NATIONAL QUALITY FORUM
MEASURE APPLICATIONS PARTNERSHIP

Strategy Task Force
In-Person Meeting #2

National Quality Forum Conference Center
1030 15th Street NW, 9th Floor, Washington, DC 20005

AUDIENCE DIAL-IN: **(877) 303-9138**
PASSCODE: **83446627**

AGENDA: JUNE 18, 2012

<u>Meeting Objective:</u>
- *Develop the MAP Strategic Plan, including the evaluation, analytics, and communications plans.*
- *Develop the MAP action plan, identifying immediate and future steps for each strategy and tactic.*

8:30 am   **Breakfast**

9:00 am   **Welcome and Review of Meeting Objectives**
Chip Kahn and Gerry Shea, Strategy Task Force Co-Chairs
Patrick Conway, CMS
Nancy Wilson, AHRQ
- *Federal partners reaction to the Approach to the Strategic Plan*

9:30 am   **MAP Metrics of Success and Evaluation Plan**
Chip Kahn
- *Review MAP objectives and identify metrics of success for each objective*
- *Develop the MAP evaluation plan*
- *Opportunity for public comment*

11:15 am   **Families of Measures and Measure Gaps**

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Gerry Shea
- *Review and provide input on the analytic approach to developing families of measures and addressing measure gaps*
- *Opportunity for public comment*

12:00 pm   **Lunch**

12:30 pm   **MAP Analytics and Measure Selection Criteria**
Gerry Shea
- *Discuss MAP's information needs*
- *Develop the MAP analytics plan*
- *Consider opportunities for enhancing the MAP Measure Selection Criteria*
- *Opportunity for public comment*

1:45pm   **Stakeholder Engagement and MAP Communication Plan**
Chip Kahn
Lindsey Spindle, Senior Vice President, Communications and External Affairs, NQF
- *Discuss ways to enhance stakeholder engagement*
- *Develop the MAP communication plan*

2:45 pm   **Opportunity for Public Comment**

3:00 pm   **Summary and Next Steps**
Chip Kahn and Gerry Shea

3:30 pm   **Adjourn**

MAP Strategy Task Force

In-Person Meeting

June 18, 2012

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Welcome and Review of Meeting Objectives

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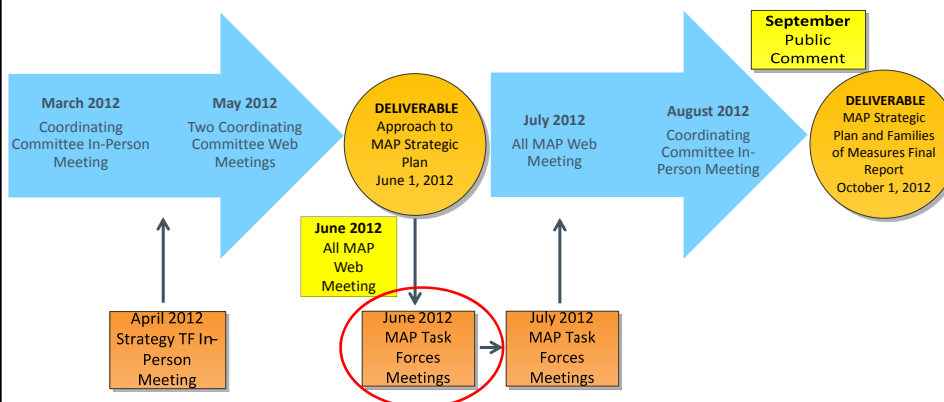## Meeting Objectives

- Develop the MAP Strategic Plan, including the evaluation, analytics, and communications plans
- Develop the MAP action plan, identifying immediate and future steps for each strategy and tactic

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MAP Strategic Plan Timeline

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Proposed MAP Work for 2012:
Key Deliverables

Proposed Deliverables	Proposed Date Due to HHS
Outline of Approach to MAP Strategic Plan	June 1, 2012
• **MAP Strategic Plan for Aligning Performance Measurement** • **Refined MAP Measure Selection Criteria and High-Impact Conditions** • **Families of Measures:** 　- Cardiovascular Health & Diabetes + cost of care implications 　- Patient Safety & Care Coordination + cost of care implications	**October 1, 2012**
Measures for High-Need Sub-Populations of Dual Eligible Beneficiaries Interim Report	December 28, 2012
MAP Pre-Rulemaking Input	February 1, 2013
Measures for High-Need Sub-Populations of Dual Eligible Beneficiaries Final Report	July 1, 2013
• Cost of care (e.g., total cost, resource use, appropriateness) • Families of Measures: Population Health, Patient and Family Engagement, and Mental Health	TBD - 2013

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Agenda

- Welcome and Review of Meeting Objectives
  - Federal partners reaction to the Approach to the Strategic Plan
- MAP Metrics of Success and Evaluation Plan
- Families of Measures and Measure Gaps
- MAP Analytics and Measure Selection Criteria
- Stakeholder Engagement and MAP Communications Plan
- Summary and Next Steps
  - MAP Action Plan

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Approach to the MAP Strategic Plan
Submitted to HHS on June 1, 2012

Goal: Apply performance measures to achieve improvement, transparency, and value in pursuit of the aims, priorities, and goals of the National Quality Strategy

- Objectives
    1. Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS;
    2. Stimulate gap-filling for high-priority measure gaps;
    3. Promote alignment of performance measurement across HHS programs and between public and private initiatives; and
    4. Ensure MAP's recommendations are relevant to public and private stakeholders and MAP's processes are effective.

- Strategies and Tactics
    - Families of Measures and Core Measure Sets
    - Addressing Measure Gaps
    - Measure Implementation Phasing Strategies
    - MAP Analytic Plan
    - MAP Measure Selection Criteria
    - MAP Evaluation Plan
    - MAP Communication Plan

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MAP Metrics of Success and Evaluation Plan

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Purpose of the MAP Evaluation Plan

- Identify metrics of success by which to gauge and monitor MAP's impact on the broader quality measurement enterprise
- Specifically, as outlined in the approach:
  - Establish feedback loops with key stakeholders to determine if MAP's recommendations are responsive to their needs
  - Engage key audiences in helping to identify indicators of success (i.e., MAP members, NQF councils, public comment)

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	OBJECTIVES	STRATEGIES/TACTICS	In 2015, What Does Success Look Like?
GOAL: **Apply performance measures to achieve improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the National Quality Strategy**	1. Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS	• Families of Measures and Core Measure Sets • MAP Measure Selection Criteria • MAP Analytics Plan • Measure Implementation Phasing Strategies	• See handout
	2. Stimulate gap-filling for high-priority measure gaps	• Families of Measures and Core Measure Sets • Addressing Measure Gaps	
	3. Promote alignment of performance measurement across HHS programs and between public and private initiatives	• Families of Measures and Core Measure Sets • MAP Communication Plan	
	4. Ensure MAP's recommendations are relevant to public and private implementers and its processes are effective	• MAP Evaluation Plan • MAP Communication Plan	

