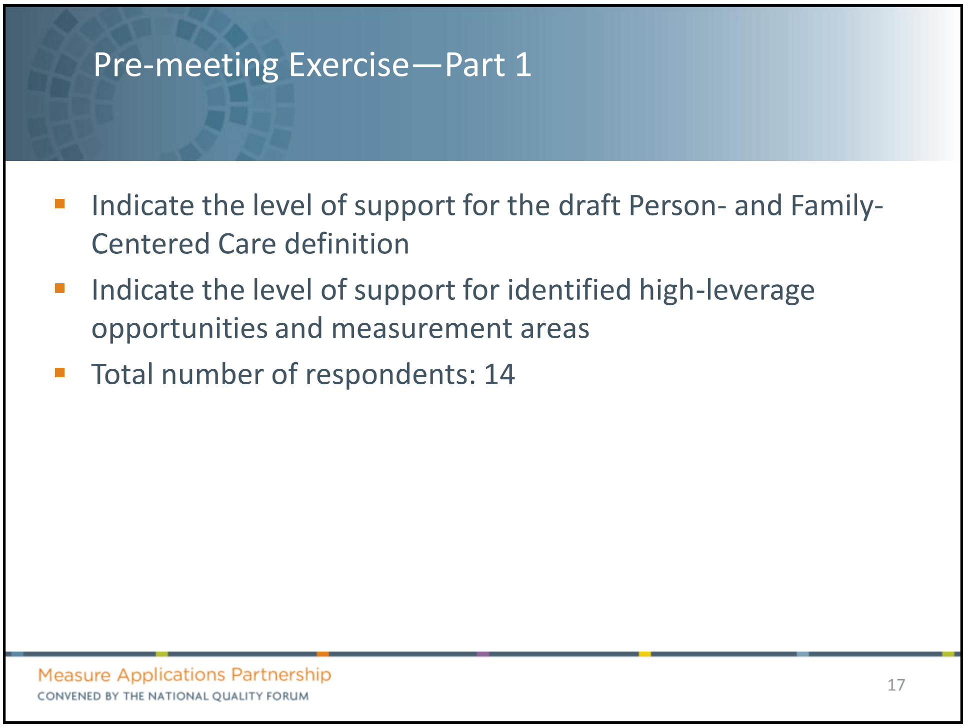
High-Leverage Opportunities

Measurement Areas



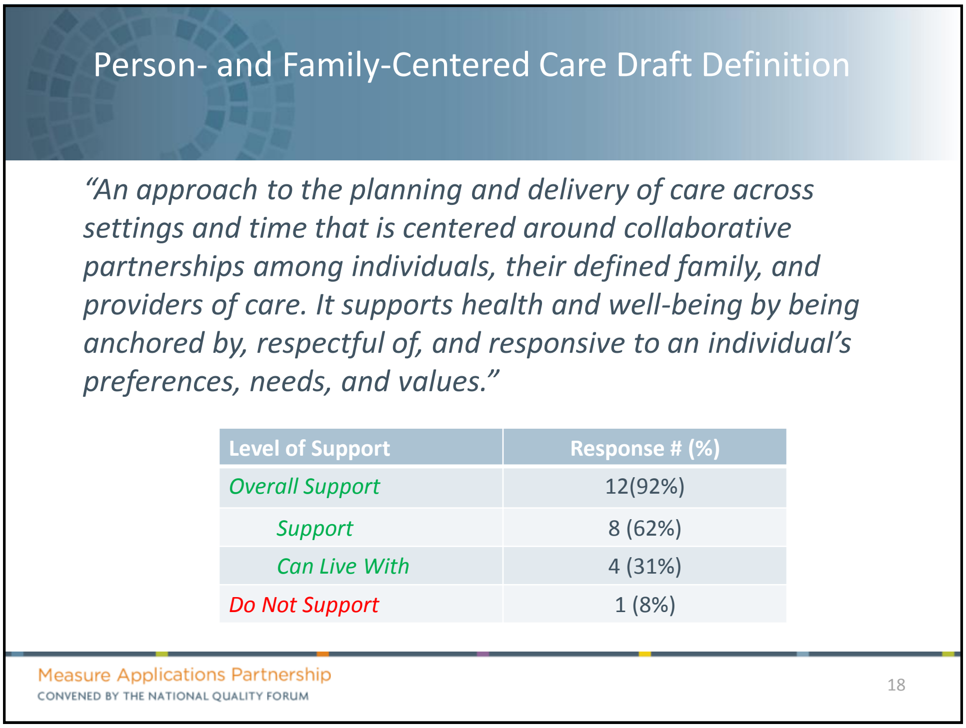
“Principles” of Person- and Family-Centered Care

“Person—”	Includes all persons allowing for flexibility of setting, age, and health status.
Patient-	e.g., acute care; ambulatory; inpatient rehabilitation; home health
Resident-	e.g., skilled nursing facility; group home
Client-	e.g., community programs; mental health; behavioral health
Person-	e.g., population health/primary prevention; disability community; otherwise healthy
“Family—”	Includes individuals engaged in or responsible for the person’s care (i.e., parents, families, and/or caregivers of the person’s choosing).
“—Centered”	Implies that care is centered around the agenda and goals of the person/patient/family and that the relationship between persons and providers is one of a collaborative partnership.



Pre-meeting Exercise—Part 1

- Indicate the level of support for the draft Person- and Family-Centered Care definition
- Indicate the level of support for identified high-leverage opportunities and measurement areas
- Total number of respondents: 14



Person- and Family-Centered Care Draft Definition

"An approach to the planning and delivery of care across settings and time that is centered around collaborative partnerships among individuals, their defined family, and providers of care. It supports health and well-being by being anchored by, respectful of, and responsive to an individual's preferences, needs, and values."

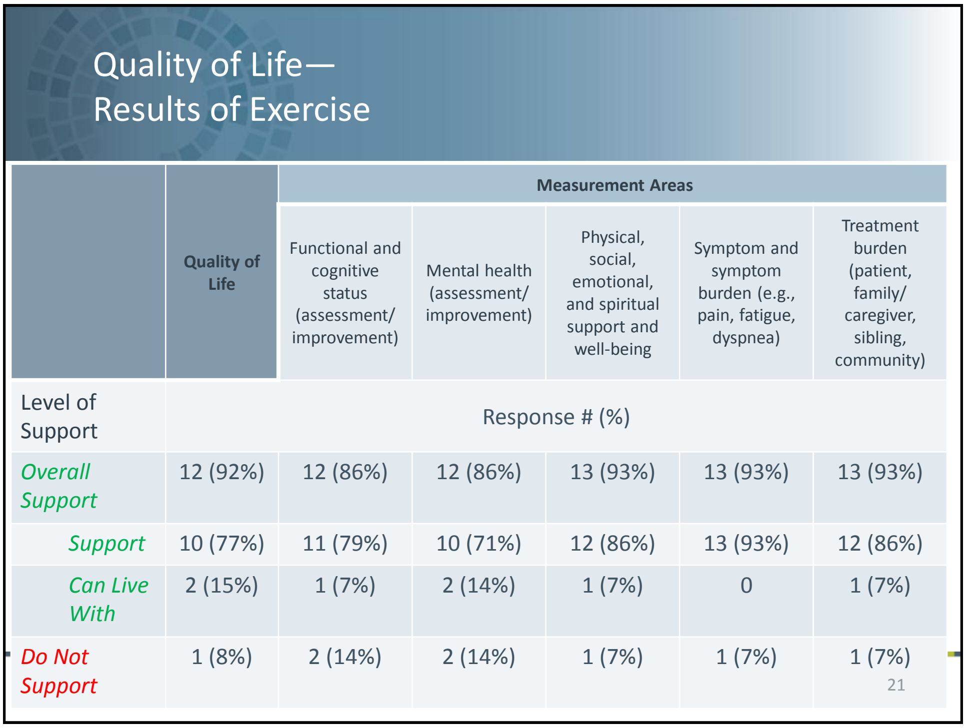
Level of Support	Response # (%)
Overall Support	12(92%)
Support	8 (62%)
Can Live With	4 (31%)
Do Not Support	1 (8%)

High-Leverage Opportunities and Corresponding Measurement Areas

High-Leverage Opportunities	Measurement Areas
Experience of care (patients, families, caregivers)	• Dignity, respect, compassion, equity • Care integration (care coordination, care transitions) • Provider communication and collaboration
Quality of life	• Functional and cognitive status (assessment and improvement) • Mental health (assessment and improvement) • Physical, social, emotional, and spiritual support and well-being • Symptom and symptom burden (e.g., pain, fatigue, dyspnea) • Treatment burden (patients, family/caregiver, sibling, community)
Patient and family engagement	• Establishment and attainment of patient/family/caregiver goals • Shared decisionmaking • Advance care planning • Care concordant with individual values and preferences
Access to self-management support	• Patient activation • Health literacy • Cultural and linguistic competency • Caregiver needs and supports

