# NATIONAL QUALITY FORUM
## MEASURE APPLICATIONS PARTNERSHIP

**Strategy Task Force Web Meeting**
**July 10, 2012**
**2:00 pm – 4:00 pm ET**

## WEB MEETING INSTRUCTIONS:
*Follow the instructions below 15 minutes prior to the scheduled start time.*
1. Direct your web browser to the following URL: nqf.commpartners.com.
2. Under "Enter a meeting," type in the meeting number **800099** and click on "Enter."
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## Meeting Objectives:
- *Review the revised MAP goals, objectives, strategies, and tactics*
- *Discuss establishing and maintaining feedback loops to inform MAP decision making*
- *Review the draft MAP communications and engagement framework*
- *Review the draft MAP action plan*

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| **2:00 pm** | **Welcome and Review of Meeting Objectives**<br>*Chip Kahn and Gerry Shea, Strategy Task Force Co-Chairs* |
| **2:05 pm** | **Revised MAP Goals, Objectives, Strategies, and Tactics**<br>*Chip Kahn* |
| **2:35 pm** | **Feedback Loops to Inform MAP Decision Making**<br>*Gerry Shea* |
| **3:05 pm** | **MAP Communications and Engagement Framework**<br>*Chip Kahn*<br>*Lindsey Spindle* |
| **3:35 pm** | **MAP Action Plan**<br>*Gerry Shea* |
| **3:50 pm** | **Opportunity for Public Comment** |
| **3:55 pm** | **Summary and Next Steps**<br>*Chip Kahn and Gerry Shea* |
| **4:00 pm** | **Adjourn** |

**DRAFT MAP Goal, Objectives, Strategies, and Tactics Mapping**

The following table presents revised objectives, strategies, tactics, and milestones/metrics of success. The revisions are based on feedback from Strategy Task Force members received during and after the June 18 in-person task force meeting. Most prominently, task force members noted that the objectives should be a higher-level indication of *what* MAP hopes to achieve, and the strategies and tactics should indicate *how* MAP plans to meet the objectives.

Specifically, the following changes were made:

- Three revised, higher-level objectives are presented.
- The strategies and tactics have been separated into two columns.
- The original four objectives are now included in the strategies column.
- Additional strategies are included. These strategies were previously captured in the *Approach to the Strategic Plan* narrative but not reflected in the original table.
- The MAP tactics have been mapped to the revised objectives and strategies.
- The milestones/metrics of success have been revised to reflect the task force's discussion.

(*Note: The original objective, strategies, tactics, and metrics of success table is included at the end of this document for your reference.*)

| Revised | OBJECTIVES | STRATEGIES | TACTICS | MILESTONES/METRICS OF SUCCESS |
|---|---|---|---|---|
| GOAL:<br><br>Achieve improvement, transparency, and value, in pursuit of the aims, priorities, and goals of the | 1. Improve outcomes in high-leverage areas for patients and their families (i.e., progress towards realization of the NQS) | • Ensure recommended performance measures are high-impact, relevant, actionable, and drive toward realization of the NQS<br><br>• Establish feedback loops to support data-driven decision making and build on other initiatives (e.g., NQS, NPP, private sector efforts)<br><br>• Provide input on measure sets for specific applications | • Identify Families of Measures and Core Measure Sets<br><br>• Enhance MAP Measure Selection Criteria<br><br>• Develop MAP Analytics Function<br><br>• Define Measure Implementation Phasing Strategies<br><br>• Create and Execute MAP Evaluation Plan | • Program measure sets align with MAP families of measures and core measure sets |

**DRAFT MAP Goal, Objectives, Strategies, and Tactics Mapping**

| Revised | OBJECTIVES | STRATEGIES | TACTICS | MILESTONES/METRICS OF SUCCESS |
|---|---|---|---|---|
| **National Quality Strategy** | 2. **Align performance measurement across programs and sectors to provide consistent and meaningful information that supports provider/clinician improvement, informs consumer choice, and enables purchasers and payers to buy on value** | • Promote alignment of performance measurement across HHS programs and between public and private initiatives<br><br>• Stimulate gap-filling for high-priority measure gaps<br><br>• Identify solutions to performance measure implementation barriers | • Identify Families of Measures and Core Measure Sets<br><br>• Address Measure Gaps<br><br>• Enhance MAP Measure Selection Criteria<br><br>• Create and Execute MAP Evaluation Plan | • Funding for measure development and developer efforts focus on the highly-prioritized gaps identified by MAP<br><br>• Proposed solutions to implementation barriers for existing high-leverage measures are tested in the field<br><br>• Low-value measures are removed from programs |
| | 3. **Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden** | • Ensure MAP's recommendations are relevant to public and private implementers and its processes are effective<br><br>• Establish feedback loops with stakeholders to determine if MAP recommendations are meeting stakeholder needs and are aligned with their goals<br><br>• Recommend removal of low-value measures from federal programs | • Identify Families of Measures and Core Measure Sets<br><br>• Enhance MAP Measure Selection Criteria<br><br>• Establish a MAP Communication Plan | • Key purchasers and payers are aware of and engaged in MAP work<br><br>• MAP recommendations are implemented in public and private sector programs |