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Evaluation Plan

Purpose: Evaluating MAP's progress against the metrics of success

- Immediate and Ongoing Evaluation
  - Assess uptake of MAP's recommendations in federal rules
  - Identify key opportunities to solicit stakeholder feedback on impact of MAP's recommendations and MAP processes
- Future Evaluation
  - In 2015, third party independent evaluation

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Opportunity for Public Comment

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Families of Measures and Measure Gaps

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MAP Strategies and Tactics

- **Families of Measures and Core Measure Sets**
  - Promote measure alignment through selection of families of measures
  - Encourage best use of available measures in core measure sets for specific HHS and private sector programs
- **Address Measure Gaps**
  - Identify and prioritize gaps; label development vs. implementation gaps
  - Create pathways for gap-filling through engaging public and private measure developers and funders and identifying solutions to barriers
  - Specifically consider eMeasure needs
- **Define Measure Implementation Phasing Strategies**
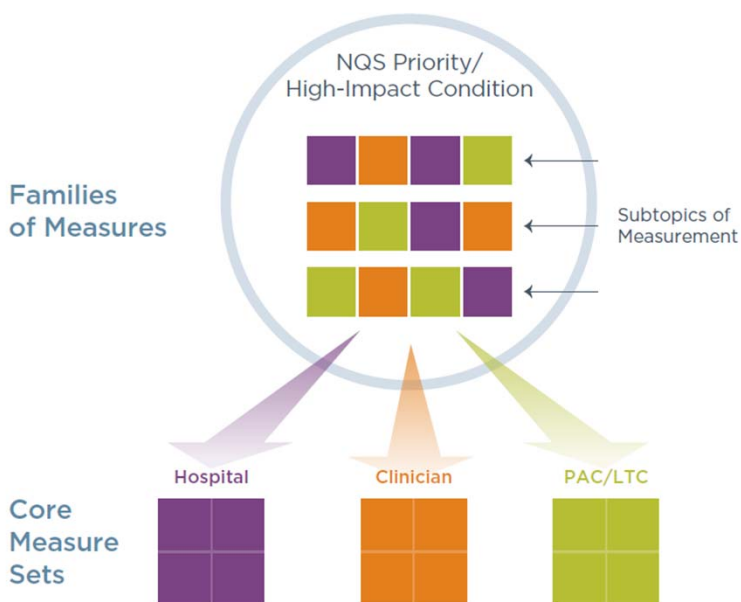
Proposed Families of Measures

2012
Patient Safety

Care Coordination

Cardiovascular Care

Diabetes Care

2013
Affordability

Population Health

Patient- and Family- Centered Care

Mental Health

2014
Revisit families as needed

Additional high-impact conditions

Other?
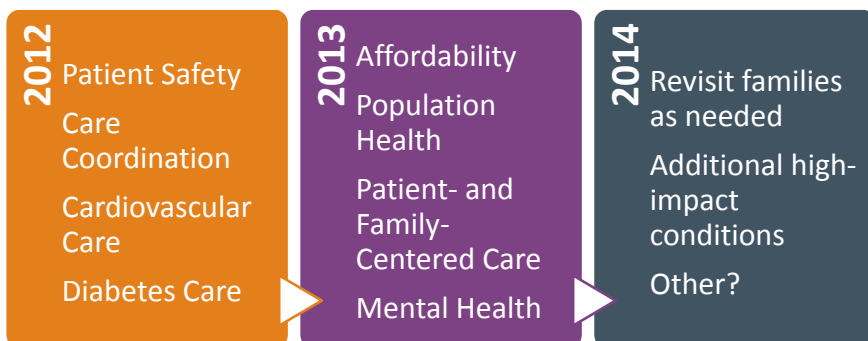
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Approach to Developing Measure Families

1. Identify and Prioritize High-Leverage Opportunities for Measurement

- Identification of high-leverage opportunities
  - National Quality Strategy (MSC 2); high-impact conditions (MSC 3)
  - Public-sector efforts: value-based purchasing programs, Partnership for Patients, Million Hearts Campaign
  - Private-sector efforts: Choosing Wisely, literature review

- Prioritization of high-leverage opportunities
  - Impact, improvability, inclusiveness
  - Cost- areas of waste, inefficiency, overuse

- Consider how high-leverage opportunities span the patient-focused episode of care (MSC 6)
  - Do the high-leverage opportunities span settings, levels of analysis?
  - How should measures addressing the high-leverage opportunities vary across settings? (e.g., maintenance of function in outpatient settings, improvement of function in acute settings)

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Example: Thrombus/Embolus

Venous Thromboembolism (VTE)

- Impact
  - Per the Partnership for Patients, there are >100,000 cases per year of hospital patients having VTE
  - Most common preventable cause of hospital death (AHRQ, 2008)
    - » Estimated 10-30% of patients die within 30 days
  - Estimate of cost per patient in a recent study was $7.6 – 16.6 k/year
- Improvability
  - The Partnership for Patients estimates that 40% of VTEs are currently preventable, and notes that many professional societies have issued effective evidence-based guidelines for reducing VTEs
- Inclusiveness
  - Affects both genders, all races/ethnicities, and variety of age groups, but is more likely in those with certain risk factors (e.g. older age, limited mobility, genetic history, certain concurrent conditions)
  - Applies across settings, and strategies for improvement may be used broadly

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Approach to Developing Measure Families

2. Scan of Measures that Address the High-Leverage Opportunities

- NQF-endorsed portfolio of measures (MSC 1)
- Measures in federal programs (current measures, and measures under consideration during year 1 pre-rulemaking)
- Available private sector efforts (e.g., IHA, Provider Recognition Programs, Leapfrog, eValue8)

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Approach to Developing Measure Families

3. Define the Family for Each High-Leverage Measurement Opportunity

- Considerations for defining the family (MSC 4, 5, 6, 8)
  - Do available measures address the relevant care settings, populations, level of analysis?
  - When appropriate, are measures harmonized across settings, populations, levels of analysis?
  - What are the types of measures available for each setting, population, level of analysis? (preference for outcome measures, when available, and process measures that are most closely linked to outcomes)
- Considerations for affordability and disparities

Approach to Developing Measure Families

4. Establish Gap-Filling Pathways

- Classification of measure gaps
  - Existing measures
    - » Additional refinements
    - » Testing for application to other settings
    - » Need endorsement
    - » eMeasures not available
    - » Implementation gaps
  - Measure development gap
- Determine opportunities to address measure gaps
  - Development barriers (e.g., funding, data sources)
  - Implementation barriers (e.g., feasibility, burden)

Discussion

- General input on the approach to developing measure families?

- Additional considerations for defining measure families?

- Issues to explore when defining the gap-filling pathways?