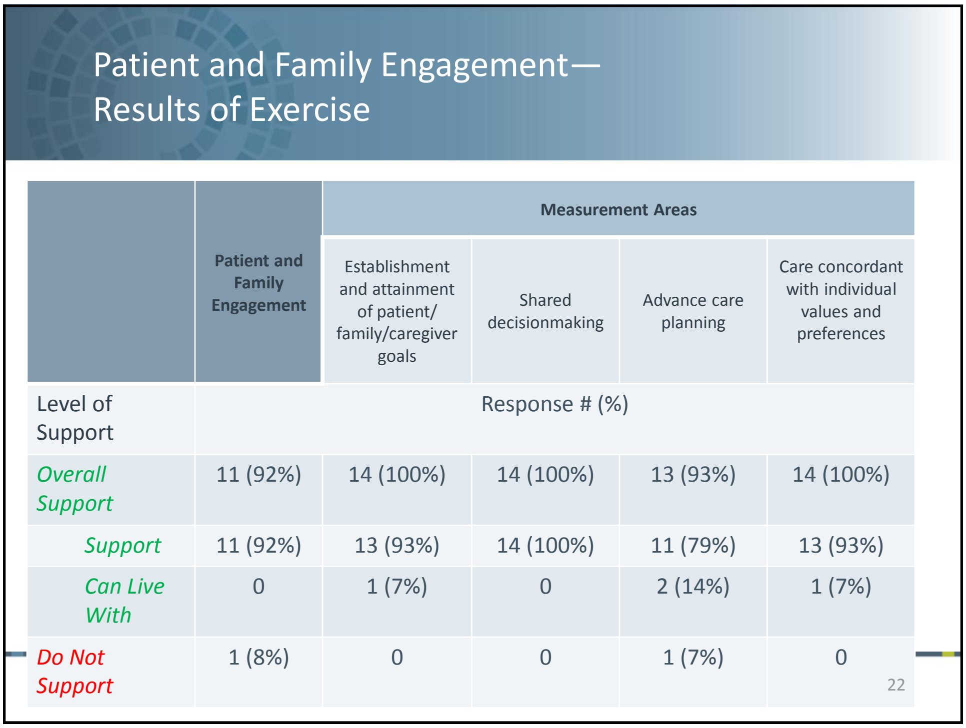
Experience of Care (of patients, families, caregivers)—Results of Exercise

	Experience of Care	Measurement Areas		
		Dignity, respect, compassion, equity	Care integration (coordination, transitions)	Provider communication, collaboration
Level of Support	Response # (%)			
Overall Support	14 (100%)	14 (100%)	13 (93%)	13 (93%)
Support	14 (100%)	13 (93%)	12 (86%)	9 (64%)
Can Live With	0	1 (7%)	1 (7%)	4 (29%)
Do Not Support	0	0	1 (7%)	1 (7%)



Quality of Life—Results of Exercise

		Measurement Areas				
	Quality of Life	Functional and cognitive status (assessment/ improvement)	Mental health (assessment/ improvement)	Physical, social, emotional, and spiritual support and well-being	Symptom and symptom burden (e.g., pain, fatigue, dyspnea)	Treatment burden (patient, family/ caregiver, sibling, community)
Level of Support	Response # (%)					
Overall Support	12 (92%)	12 (86%)	12 (86%)	13 (93%)	13 (93%)	13 (93%)
Support	10 (77%)	11 (79%)	10 (71%)	12 (86%)	13 (93%)	12 (86%)
Can Live With	2 (15%)	1 (7%)	2 (14%)	1 (7%)	0	1 (7%)
Do Not Support	1 (8%)	2 (14%)	2 (14%)	1 (7%)	1 (7%)	1 (7%)



Patient and Family Engagement—Results of Exercise

		Measurement Areas			
	Patient and Family Engagement	Establishment and attainment of patient/ family/caregiver goals	Shared decisionmaking	Advance care planning	Care concordant with individual values and preferences
Level of Support	Response # (%)				
Overall Support	11 (92%)	14 (100%)	14 (100%)	13 (93%)	14 (100%)
Support	11 (92%)	13 (93%)	14 (100%)	11 (79%)	13 (93%)
Can Live With	0	1 (7%)	0	2 (14%)	1 (7%)
Do Not Support	1 (8%)	0	0	1 (7%)	0

Access to Self-Management Support—Results of Exercise

	Access to Self-Management Support	Measurement Areas			
		Patient Activation	Health Literacy	Cultural and Linguistic Support	Caregiver needs and Support
Level of Support	Response # (%)				
Overall Support	10 (77%)	10 (71%)	13 (93%)	10 (92%)	12 (92%)
Support	10 (77%)	9 (64%)	12 (86%)	10 (77%)	11 (85%)
Can Live With	0	1 (7%)	1 (7%)	2 (15%)	1 (8%)
Do Not Support	3 (23%)	4 (29%)	1 (7%)	1 (8%)	1 (8%)

Identify Measures for Inclusion in the PFCC Family

Families of Measures and Core Measure Sets

Families of Measures

"Related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS " (e.g., care coordination family of measures, diabetes care family of measures)

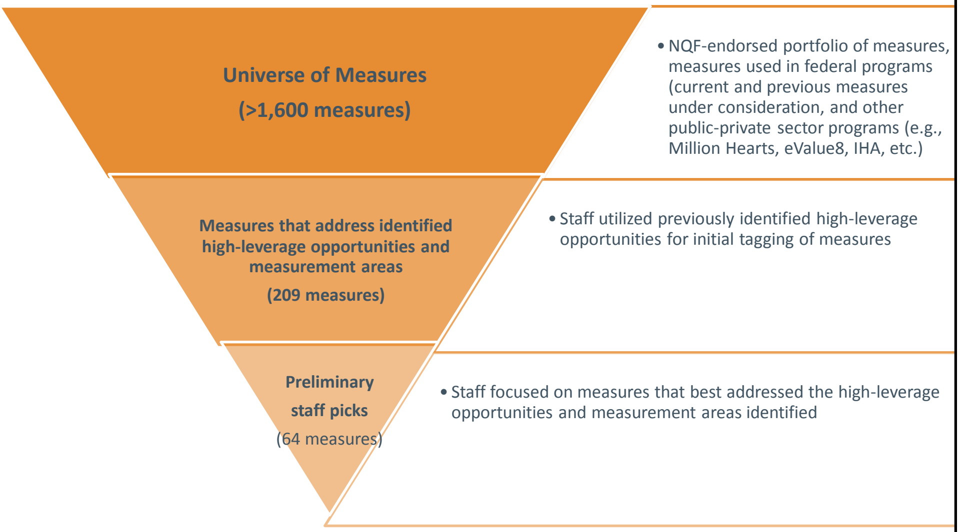
Core Measure Sets

"Available measures and gaps drawn from families of measures that should be applied to specified programs, care settings, levels of analysis, and populations" (e.g., ambulatory clinician measure set, hospital core measure set, dual eligible beneficiaries core measure set)

Pre-meeting Exercise—Part 2

- Indicate the level of agreement with each proposed measure in the family.
- Rank the top five measures that should be included in the MAP PFCC Family to address the indicated high leverage opportunity.
- All measures were graded relatively high

Environmental Scan of Measures



Universe of Measures

(>1,600 measures)

- NQF-endorsed portfolio of measures, measures used in federal programs (current and previous measures under consideration, and other public-private sector programs (e.g., Million Hearts, eValue8, IHA, etc.)

Measures that address identified high-leverage opportunities and measurement areas

(209 measures)

- Staff utilized previously identified high-leverage opportunities for initial tagging of measures

Preliminary staff picks

(64 measures)

- Staff focused on measures that best addressed the high-leverage opportunities and measurement areas identified

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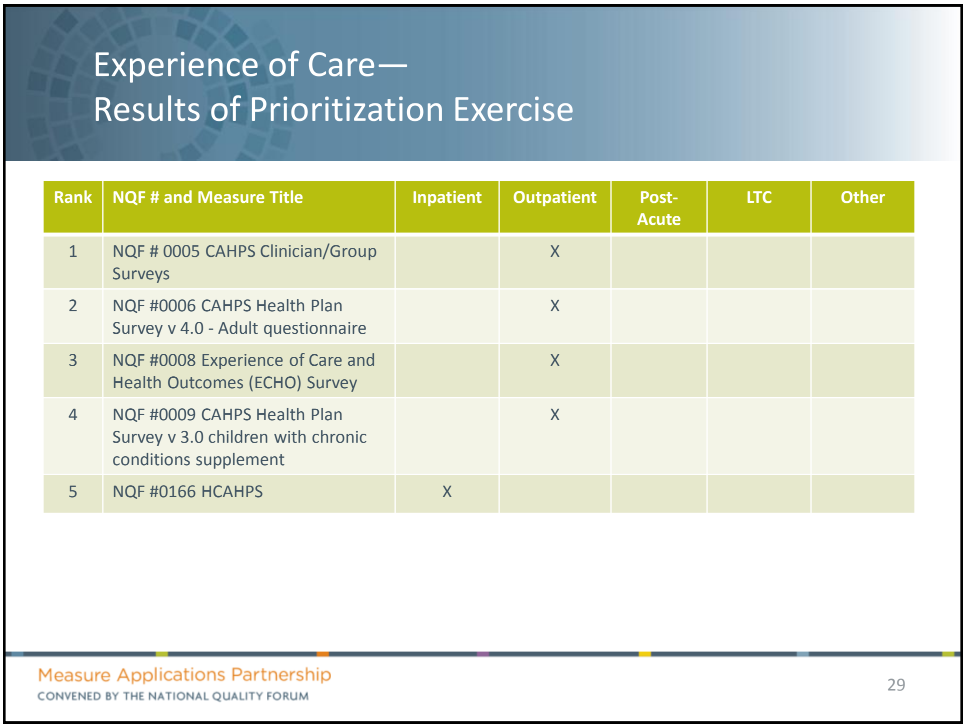
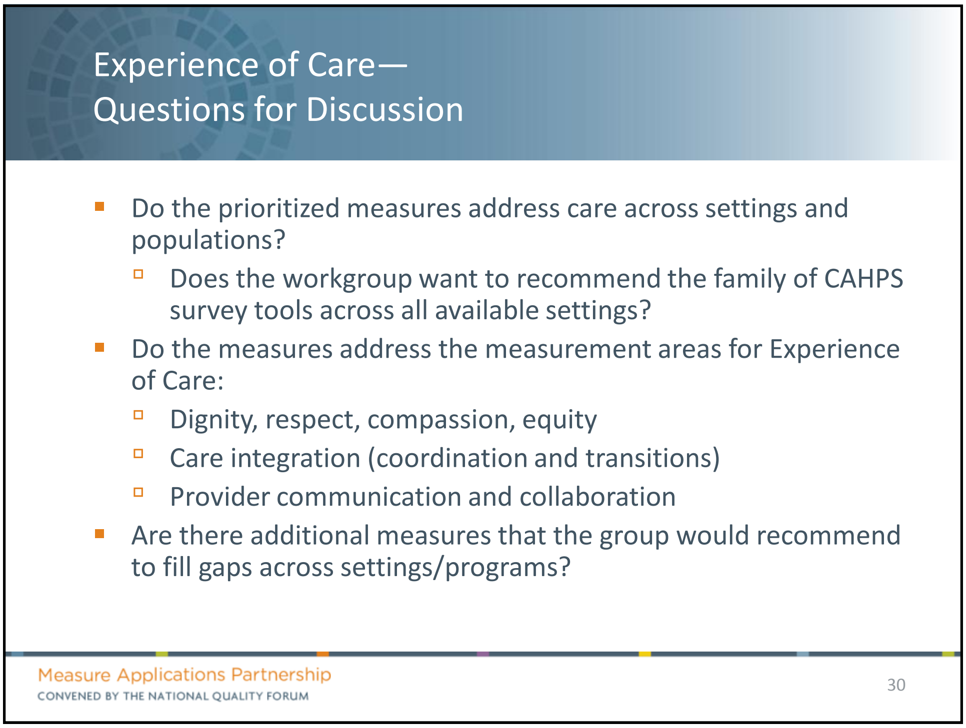
Experience of Care