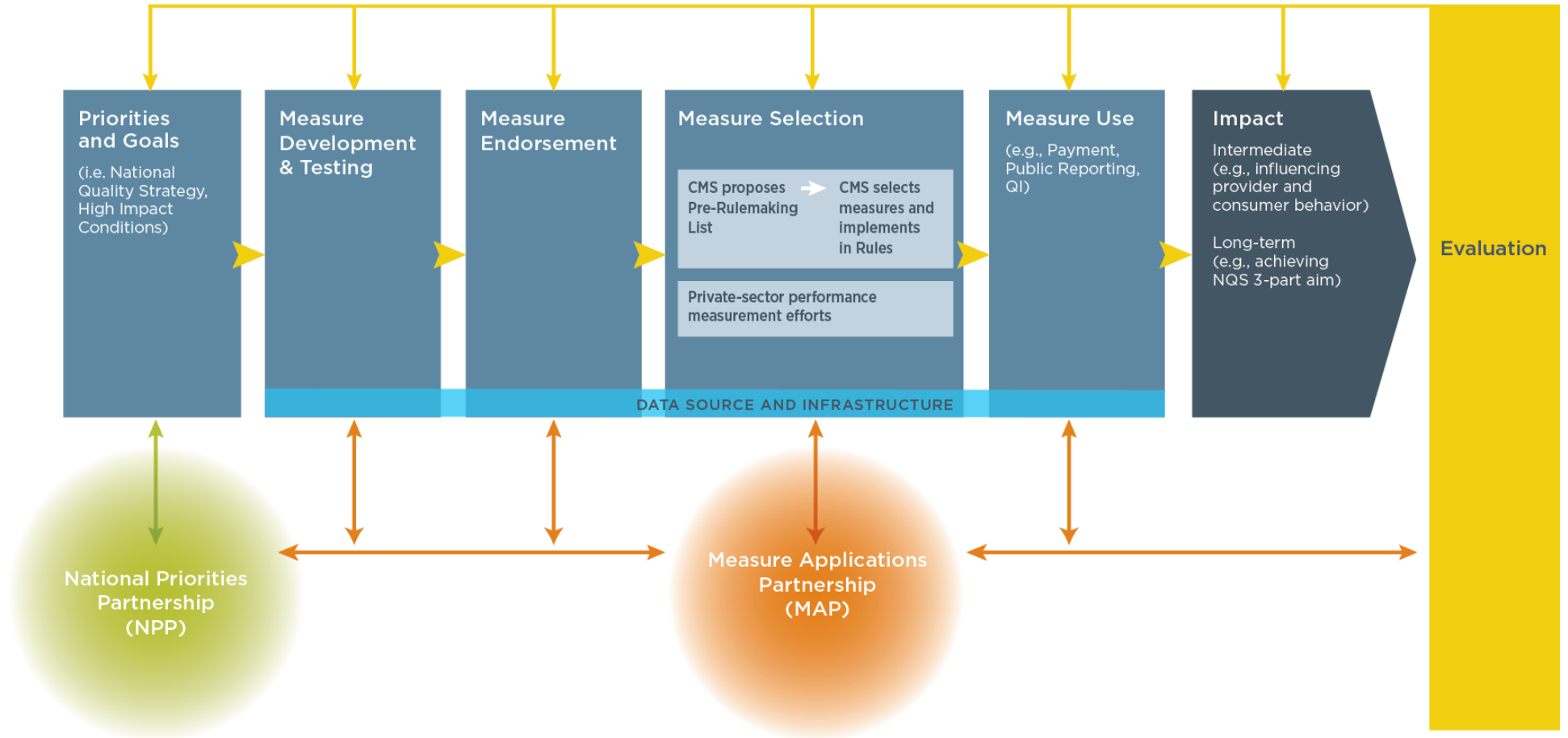**DRAFT MAP Goal, Objectives, Strategies, and Tactics Mapping**

**Original Goal, Objectives, Strategies, and Tactics**

| Original | OBJECTIVES | STRATEGIES/TACTICS | In 2015, What Does Success Look Like? |
|---|---|---|---|
| **GOAL:**<br><br>**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<br><br>• MAP Measure Selection Criteria<br><br>• MAP Analytics Plan<br><br>• Measure Implementation Phasing Strategies | • Federal program measure sets align with MAP core sets/families of measures<br><br>• Low-value measures are removed/ proposed for removal from federal programs.<br><br>• Improved outcomes in high-leverage areas are achieved for patients and their families (e.g., progress on NQS goals)<br><br>• Other? |
| | 2. Stimulate gap-filling for high-priority measure gaps | • Families of Measures and Core Measure Sets<br><br>• Addressing Measure Gaps | • Funding for measure development focuses on the highly-prioritized gaps identified by MAP<br><br>• Measure development in most highly prioritized gap areas<br><br>• Solutions to implementation barriers for existing high leverage measures are tested in the field<br><br>• Other? |
| | 3. Promote alignment of performance measurement across HHS programs and between public and private initiatives | • Families of Measures and Core Measure Sets<br><br>• MAP Communication Plan | • MAP recommendations implemented in private sector purchaser and payer programs<br><br>• Provider measure reporting burden is reduced as a result of aligned measurement efforts<br><br>• Consumers get consistent, meaningful information on which they can make informed choices<br><br>• Other? |

**DRAFT MAP Goal, Objectives, Strategies, and Tactics Mapping**

| Original | OBJECTIVES | STRATEGIES/TACTICS | In 2015, What Does Success Look Like? |
|---|---|---|---|
| | 4. Ensure MAP's recommendations are relevant to public and private implementers and its processes are effective | • MAP Evaluation Plan <br><br> • MAP Communication Plan | • See XX% uptake of MAP recommendations (e.g., reflected in finalized rules). <br><br> • Other? |