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Opportunity for Public Comment

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MAP Analytics and Measure Selection Criteria

Approach to MAP Analytics Plan

Purpose: Supporting MAP's decision making

- Begin with strategic opportunities identified by NQS/NPP
- Identify current performance gaps and high-leverage opportunities from the healthcare field
- Incorporate information on measure use and impact (across public/private sectors, lifespan) into decision making
  - Existing efforts to evaluate measure use and impact
  - Information needed to enhance MAP decision making process (MAP's signal to the field of needed information)

Analytical Support for MAP Decision-making

Desired information that is available to a **great extent** at present:

Data/Information	Type of Data	Primary Sources	Planned Use
Priorities	Qualitative	NQS, NPP	Guiding framework
Impact (incidence, mortality, cost, etc.); Improvability; Inclusiveness	Quantitative & Qualitative	HHS & IOM reports, high-quality research studies	Facilitate prioritization of high-leverage opportunities
NQF Measure Data Elements	Quantitative & Qualitative	NQF databases	Enable drill-down on certain measures
Prior MAP decisions	Qualitative	NQF reports & summaries	Provide history & context

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Analytical Support for MAP Decision-making

Desired information that is available to a **moderate extent** at present:

Data/Information	Type of Data	Primary Sources	Planned Use
Aspirational Targets	Quantitative	NQS	Assess progress toward achieving goals
Implementation of measures	Quantitative & Qualitative	HHS rules & reports; NQF alignment tool; private sector programs	Determine where and how measures are being used
Uptake of MAP recommendations	Quantitative & Qualitative	HHS proposed/final rules	Evaluate impact of MAP input, w/ insights applied to future
Measure performance results	Quantitative	HHS reports & online resources; other publicly reported data	Assess trends and variability of results

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Analytical Support for MAP Decision-making

Desired information that is currently **very limited**:

Data/Information	Type of Data	Primary Sources	Planned Use
Unintended consequences of measure use	Qualitative	NQF's QPS tool and other mechanisms for stakeholder input	Consider when recommendations made on measure applications
Gaps in Measure Development & Implementation	Qualitative	NQF, HHS, & IOM reports; QASC	Create measure families & impetus for filling gaps
Impact of measure use on achieving population-level goals	Quantitative & Qualitative	HHS reports; selected outcome and patient experience measures; other	Establish feedback loops to inform future pre-rulemaking input

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Discussion Questions

- What information is needed most urgently to inform MAP decision making?

- What information about measures and measure use is least useful to MAP?

- How will MAP apply qualitative data in a systematic way?

- What information from MAP analytics should be incorporated into MAP evaluation plan?

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Enhancing the MAP Measure Selection Criteria

Program measure set:

1. Measures are NQF-endorsed or meet the requirements for expedited review
2. Adequately addresses each of the National Quality Strategy (NQS) priorities
3. Adequately addresses high-impact conditions relevant to the program's intended population(s)
4. Promotes alignment with specific program attributes, as well as alignment across programs
5. Includes an appropriate mix of measure types
6. Enables measurement across the person-centered episode of care
7. Includes considerations for healthcare disparities
8. Promotes parsimony

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Approach to Enhancing MAP Measure Selection Criteria

Enhancements to MSC will be guided by the MAP Analytics plan as more information becomes available. Potential enhancements include:

- Refine criteria with focus on improvement, transparency, and value

- Consider purposes of various programs

- Add removal criteria (e.g., availability of better measures, topped-out, low-impact, evidence, unintended consequences)

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Opportunity for Public Comment

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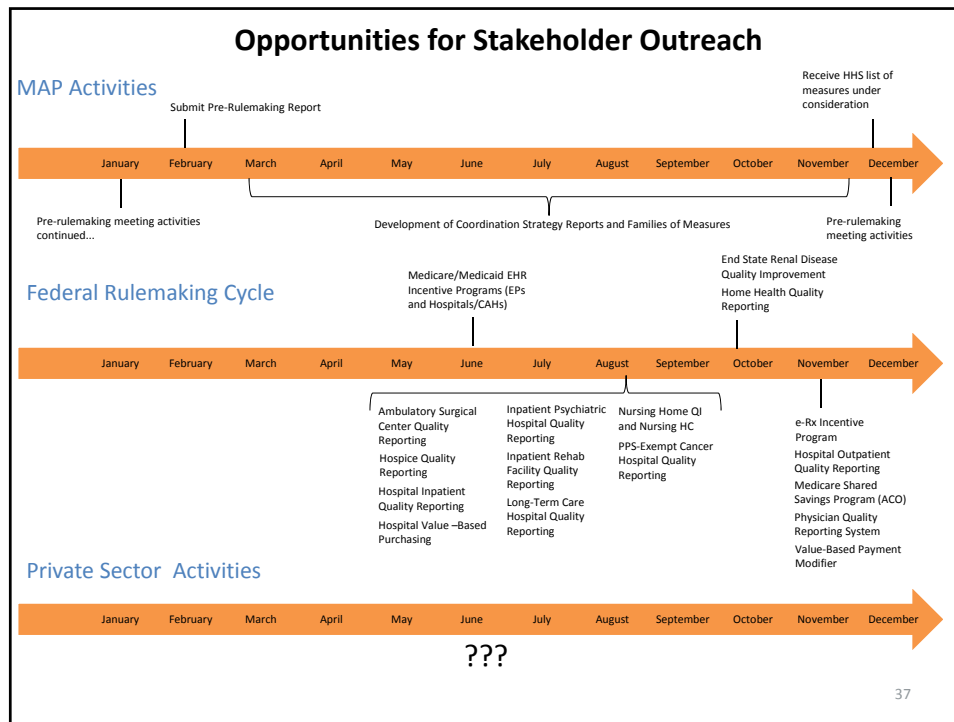# Stakeholder Engagement and MAP Communication Plan

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Communication Plan

Need to understand if/how MAP members are communicating MAP recommendations:

- Brief survey of MAP membership:
  - How often have you mentioned MAP in a presentation?
  - Have you ever mentioned MAP work in an organization newsletter?
  - Have you ever posted MAP's reports on your organization's website?
  - Have you ever promoted MAP through social media (i.e., Twitter, Facebook, LinkedIn)?
  - What materials would be helpful to you in communicating about MAP's work?