Measure Selection



Experience of Care—
Results of Prioritization Exercise

Rank	NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
1	NQF # 0005 CAHPS Clinician/Group Surveys		X			
2	NQF #0006 CAHPS Health Plan Survey v 4.0 - Adult questionnaire		X			
3	NQF #0008 Experience of Care and Health Outcomes (ECHO) Survey		X			
4	NQF #0009 CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement		X			
5	NQF #0166 HCAHPS	X				



Experience of Care—
Questions for Discussion

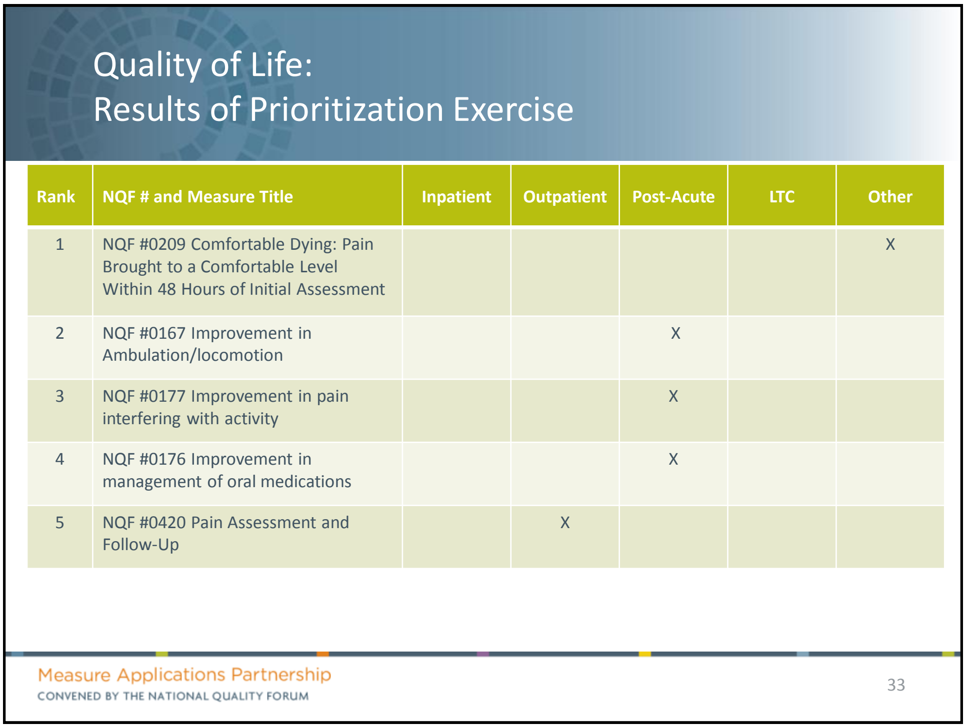
- Do the prioritized measures address care across settings and populations?
  - Does the workgroup want to recommend the family of CAHPS survey tools across all available settings?
- Do the measures address the measurement areas for Experience of Care:
  - Dignity, respect, compassion, equity
  - Care integration (coordination and transitions)
  - Provider communication and collaboration
- Are there additional measures that the group would recommend to fill gaps across settings/programs?

Experience of Care—
Additional (non-CAHPS) Measures for Consideration

NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
NQF #0228 3-Item Care Transition Measure (CTM-3)	X				
NQF #0725 Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	X				
NQF #0726 Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services	X		X	X	
NQF #0010 Young Adult Health Care Survey (YAHCS)		X			
NQF #0011 Promoting Healthy Development Survey (PHDS)		X			
NQF #0208 Family Evaluation of Hospice Care					X
NQF #0724 Measure of Medical Home for Children and Adolescents					X
NQF #1333 Children Who Receive Family-Centered Care					X
NQF #1632 CARE - Consumer Assessments and Reports of End of Life (proposed by task force member)	X		X	X	X

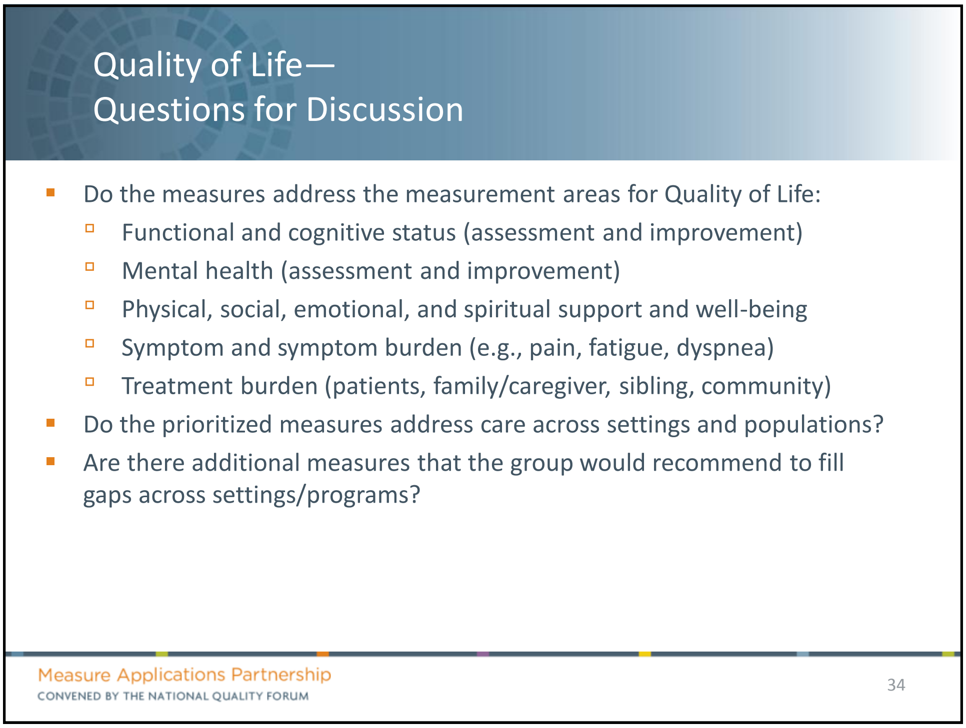
Quality of Life

Measure Selection



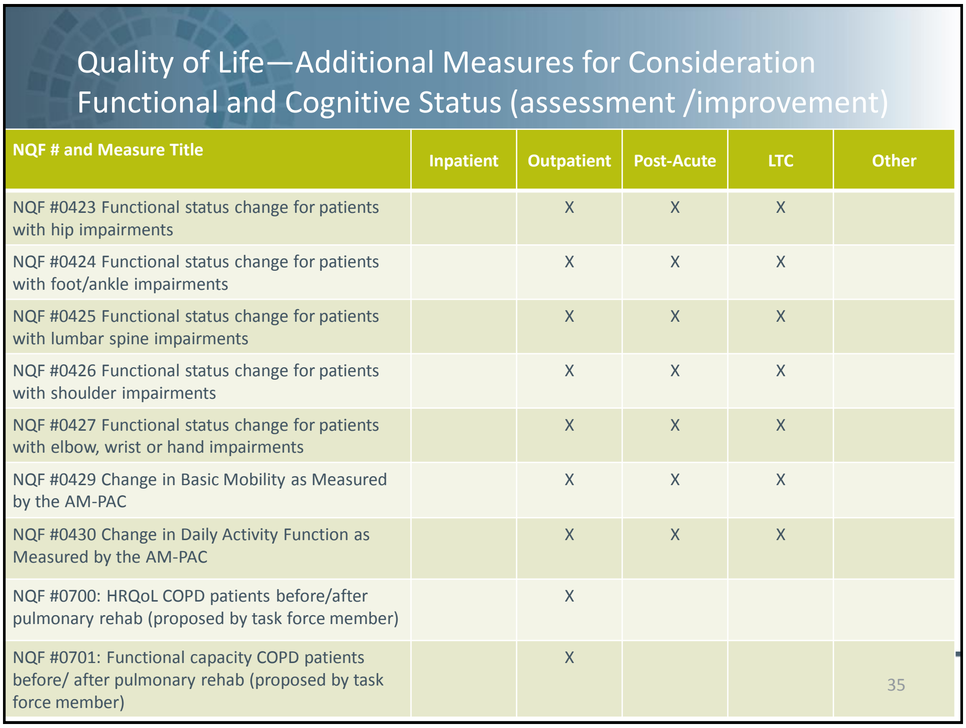
Quality of Life:
Results of Prioritization Exercise

