Summary of Member and Public Comments Received Regarding Partnership for Applying Measures Proposed Member Selection Criteria, Member Responsibilities, and Operating Procedures

The Affordable Care Act (ACA) assigns new duties to the consensus-based entity. Among those new duties, the entity is required to convene multi-stakeholder groups to provide input to the Secretary of HHS on the selection of measures for public reporting and payment programs. The National Quality Forum (NQF), which currently serves as the consensus-based entity under contract with HHS, may be tasked with carrying out this consultative process in its role as neutral convener.

To prepare for that potential responsibility, at its May 5, 2010 meeting, the NQF Board adopted a plan for a Partnership for Applying Measures (PAM) and requested public input regarding its action. In mid-May, NQF posted a call for member and public comments on how to best implement the new Partnership, in the event that HHS contracts with NQF to carry out the new duties for the consensus-based entity. Comments were requested regarding the plan adopted by the NQF Board, reflected in a paper titled "Establishment of a Partnership for Applying Measures to Improve Quality to Provide Input on Measure Selection for Public Reporting and Payment Programs." The paper outlined key considerations, including: statutory grounding; Partnership activities; involvement of stakeholder groups; transparency and due process; analytic support for evidence-based decision making; and a flexible, two-tiered structure.

The 22 commenters who responded during the first comment period were largely supportive of the NQF Board's plan for establishing the PAM that was presented in the paper. No commenters opposed the structure or offered an alternative structure. However, a number of commenters asked for further clarification regarding member selection criteria, member responsibilities that might affect qualification for membership, and operating procedures. Thus, in mid-July, a second paper titled "Partnership for Applying Measures to Improve Quality: Proposed Member Selection Criteria, Member Responsibilities, and Operating Procedures" was posted to provide further clarification and solicit comments on these topics.

The purpose of this paper is to provide a summary of the comments received during the second comment period and a response to the comments under each of the topics—general, member selection criteria, member responsibilities, and operating procedures.

General

NQF received comments from 29 organizations, not counting the organizations that signed on to others' comment letters. As was the case for the first comment period, commenters were generally supportive of the NQF Board's plan for establishing the new Partnership. The effort was described as a positive interpretation of the consultative process specified in the ACA. Several commenters stated appreciation for the transparency of the Partnership establishment activities and encouraged NQF to expand its outreach to further engage stakeholders.

One commenter expressed concern about redundancy among various related quality initiatives, including the National Priorities Partnership, NQF prioritization and endorsement processes, and existing quality alliances, and encouraged coordination among these activities. Other commenters noted that the PAM should invite analysis and technical support from a wide variety of inputs and review not only measures but other elements of public reporting and payment program implementation.

Response. We appreciate the commenters expression of support for the establishment of the Partnership and our efforts to make the accompanying activities transparent. We will continue outreach to stakeholders to promote deeper understanding and engagement as the Partnership's work begins.

We will coordinate the activities of the Partnership with other groups undertaking related activities. The focus of the PAM will be to provide input to HHS on the selection of measures for public reporting and payment programs, and that input will be informed by the best available evidence from a variety of sources, as was discussed during the first comment period.

Member Selection Criteria

Commenters emphasized the need for balance among the interests represented by the multi-stakeholder members of the Partnership. Commenters stated that to promote trust, fairness, and engagement, important elements of balance include both broad-based representation and no one stakeholder group having majority representation.

Several commenters disagreed with the criterion that organizations should be membership entities. One commenter noted that membership organizations do not represent the universe of organizations with a significant, legitimate stake in the selection of quality measures, or those that have substantial expertise in developing and deploying quality measures in practice. Certifying and accrediting organizations were cited as examples.

A few commenters asked for more clarity regarding what constitutes a "leading stakeholder group," such as longevity; size, type, and diversity of membership; and support and involvement of constituents. One commenter noted that representation should not be limited to policy setting organizations, such as trade associations, but should also be open to organizations that collect and report on measures.

Several commenters supported the criterion that organizational members and individual subject matter experts should have experience in quality measurement, but one commenter cautioned that some affected stakeholders may have limited experience in this area due to lack of opportunity.

Several commenters supported including individual subject matter experts in the Partnership, but advised that individuals' interests must be taken into account to avoid creating imbalance in the Partnership's multi-stakeholder composition. One commenter advocated for the

Partnership to include a balance between organizational members and individual members for the Coordinating Committee and work groups to avoid a narrow focus on specific advocacy positions.

Several commenters supported the representation of specific interests, including state and regional multi-stakeholder collaboratives that operate public reporting and performance improvement programs (some commenters suggested adding this as a criterion), organizations that represent lifestages (including children and geriatrics), stakeholders from the pharmacy and prescription drug plan sector, inter-professional and multi-disciplinary representation, and long term care representatives. One commenter noted that membership should not be limited to NQF members or members of quality alliances.

Commenters asked for additional specificity regarding the composition of the Patient-Focused Coordinating Committee and the work groups. Areas of inquiry included: how many members will be seated for each group, how long members' terms will be, and whether members can serve multiple terms. Commenters also asked for more specificity about the nomination process and what opportunities the public will have to provide input into the process.

***Response*.** We agree that broad representation with no single stakeholder group holding a majority is essential to balance the multi-stakeholder interests of the Partnership. Commenters' assertions about the narrowness of the criterion requiring organizations to be membership entities are well taken, and that requirement will be removed. In the member selection process, the NQF Board nominating committee will decide what constitutes a leading stakeholder group, taking into consideration elements suggested by commenters, including longevity and relationship to a constituency. NQF membership or participation in a quality alliance will not be required to become a member of the Partnership.