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Draft Communications Framework

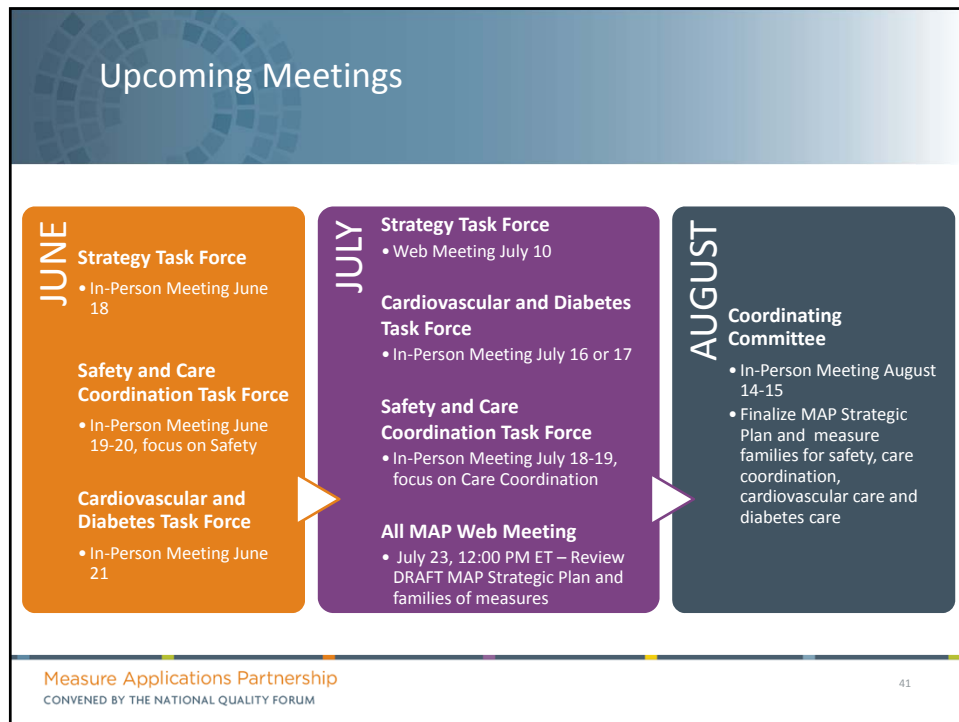| MAP's Role	Apply performance measures to achieve improvement, transparency, and value	
What should we communicate?	• MAP recommendations and how they are useful to each stakeholder • Importance of MAP • Other?	
What are the broad key messages?	• Measures that achieve improvement, transparency, and value improve the health care system • Aligning measures reduces measure reporting burden • How stakeholders can play a role in execution of MAP recommendations • Other?	
What will communications help to achieve?	• Fostering stakeholder engagement to create feedback loops • Awareness of MAP recommendations • Greater clarity of MAP work and how it would affect end-users • Other?	
Who are we most focused on reaching and why?	• Government agencies • Measure developers • Funders • Purchasers/Plans	• Payers • Providers • Consumer advocates • Communities and states
Who is the messenger?	• MAP members • Other NQF initiatives (e.g., NPP, Endorsement Steering Committees) • NQF staff	
What does success look like?	• Greater collaboration with stakeholders • Greater uptake of MAP recommendations • Increased media attention to MAP work • Other?	

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Opportunities for Stakeholder Outreach

MAP Activities

Receive HHS list of measures under consideration

Submit Pre-Rulemaking Report

| January | February | March | April | May | June | July | August | September | October | November | December |

Pre-rulemaking meeting activities continued…

Development of Coordination Strategy Reports and Families of Measures

Pre-rulemaking meeting activities

End State Renal Disease Quality Improvement
Home Health Quality Reporting

Medicare/Medicaid EHR Incentive Programs (EPs and Hospitals/CAHs)

Federal Rulemaking Cycle

| January | February | March | April | May | June | July | August | September | October | November | December |

Ambulatory Surgical Center Quality Reporting
Hospice Quality Reporting
Hospital Inpatient Quality Reporting
Hospital Value –Based Purchasing

Inpatient Psychiatric Hospital Quality Reporting
Inpatient Rehab Facility Quality Reporting
Long-Term Care Hospital Quality Reporting

Nursing Home QI and Nursing HC
PPS-Exempt Cancer Hospital Quality Reporting

e-Rx Incentive Program
Hospital Outpatient Quality Reporting
Medicare Shared Savings Program (ACO)
Physician Quality Reporting System
Value-Based Payment Modifier

Private Sector Activities

| January | February | March | April | May | June | July | August | September | October | November | December |

???

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Opportunity for Public Comment

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Summary and Next Steps

MAP Action Plan

MAP Tactic	Immediate and Ongoing Actions	Future Actions
MAP Evaluation Plan		
Families of Measures and Core Measure Sets		
Addressing Measure Gaps		
Define Measure Implementation Phasing Strategies		
MAP Analytics Plan		
MAP Measure Selection Criteria		
MAP Communication Plan		

Upcoming Meetings

JUNE

Strategy Task Force
- In-Person Meeting June 18

Safety and Care Coordination Task Force
- In-Person Meeting June 19-20, focus on Safety

Cardiovascular and Diabetes Task Force
- In-Person Meeting June 21

JULY

Strategy Task Force
- Web Meeting July 10

Cardiovascular and Diabetes Task Force
- In-Person Meeting July 16 or 17

Safety and Care Coordination Task Force
- In-Person Meeting July 18-19, focus on Care Coordination

All MAP Web Meeting
- July 23, 12:00 PM ET – Review DRAFT MAP Strategic Plan and families of measures

AUGUST

Coordinating Committee
- In-Person Meeting August 14-15
- Finalize MAP Strategic Plan and measure families for safety, care coordination, cardiovascular care and diabetes care

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Approach to the Strategic Plan

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MAP GOAL AND OBJECTIVES

In pursuit of the aims, priorities, and goals of the National Quality Strategy (NQS), the Measure Applications Partnership (MAP) informs the selection of performance measures to achieve the goal of improvement for clinicians and providers, transparency for consumers and purchasers, and value for all. MAP's objectives are to:

1. Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS;

2. Stimulate gap-filling for high-priority measure gaps;

3. Promote alignment of performance measurement across Department of Health and Human

Services (HHS) programs and between public and private initiatives; and

4. Ensure MAP's recommendations are relevant to public and private stakeholders and its processes are effective.

Many stakeholders are engaged in performance measurement efforts to achieve the goals of the NQS. These efforts comprise the Quality Measurement Enterprise (Figure 1) and include priority and goal setting, measure development and testing, measure endorsement, measure selection and use for various purposes, and determining impact.

