Measure Applications Partnership

IHA P4P Mini Summit

March 20, 2012

Tom Valuck, MD, JD
Connie Hwang, MD, MPH
Session 1
- Measure Applications Partnership (MAP) Context and Guiding Principles

Session 2
- MAP Initial Tasks

Session 3
- MAP Measure Selection Criteria
National Quality Forum’s Mission

To improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and **working in partnership** to achieve them;

- Endorsing national consensus standards for measuring and **publicly reporting** on performance; and

- Promoting the attainment of national goals through **education and outreach** programs.
NQF’s Primary Roles

- Standard setting organization
  - Performance measures, serious reportable events, and preferred practices
- Neutral convener
  - National Priorities Partnership
  - Measure Applications Partnership
Quality Measurement Enterprise

Priorities and Goals → Standardized Measures → Electronic Data Platform → Measure Use in Implementation → Evaluation and Feedback

National Quality Strategy
National Priorities Partnership
High-Impact Conditions

Measure Stewards
NQF Endorsement and Maintenance Process

Quality Data Model
eMeasure Format
Measure Authoring Tool

Measure Applications Partnership
Measure Database
Measure Alignment Tool

Measure Use Evaluation
Priorities Make A Difference

NATIONAL PRIORITIES PARTNERSHIP

- Performance measures developed around priority areas
- Public reporting, payment, oversight, and improvement programs aligned with the National Quality Strategy
- Multiple actions to make improvements in priority areas

Can get us there faster...

WHERE WE ARE GOING
Better Care, Affordable Care, and Healthy People/Healthy Communities
HHS’ National Quality Strategy Aims and Priorities

Better Care

PRIORITIES
- Health and Well-Being
- Prevention and Treatment of Leading Causes of Mortality
- Person- and Family-Centered Care
- Patient Safety
- Effective Communication and Care Coordination
- Affordable Care

Healthy People/
Healthy Communities

Affordable Care
National Priorities

- Work with communities to promote wise use of best practices to enable healthy living and well-being.
  - Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.
  - Ensure person- and family-centered care.
National Priorities

- Make care safer.
- Promote effective communication and care coordination.
- Make quality care affordable for people, families, employers, and governments.
Quality Measurement Enterprise

Priorities and Goals

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Measure Use Evaluation
Measurement Facilitates Improvement

- Measurement is necessary, but insufficient to achieve quality
- Provides information about performance useful for selecting providers with high quality (consumers, purchasers, health plans)
- Provides information about outcomes and processes useful to providers for identifying areas that need improvement and changes in care delivery systems
NQF Endorsement Evaluation Criteria

- **Importance to measure and report**
  - What is the level of evidence for the measure?
  - Is there an opportunity for improvement?
  - Relation to a priority area or high impact area of care?

- **Scientific acceptability of the measurement properties**
  - What is the reliability and validity of the measure?

- **Usability**
  - Can the intended audiences understand and use the results for decision-making?

- **Feasibility**
  - Can the measure be implemented without undue burden, capture with electronic data/EHRs?

- **Assess competing and related measures**
Not everything that counts can be counted, and not everything that can be counted counts.

~Albert Einstein

BUT...

You cannot improve what you do not measure.
Linking HIT and Measurement

- **Data Sources**: Capture the right data

- **Performance Measures**: Calculate the performance measure

- **EHRs and HIT Tools**: Provide real-time information to the clinician with decision support

- **E-Infra-structure**: Use for public reporting, payment, quality improvement
HEALTH INFORMATION TECHNOLOGY: MOVING MEASURES TO AN ELECTRONIC PLATFORM

- Meaningful Use
- Clinical Decision Support
- Health IT Assessment Framework
Quality Measurement Enterprise

Priorities and Goals

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Evaluation and Feedback

Measure Use Evaluation
Applying Performance Measurement Information

- Quality improvement
- Public health/disease surveillance
- Accreditation and regulation
- Performance-based payment
- HIT incentive payments
- Consumer choice
- Certification
- Accountability
- Transparency
- Improve Care

Quality improvement with benchmarking

Public health/disease surveillance

Certification

NATIONAL QUALITY FORUM
Payment Reform Models

Increasing aggregation of services into a unit of payment
Organization of Delivery and Payment: Selection of Performance Measures

Continuum of Organization

Source: Reprinted with permission from the Commonwealth Fund, 2009
Measurement Implications

- **Measurement role**
  - Pay differentially based on performance
    - Promote evidence-based care
    - Avoid inappropriate care
    - Better coordinate care
    - Focus on the patient
  - Protect against unintended consequences of payment incentives
  - Support performance improvement
MAP Purpose and Organization
Statutory Authority

Health reform legislation, the Affordable Care Act (ACA), requires HHS to contract with the consensus-based entity (i.e., NQF) to “convene multi-stakeholder groups to provide input on the selection of quality measures” for public reporting, payment, and other programs.