The nominating committee, informed by these comments regarding member selection criteria, will recommend the composition of the Patient-Focused Coordinating Committee and the work groups to the NQF Board, and the NQF Board will make the ultimate decision. Further information about the nomination and selection process, including opportunities for public input, will be forthcoming.

Member Responsibilities

Commenters supported the notion that organizational representatives should be committed to active, consistent participation in the Partnership's activities, but the majority of commenters questioned the practicality of a restriction on organizations from sending substitutes to meetings. Commenters stated that given the number of responsibilities that organizational representatives face, sending substitutes will be necessary from time to time, and without that flexibility, the balance among the stakeholder interests and the inclusive nature of the Partnership could be compromised. Commenters agreed that an individual member should not be allowed to send a substitute.

Several commenters asked for clarification regarding the proposed member responsibility to volunteer time and make resources available as necessary to accomplish the work of the Partnership. One commenter correctly interpreted the intent of this responsibility to mean dedication of time, personal resources, and organizational expertise, including appropriate support and involvement in activities that may occur outside the formally convened meetings.

Some commenters emphasized that the leadership positions of chair and vice-chair for the Coordinating Committee and each of the work groups should be selected from different stakeholder groups. This diversity of leadership interests would help to promote balanced deliberation and evaluation.

One Commenter suggested specific additions to the member responsibilities: require attendance at, and participation in, in-person and teleconference meetings; input should not be limited to specialty-specific participation alone, though sharing of that member's specialty-specific expertise is expected; member's input should be analysis and solution-oriented, and not reactionary; and members should consider the impact of their decision making on all health care populations when applying quality measures.

***Response*.** We believe that the full commitment and active participation of organizational representatives is essential to the success of the Partnership, but we also understand the points made by the majority of commenters regarding the occasional need for substitutes to maintain the balance among stakeholder interests. The requirement restricting substitutes for organizational representatives will be removed from the member responsibilities, and operating procedures will be established to permit substitutes and proxy voting in exceptional circumstances.

We hasten to clarify that no dues or other direct monetary contribution will be required of Partnership members and that the financial capacity of organizations and individuals will not be a membership criterion. However, organizational and individual members will be required to dedicate their time and expertise to appropriately support the Partnership's activities, including activities that may occur outside of the formally convened meetings.

The nominating committee and NQF Board will consider the balance of interests in selecting leadership for the Coordinating Committee and work groups, just as in selecting membership.

We appreciate and agree with the suggestions for additional membership responsibilities and will add those to further explain the proposed responsibilities.

Operating Procedures

Four commenters advocated for the Partnership to be given the maximum amount of autonomy allowed by law. These commenters recommended that independence from the NQF be demonstrated through separate work plans and dedicated budget and staff to support Partnership meetings and research, all managed by the Coordinating Committee and work

group leadership. One commenter stated that the Partnership should become self-perpetuating after an initial round of appointments by the NQF Board, and that individuals should not sit on both the NQF Board and the PAM.

Several commenters requested clarification regarding the Partnership's process for making recommendations to HHS. Commenters who correctly interpreted the Board's plan as indicating that the Patient-Focused Coordinating Committee would be the only group charged with making recommendations asked how disagreements between the Coordinating Committee and the work groups would be resolved. Several commenters recommended that functional overlap between the work groups and the Coordinating Committee be built into the Partnership structure. Some recommended that the chairs and vice-chairs of the work groups be given voting seats on the Coordinating Committee to facilitate clear and directed communication.

The majority of commenters requested that operating procedures be established to allow organizational members to designate, with adequate advance notice, a well-informed substitute to provide input and vote as a proxy in the event that an organizational representative cannot attend a meeting. One commenter suggested that organizations appoint both a representative and an alternate, so that designated alternates would always be prepared to step in.

A few commenters weighed in on voting procedures. One commenter recommended that decisions should be made by a simple majority of the total number of voting members of the group, including those absent, rather than a simple majority of voting members in attendance. Another commenter recommended that decisions should be made by consensus when possible, or by a supermajority when consensus is not possible.

Response. In the event that NQF is named the consensus-based entity, the NQF Board will have contractual responsibility for overseeing the Partnership. To carry out its responsibility, the Board will set the charge, appoint the members, oversee the finances, and evaluate the effectiveness of the Partnership.

As was the subject of comment during the previous comment period, the plan to establish the Partnership adopted by the NQF Board laid out a two-tiered structure comprised of: (1) a central multi-stakeholder group called the Patient-Focused Coordinating Committee and (2) multi-stakeholder work groups to advise the Coordinating Committee on the selection of measures for programs for specific care providers, such as hospitals and clinicians. The Patient-Focused Coordinating Committee will set the overall strategy for the Partnership, provide direction to the advisory work groups, and be responsible for making recommendations to HHS. Having the Coordinating Committee be the only group to make recommendations will promote alignment of measures, shared accountability, and care coordination among providers, and will avoid conflicting recommendations and diffusion of the Partnership's voice. We agree that having the work group chairs and vice-chairs serve as voting members of the Coordinating Committee would facilitate bi-directional exchange between the groups.

We will establish operating procedures to allow for a well-informed substitute to provide input and vote by proxy at meetings in the occasional absence of an organizational representative. We will also edit the proposed operating procedures to require a simple majority of all voting members for decision making, rather than just a simple majority of those voting members in attendance.