FIGURE 1. QUALITY MEASUREMENT ENTERPRISE
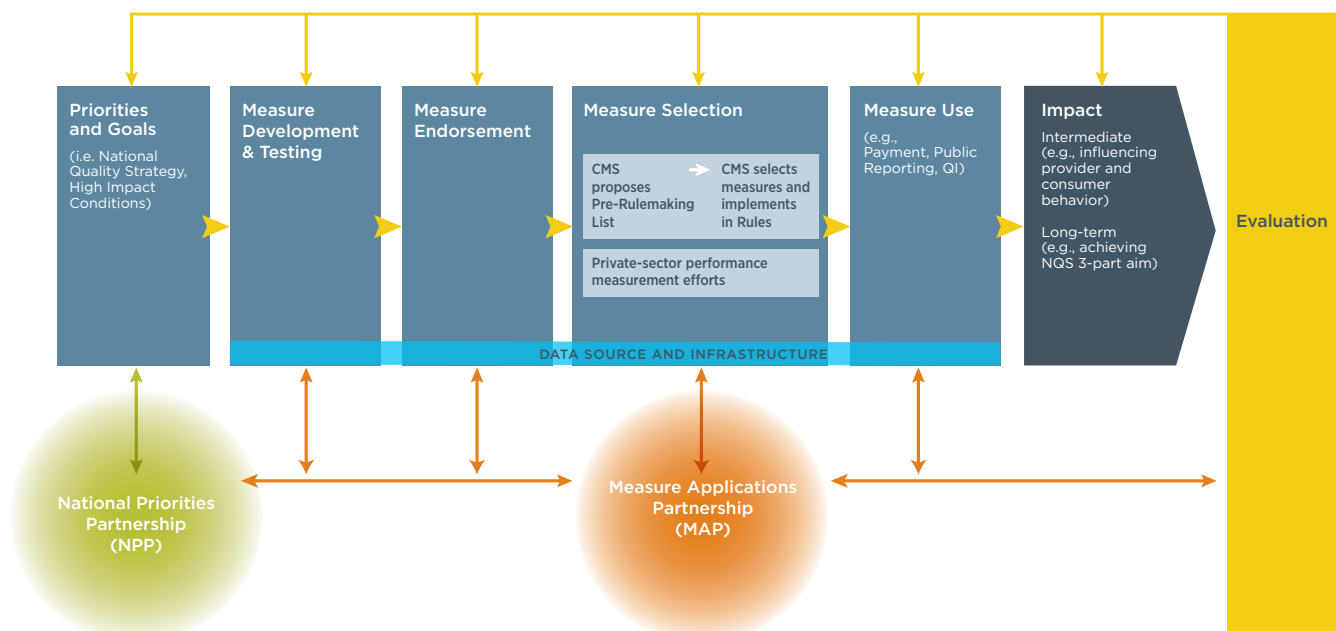
MAP, a public-private partnership, works collaboratively with the stakeholders across the Quality Measurement Enterprise to ensure that the application of performance measures achieves improvement, transparency, and value. Each objective relates to various functions of the Quality Measurement Enterprise.

Objective 1

Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS. MAP's primary purpose, as specified in the Affordable Care Act (ACA), is to provide input to HHS on selecting performance measures for numerous accountability applications, such as public reporting, performance-based payment, and health information technology incentives tied to "meaningful use." This input to HHS includes recommendations for applying the best available measures and prioritization of measure gaps to guide policymakers' decision-making. NQF-endorsement is a threshold criterion for selecting measures that are important, scientifically acceptable, feasible, and useful for accountability purposes and quality improvement.

Objective 2

Stimulate gap-filling for high-priority measure gaps. MAP, through collaboration with HHS and private entities, will develop pathways to provide solutions for filling gaps, including but not limited to, defining measure ideas to address gap areas; identifying needed funding for measure development, testing, and endorsement; engaging measure developers; facilitating the construction of test beds for measure testing; and identifying opportunities to build mechanisms for efficient collection and reporting of data.

Objective 3

Promote alignment of performance measurement across HHS programs and between public and private-sector initiatives. Aligned performance measurement is important to send clear direction and provide strong incentives to providers and clinicians regarding desired health system change. Performance measures should align across settings, programs, populations, and payers in order to provide a comprehensive picture of quality. Strategically aligning public and private payment and public reporting programs will encourage delivery of patient-centered care and reduce providers' data collection burden.

Objective 4

Ensure MAP's recommendations are relevant to public and private stakeholders and its processes are effective. MAP's careful balance of interests is designed to provide HHS and the field with thoughtful input on performance measure selection. MAP must leverage its relationships with various healthcare stakeholders to promote MAP's recommendations and ensure that MAP's input is considered across the Quality Measurement Enterprise.

MAP STRATEGIES AND TACTICS

To date, MAP has generated program- and measure-specific recommendations to HHS, developed coordination strategies for performance measurement across public- and private-sector programs, and identified and prioritized measure gaps. Over the next three years, MAP plans to engage in several strategies and tactics to operationalize the MAP objectives. While each strategy and tactic can address multiple MAP objectives, the table below indicates the primary objectives each strategy and tactic addresses. For each objective, MAP will identify indicators of success.

TABLE 1. MAP STRATEGIES AND TACTICS

GOAL	OBJECTIVES	STRATEGIES/TACTICS	BY 2015, MAP WILL…
Apply performance measures to achieve improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the National Quality Strategy	**1.** Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS	• Families of Measures and Core Measure Sets • MAP Measure Selection Criteria • MAP Analytics Plan • Measure Implementation Phasing Strategies	*TBD—Indicators of success to be developed as part of the Strategic Plan*
	2. Stimulate gap-filling for high-priority measure gaps	• Families of Measures and Core Measure Sets • Addressing Measure Gaps	
	3. Promote alignment of performance measurement across HHS programs and between public and private initiatives	• Families of Measures and Core Measure Sets • MAP Communication Plan	
	4. Ensure MAP's recommendations are relevant to public and private implementers and its processes are effective	• MAP Evaluation Plan • MAP Communication Plan	

Families of Measures and Core Measure Sets

In accordance with MAP's objectives to identify best measures and align performance measurement, MAP will identify families of measures—sets of related available measures and measure gaps that span programs, care settings, and levels of analysis—for each of the NQS priority areas. The measure families will inform the development and revision of core measure sets

for specific programs or settings. For example, a care coordination measure family might identify aligned care transitions measures across settings and levels of analysis. Core sets, pulled from the care coordination family, would contain the care transitions measures that address the highest-leverage opportunities for improvement in a particular program or setting. Figure 2 illustrates the concept of families of measures and core measure sets.

FIGURE 2. FAMILIES OF MEASURES AND CORE MEASURE SETS
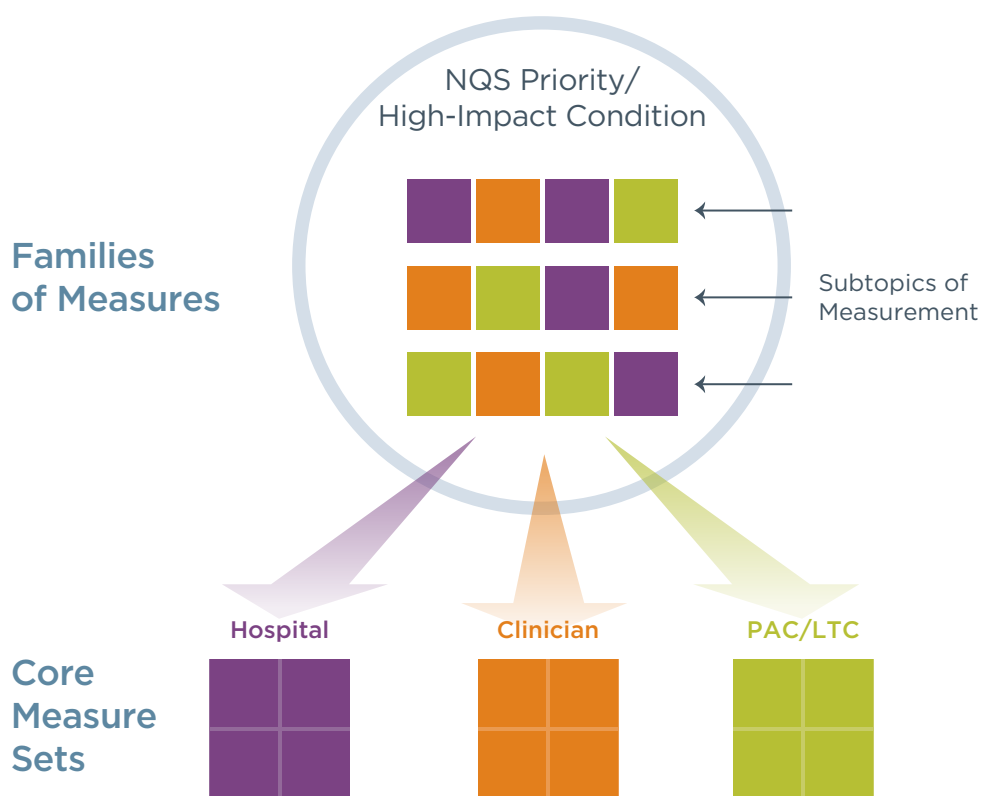
Identification of measure families and core measure sets will build on the high-leverage strategic opportunities and national-level measures in the NQS 2012 Annual Progress Report and reports from the National Quality Forum's (NQF's) measure endorsement process. National Priorities Partnership (NPP) and endorsement project Steering Committee liaisons will serve on the MAP task forces devoted to developing measure families to provide insight on the input to the NQS and endorsement recommendations. Additionally, MAP will build on private- and public-sector efforts to select measures; for example, the HHS Interagency Working Group on Healthcare Quality is engaging in efforts to align and coordinate performance measurement efforts across federal programs. Each task force includes MAP members who are federal liaisons.