Rank	NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
1	NQF #0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment					X
2	NQF #0167 Improvement in Ambulation/locomotion			X		
3	NQF #0177 Improvement in pain interfering with activity			X		
4	NQF #0176 Improvement in management of oral medications			X		
5	NQF #0420 Pain Assessment and Follow-Up		X			



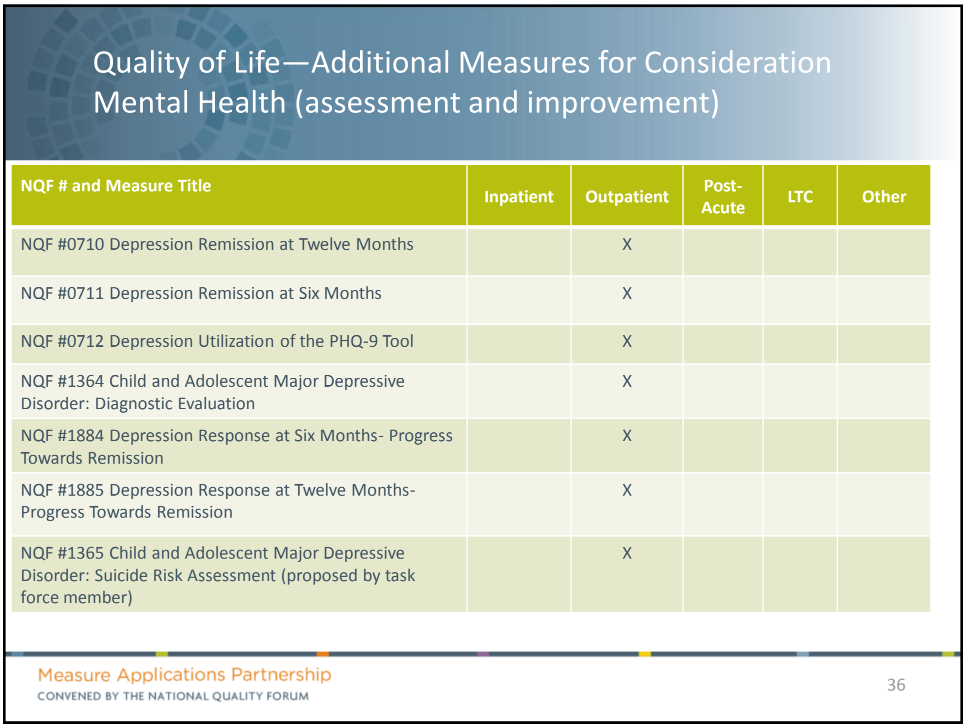
Quality of Life—
Questions for Discussion

- Do the measures address the measurement areas for Quality of Life:
  - Functional and cognitive status (assessment and improvement)
  - Mental health (assessment and improvement)
  - Physical, social, emotional, and spiritual support and well-being
  - Symptom and symptom burden (e.g., pain, fatigue, dyspnea)
  - Treatment burden (patients, family/caregiver, sibling, community)
- Do the prioritized measures address care across settings and populations?
- Are there additional measures that the group would recommend to fill gaps across settings/programs?



Quality of Life—Additional Measures for Consideration
Functional and Cognitive Status (assessment /improvement)

NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
NQF #0423 Functional status change for patients with hip impairments		X	X	X	
NQF #0424 Functional status change for patients with foot/ankle impairments		X	X	X	
NQF #0425 Functional status change for patients with lumbar spine impairments		X	X	X	
NQF #0426 Functional status change for patients with shoulder impairments		X	X	X	
NQF #0427 Functional status change for patients with elbow, wrist or hand impairments		X	X	X	
NQF #0429 Change in Basic Mobility as Measured by the AM-PAC		X	X	X	
NQF #0430 Change in Daily Activity Function as Measured by the AM-PAC		X	X	X	
NQF #0700: HRQoL COPD patients before/after pulmonary rehab (proposed by task force member)		X			
NQF #0701: Functional capacity COPD patients before/ after pulmonary rehab (proposed by task force member)		X			



Quality of Life—Additional Measures for Consideration
Mental Health (assessment and improvement)

NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
NQF #0710 Depression Remission at Twelve Months		X			
NQF #0711 Depression Remission at Six Months		X			
NQF #0712 Depression Utilization of the PHQ-9 Tool		X			
NQF #1364 Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation		X			
NQF #1884 Depression Response at Six Months- Progress Towards Remission		X			
NQF #1885 Depression Response at Twelve Months- Progress Towards Remission		X			
NQF #1365 Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (proposed by task force member)		X			

Quality of Life—Additional Measures for Consideration Other Measurement Areas

NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
NQF #0178 Improvement in status of surgical wounds			X		
NQF #0676 Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)			X	X	
NQF #0677 Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)			X	X	
NQF #0717 Number of School Days Children Miss Due to Illness					X
NQF #1330 Children With a Usual Source for Care When Sick					X
NQF #1647 Percentage of hospice patients with documentation in the clinical record of a discussion of spiritual/religious concerns or documentation that the patient/caregiver did not want to discuss.					X
NQF #0729: Optimal Diabetes Care Composite (proposed by task force member)		X			
MN Community Measurement Optimal Asthma Care (proposed by task force member)		X			

Patient and Family Engagement

Measure Selection

Patient and Family Engagement—
Results of Prioritization Exercise

Rank	NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
1	NQF #0326 Advance Care Plan	X	X	X	X	X
2	NQF #1641 Hospice and Palliative Care – Treatment Preferences	X				X
3	NQF #1626 Patients Admitted to ICU who Have Care Preferences Documented	X				
4	NQF #1892 Individual engagement measure derived from the individual engagement domain of the C-CAT	X	X			
5	N/A Not Endorsed Discussion and Shared Decision Making Surrounding Treatment Options		X			

Patient and Family Engagement—
Additional Measures for Consideration

NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
NQF #0310 Not Endorsed: Back pain shared decision-making (proposed by task force member)		X			

Patient and Family Engagement—Questions for Discussion

- Do the measures address the measurement areas for Patient and Family Engagement:
  - Establishment and attainment of patient/family/caregiver goals
  - Shared decisionmaking
  - Advance care planning
  - Care concordant with individual values and preferences
- Do the prioritized measures address care across settings and populations?
- Are there additional measures that the group would recommend to fill gaps across settings/programs?

Access to Self-Management Support

Measure Selection

Access to Self-Management Support—Results of Prioritization Exercise

Rank	NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
1	NQF #1894 Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT	X	X			
2	NQF #1896 Language services measure derived from language services domain of the C-CAT	X	X			
3	NQF #1902 Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy		X			
4	NQF #1904 Clinician/Group's Cultural Competence Based on the CAHPS® Cultural Competence Item Set		X			
5	NQF #1909 Medical Home System Survey (MHSS)					X

Access to Self-Management Support—Additional Measures for Consideration

NQF # and Measure Title	Inpatient	Outpatient	Post-Acute	LTC	Other
NQF #0519 Diabetic Foot Care and Patient Education Implemented			X		
NQF #1898 Health literacy measure derived from the health literacy domain of the C-CAT	X	X			
NQF #1919 Cultural Competency Implementation Measure	X	X	X	X	X
N/A Not Endorsed Patient Self-Care Support					X
N/A Not Endorsed Patient Activation Measure					X
NQF #0176: Improvement in management of oral medications (proposed by task force member; prioritized measure for Quality of Life)			X		
NQF #0105: Antidepressant Medication Management (proposed by task force member)		X			

Access to Self-Management Support—Questions for Discussion

- Do the measures address the measurement areas for Access to Self-Management Support:
  - Patient Activation
  - Health Literacy
  - Cultural and Linguistic Support
  - Caregiver needs and Support
- Do the prioritized measures address care across settings and populations?
- Are there additional measures that the group would recommend to fill gaps across settings/programs?

Identify Short-Term and Long-Term Recommendations

(Round-Robin Discussion)

Discussion Questions

- What are the highest priority gap areas that need to be addressed in the short-term to drive improvement in delivering person- and family-centered care?
- What are the primary barriers to implementation that need to be addressed?

Public Comment

Next Steps

Task Force Tasks and Timeline

- May 30—Draft report to HHS
- June 2-23— Draft report posted for Public Comment
- June 20—Coordinating Committee web meeting- Review recommendations
- July 1—Submit final report to HHS

For More Information

Name and Title	Role	Contact Information
Mitra Ghazinour, Project Manager	Project management and primary project contact	mghazinour@qualityforum.org
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Thank You!