# Measure Applications Partnership—Feedback Loops
## Quality Measurement Enterprise

**Priorities and Goals**

(i.e. National Quality Strategy, High Impact Conditions)

**Measure Development & Testing**

**Measure Endorsement**

**Measure Selection**

CMS proposes Pre-Rulemaking List → CMS selects measures and implements in Rules

Private-sector performance measurement efforts

**Measure Use**

(e.g., Payment, Public Reporting, QI)

**Impact**

Intermediate (e.g., influencing provider and consumer behavior)

Long-term (e.g., achieving NQS 3-part aim)

**Evaluation**

DATA SOURCE AND INFRASTRUCTURE

National Priorities Partnership (NPP)

Measure Applications Partnership (MAP)

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| Feedback Loop | MAP Needed Inputs | | MAP Outputs | |
|---|---|---|---|---|
| | Information | Key Stakeholders | Information | Key Stakeholders |
| **Priorities and Goals** | • NQS priorities and goals<br>• Uptake of NQS by federal agencies and entities outside of the federal government | • NPP (multi-stakeholder group including, but not limited to, clinicians, providers, consumers, purchasers, health plans, measurement experts, accreditation/certification organizations)<br>• Federal partners (AHRQ)<br>• State, local, regional collaboratives | • Signals where national strategies are needed (e.g., disparities) | • NPP<br>• Federal partners (AHRQ) |
| **Measure Development and Testing** | • Measures in the development pipeline<br>• Development issues—evidence base, data for testing | • Measure developers (e.g., PCPI, NCQA, Joint Commission, medical specialty societies)<br>• NQF endorsement process (i.e., Consensus Standards Approval Committee, topic-specific Steering Committees) | • Identification and prioritization of gaps<br>• Identification of gap-filling barriers | • Measure developers<br>• NPP<br>• NQF endorsement process<br>• Federal partners (e.g., CMS, AHRQ, ONC, SAHMSA, HRSA)<br>• Private sector stakeholders funding measure development (e.g., medical specialty societies) |
| **Measure Endorsement** | • Endorsed measures—important, scientifically acceptable, feasible, usable<br>• Measures not endorsed—signal where gap-filling has been attempted<br>• Implementation | • NQF endorsement process | • Identification and prioritization of gaps<br>• Identification of gap-filling barriers<br>• Solutions to implementation and use barriers | • NQF endorsement process<br>• Measure developers<br>• Federal partners (e.g., CMS, AHRQ, ONC, SAHMSA, HRSA)<br>• Private sector stakeholders funding measure development |

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| Feedback Loop | MAP Needed Inputs | | MAP Outputs | |
|---|---|---|---|---|
| | **Information** | **Key Stakeholders** | **Information** | **Key Stakeholders** |
| | challenges from maintenance process | | | |
| **Measure Selection** | • Current measures selected for use in programs and rationale<br>• Rationale for accepting/rejecting MAP input | • Federal partners<br>• State, local, regional collaboratives<br>• Purchasers, payers<br>• Providers, clinicians<br>• Accreditation/certification entities | • Families of measures and core measure sets<br>• Input on measures for specific programs (e.g., adding/removing measures) | • Federal partners<br>• State, local, regional collaborative<br>• Purchasers, payers<br>• Providers, clinicians<br>• Accreditation/certification entities |
| **Measure Use** | • Current measures in use | • Federal partners<br>• State, local, regional collaboratives<br>• Purchasers, payers<br>• Accreditation and certification entities<br>• Providers, clinicians<br>• Consumers<br>• Assessments of measure use ( e.g., CMS, QASC, AHIP) | • Measure use for varying payment models (e.g., measure domain weighting, benefit structure)<br>• Input on programmatic structure (e.g., data collection and transmission)<br>• Measure use for accountability<br>• Measure use to support improvement<br>• Measure use to support informed choices | • Federal partners<br>• State, local, regional collaboratives<br>• Purchasers, payers<br>• Accreditation and certification entities<br>• Providers, clinicians<br>• Consumers |
| **Impact** | • Current performance<br>• Improvement | • Federal partners<br>• State, local, regional | | |

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| Feedback Loop | MAP Needed Inputs | | MAP Outputs | |
|---|---|---|---|---|
| | **Information** | **Key Stakeholders** | **Information** | **Key Stakeholders** |
| | • Unintended Consequences | collaboratives<br><br>• Purchasers, payers<br><br>• Providers, clinicians<br><br>• Assessments of measure impact ( e.g., CMS, QASC, AHIP) | | |

# DRAFT MAP Communications and Engagement Framework

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|---|---|
| **What should we communicate?** | • The problems MAP is seeking to solve, and what its proposed solutions will do to more rapidly improve healthcare<br>• MAP's multi-stakeholder approach balances input and interests of all those who have a stake in its processes, recommendations, and use of measures or measurement results<br>• Synchronized measure use will yield consistent and meaningful information that enhances overall healthcare decision-making |
| **What are the broad key messages?** | • Use of the same healthcare measures across programs and between sectors reduces measure reporting burden, generates consistent information, and helps consumers, payers, and purchasers make informed decisions<br>• All healthcare stakeholders can play a role in shaping MAP's processes and recommendations<br>• Measure selection for use in accountability programs will be greatly enhanced by creating feedback loops with those who create and use measures |
| **What will communications help to achieve?** | • Greater stakeholder engagement in creating feedback loops; increased participation in MAP processes<br>• Awareness of the problems MAP is trying to solve<br>• Greater clarity of MAP work's value to both public and private sector – specifically those who provide, pay for, and receive healthcare services<br>• Increased use of MAP recommendations across sectors (longer-term goal, as part of integrated strategy) |
| **Who are we most focused on reaching and why?** | • Measure developers    • **Providers, clinicians**<br>• Funders                     • Consumer advocates<br>• **Purchasers, payers**  • Communities and states |