Addressing Measure Gaps

Critical measure gaps—such as patient-reported functional status, cost, care coordination, patient engagement, and shared decision making—persist across settings and programs despite being previously identified as high-priority gaps. MAP will help facilitate a coordinated strategy for gap filling among public and private entities by engaging measure developers and those who fund measure development, and by identifying solutions to implementation barriers. For measure development gaps, where measures currently do not exist, MAP will propose strategies to engage measure developers. Such strategies may include identifying where existing measures may need additional testing for application to other settings, bringing tested measures in for NQF endorsement, and prioritizing gaps to signal to funders where measure development is most needed. As part of the gap-filling approach, MAP will identify opportunities to promote the development of eMeasures. For implementation gaps, where measures exist but are not included in a particular program, MAP will proactively identify and propose solutions to the implementation barriers that perpetuate the implementation gaps.

Define Measure Implementation Phasing Strategies

MAP recognizes that its recommendations must consider strategies to quickly and deliberately transition from the current measure sets to ideal measure sets. Phasing strategies will address how a program's purpose transitions over time; for example, some federal programs transition to pay for performance after several initial years as a public reporting program. Phasing strategies must also consider the evolving mechanisms for data collection, including systems capability and capacity, best practices for collecting data needed for robust measurement, and interim strategies for data collection. For example, MAP would identify which measures in a program should be phased out as more person-centered, cross-cutting, and health information technology (HIT)-enabled measures become available. MAP will engage stakeholders to provide input on the feasibility of MAP's phasing strategies. For example, the NPP affinity groups will provide input on how MAP's phasing strategies will address the real-world implementation challenges of measurement.

MAP Analytics Plan

In its first year, MAP emphasized the need for MAP's decision making to be more analysis-driven, informed by measure data and experience in the field. MAP has identified several types of information needed to inform MAP's decisions. Information on current performance gaps highlights the high-leverage opportunities for performance measurement. Qualitative and quantitative information on measure use provides insight into public- and private-sector implementation experiences. Finally, assessing the impact of measures in the field could elicit potential undesirable consequences and help to understand if performance measures are truly driving improvement. To provide thorough recommendations on the best performance measures for specific purposes, MAP will establish an analytics plan that:

• Builds on the NQS and the goals, measures, and strategic opportunities identified by NPP and other initiatives to identify high-leverage opportunities for improvement; and

• Utilizes information on measure use and impact by establishing feedback loops.

Build on NQS/NPP and other initiatives to identify high-leverage opportunities for improvement. The foundation for MAP's decision making is the NQS. Accordingly, MAP's analytics plan will incorporate NPP's input to HHS regarding strategic opportunities and national-level measures to achieve the aims, priorities, and specific goals of the NQS. MAP and NPP will promote bi-directional collaboration to ensure MAP's decisions align with the true intent of the NQS aims and priorities. For example, NPP co-chairs serve on the Strategy Task Force and select NPP members will serve as liaisons to the MAP families of measures task forces. In addition, MAP will leverage findings from other initiatives focused on advancing healthcare quality. Specifically, MAP will actively seek information that describes impact and improvability, with a focus on incidence, prevalence, cost, improvement gaps, and regional variation. For example, *The Healthcare Imperative: Lowering Costs and Improving Outcomes,* published by the Institute of Medicines (IOM), will provide MAP with valuable information regarding opportunities to address healthcare waste and resource use. Similarly, MAP will incorporate information gleaned from NQF's endorsement process and other NQF convening activities. Broader healthcare quality research and measure endorsement information will facilitate MAP's articulation of the highest-leverage opportunities for performance measurement.

Utilize information on measure use and impact by establishing feedback loops. MAP will need information on the use and impact of existing measures to make informed decisions about the best available measures. MAP will leverage its relationships with stakeholders to obtain such information, as well as look to prior work

and several ongoing efforts, including the NQF endorsement/maintenance process, CMS *National Impact Assessment of Medicare Quality Measures Report*, which provides trended data for eight CMS programs, the Quality Alliance Steering Committee (QASC) Environmental Scan, and the Agency for Healthcare Research and Quality's (AHRQ) National Healthcare Quality & Disparities Reports.

As illustrated in Figure 1, MAP seeks to establish feedback loops with multiple stakeholders across the Quality Measurement Enterprise to strengthen MAP's recommendations over time. MAP will leverage NQF's relationships with communities, such as the Aligning Forces for Quality community alliances, to understand how they are approaching performance measurement.

MAP Measure Selection Criteria

The MAP Measure Selection Criteria (MSC) were developed and adopted to guide MAP's input on the selection of measures and to identify measure gaps. MAP envisions that the MSC will continue to evolve as MAP gains experience using the criteria. MAP will revisit the selection criteria to ensure the aforementioned goals and objectives are clearly articulated within the criteria and address issues raised during the first-year experience. For example, MAP highlighted the need to explore whether the differing purposes of performance measurement programs (e.g., public reporting, performance-based payment, quality improvement) call for different selection criteria. MAP will consider how the selection criteria should address removal of low-value measures (e.g., measures that are low impact or have implementation issues), along with other minor refinements (e.g., identifying high-impact conditions for other age groups). Finally, MAP recognizes that some issues may be better suited for exploration by other stakeholders within the Quality Measurement Enterprise. For example, although the selection criteria address disparities, MAP notes there is a need for a national strategy on addressing healthcare disparities, which

may be better suited for the membership and implementation role of the NPP and informed by the NQF Healthcare Disparities and Cultural Competency project.