HR 3590 §3014, amending the Social Security Act (PHSA) by adding §1890(b)(7)
Purpose of MAP

- Provide input to HHS on the selection of performance measures for use in public reporting, performance-based payment, and other programs
- Identify gaps for measure development, testing, and endorsement
- Encourage alignment of public and private sector programs
- Align measurement across programs, settings, levels of analysis, and populations:
  - Promote coordination of care delivery
  - Reduce data collection burden
More than 60 major stakeholder organizations, 40 individual experts, and 9 federal agencies are represented on the MAP
# MAP Coordinating Committee Membership

<table>
<thead>
<tr>
<th>Organizational Members</th>
<th>Co-chairs</th>
<th>Subject Matter Experts</th>
<th>Federal Government Members</th>
<th>Accreditation/Certification Liaisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP</td>
<td>George Isham, MD, MS</td>
<td>Richard Antonelli, MD, MS</td>
<td>Agency for Healthcare Research and Quality</td>
<td>American Board of Medical Specialties</td>
</tr>
<tr>
<td>Academy of Managed Care Pharmacy</td>
<td>Elizabeth McGlynn, PhD, MPP</td>
<td>Bobbie Berkowitz, PhD, RN, CNA, FAAN</td>
<td>Centers for Disease Control and Prevention</td>
<td>National Committee for Quality Assurance</td>
</tr>
<tr>
<td>AdvaMed</td>
<td></td>
<td>Joseph Betancourt, MD, MPH</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>The Joint Commission</td>
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<tr>
<td>AFL-CIO</td>
<td></td>
<td>Ira Moscovice, PhD</td>
<td>Health Services and Resources Administration</td>
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<tr>
<td>America’s Health Insurance Plans</td>
<td></td>
<td>Harold Pincus, MD</td>
<td>Office of Personnel Management/FEHBP</td>
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<tr>
<td>American College of Physicians</td>
<td></td>
<td>Carol Raphael, MPA</td>
<td>Office of the National Coordinator for HIT</td>
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</tbody>
</table>
MAP Framework for Aligned Performance Measurement
HHS National Quality Strategy Aims and Priorities

• Working with communities to promote wide use of best practices to enable healthy living
• Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
• Ensuring that each person and family are engaged as partners in their care
• Making care safer by reducing harm caused in the delivery of care
• Promoting effective communication and coordination of care
• Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models
Measures Across Multiple Levels in the Healthcare System

National Priority: Promote the most effective prevention, treatment, and intervention practices for the leading causes of mortality, starting with cardiovascular disease.

- Access to healthy foods
- Access to recreational facilities
- Use of tobacco products by adults and adolescents
- Consumption of calories from fats and sugars
- Control of high blood pressure
- Control of high cholesterol

<table>
<thead>
<tr>
<th>Measures Across Multiple Levels</th>
<th>Healthcare System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote cardiovascular health through community interventions that result in improvement of social, economic, and environmental factors.</td>
<td>National</td>
</tr>
<tr>
<td>Promote cardiovascular health through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.</td>
<td>Regional State/Community</td>
</tr>
<tr>
<td>Promote cardiovascular health through receipt of effective clinical preventive services across the lifespan in clinical and community settings.</td>
<td>Health Plan/Health System/ACO</td>
</tr>
<tr>
<td>National Rates of Smoking/Tobacco Use</td>
<td>Group Practice/Medical Home/Individual Clinicians</td>
</tr>
<tr>
<td>Regional Rates of Smoking/Tobacco Use</td>
<td>Patient/Consumer</td>
</tr>
<tr>
<td>Health Plan/ACO Rates of Smoking/Tobacco Use</td>
<td>Percentage of Smoker/Tobacco User Population Offered Smoking Cessation</td>
</tr>
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</table>
Families of Measures Illustration:

