

MAP Person- and Family-Centered Care Family of Measures

Web Meeting

March 26, 2014 | 1:00 pm –3:00 pm ET

The National Quality Forum (NQF) convened a web-based meeting of the MAP Person- and Family-Centered Care Task Force members on Wednesday, March 26, 2014 (archived [online](#)).

Committee Members In Attendance

Name	Organization/Subject Matter Expert
Rhonda Anderson, Co-Chair	American Hospital Association
Gail Hunt, Co-Chair	National Alliance for Caregiving
Richard Antonelli	Subject Matter Expert: Child Health
Chisara N. Asomugha	Centers for Medicare & Medicaid Services (CMS)
Richard Bankowitz	Premier, Inc.
Teresa Cagnolatti (<i>Substitute</i>)	National Partnership for Women and Families
Constance Dahlin	Subject Matter Expert: Palliative Care
Maureen Dailey (<i>Substitute</i>)	American Nurses Association
Cheryl DeMars	The Alliance
Floyd Fowler Jr.	Subject Matter Expert: Patient Experience
Rachel Grob	Center for Patient Partnerships
Randall Krakauer	Aetna
Joan Levy Zlotnik	National Association of Social Workers
Lisa McGiffert	Consumers Union
Cynthia Pelligrini	March of Dimes
D.E.B. Potter	Agency for Healthcare Research and Quality
Carol Raphael	Subject Matter Expert: Post-Acute Care/Home Health/Hospice
Debra Saliba	Subject Matter Expert: Measure Methodologist
Sarah Scholle	National Committee for Quality Assurance
Karen Sepucha	Subject Matter Expert: Shared Decision Making
Sharon Sprenger	The Joint Commission
Ronald Stock	Subject Matter Expert: Team-Based Care

Welcome, Review of Meeting Objectives, and Disclosures of Interest

Gail Hunt, Co-Chair, welcomed the Task Force members and the public audience to the web meeting and reviewed the meeting objectives. The meeting objectives were to:

- Review the Task Force charge, its role within the MAP, and the plan to complete the task.
- Develop consensus on the high-leverage opportunities for improvement for person- and family-centered care.

Wendy Prins, Senior Director, NQF, led the introductions of the Task Force members along with their disclosures of interest. Co-Chairs Gail Hunt and Rhonda Anderson offered opening remarks.

Project Overview and Approach to Identifying a Family of Measures

Mitra Ghazinour, Project Manager, NQF, provided background information on the Measure Applications Partnership (MAP) which provides pre-rule making recommendations on the selection of quality measures for public reporting, performance-based payments program and other purposes. Ms. Ghazinour also discussed how MAP's pre-rule making recommendations seek to further the three-part aim of the National Quality Strategy.

Ms. Ghazinour noted that the Task Force has been charged with identifying a family of measures to promote person- and family-centered care. She then reviewed the specific tasks and the timeline to complete the project. Ms. Ghazinour defined families of measures and core measure sets and described the primary use of measure families, which provide a starting place for identifying high priority performance measures and gaps within a particular content area and assist with federal pre-rulemaking activities. She then reviewed existing MAP families of measures and the additional MAP families of measures in development including the Affordability and Population Health families. Lastly, Ms. Ghazinour presented a step-wise approach to identifying families of measures as follows:

- Identify and prioritize high-leverage opportunities for measurement
- Scan available and pipeline measures that address the high-leverage opportunities
- Define the family of measures using the MAP Measure Selection Criteria (MSC)
- Identify gaps and limitations for each family of measures

High-Leverage Opportunities to Promote Person-and Family- Centered Care

Wendy Prins, Senior Director, NQF, provided a high-level overview of current work at NQF focusing on this topic area including:

- Prioritizing Measure Gaps: Person-Centered Care and Outcomes
- Person- and Family- Centered Care Endorsement Measurement
- Patient and Family Engagement Action Team

Ms. Prins discussed the above efforts and noted the opportunity for cross-fertilization and integration of recommendations when and where appropriate to move the field forward. Ms. Prins reviewed relevant frameworks including the National Quality Strategy (NQS) priority and goals of person- and family-centered care; NQF's definition of Patient-Reported Outcomes (PRO) and related domains; and the working definition and draft core concepts emerging from the Prioritizing Measure Gaps: Person-Centered Care and Outcomes project. These frameworks were used as organizing structures to inform this project and provide a starting point for the Task Force to build on and enhance.

Gail Hunt, Co-Chair, reviewed the proposed high-leverage opportunities (HLOs), which include experience of care, health-related quality of life, burden of illness, shared decisionmaking, and patient navigation and self-management, along with their respective potential measurement areas. Rhonda

Anderson, Co-Chair, presented several NQF-endorsed measures as examples for measurement for each proposed high-leverage opportunity. Ms. Hunt and Ms. Anderson solicited feedback from the Task Force members with respect to recommending additional HLOs/measurement areas or removing any proposed HLOs/measurement areas from the list due to implementation challenges or other barriers.

Task Force members generally agreed with the proposed definition and HLOs; however, they expressed the need to clarify terms such as patient vs. person and patient-centered vs. patient-directed and recommended a glossary of terms to guide the work and as a tool to crosswalk to other related efforts.

Task Force members highlighted the importance of additional measurement areas under experience of care including care integration across providers and settings, which could encompass more granular concepts such as care coordination, care transitions, communication among providers, and collaboration with care teams. Ms. Prins noted that these measurement areas may have been addressed in the previous MAP Care Coordination family of measures but this Task Force could consider them from a patient/family perspective for further expansion. A Task Force member recommended looking at the recommendations of the Prioritizing Measure Gaps Care Coordination Committee as additional input to inform this work.

Task Force members commented that satisfaction with care was less of a priority in contrast with other measurement areas such as experience of care, which is currently primarily measured through CAHPS surveys, and which could offer specific constructs for consideration. Task Force members recognized patient engagement as an important element of person-centered care, noting that it could be gauged by many existing measures such as individual questions from the CAHPS survey. A suggestion was made to look at measures under development that add qualitative dimensions in regard to patient experience, stating that CAHPS has such measures in the pipeline and there are maybe others.

Access to care, equity, and health and healthcare disparities were also identified as important areas for consideration in addition to patient activation, health literacy, and cultural and linguistic competency. It was discussed that the advance care plan measurement area should expand beyond end-of-life to encompass anyone with complex or chronic illnesses, but particularly patients with advanced illness. Establishment and attainment of patient and family caregiver goals was another measurement area that the Task Force supported as a priority area for measurement. Lastly, several Task Force members pondered whether concepts such as mental, functional, and cognitive health status assessment should be categorized under the health-related quality of life or captured in another way.

Next Steps

NQF will hold an in-person meeting on May 12, 2014 to identify measures for inclusion in the family, identify and prioritize measure gaps, and to discuss implementation barriers. The MAP Coordinating Committee will convene via a web meeting on June 20 to review and finalize the Task Force recommendations. NQF will submit the final report to HHS on July 1, 2014.