# DRAFT MAP Communications and Engagement Framework

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|---|---|
| **Who is the messenger?** | • MAP members<br>• Other NQF initiatives (e.g., NPP, Endorsement Steering Committees)<br>• NQF staff |
| **What does communications success look like?** | • MAP members convey concordant messages about MAP process and results; actively leverage their communications vehicles and resources to broaden the reach of MAP messages<br>• MAP work will be understood and viewed as valuable by key decision-makers in both public and private sectors<br>• Greater public awareness of the problems MAP is trying to solve<br>• Communications will help spur broader engagement in MAP processes and use of outputs |

**Core Assumptions:**

1. Communications and Engagement Plans will have distinct goals, strategies, and tactics – but with significant interdependencies, synergies, and mutually reinforcing activities. For example, if the Engagement Plan sets a goal of increasing consumer engagement in MAP processes by 25% in 2012-2013, certain communications tactics will be deployed to support that goal. Likewise, if the communications plan sets a goal of concordant use of MAP messages, the engagement may suggest facilitation of a workshop to help guide key stakeholders on how to most effectively communicate about MAP's work.

2. Some, but not all, communications and engagement activities are funded under the current MAP scope of work. Certain activities put into the communications and engagement plans may require additional sponsorship, either from a MAP member or a TBD funder.

3. Certain audiences may be prioritized over others, per goals established. For example, if a goal is set to increase two stakeholders' participation in feedback loops, communications resources may be diverted more aggressively to meet that aim. All of MAP process and output is transparent, so no stakeholder will ever be "left out." But the Strategy Task Force seemed to indicate an understanding and willingness to focus on certain audiences over others with respect to achieving certain action plan goals.

4. As a partnership, all MAP members accept a role in driving the execution of the communications and engagement plans.

# Measure Applications Partnership—Action Plan

## Identifying Families of Measures and Core Measure Sets

MAP's objectives aim to improve outcomes, provide consistent and meaningful information, and coordinate measurement efforts (see Goals, Objectives, Strategies, and Tactics Table). To make progress on these objectives, MAP must align performance measurement across HHS programs and between the public and private sectors, and identify the best available measures to use for specific purposes. As a primary tactic to accomplish this, MAP will identify families of measures to promote measure alignment and will create core measure sets to encourage best use of available measures in specific HHS and private sector programs.

Families of measures are sets of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS priorities and high-impact conditions. To identify a family of measures, MAP will first identify and prioritize the subtopics of measurement that are considered the highest-leverage opportunities for improvement. Using the strategic opportunities and national-level measures presented in the NQS 2012 Annual Progress Report as a starting point, MAP will review impact, improvability, and inclusiveness for each subtopic giving additional consideration to cost of care—including areas of waste, inefficiency, overuse—and disparities to further prioritize the subtopics. Additionally, MAP will consider the highest-leverage improvement opportunities across the lifespan, recognizing that measurement opportunities can vary by age. Next, MAP will review the available measures that address the high-leverage improvement opportunities, gathered from the NQF-endorsed portfolio of measures, measures used in federal programs, and measures used in private sector efforts.

Using the MAP Measure Selection Criteria to provide guidance for considering if the family addresses the relevant care settings, populations, and levels of analysis; MAP will select measures for inclusion in the family. When selecting measures for the family, MAP will actively draw information and seek insights from private- and public-sector efforts; for example, the HHS Interagency Working Group on Healthcare Quality is engaging in efforts to align and coordinate performance measurement across federal programs. Other initiatives such as Partnership for Patients, and Million Hearts Campaign, and private sector programs (e.g., eValue8, IHA, health plan value-based purchasing programs) will be taken into consideration when selecting measures for the families. As part of this process, MAP will identify the high-leverage opportunities that lack appropriate performance measures as measurement gaps. Figure 1 represents the concept of families of measures.