Core Measure Sets for Care Settings and Drawn From Families

- **Hospital** (e.g. IQR, VBP, Meaningful Use, OQR)
- **Clinician** (e.g. Value-Based Payment Modifier, PQRS, Meaningful Use)
- **PAC/LTC** (e.g. Nursing Home & Home Health Compare, IRF Quality Reporting)

**Cardiovascular Care**
- Diabetes Care
- Population Health
- Patient and Family-Centered Care
- Cost / Appropriateness / Resource Use
- Patient Safety
- Care Coordination

**Topic-Specific Families of Measures & Gaps**
- Addressing NQS Priorities and High-Impact Conditions
Opportunity for Alignment Across Programs:

Care Coordination Illustration

Consideration for Dual Eligible Beneficiaries
## Care Coordination Performance Measures Across Settings

<table>
<thead>
<tr>
<th></th>
<th>Clinician</th>
<th>Hospital</th>
<th>Post-Acute Care/Long-Term Care</th>
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</thead>
<tbody>
<tr>
<td><strong>Care Transitions</strong></td>
<td>Support CTM-3 measure if specified and endorsed at clinician level</td>
<td>Support immediate inclusion of CTM-3 measure for IQR program</td>
<td>Support CTM-3 measure if specified and endorsed for PAC-LTC settings</td>
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<td></td>
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<td>Support several discharge planning measures</td>
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<tr>
<td><strong>Readmissions</strong></td>
<td>Readmission measures are a priority measure gap</td>
<td>Support the inclusion of both a readmission measure that crosses conditions and readmission measures that are condition-specific for IQR program</td>
<td>Avoidable admissions/readmissions are priority measure gaps</td>
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<tr>
<td><strong>Medication Reconciliation</strong></td>
<td>Support inclusion of measures that can be utilized in an HIT environment</td>
<td>Recognize the importance of medication reconciliation upon both admission and discharge, particularly with the dual eligible beneficiaries and psychiatric populations</td>
<td>Identified potential measures for further exploration for use across all PAC/LTC settings</td>
</tr>
</tbody>
</table>

Consideration for Dual Eligible Beneficiaries

- Dual eligible beneficiaries served in every part of health and long-term care systems, but do not have a Federal measurement program
- In order to expand the use of measures that are relevant to duals’ unique needs, those types of measures must be added to existing programs
- To make measures more relevant to the needs of this population MAP recommends:
  - A cross-cutting approach, emphasizing outcome and composite measures
    » Broaden denominators as much as clinical evidence allows, but allow for exclusions so as not to diminish patient choice
    » More precise measure arrays can be used for targeted internal quality improvement efforts
  - Explore stratification of measures to reveal and reduce disparities
  - Push measurement forward in the areas of care coordination and shared accountability, while keeping the individual and his/her goals at the center
  - Increase emphasis on behavioral health issues throughout the system.
| Quality of Life                  | Health-Related Quality of Life  
|                                | Functional Status Assessment  
|                                | Palliative Care               |
| Care Coordination              | Care Transition Planning       
|                                | Hospital Readmission           
|                                | Medication Management          
|                                | Communication with Patient/Caregiver  
|                                | Communication with Healthcare Providers |
| Screening and Assessment       | Falls                           
|                                | BMI Screening                  
|                                | Pain Management                
|                                | Management of Diabetes         |
| Mental Health and Substance Use | Substance Use Treatment        
|                                | Tobacco Cessation              
|                                | Depression Screening           
|                                | Alcohol Screening and Intervention |
| Structural Measures            | HIT Infrastructure             
|                                | Medical Home Adequacy          
|                                | Medicare / Medicaid Coordination |
| Other                          | Patient Experience             |
Measure Applications Partnership

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Session 1

- Measure Applications Partnership (MAP) Context and Guiding Principles

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- MAP Initial Tasks

Session 3

- MAP Measure Selection Criteria
**Measure Applications Partnership**

**Initial Tasks**

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**Performance Measurement Coordination Strategies**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Date Submitted</th>
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<tbody>
<tr>
<td>Coordination Strategy for Clinician Performance Measurement</td>
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<tr>
<td>Readmissions and Healthcare-Acquired Conditions Performance Measurement</td>
<td>Reports submitted October 1, 2011</td>
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<tr>
<td>Strategy Across Public and Private Payers</td>
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<tr>
<td>Strategic Approach to Performance Measurement for Dual Eligible</td>
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<tr>
<td>Beneficiaries Interim Report</td>
<td></td>
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<tr>
<td>Performance Measurement Coordination Strategy for Post-Acute Care and</td>
<td>Report submitted February 1, 2012</td>
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<tr>
<td>Long-Term Care</td>
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**Annual Pre-rulemaking Input to HHS**