NATIONAL QUALITY FORUM

MAP Person- and Family-Centered Care Draft High Priority Areas for Measurement

Draft Definition of Person- and Family-Centered Care

An approach to the planning and delivery of care across settings and time that is centered around collaborative partnerships among individuals, their defined family, and providers of care. It supports health and well-being by being anchored by, respectful of, and responsive to an individual's preferences, needs, and values.[1]

Proposed High-Leverage Opportunities

High-Leverage Opportunities	**Measurement Areas**
Experience of care (patients, family/caregiver)	Dignity, respect, compassion, equity Care integration (care coordination, care transitions) Provider communication and collaboration
Quality of life	Functional and cognitive status (assessment and improvement) Mental health (assessment and improvement) Physical, social, emotional, and spiritual support and well-being Symptom and symptom burden (e.g., pain, fatigue, dyspnea) Treatment burden (patients, family/caregiver, sibling, community)
Patient and family engagement	Establishment and attainment of patient/family/caregiver goals Shared decisionmaking Advance care planning Care concordant with individual values and preferences
Access to self-management support	Patient activation Health literacy Cultural and linguistic competency Caregiver needs and supports

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[1] A modified version of the person- and family-centered care definition developed through the NQF Measure Gaps Project

Person- and Family-Centered Care - Relevant Frameworks

2013 ANNUAL PROGRESS REPORT TO CONGRESS

Ensuring that each person and family is engaged as partners in their care

Goals:

- Improve patient, family, and caregiver experience of care related to quality, safety, and access across settings.
- In partnership with patients, families, and caregivers- and using a shared decision making process- develop culturally sensitive and understandable care plans.
- Enable patients and their families and caregivers to navigate, coordinate, and manage their care appropriately and effectively.

PATIENT-REPORTED OUTCOMES IN PERFORMANCE MEASUREMENT REPORT

Patient-reported outcomes (PROs) are defined as “any report of the status of a patient’s (or person’s) health conditions, health behavior, or experience with healthcare that comes directly from the patient, without interpretation of the patient’s response by a clinician or anyone else.” “PRO” has become an international term of art; the word “patient” is intended to be inclusive of all persons, including patients, families, caregivers, and consumers more broadly. It is intended as well to cover all persons receiving support services, such as those with disabilities. Key PRO domains include:

- Health-related quality of life (including functional status);
- Symptoms and symptom burden (e.g. pain, fatigue);
- Experience with care; and
- Health behaviors (e.g., smoking, diet, exercise).

DRAFT CORE CONCEPTS OF PERSON- AND FAMILY-CENTERED CARE DEVELOPED THROUGH THE PRIORITIZING MEASURE GAPS PROJECT

- My care partners strive to know me as a whole person and take into account my priorities and goals for physical, mental, spiritual, and social health.
- I receive the care I need – no more, no less – when, where, and how I prefer.
- My care partners treat me and my family with respect, dignity, and compassion.
- I collaborate in decisions about my care to the extent I desire or am able, or I choose the care partner I prefer to collaborate in those decisions for me.
- My family care partners include those I choose and their role is supported by other care partners.
- My care partners provide information, in a format I prefer, to:
    - answer my questions and help me understand my choices – about my health, health problem, treatment, care, costs, or providers; and
    - increase my confidence and capacity to care for myself to the extent I am able.
- My care partners value my time and use it efficiently and effectively.
- Communication with and among my care partners is honest, transparent, and coordinated across settings and time.

ROSTER FOR THE MAP PERSON- AND FAMILY-CENTERED CARE FAMILY OF MEASURES TASK FORCE

CO-CHAIRS (VOTING)
Gail Hunt
Rhonda Anderson, RN, DNSc, FAAN

ORGANIZATIONAL MEMBERS (VOTING)	REPRESENTATIVES
Aetna	Randall Krakauer, MD
American Nurses Association	Marla J. Weston, PhD, RN
Center for Patient Partnerships	Rachel Grob, PhD
Consumers Union	Lisa McGiffert
March of Dimes	Cynthia Pellegrini
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
National Hospice and Palliative Care Organization	Carol Spence, PhD
National Partnership for Women and Families	Alison Shippy
Premier, Inc.	Richard Bankowitz, MD, MBA, FACP
The Alliance	Cheryl A. DeMars

EXPERTISE	INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)
Child Health	Richard Antonelli, MD, MS
Clinician/Geriatrics	Bruce Leff, MD
Clinician/Nursing	Charlene Harrington, PhD, RN, FAAN
Measure Methodologist	Debra Saliba, MD, MPH
Palliative Care	Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN
Patient Experience	Jack Fowler, Jr., PhD
Post-Acute Care/Home Health/Hospice	Carol Raphael, MPA
Shared Decision Making	Karen Sepucha, PhD
Surgical Care	Eric B. Whitacre, MD, FACS
Team-Based Care	Ronald Stock, MD, MA

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)	REPRESENTATIVES
Agency for Healthcare Research and Quality (AHRQ)	D.E.B. Potter, MS
Centers for Medicare & Medicaid Services (CMS)	Chisara N. Asomugha, MD, MSPH, FAAP

ACCREDITATION/CERTIFICATION LIAISONS (NON-VOTING)	REPRESENTATIVES
National Committee for Quality Assurance	Sarah Scholle, DrPH, MPH
The Joint Commission	Sharon Sprenger, MPA, RHIA, CPHQ

BIOS OF THE MAP PERSON- AND FAMILY-CENTERED CARE FAMILY OF MEASURES TASK FORCE

CO-CHAIRS (VOTING)

Gail Hunt

Gail Hunt is President and CEO of the National Alliance for Caregiving, a non-profit coalition dedicated to conducting research and developing national programs for family caregivers and the professionals who serve them. Prior to heading NAC, Ms. Hunt was President of her own aging services consulting firm for 14 years. She conducted corporate eldercare research for the National Institute on Aging and the Social Security Administration, developed training for caregivers with the American Occupational Therapy Association, and designed a corporate eldercare program for EAPs with the Employee Assistance Professional Association. Prior to having her own firm, she was Senior Manager in charge of human services for the Washington, DC, office of KPMG Peat Marwick. She was appointed by the White House to serve on the Policy Committee for the 2005 White House Conference on Aging. Ms. Hunt was on the Advisory Panel on Medicare Education, is chair of the National Center on Senior Transportation, is a Commissioner of the Center for Aging Service Technology, and is Secretary of the Long-Term Quality Alliance. Additionally, Ms. Hunt is on the Governing Board of the Patient-Centered Outcomes Research Institute (PCORI).

Rhonda Anderson, RN, DNSc, FAAN

Rhonda Anderson, RN, DNSC, FAAN, is Chief Executive Officer of Cardon Children’s Medical Center in Mesa, Arizona. She is a Fellow in the American Academy of Nursing and the American College of Healthcare Executives. She also serves on the Institute for Interactive Patient Care (GetWell Network) National Advisory Board, National Guideline Clearinghouse and National Quality Measures Clearinghouse Expert Panel, American Hospital Association Board of Trustees, American Hospital Association Health Research and Educational Trust Board, and a member of the National Association of Children’s Hospitals and Related Institutions Quality Council. Rhonda received the Distinguished Achievement Award from Arizona State University College of Nursing and was a selected participant in The First International Institute: Executive Nurse Leadership in the United Kingdom and the United States-Florence Nightingale Trust in London, England. She attended the Wharton School of Business as a selected participant in The Johnson & Johnson Fellowship Program. In November 2005, Rhonda was awarded the Nursing Legends Nurse of the Year Award by the March of Dimes. Rhonda was awarded the American Organization of Nurse Executive’s Lifetime Achievement Award in April of 2006, NurseWeek’s Lifetime Achievement Award in September of 2006, and is a Phoenix Business Journal 2011 Women in Business Honoree.

ORGANIZATIONAL MEMBERS (VOTING)

AETNA

Randall Krakauer, MD

Dr. Randall Krakauer graduated from Albany Medical College in 1972 and is Board Certified in Internal Medicine and Rheumatology. He received training in Internal Medicine at the University of Minnesota

Hospitals and in Rheumatology at the National Institutes of Health and Massachusetts General Hospital/Harvard Medical School, and received an MBA from Rutgers. He is a fellow of the American College of Physicians and the American College of Rheumatology and Professor of Medicine at Seton Hall University Graduate School of Medicine. He is past chairman of the American College of Managed Care Medicine. Dr. Krakauer has more than 30 years of experience in medicine and medical management, has held senior medical management positions in several major organizations. He is author of many publications on Medical Management, Advanced Care Management and Collaborative Medical Management. He is responsible for medical management planning and implementation nationally for Aetna Medicare members, including program development and administration.

AMERICAN NURSES ASSOCIATION

Marla J. Weston, PhD, RN

Marla J. Weston, PhD, RN, a nurse leader with nearly 30 years of diverse management experience in health care operations, is the chief executive officer (CEO) of the American Nurses Association (ANA), and the American Nurses Foundation (ANF). Dr. Weston currently is involved in multiple performance measurement and public reporting initiatives. She is ANA's representative to the National Priorities Partnership, Hospital Quality Alliance, and Nursing Alliance for Quality Care. Prior to assuming the leadership post at ANA, Dr. Weston developed and managed U.S. Department of Veterans Affairs initiatives to improve the quality of health care for veterans in all Veterans Healthcare Administration facilities nationwide, with a focus on improving the VA nursing workforce. She implemented strategies to improve the work environment, created policies and programs to attract and retain a highly qualified nursing workforce, and promoted nursing as a career choice. Dr. Weston served for four years as the Arizona Nurses Association's executive director, where she led efforts to advocate for nurses on the state and national level and promoted the Magnet Recognition concept, an indication of excellent quality of nursing in hospitals. As a principal in her own consulting firm, Dr. Weston has advised hospitals and educational institutions on quality improvements, as well as resource management, recruitment and retention, and regulatory compliance. Earlier in her career, Dr. Weston worked in a variety of hospital nursing roles for 18 years, including direct patient care in intensive care and medical-surgical units, nurse educator, clinical nurse specialist, director of patient care support and nurse executive. As a hospital administrator, Dr. Weston oversaw structural changes in services that resulted in improved patient satisfaction scores and quality measures. Dr. Weston graduated from Indiana University of Pennsylvania with a bachelor's of science degree in nursing. She graduated from Arizona State University, with a master's of science degree in nursing. She earned her doctoral degree at the University of Arizona. Her dissertation topic, "Antecedents to control over nursing practice," addressed ways to increase the decision-making role of the hospital nurse – in short, nurse influence and power.