MAP Evaluation Plan

MAP seeks to establish feedback loops with various stakeholders to gauge the effectiveness and impact of its recommendations and to enhance its subsequent decision making. MAP must determine whether its recommendations are meeting stakeholders' needs and are aligned with stakeholders' goals. As a first step in developing an evaluation plan, MAP will identify its key audiences and determine what those audiences deem most important to assess. Next, MAP will engage in a systematic evaluation to understand if its processes were transparent and effective and to determine uptake and impact of MAP's recommendations on driving improvement, transparency, and value. Uptake of MAP's recommendations will be informed by finalized federal rules and outreach to private-sector stakeholders implementing performance measurement initiatives. Determining MAP's impact on the broader Quality Measurement Enterprise and understanding if MAP is truly driving improvement, transparency, and value will be informed by stakeholder outreach.

MAP Communication Plan

MAP will develop a plan for disseminating its recommendations in a clear and effective manner to both public- and private-sector audiences. For example, stakeholder feedback from MAP's first year of pre-rulemaking input requested that MAP clarify its response categories, which included "support," "support direction," and "do not support." MAP will explore options to determine the most discerning response categories for its recommendations. The communication plan will also design strategies for targeted outreach to key stakeholders in the public and private sectors— including measure developers, entities selecting measures for various programs, and healthcare entities that collect and report measurement data. As part of its collaboration with NPP, MAP will identify opportunities to synchronize and activate stakeholders within the Quality Measurement Enterprise to facilitate achieving the partnerships shared objectives.

MAP Action Plan

MAP has identified multiple strategies and tactics to drive toward performance measures that promote improvement, transparency, and value. The MAP Strategic Plan will include an action plan and deliverables for accomplishing each tactic over the next three years. Below is a brief timeline for each of the MAP Strategies and Tactics:

- Development of **families of measures** will begin in May 2012. By October 2012 MAP will develop measure families for safety, care coordination, cardiovascular prevention and treatment, and diabetes prevention and treatment. Additional measure families addressing the remaining NQS priorities (population health, patient- and family-centered care, affordability) will be developed in 2013. MAP will also identify other topic areas requiring the development of a measure family (e.g., mental health) and define a timeline for development. Finally, MAP will establish a process for revisiting the families of measures and related **core measure sets** over time.

- **Addressing measure gaps** and **implementation phasing strategies** will occur through the development of measure families and core sets and MAP's annual pre-rulemaking input.

- Initial development of a **MAP Analytics Plan** will occur in June of 2012 and will continue to evolve throughout the course of MAP's work.

- The MAP **Measure Selection Criteria** will be refined in 2012 to ensure they address the MAP goals and objectives. The criteria will be refined annually, as needed, to address any issues raised as MAP applies the criteria.

- MAP will begin developing a protocol for an **evaluation plan** in 2012 and refine according to stakeholder feedback. In 2014 MAP will engage in a systematic evaluation of its impact to date.

- Initial development of a MAP **communication plan** will begin in early 2012 and be executed throughout the course of MAP's work, with refinements, as necessary, to ensure maximum effectiveness and outreach.

DRAFT MAP Metrics of Success

	OBJECTIVES	STRATEGIES/TACTICS	In 2015, What Does Success Look Like?
GOAL: **Apply performance measures to achieve improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the National Quality Strategy**	**1.** Ensure performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS	• Families of Measures and Core Measure Sets • MAP Measure Selection Criteria • MAP Analytics Plan • Measure Implementation Phasing Strategies	• Federal program measure sets align with MAP core sets/families of measures • Low-value measures are removed/ proposed for removal from federal programs. • Improved outcomes in high-leverage areas are achieved for patients and their families (e.g., progress on NQS goals) • Other?
	2. Stimulate gap-filling for high-priority measure gaps	• Families of Measures and Core Measure Sets • Addressing Measure Gaps	• Funding for measure development focuses on the highly-prioritized gaps identified by MAP • Measure development in most highly prioritized gap areas • Solutions to implementation barriers for existing high leverage measures are tested in the field • Other?
	3. Promote alignment of performance measurement across HHS programs and between public and private initiatives	• Families of Measures and Core Measure Sets • MAP Communication Plan	• MAP recommendations implemented in private sector purchaser and payer programs • Provider measure reporting burden is reduced as a result of aligned measurement efforts • Consumers get consistent, meaningful information on which they can make informed choices • Other?
	4. Ensure MAP's recommendations are relevant to public and private implementers and its processes are effective	• MAP Evaluation Plan • MAP Communication Plan	• See XX% uptake of MAP recommendations (e.g., reflected in finalized rules). • Other?

MAP "WORKING" MEASURE SELECTION CRITERIA

NATIONAL QUALITY FORUM

1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

Additional Implementation Consideration: Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:

Subcriterion 2.1   Safer care

Subcriterion 2.2   Effective care coordination

Subcriterion 2.3   Preventing and treating leading causes of mortality and morbidity

Subcriterion 2.4   Person- and family-centered care

Subcriterion 2.5   Supporting better health in communities

Subcriterion 2.6   Making care more affordable

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the program measure set

3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program's intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 4.1   Program measure set is applicable to the program's intended care setting(s)

Subcriterion 4.2   Program measure set is applicable to the program's intended level(s) of analysis

Subcriterion 4.3   Program measure set is applicable to the program's population(s)

5. Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 5.1   Outcome measures are adequately represented in the program measure set

Subcriterion 5.2   Process measures are adequately represented in the program measure set

Subcriterion 5.3   Experience of care measures are adequately represented in the program measure set (e.g. patient, family, caregiver)

Subcriterion 5.4   Cost/resource use/appropriateness measures are adequately represented in the program measure set

Subcriterion 5.5   Structural measures and measures of access are represented in the program measure set when appropriate

6. Program measure set enables measurement across the person-centered episode of care [1]

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 6.1   Measures within the program measure set are applicable across relevant providers

Subcriterion 6.2   Measures within the program measure set are applicable across relevant settings

Subcriterion 6.3   Program measure set adequately measures patient care across time

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1   National Quality Forum (NQF), Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, Washington, DC: NQF; 2010.

7. Program measure set includes considerations for healthcare disparities[2]

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 7.1 Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

Subcriterion 7.2 Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

8. Program measure set promotes parsimony

Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

Subcriterion 8.1 Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

Subcriterion 8.2 Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

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2   NQF, *Healthcare Disparities Measurement*, Washington, DC: NQF; 2011.

Table 1: National Quality Strategy Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

Table 2: High-Impact Conditions:

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer's Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese (≥85th percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression
8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
Tourette Syndrome

MAP "WORKING" MEASURE SELECTION CRITERIA INTERPRETIVE GUIDE

NATIONAL QUALITY FORUM

Instructions for applying the measure selection criteria:

The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of *Strongly Agree, Agree, Disagree, Strongly Disagree* is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether a measure set is aligned with its intended use and whether the set best reflects 'quality' health and healthcare. The term "measure set" can refer to a collection of measures--for a program, condition, procedure, topic, or population. For the purposes of MAP moving forward, we will qualify all uses of the term measure set to refer to either a "program measure set," a "core measure set" for a setting, or a "condition measure set." The following eight criteria apply to the evaluation of program measure sets; a subset of the criteria apply to condition measure sets.