<table>
<thead>
<tr>
<th>Input</th>
<th>Date Submitted</th>
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<tbody>
<tr>
<td>MAP Pre-Rulemaking Report</td>
<td>Report submitted February 1, 2012</td>
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</table>
Performance Measurement
Coordination Strategies
Themes Across Performance Measurement Coordination Strategies Reports

- Measures and measurement issues, including measure gaps
- Data sources and HIT implications, including the need for a common data platform
- Alignment across public and private sector programs
- Special considerations for dual eligible beneficiaries
- Path forward for improving measure applications
# MAP Clinician Coordination Strategy

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Deliverable</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Provide input to HHS on a coordination strategy for clinician performance measurement across public programs.</td>
<td>Final report containing Coordinating Committee input</td>
<td>Final Report: October 1, 2011</td>
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</table>
## Clinician Workgroup Membership

<table>
<thead>
<tr>
<th>Organizational Members</th>
<th>Chair</th>
<th>Subject Matter Experts</th>
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</thead>
<tbody>
<tr>
<td>American Academy of Family Physicians</td>
<td>Mark McClellan, MD, PhD</td>
<td>Marshall Chin, MD, MPH, FACP</td>
</tr>
<tr>
<td>American Academy of Nurse Practitioners</td>
<td></td>
<td>Karen Sepucha, PhD</td>
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<tr>
<td>American Academy of Orthopaedic Surgeons</td>
<td></td>
<td>Eugene Nelson, MPH, DSc</td>
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<tr>
<td>American College of Cardiology</td>
<td></td>
<td>Ronald Stock, MD, MA</td>
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<tr>
<td>American College of Radiology</td>
<td></td>
<td>James Walker, MD, FACP</td>
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<tr>
<td>American Speech-Language-Hearing Association</td>
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<td>Delores Yanagihara, MPH</td>
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<tr>
<td>Association of American Medical Colleges</td>
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<tr>
<td>Center for Patient Partnerships</td>
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<td>CIGNA</td>
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<td>Consumers’ CHECKBOOK</td>
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<td>Unite Here Health</td>
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<td>Kaiser Permanente</td>
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<td>Minnesota Community Measurement</td>
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<td>Physician Consortium for Performance Improvement</td>
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<td>The Alliance</td>
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<tr>
<td>Agency for Healthcare Research and Quality</td>
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<td>Centers for Disease Control and Prevention</td>
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<td>CMS Medicare-Medicaid Coordination Office</td>
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<td>Health Resources and Services Administration</td>
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<td>Office of the National Coordinator for HIT</td>
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<td>Veterans Health Administration</td>
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</table>
Recommendations for coordinating clinician performance measurement across federal programs:

- Alignment of measures and data sources to reduce duplication and burden

- Characteristics of an ideal measure set to promote common goals across programs

- Standardized data elements
**MAP Safety Coordination Strategy**

<table>
<thead>
<tr>
<th>Task Description</th>
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<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Provide input to HHS on a coordination strategy for readmission and healthcare -acquired conditions (HACs) measurement across public and private payers.</td>
<td>Final report containing Coordinating Committee input regarding the optimal approach for coordinating readmission and HAC measurement across payers</td>
<td>Final Report: October 1, 2011</td>
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</table>
### Ad Hoc Safety Workgroup Membership

<table>
<thead>
<tr>
<th>Chair</th>
<th>Frank G. Opelka, MD, FACS</th>
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<tbody>
<tr>
<td></td>
<td><strong>Organizational Members</strong></td>
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<tr>
<td></td>
<td>Alliance of Dedicated Cancer Centers</td>
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<td></td>
<td>American Hospital Association</td>
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<td></td>
<td>American Organization of Nurse Executives</td>
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<td></td>
<td>American Society of Health-System Pharmacists</td>
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<td></td>
<td>Blue Cross Blue Shield of Massachusetts</td>
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<td></td>
<td>Building Services 32BJ Health Fund</td>
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<td>Iowa Healthcare Collaborative</td>
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<td></td>
<td>Memphis Business Group on Health</td>
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<td>Mothers Against Medical Error</td>
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<td></td>
<td>National Association of Children’s Hospitals and Related Institutions</td>
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<td></td>
<td>National Rural Health Association</td>
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<td></td>
<td>Premier, Inc.</td>
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<tr>
<td></td>
<td><strong>Subject Matter Experts</strong></td>
</tr>
<tr>
<td></td>
<td>Lawrence Gottlieb, MD, MPP, FACP</td>
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<td></td>
<td>Rhonda Robinson Beale, MD</td>
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<td>MaryAnne Lindeblad, BSN, MPH</td>
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MAP Safety Coordination Strategy