*Figure 1 Families of Measures and Core Measure Sets*
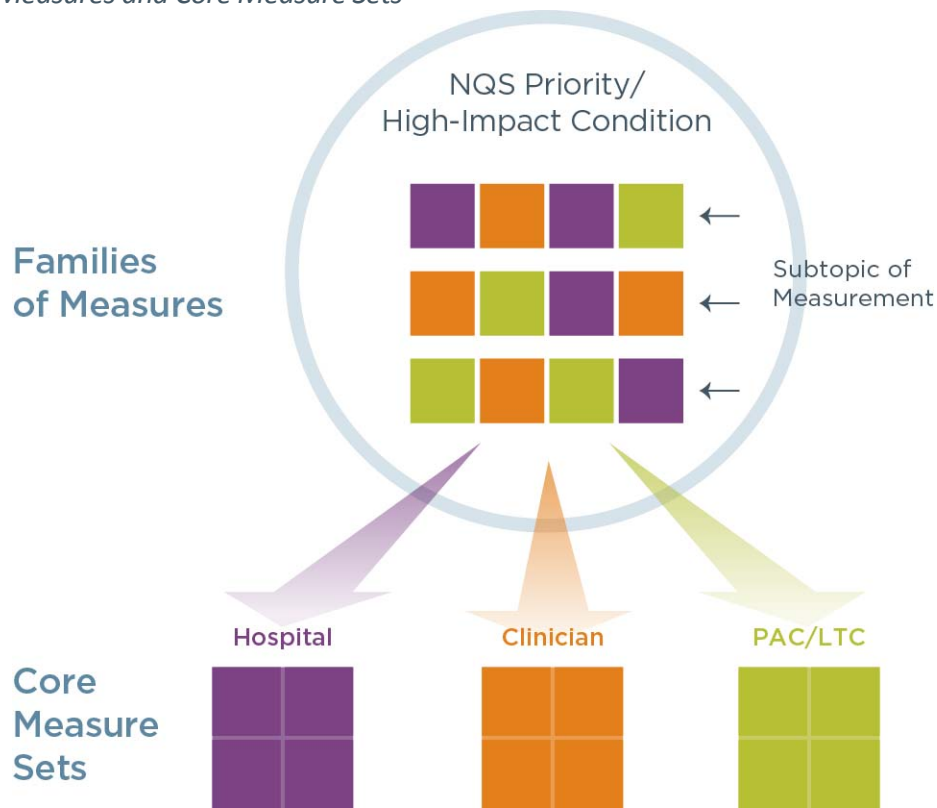


Core measure sets are drawn from the families of measures and consist of the best available measures and gaps for a specified care setting, population, or level of analysis. MAP will use the core measure sets to guide input on the selection of measure sets for specific programs, providing recommendations on how program measures sets can best align with the core set. Figure 2 illustrates core measure sets populated from families of measures.

*Figure 2 Families of Measures Populating a Core Measure Set*
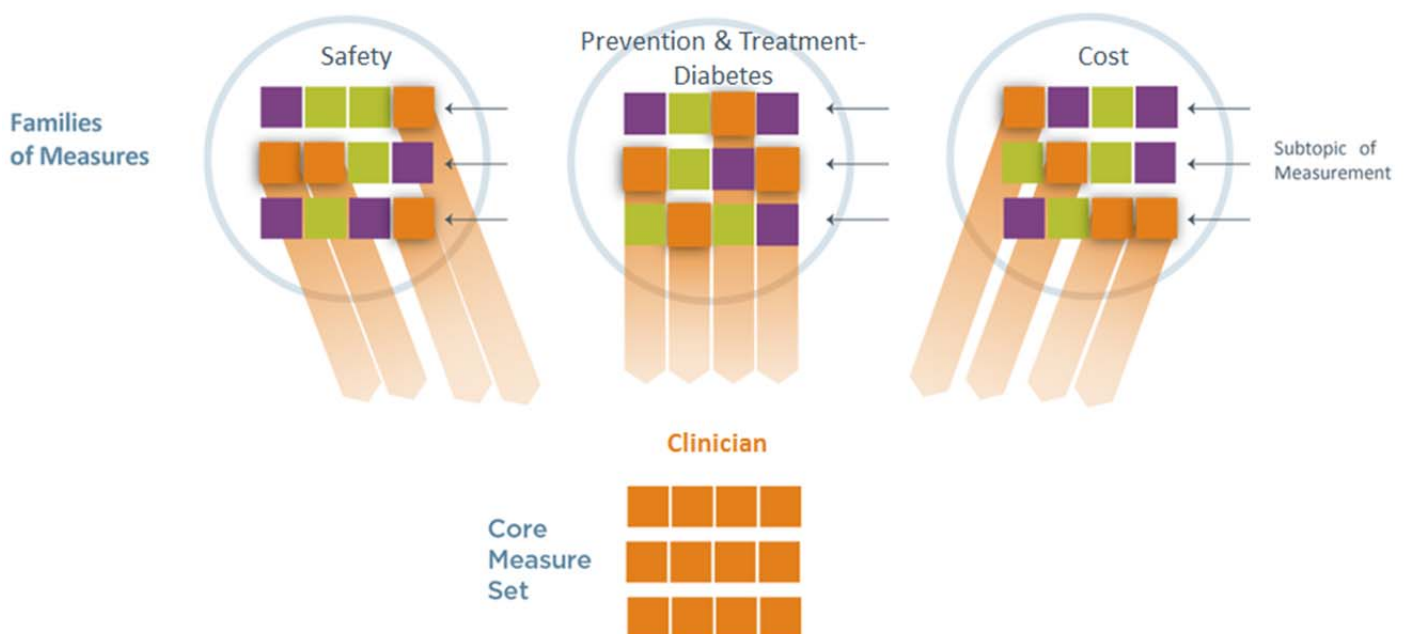
## Action Plan
Collaborators (Who are the key participants?). MAP will convene time-limited task forces, drawn from the membership of the MAP Coordinating Committee and MAP Workgroups, to identify the families of measures. Liaisons from the National Priorities Partnership (NPP) and endorsement project Steering Committees will also serve on the task forces to provide insight from the input to the NQS and from endorsement recommendations.

Deliverables (What will be produced?). Through a phased approach, MAP will identify families of measures for each of the National Quality Strategy priorities and several high-impact conditions (i.e., diabetes, cardiovascular disease, mental health). MAP also plans to revisit and refine the families of measures as needed; for example, if the MAP Measure Selection Criteria are enhanced to include criteria for differing program purposes, MAP will revisit existing measure families considering the enhanced measure selection criteria. MAP may also identify families of measures to address additional high impact conditions.