CENTER FOR PATIENT PARTNERSHIPS

Rachel Grob, PhD

Rachel Grob, PhD, MA, is currently Director of National Initiatives and Scholar in Residence at the Center for Patient Partnerships (CPP), University of Wisconsin-Madison. Rachel's work at the CPP is focused on enhancing the capacity of patients to influence state and federal health policy, and on understanding and improving responsiveness of the health care system to consumers' experiences. She is also leading an array of research and field-building initiatives. Prior to joining the CPP in 2011, Rachel was Associate Dean of Graduate Studies, Director of the Child Development Institute, and Health Advocacy Program faculty member at Sarah Lawrence College. She is also an investigator in health policy research, Robert Wood Johnson Foundation, 2006-2011. Her publications include articles and book chapters on advocacy and parental/patient perspectives on clinical issues, and her co-edited volume titled Patients as Policy Actors was published in 2011 by Rutgers University Press. She holds degrees from Wesleyan University (B.A.), Sarah Lawrence College (M.A. in Health Advocacy), and City University of New York Graduate Center (Doctorate in sociology).

CONSUMERS UNION

Lisa McGiffert

Lisa McGiffert, directs Consumers Union's Safe Patient Project. Consumers Union is the advocacy arm of *Consumer Reports*. The campaign works on state and national levels to make information available to consumers about medical harm, focusing on healthcare-acquired infections, medical errors, physician safety and medical device safety. Beginning in 2003, the campaign initiated state laws to publish hospital infection rates and raise public awareness about the problem; today more than half of the states and Medicare require such reporting. The campaign's collaboration with individuals who have personal experiences with medical harm has developed into a national consumer network to make health care safer. McGiffert routinely lends the consumer voice on these issues at conferences, with the media and when serving on national and state-based patient safety advisory committees. From 1991-2003, McGiffert directed CU advocacy efforts on the full array of health issues in Texas. Prior to joining CU, Lisa was a policy analyst for the Texas Senate Committee on Health and Human Services where, for seven years, she was actively involved in the development and implementation of state policies. She has also worked as a juvenile probation/parole officer. McGiffert has a BA in psychology from Midwestern State University, Texas.

MARCH OF DIMES

Cynthia Pellegrini

Cynthia Pellegrini is Senior Vice President for Public Policy and Government Affairs at the March of Dimes. In this capacity, Ms. Pellegrini oversees all March of Dimes advocacy efforts at the federal level and in all 50 States, the District of Columbia and Puerto Rico. She also guides the organization's research on maternal and child health policy issues. Key March of Dimes policy priorities include access to health care for all women of childbearing age and children; research into prematurity, birth defects, and other aspects of reproductive and child health and development; prevention and health promotion issues, such as tobacco cessation and nutrition; and issues of concern to the operation of not-for-profit organizations. Ms. Pellegrini is a voting member of the CDC's Advisory Committee on Immunization Practices, which determines the annual child and adult immunization schedules. Prior to joining March of Dimes, Ms. Pellegrini served as Associate Director for Federal Affairs at the American Academy of Pediatrics, where she covered a range of issues including genetics, bioethics, child abuse and neglect, environmental health, nutrition, obesity, and injury and violence. In this capacity, Ms. Pellegrini worked with AAP leadership to develop and execute strategies to advance AAP priorities through both Congress and the Administration. Ms. Pellegrini worked on Capitol Hill for over eleven years. From 1996 to 2004, she served as Chief of Staff and health aide to Rep. Louise Slaughter (NY). Her tenure on Capitol Hill also included stints with Reps. Gerald Kleczka (WI) and Jay Inslee (WA). She has published on trends in federal public health and preparedness spending and served on the National Commission on Children and Disasters' Pediatric Medical Care Subcommittee. Ms. Pellegrini has an extensive background in public policy issues as well as politics and administration.

NATIONAL ASSOCIATION OF SOCIAL WORKERS

Joan Levy Zlotnik, PhD, ACSW

Dr. Zlotnik has more than 20 years of experience working in leadership positions within national social work organizations. Her pioneering work has focused on forging academic/agency partnerships and on strengthening the bridges between research, practice, policy and education. She currently serves as the director of the Social Work Policy Institute (SWPI), a think tank established in the NASW Foundation. Its mission is to strengthen social work's voice in public policy deliberations. SWPI creates a forum to examine current and future issues in health care and social service delivery by convening together researchers, practitioners, educators and policy makers to develop agendas for action. Dr. Zlotnik served as the director of the Strengthening Aging and Gerontology Education for Social Work (SAGE-SW), the first project supported by the John A. Hartford Foundation as part of its Geriatric Social Work Initiative (GSWI) and has undertaken several projects to better meet psychosocial needs in long term care. Dr. Zlotnik's work in aging, family caregiving and long term care has been recognized through her election as a Fellow of the Gerontological Society of America and as a recipient of the Leadership Award of the Association for Gerontology Education in Social Work (AGE-SW). Prior to being appointed as director of SWPI, Dr. Zlotnik served for nine years as the Executive Director of the Institute for the Advancement of Social Work Research (IASWR), working closely with the National Institutes of Health (NIH), other behavioral and social science disciplines and social work researchers. Under her leadership the growth in social work research was documented and training and technical assistance was offered to doctoral students, early career researchers and deans and directors on building social work research infrastructure and capacity. Previous to IASWR she served as Director of Special Projects at the Council on Social Work Education (CSWE) and as a lobbyist and Staff Director of the Commission on Families for the National Association of Social Workers. Dr. Zlotnik is an internationally recognized expert on workforce issues for the social work profession, and is the author of numerous publications covering the lifespan including developing partnerships, enhancing social work's attention to aging, providing psychosocial services in long term care, and evidence-based practice. She holds a PhD in Social Work from the University of Maryland, an MSSW from the University of Wisconsin-Madison, and a BA from the University of Rochester. Dr. Zlotnik is an NASW Social Work Pioneer© was recognized by the National Institute of Health's (NIH) Social Work Research Working Group for her efforts on behalf of social work research at NIH, and is a recipient of the Association of Baccalaureate Social Work Program Director's (BPD) Presidential Medal of Honor.

NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

Carol Spence, PhD

Carol Spence, PhD, is Director of Research and Quality at NHPCO, and is responsible for NHPCO performance measurement development and implementation activities and in addition to all other NHPCO research and quality activities. Carol has many years of clinical experience as a hospice nurse. She served on the National Board for Certification of Hospice and Palliative Nurses for six years and is past chair of the Examination Development Committee for the certification examination for advanced practice hospice and palliative nurses. She has experience in research design, plus developing, implementing, and managing field research projects. Carol holds a doctoral degree from the University of Maryland and holds a Master of Science degree in mental health nursing.

NATIONAL PARTNERSHIP FOR WOMEN AND FAMILIES

Alison Shippy

Alison Shippy currently works for the National Partnership for Women and Families and serves as Associate Director with the Consumer-Purchaser Alliance – a collaboration of leading consumer, employer and labor groups working together to promote the use of performance measurement in health care to inform consumer choice, value-based purchasing, and payment. Earlier in her career, Alison worked in clinical research and hospital quality/patient safety for Memorial Sloan-Kettering Cancer Center in New York City and most recently worked for the American Academy of Dermatology on issues of performance measurement, patient safety, and value. Alison holds an MPH in health policy and management from Columbia University.

PREMIER, INC.

Richard Bankowitz, MD, MBA, FACP

In his role as chief medical officer, Richard Bankowitz, MD, MBA, FACP, works at an enterprise level to engage physicians, provide thought leadership, and ensure that Premier continues to deliver value to its clinician constituency. Dr. Bankowitz previously served as vice president and medical director for Premier Healthcare Informatics. A board-certified internist and a medical informaticist, Dr. Bankowitz has devoted his career to improving healthcare quality at the national level by promoting rigorous, data-driven approaches to quality improvement and by engaging senior clinicians and healthcare leaders. In 2011, Dr. Bankowitz was named by Modern Healthcare magazine as one of the top 25 clinical informaticists in the United States. He began his career at the University of Pittsburgh, School of Medicine as an assistant professor of medicine and medical informatics. Prior to joining Premier, Dr. Bankowitz was medical director at CareScience, where he was responsible for strategy, product delivery, consulting, sales and advocacy efforts. He also has previously served as the corporate information architect of the University HealthSystem Consortium (UHC), where he was responsible for the strategic direction of the organization's executive reporting tools and comparative data. In his 12-year tenure with UHC, Dr. Bankowitz also held positions as senior director of clinical informatics, director of clinical information management and director of clinical evaluative sciences. Dr. Bankowitz is a fellow of the American College of Physicians and was a National Library of Medicine graduate trainee in medical informatics. He also is senior scholar with the Center for Healthcare Policy at Thomas Jefferson University. Dr. Bankowitz is a graduate of the University of Chicago Pritzker School of Medicine and the University of Chicago Graduate School of Business.

THE ALLIANCE

Cheryl A. DeMars

Cheryl DeMars is the President and CEO of The Alliance, a not for profit cooperative of employers whose mission is to move health care forward by controlling costs, improving quality and engaging individuals in their health. The Alliance represents 165 employers who provide health benefits to 83,000 citizens in Wisconsin, Illinois and Iowa. Prior to assuming the position of CEO in 2006, Ms. DeMars served several roles at The Alliance providing leadership to the organization’s cost and quality measurement activities, consumer engagement strategies and efforts to improve the quality and cost of health care on a community-wide basis. Prior to joining The Alliance in 1992, Ms. DeMars was a program manager at Meriter Hospital in Madison, WI. Ms. DeMars currently serves on the Board and Executive Committee of the National Business Coalition on Health. She serves on the Clinician Workgroup of the National Quality Forum’s Measures Application Partnership. She also serves on the Technical Advisory Committee for the Catalyst for Payment Reform. In Wisconsin, Ms. DeMars serves on the Advisory Board of the UW Population Health Institute. Ms. DeMars received a master’s degree in social work from the University of Wisconsin–Madison.