Recommendations for coordinating efforts to reduce healthcare-acquired conditions and readmissions across public and private payers:

- National core set of safety measures applicable to all patients
- Data element library for core measure set
- Public and private coordination of efforts, beginning with incentive structures

http://www.qualityforum.org/Setting_Priorities/Partnership/Ad_Hoc_Safety_Workgroup.aspx
# MAP PAC/LTC Coordination Strategy

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Deliverable</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>Provide input to HHS on a coordination strategy for performance measurement across post-acute care and long-term care programs.</td>
<td>Final report containing Coordinating Committee input</td>
<td>Final Report: February 1, 2012</td>
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</table>
### Post-Acute Care/Long-Term Care Workgroup Membership

<table>
<thead>
<tr>
<th>Chair</th>
<th>Carol Raphael, MPA</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>AETNA</td>
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<tr>
<td></td>
<td>American Rehabilitation Providers Association</td>
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<td>American Physical Therapy Association</td>
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<td>Family Caregiver Alliance</td>
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<td>National Consumer Voice for Quality Long-Term Care</td>
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<td>National Hospice and Palliative Care Organization</td>
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<td>National Transitions of Care Coalition</td>
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<td>Providence Health and Services</td>
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<td>Service Employee International Union</td>
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<td></td>
<td>Visiting Nurse Associations of America</td>
</tr>
<tr>
<td></td>
<td>Charlene Harrington, PhD, RN, FAAN</td>
</tr>
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<td></td>
<td>Gerri Lamb, PhD</td>
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<td></td>
<td>Bruce Leff, MD</td>
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<td>MaryAnne Lindeblad, MPH</td>
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<td></td>
<td>Debra Saliba, MD, MPH</td>
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<td>Thomas von Sternberg, MD</td>
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Recommendations for coordinating performance measurement across federal programs for nursing homes, home health, inpatient rehabilitation facilities, and long-term care hospitals:

- Promote common measurement goals across providers by using the identified priorities and measurement goals.
- Encourage uniform data sources so data can be collected once, in the least burdensome way, and be used for multiple patient-centric purposes.
- Improve the use of measures for PAC/LTC settings by filling priority measure gap, developing standardized planning tools, and monitoring for unintended consequences.

http://www.qualityforum.org/Setting_Priorities/Partnership/Post-Acute/Long-Term_Care_Workgroup.aspx
**Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries**

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Deliverable</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Provide input to HHS on identification of measures that address the quality issues for care provided to Medicare-Medicaid dual eligible beneficiaries.</td>
<td>Interim report containing framework for performance measurement for dual eligible beneficiaries</td>
<td>Final Interim Report: October 1, 2011</td>
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<td></td>
<td>Final report containing potential new performance measures to fill gaps in measurement for dual eligible beneficiaries</td>
<td>Final Report: June 1, 2012</td>
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## Dual Eligible Beneficiaries Workgroup Membership

<table>
<thead>
<tr>
<th>Chair</th>
<th>Alice Lind, MPH, BSN</th>
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<tbody>
<tr>
<td></td>
<td>American Association on Intellectual and Developmental Disabilities</td>
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<td>American Federation of State, County and Municipal Employees</td>
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<td>American Geriatrics Society</td>
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<td>American Medical Directors Association</td>
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<td>Center for Medicare Advocacy</td>
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<td>National Association of Social Workers</td>
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<td>National PACE Association</td>
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<tr>
<td>Subject Matter Experts</td>
<td>Mady Chalk, PhD, MSW</td>
</tr>
<tr>
<td></td>
<td>James Dunford, MD</td>
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<td></td>
<td>Lawrence Gottlieb, MD, MPP</td>
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<td></td>
<td>Juliana Preston, MPA</td>
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<td></td>
<td>Susan Reinhard, PhD, RN, FAAN</td>
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<td>Rhonda Robinson Beale, MD</td>
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<td>Gail Stuart, PhD, RN</td>
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<td>HHS Office on Disability</td>
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<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
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<td></td>
<td>Veterans Health Administration (VHA)</td>
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</table>
Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries

- **Interim Report submitted:**
  - Identified the unique qualities of the dual eligible beneficiary population
  - Identified deficits in quality measurement
  - Defined a strategic approach for performance measurement
  - Characterized appropriate measures for quality measurement

- **Final Report to be submitted will:**
  - Refine and finalize the core measure set for dual eligible beneficiaries
  - Document potential measure modifications, prioritize measure gaps, and delineate potential new measures for development to meet the quality measurement needs for the population
  - Consider alignment and establish themes and recommendations for the final report
### Performance Measurement Coordination Strategies

<table>
<thead>
<tr>
<th>Coordination Strategy</th>
<th>Reports due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination Strategy for PPS-Exempt Cancer Hospital Performance Measurement</td>
<td>June 1, 2012</td>
</tr>
<tr>
<td>Coordination Strategy for Hospice Performance Measurement</td>
<td>June 1, 2012</td>
</tr>
<tr>
<td>Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries Final Report</td>
<td>June 1, 2012</td>
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</table>

Reports can be found at this link on the NQF website.
## MAP Pre-Rulemaking Report

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Deliverable</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Provide input to HHS on measures to be implemented through the federal rulemaking process, based on an overview of the quality issues in hospital, clinician office, and post-acute/long-term care settings; the manner in which those problems could be improved; and the metrics for encouraging such improvement.</td>
<td>Final report containing Coordinating Committee framework for decision-making and proposed measures</td>
<td>Final Report: February 1, 2012</td>
</tr>
</tbody>
</table>
Pre-Rulemaking Input

- Provided input on over 350 measures under consideration by HHS for nearly 20 Federal performance measurement programs:
  - **Support the measure** – MAP supports the measure for inclusion in the associated federal program during the next rulemaking cycle for that program
    » Approximately 40% of the measures under consideration
  - **Support the direction of the measure** – MAP supports the measure concept, however, further development, testing, or implementation feasibility must be addressed before inclusion
    » Approximately 15% of the measures under consideration
  - **Do not support the measure** – Measure is not recommended for inclusion in the associated federal program
    » Approximately 45% of the measures under consideration
      • For nearly 70% of the measures within the do not support category, MAP did not have enough information to complete its evaluation, so could not support those measures at this time
MAP Pre-Rulemaking Approach
MAP Pre-Rulemaking Approach

**Vision**
- National Quality Strategy
- Measurement Tactics
  - Cascading measure sets
  - Harmonized measures across settings and populations
  - Coordinated and accountable care delivery models

**Clinician**
- Core = Available Measures + Gap Concepts

**Hospital**
- Core = Available Measures + Gap Concepts

**PAC/LTC**
- Core = Available Measures + Gap Concepts

**MAP INPUT ON HHS PROPOSED PROGRAM MEASURE SETS**
- PGRS
- EHR Incentive Program
- Outpatient Quality Reporting Program
- Inpatient Quality Reporting Program
- Cancer Hospitals
- Hospital VBP
- Psychiatric Hospitals
- Coordinated Delivery Programs (ACOs)
- ESRD Quality Incentive Program
- Long-Term Care Hospitals
- Hospice Care
- Inpatient Rehab Facilities
- Home Health Care
- Skilled Nursing Facilities

Dual Eligible Beneficiaries
Quality Issues Considered Across All Settings and Programs
Vision

- National Quality Strategy
- Families of measures applied at each level of the system to provide a comprehensive picture of quality
MAP Pre-Rulemaking Approach

Current landscape

- “Siloed” nature of various Federal public reporting and performance-based payment programs
- Lack alignment in strategic focus and technical specifications for measurement
MAP Pre-Rulemaking Approach

- Core measure sets
  - Connecting programs to the vision
  - Consisting of existing measures and prioritized measure gaps
Pre-Rulemaking Analysis Process – Year 1

BEFORE NOVEMBER 2011
MAP WORKGROUPS
• Created coordination strategies
• Developed core measures
• Identified priority measure gap concepts

NOVEMBER 2011
COORDINATING COMMITTEE
• Finalized Measure Selection Criteria
• Reviewed MAP workgroup evaluations of core measures
• Confirmed and prioritize measure gap concepts