Timing (When will the products be delivered?). In 2012, MAP will identify families of measures for diabetes, cardiovascular conditions, safety, and care coordination. In 2013, MAP will identify families of measures for affordability (e.g., resource use, total cost of care, appropriateness), population health, patient- and family-engagement, and mental health. In 2014 and subsequent years, MAP will revisit existing families of measures and identify new families of measures for additional high-impact conditions.

## Addressing Measure Gaps
Throughout MAP's work, including the identification of families of measures and core measure sets and pre-rulemaking activities, MAP will identify gaps in available performance measures. 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. To ensure resources are effectively utilized and to synchronize public and private sector efforts, a coordinated approach to addressing measure gaps is needed. MAP will serve as a catalyzing agent for coordinated gap-filling by public and private entities, engaging measure developers and those who fund measure development and identifying solutions to implementation barriers. Recognizing MAP will not implement the solutions to measure gaps (i.e. MAP does not develop measures), MAP will identify the key stakeholders most aptly positioned to fill the measure gaps.

Recognizing that the process of measure development and implementation is multi-step, granular information about measure gaps is needed at each step. When identifying measurement gaps, MAP will characterize the gaps along the measurement lifecycle (Figure 3). The lifecycle is initiated by identification of measure ideas and is completed with application and evaluation of measures. For example, MAP may recommend that existing measures be expanded for other populations and settings, signaling a measure development and testing gap. MAP may also identify gaps at the measure idea stage, where de novo measure development is required. Additionally, MAP will incorporate information from other efforts (e.g., NPP, QASC) which have identified and characterized measure gaps.

As measure development is dependent on funding, MAP will prioritize the measure gaps to signal where funding is most needed. In prioritizing the gaps, MAP will consider the measurement needs of multiple stakeholders as their measurement priorities can vary. For example, gaps for the Medicare program largely focus on the needs of geriatric patients, while gaps for commercial health plans typically focus on the needs of chronically ill younger adults and

maternity care. Once gaps are prioritized, MAP will work with measure developers and funders to identify potential barriers to filling gaps and propose solutions.

*Figure 3 Measure Life Cycle*



**Action Plan**

Collaborators. The MAP task forces will identify measure gaps while developing families of measures. In addition, MAP workgroups will also identify measure gaps when developing MAP's pre-rulemaking input. To provide a comprehensive picture of the measure gaps and proposed options for addressing those gaps, MAP will engage the various stakeholders participating in the steps along the measure lifecycle. For example, MAP will collaborate with measure developers and funders to understand measure development challenges that may be contributing to gaps.

Deliverables. Each family of measures will include a discussion of measure gaps and potential opportunities to address those gaps. Additionally, MAP's annual pre-rulemaking input will address measure gaps.

Timing. MAP will identify and propose solutions to gaps throughout the course of its work. Initial MAP recommendations on opportunities to address measure gaps will be in identifying the 2012 families of measures.

## Defining Measure Implementation Phasing Strategies

The families of measures and core measure sets will facilitate the use of high-impact measures that are aligned across programs and between public and private initiatives. The transition from current measure sets used in programs to the core measure sets must occur deliberately, to quickly achieve improved outcomes and to ensure the transition does not

induce undue provider burden. Accordingly, MAP must define smooth measure implementation phasing strategies that delineate how program measure sets transition from current sets to the core sets.

Measure implementation phasing strategies will address how a program's purpose transitions over time; for example, some federal programs transition to pay for performance after beginning as public reporting programs. Phasing strategies will 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 will 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. Specifically, MAP phasing strategies will define the following:

- Measures for immediate inclusion (e.g., core set measures that are not included in the program measure set) and removal (e.g., measures in the program measure set that conflict with the core set)

- Measures for phased inclusion—core measures that should be included in the program at a future date (e.g., core measures that cannot currently be collected in the program due to data collection constraints but should be included in the program once more sophisticated data systems are available)

- Measures for phased removal—those that should remain in the program and be phased out as better measures become available (e.g., measures in the program set that address a measure gap but are not considered core)

- Non-core measures that should remain or be included in the measure set (e.g., measures that address a specific programmatic goal)

## Action Plan

Collaborators. MAP workgroups will develop measure implementation phasing strategies when providing MAP's annual pre-rulemaking input; however, MAP task forces may also consider measure implementation phasing when developing families of measures. MAP will engage stakeholders to provide input on the feasibility of MAP's phasing strategies. For example, NPP affinity groups may provide input on how MAP's phasing strategies will address the real-world implementation challenges of measurement.

Deliverables. MAP's input on each federal program will include a discussion of measure implementation phasing strategies. As applicable, MAP will provide phasing strategies for programs beyond federal programs.

Timing. MAP will define measure phasing strategies throughout the course of its work. Initial MAP phasing strategies will be included in the 2013 MAP Pre-Rulemaking Report.

## Analytic Support for MAP Decision-Making

To drive improvement, MAP's decision-making must be systematically informed by evidence, measurement data, and experience in the field. To provide thorough recommendations on the best performance measures for specific purposes, MAP has established the following approach to analytic support:

- Build on the NQS and broader evidence to identify high-leverage opportunities for improvement;

- Utilize measurement information, including available information on measure use and impact; and

- Refine MAP's decision-making framework over time with experience and information gained from analysis to evaluate MAP's impact.