INDIVIDUAL SUBJECT MATTER EXPERT MEMBERS (VOTING)

CHILD HEALTH

Richard C. Antonelli, MD, MS

Rich is the Medical Director of Integrated Care and of Physician Relations and Outreach for Boston Children's Hospital. He is on the faculty of Harvard Medical School in the Department of Pediatrics. Between 1987 and 2005, he was in full time, community-based general pediatrics, founding Nashaway Pediatrics in Sterling, MA. Since 1987, his clinical work has focused on providing comprehensive, family-centered care for all children, youth, and young adults, but especially for those with special health care needs. He is a member of the Project Advisory Committee of the National Center for Medical Home Implementation at the American Academy of Pediatrics. He has published data about the outcome efficacy and cost of care coordination services for children and youth with special health care needs and their families in primary care settings. Rich has also published work defining mechanisms for integration and coordination of care across systems including the development of strategies and interventions to improve collaborative efforts between families, primary care providers, and subspecialists. He has served on the Steering Committee for Care Coordination at the National Quality Forum and as an advisor to the Patient-Centered Medical Home measurement tool work group at the National Committee for Quality Assurance (NCQA). In conjunction with researchers and policy representatives from internal medicine and family medicine, he represented the Academic Pediatrics Association in the national initiative *Establishing a Policy Relevant Research Agenda for the Patient-Centered Medical Home: A Multi-Disciplinary Approach.* He co-authored *Making Care Coordination a Critical Component of the Pediatric Health System: A Multidisciplinary Framework*, supported by The Commonwealth Fund. He has been appointed to the Measure Applications Partnership at the National Quality Forum since its inception. He has provided consultation on care coordination and integration methodologies and measures to multiple states, to US federal agencies, and to some international stakeholders. He is currently funded by the Lucile Packard Foundation for Children's Health to develop a family-reported measure of care integration. Since care coordination is so central to the effective transformation of the American health care system, Antonelli's work has been used for both adult and pediatric health care delivery systems. He has general pediatrics clinical responsibilities in the Primary Care Clinic setting at Boston Children's Hospital where he teaches residents, students, and fellows. He still is the primary care provider for several patients who have been with him since he first completed his residency!

CLINICIAN/GERIATRICS

Bruce Leff, MD

Dr. Leff is Professor of Medicine at the Johns Hopkins University School of Medicine, and holds a Joint Appointment in the Department of Health Policy and Management at the Johns Hopkins University Bloomberg School of Public Health. He is the Director of the Program in Geriatric Health Services Research and the Co-Director of the Elder House Call Program, in the Division of Geriatric Medicine at the Johns Hopkins. His principal areas of research relate to home care and the development, evaluation, and dissemination of novel models of care for older adults, including the Hospital at Home model of care (www.hospitalathome.org), guided care (www.guidedcare.org), geriatric service line models (www.med-ic.org), and medical house call practices (www.iahnow.org). In addition, his research interests extend to issues related to the care of patients with multiple chronic conditions, guideline development, performance measurement, quality indicators, and case-mix issues. Dr. Leff cares for patients in the acute, ambulatory, and home settings. He practices in the home, ambulatory, hospital, nursing home, skilled nursing facility, rehabilitation, and PACE settings. He is the Associate Director of the Medicine Clerkship at the Johns Hopkins University School of Medicine and has received numerous awards for his teaching and mentorship. He is a member of the Board of Regents of the American College of Physicians, President of the American Academy of Home Care Physicians, and is a Fellow of InterRAI.

CLINICIAN/NURSING

Charlene Harrington, PhD, RN, FAAN

Charlene Harrington, Ph.D., RN, FAAN has been a professor at the University of California San Francisco since 1980 where she has specialized in long term care policy and research. She was elected to the IOM in 1996, and served on various IOM committees. In 2002, she and a team of researchers designed a model California long term care consumer information system website funded by the California Health Care Foundation and she continues to maintain and expand the site. Since 1994, she has been collecting and analyzing trend data on Medicaid home and community based service programs and policies, currently funded by the Kaiser Family Foundation. In 2003, she became the principal investigator of a five-year $4.5 million national Center for Personal Assistance Services funded by the National Institute on Disability and Rehabilitation Research, which has just been refunded for (2008-2013). She has testified before the US Senate Special Committee on Aging, and has written more than 200 articles and chapters and co-edited five books while lecturing widely in the U.S.

MEASURE METHODOLOGIST

Debra Saliba, MD, MPH

Debra Saliba, MD, MPH, is the Anna & Harry Borun Chair in Geriatrics at the David Geffen School of Medicine at UCLA and is the director of the UCLA/JH Borun Center for Geronotological Research. She is also a geriatrician with the VA GRECC and a Senior Natural Scientist at RAND. Dr. Saliba's research has focused on creating tools and knowledge that can be applied to improving quality of care and quality of life for vulnerable older adults across the care continuum. Her research has addressed the hospitalization of vulnerable older adults, assessment of functional status and co-morbidity, patient safety, quality measurement, pressure ulcers, falls, pain, home accessibility, and the prediction of functional limitation and mortality. Dr. Saliba recently led the national revision of the Minimum Data Set for Nursing Homes (MDS 3.0) for the Centers for Medicare & Medicaid Services and VA HSR&D. In this large multi-state project, Dr. Saliba led a national consortium of researchers and used both qualitative and quantitative methods to improve item reliability, validity and efficiency for this national program. Gains were also seen in facility staff satisfaction with the MDS assessment. Dr. Saliba's research in quality of care and vulnerable populations has received awards from the Journal of American Medical Directors Association, VA Health Services Research & Development, and the American Geriatrics Society. She is a member of the Board of Directors of the California Association of Long Term Care Medicine and of the American Geriatrics Society.

PALLIATIVE CARE

Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

Constance Dahlin is an advanced practice nurse with extensive hospice and palliative care experience. Ms. Dahlin is the Director of Professional Practice for the Hospice and Palliative Nurses Association. She trained in oncology and adult primary care as a CNS and NP. She has palliative experience across care settings; ambulatory, inpatient, rehabilitation, skilled facility, and home. She co-founded and was clinical director of an academic medical center palliative care team in Boston; and clinical director of an urban hospice in Boston, Massachusetts; and coordinator of a community hospice and home health agency in

Springfield, Oregon. Ms. Dahlin is clinical associate professor at the Massachusetts General Hospital Institute of Health Professions and faculty on the Harvard Medical School Center for Palliative Care. She serves as national faculty for the End of Life Nursing Education Consortium (ELNEC). She was editor of the second and third editions of the National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines for Quality Palliative Care* and co-edited the first and second editions of the Hospice and Palliative Nurses Association *Core Curriculum for the Advanced Hospice and Palliative Registered Nurse*. Current work includes the American Hospital Association Circle of Life Committee; consultant to the Center to Advance Palliative Care; and the Massachusetts Comprehensive Cancer Prevention and Control Program Advisory Board. She is past president and board member of the Hospice and Palliative Nurses Association and was a member of the National Quality Forum Hospital Efficiency Task Force. She has written, presented, and produced a variety of hospice and palliative nursing education topics, articles, materials, and book chapters. Ms. Dahlin is a Fellow of Hospice and Palliative Nursing and a Fellow of the American Academy of Nursing.

PATIENT EXPERIENCE

Jack Fowler, Jr., PhD

Jack Fowler is a Senior Scientific Advisor to the Informed Medical Decisions Foundation. The Foundation is a not for profit organization that develops information for patients facing medical decisions. It also supports research to learn how medical decisions are made, how best to support patients facing decisions and how to integrate decision support into routine clinical care. He is currently focusing on the Foundation's research agenda and on helping to disseminate the results of research it has funded. He served as President of the Foundation from 2002-2009. He has also been a Senior Research Fellow at the Center for Survey Research, UMass Boston since 1971, and he served as Director of the Center for 14 years. Jack is a social scientist whose special expertise is survey methodology. He is the author (or co-author) of four widely used books on survey research methods. A particular focus of his recent methodological research has been the design and procedures for evaluating survey questions. He also has been a major contributor to research on patient outcomes, how patients are affected by the treatments they receive, and how to measure the quality of medical decision making. He received his PhD from the University of Michigan in Social Psychology and a BA from Wesleyan University.