FOR CRITERION 1 – NQF ENDORSEMENT:

The optimal option is for all measures in the program measure set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

1. **'Importance to measure and report"**–how well the measure addresses a specific national health goal/ priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus;

2. **'Scientific acceptability of the measurement properties'** – evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.

3. **'Usability'-** the extent to which intended audiences (e.g., consumers, purchasers, providers, and policy makers) can understand the results of the measure and are likely to find the measure results useful for decision making.

4. **'Feasibility'** – the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

To be recommended by MAP, a measure that is not NQF-endorsed must meet the following requirements, so that it can be submitted for expedited review:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use

- whether the scope of the project/measure set is relatively narrow

- time-sensitive legislative/regulatory mandate for the measure(s)

- Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges

and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

FOR CRITERION 2 – PROGRAM MEASURE SET ADDRESSES THE NATIONAL QUALITY STRATEGY PRIORITIES:

The program's set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

FOR CRITERION 3 – PROGRAM MEASURE SET ADDRESSES HIGH-IMPACT CONDITIONS:

When evaluating the program measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program's intended population. High-priority Medicare and child health conditions have been determined by NQF's Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other on-going efforts may include research or literature on the adult Medicaid population or other common populations. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

FOR CRITERION 4 – PROGRAM MEASURE SET PROMOTES ALIGNMENT WITH SPECIFIC PROGRAM ATTRIBUTES, AS WELL AS ALIGNMENT ACROSS PROGRAMS:

The program measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s). While the program measure set should address the unique aims of a given program, the overall goal is to harmonize measurement across programs, settings, and between the public and private sectors.

- **Care settings include:** Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services - Ambulance, Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.

- **Level of analysis includes:** Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.

- **Populations include:** Community, County/City, National, Regional, or States. Population includes: Adult/Elderly Care, Children's Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

FOR CRITERION 5 – PROGRAM MEASURE SET INCLUDES AN APPROPRIATE MIX OF MEASURE TYPES:

The program measure set should be evaluated for an appropriate mix of measure types. The definition of "appropriate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

1. **Outcome measures** – Clinical outcome measures reflect the actual results of care.[1] Patient reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients' understanding of treatment options and care plans, and their feedback on whether care made a difference.[2]

2. **Process measures –** Process denotes what is actually done in giving and receiving care.[3] NQF-endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome.[4] Experience of care measures—Defined as patients' perspective on their care.[5]

3. **Cost/resource use/appropriateness measures** –

   a. Cost measures – Total cost of care.

   b. Resource use measures – Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).[6]

   c. Appropriateness measures – Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.[7]

4. **Structure measures** – Reflect the conditions in which providers care for patients.[8] This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure

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1   National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_ Performance/ABCs/The_Right_Tools_for_the_Job.aspx

2   Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance

3   Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

4   National Quality Forum. (2011). Consensus development process. Retrieved from http://www.qualityforum.org/Measuring_ Performance/Consensus_Development_Process.aspx

5   National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_ Performance/ABCs/The_Right_Tools_for_the_Job.aspx

6   National Quality Forum (2009). National voluntary consensus standards for outpatient imaging efficiency. Retrieved from http://www.qualityforum.org/Publications/2009/08/National_Voluntary_Consensus_Standards_for_Outpatient_Imaging_ Efficiency___A_Consensus_Report.aspx

7   National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_ Performance/ABCs/The_Right_Tools_for_the_Job.aspx

8   National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring_ Performance/ABCs/The_Right_Tools_for_the_Job.aspx

(such as medical staff organizations, methods of peer review, and methods of reimbursement).[9] In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

FOR CRITERION 6 – PROGRAM MEASURE SET ENABLES MEASUREMENT ACROSS THE PERSON-CENTERED EPISODE OF CARE:

The optimal option is for the program measure set to approach measurement in such a way as to capture a person's natural trajectory through the health and healthcare system over a period of time. Additionally, driving to longitudinal measures that address patients throughout their lifespan, from health, to chronic conditions, and when acutely ill should be emphasized. Evaluating performance in this way can provide insight into how effectively services are coordinated across multiple settings and during critical transition points.

When evaluating subcriteria 6.1-6.3, it is important to note whether the program measure set captures this trajectory (across providers, settings or time). This can be done through the inclusion of individual measures (e.g., 30-day readmission post-hospitalization measure) or multiple measures in concert (e.g., aspirin at arrival for AMI, statins at discharge, AMI 30-day mortality, referral for cardiac rehabilitation).

FOR CRITERION 7 – PROGRAM MEASURE SET INCLUDES CONSIDERATIONS FOR HEALTHCARE DISPARITIES:

Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status, rural vs. urban), which will provide important information to help identify and address disparities.[10]

Subcriterion 7.1 seeks to include measures that are known to assess healthcare disparities (e.g., use of interpreter services to prevent disparities for non-English speaking patients).

Subcriterion 7.2 seeks to include disparities-sensitive measures; these are measures that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (e.g., race/ethnicity, language).

FOR CRITERION 8 – PROGRAM MEASURE SET PROMOTES PARSIMONY:

The optimal option is for the program measure set to support an efficient use of resources in regard to data collection and reporting for accountable entitles, while also measuring the patient's health and healthcare comprehensively.

Subcriterion 8.1 can be evaluated by examining whether the program measure set includes the least number of measures required to capture the program's objectives and data submission that requires the least burden on the part of the accountable entitles.

Subcriterion 8.2 can be evaluated by examining whether the program measure set includes measures that are used across multiple programs (e.g., PQRS, MU, CHIPRA, etc.) and applications (e.g., payment, public reporting, and quality improvement).

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9   Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

10   Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.

Draft MAP Communications Framework

MAP's Role	Apply performance measures to achieve improvement, transparency, and value	
What should we communicate?	• MAP recommendations and how they are useful to each stakeholder • Importance of MAP • Other?	
What are the broad key messages?	• Measures that achieve improvement, transparency, and value improve the health care system • Aligning measures reduces measure reporting burden • How stakeholders can play a role in execution of MAP recommendations • Other?	
What will communications help to achieve?	• Fostering stakeholder engagement to create feedback loops • Awareness of MAP recommendations • Greater clarity of MAP work and how it would affect end-users • Other?	
Who are we most focused on reaching and why?	• Government agencies • Measure developers • Funders • Purchasers/Plans	• Payers • Providers • Consumer advocates • Communities and states
Who is the messenger?	• MAP members • Other NQF initiatives (e.g., NPP, Endorsement Steering Committees) • NQF staff	
What does success look like?	• Greater collaboration with stakeholders • Greater uptake of MAP recommendations • Increased media attention to MAP work • Other?	