Build on NQS and broader evidence to identify high-leverage opportunities for improvement. The foundation for MAP's decision-making is the NQS. Accordingly, MAP's analytics plan incorporates 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. In addition, MAP will leverage findings from other initiatives focused on advancing healthcare quality. Specifically, MAP will actively seek information that describes impact, inclusiveness, 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 Medicine (IOM), will provide MAP with valuable information regarding opportunities to address healthcare waste and resource use. Broader healthcare quality research and measure endorsement information will facilitate MAP's articulation of the highest-leverage opportunities for performance measurement.

Utilize measurement information, including available information on measure use and impact. The NQF endorsement process evaluates measures for importance, scientific acceptability, usability, and feasibility. Accordingly, the NQF endorsement process provides insights into measure applicability across settings and populations, the use of measures, measurement challenges, and measure gaps. MAP will incorporate information gleaned from the endorsement process to inform its decision-making. MAP also requires information on the use and impact—including experience using measures, unintended consequences, measure benchmarks and trends—of existing measures to make informed decisions about the best available measures for specific purposes. MAP requests information from stakeholders assessing measure use and impact, including, but not limited to, CMS' *National Impact Assessment of Medicare Quality Measures Report*, which provides trended data for CMS programs, the Quality Alliance Steering Committee's (QASC) Environmental Scan, the American Health Insurance Plans' survey of measure use by health plans, and the Agency for Healthcare Research and Quality's (AHRQ) National Healthcare Quality and Disparities Reports.

Inform MAP's evaluation and refines MAP's decision-making framework over time. Recognizing MAP's iterative processes, MAP's work will continually inform future decisions. Similarly, MAP must determine if MAP recommendations are meeting stakeholder needs. To accomplish this, MAP assesses the uptake of MAP's recommendations and will conduct outreach to understand the rationale for concordance or discordance with its recommendations.

Table 1 below summarizes the desired information to facilitate and enhance MAP decision making, categorized by the three aspects of the analytics plan mentioned above. Needed information is further classified by data type including qualitative and quantitative, primary sources to collect data, planned use of information, and the extent to which the information is available. The thoroughness of MAP decision-making relies on the availability of the desired information. In the absence of the required information, MAP's work will be hampered.

*Table 1 Information Needed to Support MAP Decision-Making*

| Information Type | Information Category | Primary Sources | Planned Use | Availability of Information |
|---|---|---|---|---|
| **Background Evidence** | | | | |
| Priorities | Qualitative | NQS, NPP | Guiding framework | Readily available |
| Specific goals (e.g., aspirational targets) | Quantitative | NQS, other HHS Frameworks (e.g., | Guiding framework | Moderate—readily available for some |

| Information Type | Information Category | Primary Sources | Planned Use | Availability of Information |
|---|---|---|---|---|
| | | Partnership for Patients, Million Hearts Campaign) | | areas, not available for other areas |
| Background research (e.g., incidence, improvability, inclusiveness) | Qualitative, quantitative | HHS data, IOM reports, research studies | Prioritization of high-leverage opportunities | Moderate—readily available for some areas, not available for other areas |
| Measure gap areas | Qualitative | NQF, HHS reports, IOM reports, QASC, stakeholder input | Create measure families; define gap-filling pathways | Moderate—gaps readily available; gap characterization and barriers are not available |
| | | Measurement Information | | |
| Measure elements (e.g., specifications, applicable care settings) | Qualitative, quantitative | NQF endorsement process | Provide detailed information on individual measures | Readily available |
| Measure performance results, benchmarks, and thresholds | Quantitative | HHS reports, measure developers, NQF endorsement process, publicly reported data | Assess trends and variability of results | Moderate |
| Implementation of measures | Qualitative, quantitative | HHS rules and reports, NQF Alignment tool, QPS portfolios, QASC, private sector programs | Determine where and how measures are being used | Moderate |
| Unintended consequences of measure use | Qualitative | NQF endorsement process, NQF's QPS tool, stakeholder input | Additional considerations for MAP decision-making | Limited |
| Measure impact | Qualitative, quantitative | HHS reports; selected outcome and patient experience measures results; stakeholder input | Feedback to inform future MAP decision-making | Limited |
| | | MAP Evaluation and Ongoing Enhancements to Decision-Making | | |
| MAP deliberations, recommendations, and input | Qualitative | MAP meeting summaries and reports | Provide history and content; inform future MAP decision-making | Readily available |
| Uptake of MAP | Qualitative, | HHS proposed/final | Evaluate impact of | Moderate |

| Information Type | Information Category | Primary Sources | Planned Use | Availability of Information |
|---|---|---|---|---|
| recommendations and rationale | quantitative | rules; measure sets used in non-federal programs | MAP input; inform future MAP decision-making | |

## Action Plan

Collaborators. MAP will seek input from NPP co-chairs serving on the MAP Strategy Task Force and NPP liaisons to the MAP task forces to identify the high-leverage priorities for measurement. To collect measure use and impact information, MAP will utilize the NQF membership councils, as well as additional stakeholders that are implementing performance measurement and evaluating measures. To supplement its work, MAP will be engaged in and review the results of research conducted by other entities, such as CMS, AHRQ, QASC, AHIP, and IOM. For a detailed list of potential stakeholders, please refer to Table 1 above.

Deliverables. Information gathered through the analytics plan will inform the development of families of measures and core sets and facilitate annual pre-rulemaking activities.

Timing. In 2012, MAP will begin compiling, organizing, and synthesizing information that are readily available to support the development of the Safety, Care Coordination, Diabetes, and Cardiovascular measure families and core sets and to assist in the selection of measures for federal programs. MAP will continue to refine this process, as new information becomes available.