POST-ACUTE CARE/HOME HEALTH/HOSPICE

Carol Raphael, MPA

Carol Raphael served as the President and Chief Executive Officer of the Visiting Nurse Service of New York (VNSNY), the largest nonprofit home health care organization in the United States from 1989 to 2011. Ms. Raphael expanded the organization's services and launched innovative models of care for complex populations with chronic illness. Prior to joining VNSNY, Ms. Raphael held executive positions at Mt. Sinai Medical Center and in New York City government. Currently, Ms. Raphael is a Visiting Fellow at Harvard University. She chairs the New York eHealth Collaborative, a public-private partnership working to advance the adoption of health information technology. She is the Chair of the Long-Term Quality Alliance, Chair of the National Quality Forum MAP Workgroup on Post Acute and Long Term Care, a strategic adviser to NCQA and was a member of New York State Governor Cuomo's Medicaid Redesign Team. Ms. Raphael is a nationally recognized expert on health care policy and in particular, high-risk, complex populations with chronic illnesses and long term services and supports. She served on numerous commissions including the Medicare Payment Advisory Commission, the New York State Hospital Review and Planning Council and several Institute of Medicine committees. She has served on a number of boards including the Lifetime Blue Cross/Blue Shield Board and the American Foundation for the Blind. She is currently Vice-Chair of the AARP Board and serves on the boards of the Primary Care Development Corporation, Pace University, the Medicare Rights Center and the New York City Citizens Budget Commission. She is a member of several advisory boards including the Harvard School of Public Health's Health Policy Management Executive Council, the New York City Health and Mental Hygiene Advisory Council, The New York City Age-Friendly Commission and the New York University School of Nursing Advisory Board. She co-edited the book *Home Based Care for a New Century.* She was a Visiting Fellow at the Kings Fund in the United Kingdom, and was listed in *Crain's New York Business 50 Most Powerful Women in New York City.*

SHARED DECISION MAKING

Karen Sepucha, PhD

Dr. Sepucha is the director of the Health Decision Sciences Center in the General Medicine Division at Massachusetts General Hospital and an assistant professor in Medicine at Harvard Medical School. Her research and clinical interests involve developing and implementing tools and methods to improve the quality of significant medical decisions made by patients and clinicians. Dr. Sepucha was the medical editor for a series of five breast cancer patient decision aids (PtDAs) developed by the not-for-profit Foundation for Informed Medical Decision Making. The PtDAs have won seven media awards and Dr. Sepucha has led the dissemination of these programs to more than 80 academic and community cancer centers across the country. She is also responsible for efforts to integrate decision support tools into primary and specialty care at MGH. Her recent research has focused on the development of instruments to measure the quality of decisions. The decision quality instruments have been used in a national survey of medical decisions, and a subset of the items is being evaluated for use in CAHPS as part of the primary care medical home certification. Dr. Sepucha has been active in local, national and international efforts to improve decision quality, including the International Patient Decision Aids Standards collaboration. She got her Ph.D. in Engineering-Economic Systems and Operations Research at Stanford University with a focus in decision sciences.

SURGICAL CARE

Eric B. Whitacre, MD, FACS

Eric B Whitacre, MD, FACS is Director of the Breast Center of Southern Arizona. He is a board certified breast surgeon with hospital appointments at Tucson Surgery Center, Tucson Medical Center, and Carondolet St. Joseph. He is past president of the American Society of Breast Surgeons, and a member of the Coding in Reimbursement Committee of the American College of Surgeons. He earned his MD at Cornell University Medical College and completed his general surgery training at The New York Hospital at Cornell Medical Center. Dr. Whitacre is also the Medical Director for Breast Care, Well Woman HealthCheck Program for the Arizona State Department of Health Services.

TEAM-BASED CARE

Ronald Stock, MD, MA

Ronald Stock is a geriatrician, clinical health services researcher, and Associate Professor of Family Medicine at Oregon Health & Sciences University. He is currently The Foundation for Medical Excellence John Kitzhaber Fellow in Health Policy with an emphasis on understanding the impact of medical home and coordinated care organization healthcare delivery transformation on physicians and medical practices in Oregon. A graduate of the University of Nebraska College Of Medicine, Dr. Stock completed his residency and faculty development fellowship in Family Medicine at the Medical University of South Carolina and University of North Carolina-Chapel Hill and has a Certificate of Added Qualifications in

Geriatric Medicine. Before joining OHSU in 2012 he served as Executive Medical Director of Geriatrics and Care Coordination services, and Medical Director of Education & Research at PeaceHealth Oregon Region. With funding from the John A Hartford Foundation, RWJ Foundation, AHRQ, and PeaceHealth/Sacred Heart Medical Center he has dedicated his professional career to improving the quality of healthcare for older adults, with a focus on redesigning the primary care delivery system in a community for vulnerable and frail elders through an interdisciplinary team model, and assessing methods to develop and measure team-based care in the clinical setting. He is currently a member of an AHRQ Technical Expert Panel on “Developing a Foundation & Framework for Team-Based Care Measures in Primary Care”, member of the Institute of Medicine Best Practices Innovation Collaborative on Team-Based Care, and an IOM Task Force exploring the role of “Patients on Teams”.

FEDERAL GOVERNMENT MEMBERS (NON-VOTING, EX OFFICIO)

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)

D.E.B. Potter, MS

D.E.B. Potter is a Senior Survey Statistician, in the Center for Financing, Access and Cost Trends (CFACT), Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services (HHS). Her work focuses on improving the measurement of vulnerable populations including the disabled, frail elders, persons needing long-term services and supports, and behavioral health care. Efforts include quality measures development; data collection and instrument design; measuring health care use, financing and quality; and estimation issues involving persons that use institutional, sub-acute and home and community-based services (HCBS). Ms. Potter represents the AHRQ on the National Quality Forum convened Measures Application Partnership - on both the Dual Eligibles Workgroup and the Post-Acute/Long-Term Care Workgroup; she Co-Chairs the Quality Measures Workgroup for the HHS Secretary's Community Living Initiative, is a member of the HHS Measures Coordination Group, the AHRQ Measures Policy Council, and serves on numerous Technical Expert Panels including TEP's for CMS's HCBS Experience with Care Survey and the National Advisory Panels for AARP's State Scorecard for Long-Term Services and Supports, and the National Long Term Quality Alliance (LTQA). In 2002, she (with others) received HHS Secretary's Award "for developing and implementing a strategy to provide information the Department needs to improve long-term care." Currently, at AHRQ, she serves as Co-Lead, AHRQ's LTC Program, and is responsible for AHRQ's Assisted Living Initiative and the Medicaid HCBS quality measures project. She is also on part-time detail to the HHS Office of the Secretary, Division of Disability, Aging and Long-Term Policy, where she leads efforts to develop quality measures for HCBS, dementia and behavioral health populations. Recent publications include Assessing the Health and Welfare of the HCBS Population: Findings Report, 2012, Agency for Healthcare Research and Quality.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Chisara N. Asomugha, MD, MSPH, FAAP

Dr. Asomugha is the former Community Services Administrator for the City of New Haven, CT. She is now serving as the Senior Technical Adviser/Medical Officer at the Centers for Medicaid & Medicare Services' (CMS) Center for Clinical Standards & Quality. The Center for Clinical Standards & Quality serves as the focal point and proving ground for all quality, clinical, medical science issues, survey and certification, and policies for CMS' programs across the US and its territories.

ACCREDITATION/CERTIFICATION LIAISONS (NON-VOTING)

NATIONAL COMMITTEE FOR QUALITY ASSURANCE

Sarah Scholle, DrPH, MPH

Sarah Hudson Scholle (DrPH The Johns Hopkins University) is Vice President, Research and Analysis, at the National Committee for Quality Assurance. Dr. Scholle is an expert in health service and quality measurement in multiple settings and has a demonstrated record of moving innovative measurement concepts into implementation. Current measurement projects focus on cross-cutting areas including care coordination, patient engagement, and goal setting and improvement in outcomes. Her experience also includes project to test and assess the process of transformation to different models of care, including an initiative to test a patient-centered approach to oncology care. She leads NCQA efforts work to expand measures for vulnerable populations; this included the development of a framework for evaluating care for people with dual eligibility for Medicaid and Medicaid and ongoing work to build quality measures aligned with this framework, as well as efforts to expand measures for evaluating the quality of behavioral health care. She is currently principal investigator of an AHRQ/CMS funded Center of Excellence in Pediatric Quality Measurement, where the priorities are focused on prevention, behavioral health and foster care. She has led activities in measurement related to patient-centered care and the patient-centered medical home (PCMH) and contributed to the development and implementation of surveys (such as the PCMH version of the CAHPS survey).

THE JOINT COMMISSION

Sharon Sprenger, MPA, RHIA, CPHQ

Sharon Sprenger is the Project Director, Group on Performance Measurement in the Division of Research at The Joint Commission. In this position, she is responsible for performance measure identification, evaluation, pilot testing and implementation activities for core measures, disease specific care certification and international initiatives as applicable to all Joint Commission accreditation programs/settings. In her current position she has been a primary interface with the Centers for Medicare and Medicaid Services and the respective Quality Improvement Organizations to create the common measure specifications for shared measure sets in the 7th Scope of Work. In addition, she has worked with the National Quality Forum staff on the Hospital Care National Performance Measures and the Agency for Healthcare Research and Quality on The National Quality Measures Clearinghouse. In her tenure at The Joint Commission she has been responsible for the design, development and implementation of nation-wide reliability and validity testing of performance measures at over 150 health care organizations. Ms. Sprenger also oversaw the research activities associated with the broad scale collection of measures and evaluation for the National Library of Healthcare Indicators. Ms. Sprenger was a member of the Technical Expert Panel for the Quality Measurement Network (QMNet), a project sponsored by the Agency for Healthcare Research and Quality. Ms. Sprenger has participated in numerous national workgroups regarding performance measurement, addressing areas such as long term care, behavioral health care, and hospice/end of life care. Ms. Sprenger's diverse professional experience includes positions with Blue Cross and Blue Shield of Michigan (Detroit, Michigan) The HMO of Delaware (Newark, Delaware), Condell Memorial Hospital (Libertyville, Illinois), Area IV Professional Standards Review Organization (Saginaw, Michigan) and Central Michigan Community Hospital (Mt. Pleasant, Michigan). She has provided numerous presentations to health care organizations and professional organizations around the country. Ms. Sprenger has a Master's in Public Administration with a concentration in Health Services Administration from Roosevelt University, a Bachelor's of

Science in Medical Records Administration and an Associate's Applied Science in Medical Records Technology from Ferris State University.