## Refining the MAP Measure Selection Criteria

The MAP Measure Selection Criteria (MSC) guide MAP's input on the selection of measures and measure gap identification, ensuring that MAP's decisions address MAP's objectives. 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 MAP goals and objectives are clearly articulated within the criteria and address issues raised during the first-year experience. Planned enhancements to the MAP Measure Selection Criteria include:

- Addressing differing programmatic purposes, such as public reporting and performance-based payment;
- Expanding the high-impact conditions beyond the Medicare and pediatric populations; and
- Adding removal criteria.

Addressing differing programmatic purposes. MAP provides input on programs that serve multiple purposes (e.g., public reporting, performance-based payment, quality improvement). After its first year of pre-rulemaking input, MAP concluded that differing programmatic purposes may require selecting different measures. For example, measures that are used for public reporting must be relevant to consumers, as well as important to providers/clinicians and those implementing public reporting programs. MAP will explore whether the differing purposes of performance measurement programs call for different selection criteria.

Expanding the high-impact conditions beyond the Medicare and pediatric populations. MAP Measure Selection Criterion #3 (see Appendix XX for MAP MSC) assesses whether a program measure set adequately addresses high-

impact conditions, which are drawn from NQF's prioritized lists of high-impact conditions for the Medicare and pediatric populations. These populations are important, but the list fails to account for more than 60 percent of the U.S. population. State and private sector programs that will take cues from MAP's recommendations involve the care of adults between ages 18 and 64. As such, the current lists of high-impact conditions are not sufficient as MAP inputs. To achieve applicability across the lifespan, MAP will prioritize additional high-impact conditions relevant to adults ages 18-65 and to maternal/neonatal conditions. MAP will also briefly revisit the Medicare and child health high-impact conditions to ensure the prioritization is current and reflects the current evidence base.

Adding removal criteria. The families of measures and core measure sets establish the ideal. As program measure sets progress towards the ideal, measures that are determined to be less desirable (i.e., measures that are topped-out, do not support parsimony, have implementation issues, result in unintended consequences) will need to be removed from programs. Accordingly, MAP will develop criteria for removal of low-value measures.

## Action Plan

Collaborators. The MAP Strategy Task Force will develop proposed revisions to the MAP MSC for consideration by the MAP Coordinating Committee. As an initial step, MAP will convene a multi-stakeholder Technical Expert Panel (TEP) drawn from MAP's membership to develop high-impact conditions for additional age groups. Further, MAP will subcontract with performance measurement experts to explore ways to enhance the selection criteria to more adequately address varying programmatic purposes.

Deliverables. Refined MAP Measure Selection Criteria that address differing programmatic purposes, expand the high-impact conditions, and include a removal criterion.

Timing. Experts exploring ways to address varying programmatic purposes will conduct work in late 2012. The TEP will also convene in late 2012. MAP will review proposed revisions to the MAP MSC in mid-2013 and finalize the next version of the MAP MSC by October 2013, prior to the 2013 pre-rulemaking activities.


# Evaluating MAP's Processes and Impact

Periodic evaluation will gauge the effectiveness of MAP's processes and recommendations and determine whether MAP is meeting stakeholders' needs. Evaluation also serves as an opportunity to inform and enhance MAP's subsequent decision-making. MAP's evaluation approach includes ongoing, short-term evaluation and a long-term, independent evaluation.

Short-term evaluation. MAP's ongoing evaluation focuses on determining the uptake of MAP's recommendations to inform future MAP's decision-making. As an initial step, MAP will determine the concordance of MAP's recommendations with the measures proposed and finalized through rulemaking for use in federal programs. MAP will conduct outreach to other stakeholders selecting measures for use in state, regional, and private reporting programs to determine their needs as end-users along with the uptake of MAP's recommendations and the rationale for concordance and discordance with MAP's recommendations.

Long-term evaluation. While ongoing evaluation will allow MAP to assess whether its recommendations are meeting stakeholder needs in the short-term, a longer-term evaluation strategy will be needed to assess MAP's impact over time. MAP will conduct an independent third-party evaluation to determine whether MAP is meeting its objectives. The initial phase of the evaluation will build on the milestones and metrics of success established in the MAP strategic plan, to

determine the evaluation logic model, research questions, and evaluation protocol. The evaluation protocol will describe data collection methodologies (i.e., surveys, key informant interviews, case studies, focus groups) and data analysis.

## Action Plan

Collaborators. MAP will conduct targeted outreach to stakeholders selecting measures for use to understand the rationale for concordance and discordance with MAP's recommendations. MAP will convene a multi-stakeholder Evaluation Advisory Panel to guide MAP's short-term and long-term evaluations. The advisory panel will provide input to the logic model, research questions, and evaluation protocol, and will provide initial feedback on the results of the third-party evaluation. MAP will subcontract with an independent third-party evaluator to conduct the long-term evaluation.

Deliverables. MAP will analyze and report on the uptake of MAP's recommendations in its annual Pre-Rulemaking Report. MAP will also produce a report of the long-term evaluation findings.

Timing. MAP short-term evaluation is ongoing. MAP will report on update of its recommendations in its annual Pre-Rulemaking Report in February of each year. In early 2013, MAP will call for nominations for the Evaluation Advisory Panel. The panel will convene later in 2013. MAP will select and NQF will subcontract with an independent third-party evaluator in late 2013. The evaluation protocol will be completed and ready for implementation in 2014. MAP's Evaluation Report will be completed in late 2014.