DECEMBER 2011
MAP WORKGROUPS
• Received HHS List of Measures Under Consideration
• Assessed HHS proposed program message sets
• Evaluated measures relative to core measures, gaps, and measure selection criteria

JANUARY 2012
COORDINATING COMMITTEE
• Reviewed setting-specific recommendations from MAP workgroups
• Finalized input to HHS for February 1 Report

BEFORE NOVEMBER 2011
NOVEMBER 2011
DECEMBER 2011
JANUARY 2012
MAP Pre-Rulemaking Report:
Input on Measures Under Consideration by HHS for 2012 Federal Rulemaking
Pre-Rulemaking Input

- Provided input on over 350 measures under consideration by HHS for nearly 20 Federal performance measurement programs:
  - **Support the measure** – MAP supports the measure for inclusion in the associated federal program during the next rulemaking cycle for that program
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<table>
<thead>
<tr>
<th>Federal Program for Pre-rulemaking</th>
<th>MAP Workgroup</th>
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<tr>
<td>Value-Based Payment Modifier</td>
<td>Clinician Workgroup</td>
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<td>Physician Quality Reporting System</td>
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<td>Medicare and Medicaid EHR Incentive Program for Eligible Professionals</td>
<td>Hospital Workgroup</td>
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<td>Medicare Shared Savings Program</td>
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<td>Hospital Inpatient Quality Reporting</td>
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<td>Hospital Value-Based Purchasing</td>
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<td>Hospital Outpatient Quality Reporting</td>
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<td>Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs</td>
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<tr>
<td>Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting</td>
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<td>Inpatient Psychiatric Facility Quality Reporting</td>
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<tr>
<td>Ambulatory Surgical Center Quality Reporting</td>
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<td>Home Health Quality Reporting</td>
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<td>Nursing Home Quality Initiative and Nursing Home Compare Measures</td>
<td>PAC/LTC Workgroup</td>
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<td>Inpatient Rehabilitation Facility Quality Reporting</td>
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<tr>
<td>Long-Term Care Hospital Quality Reporting</td>
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<tr>
<td>Hospice Quality Reporting</td>
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<tr>
<td>End Stage Renal Disease Quality Management</td>
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</table>
Pre-Rulemaking Input – General Themes

- The National Quality Strategy (NQS) provides the guiding framework for MAP decision making and is reflected as a key component of the MAP Measure Selection Criteria.
- MAP adopted a person-centered approach to measure selection, encouraging broader use of patient-reported measures such as the Clinician Group-Consumer Assessment of Healthcare Providers (CG-CAHPS).
- Many high priority measurement gaps were identified, including measures of patient experience, functional status, shared decision making, care coordination, cost, appropriateness of care, and mental health.
- Program measure sets generally lack measures of cost.
- Measures used in federal programs should promote team-based care and shared accountability through population-level measurement, as exemplified by the Medicare Shared Savings Program.
# Clinician Performance Measurement Programs

<table>
<thead>
<tr>
<th>Clinician Program</th>
<th>Measures Under Consideration</th>
<th>Support</th>
<th>Do Not Support</th>
<th>Support Direction</th>
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<td>Medicare Shared Savings Program</td>
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<td>n/a</td>
<td>n/a</td>
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</tbody>
</table>

* MAP did not have full measure specifications to complete its evaluation, so could not support those measures at this time
Federal programs should augment measure alignment between public and private sectors to include:

- Use of existing Maintenance of Certification (MOC) requirements and clinical registries in clinician performance measurement programs

Over time, as HIT becomes more effective and interoperable, the Meaningful Use program should have a greater focus on:

- HIT-sensitive measures (i.e., measures that provide information on whether electronic health records are changing care processes) and
- HIT-enabled measures (i.e., measures that require data from multiple settings/providers or are longitudinal and would require an HIT-enabled collection platform to be fully operational)
## Hospital Performance Measurement Programs

<table>
<thead>
<tr>
<th>Hospital Program</th>
<th>Measures Under Consideration</th>
<th>Support</th>
<th>Do Not Support</th>
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<tr>
<td>PPS Exempt Cancer Hospitals</td>
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<td>5</td>
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</tbody>
</table>
Hospital Performance Measurement Programs

- Composite measures offer a comprehensive picture of patient care for a specific condition or an overall institution; additionally, component scores also provide important information.

- Measures should align across programs addressing similar settings of care, for example, encouraging greater overlap between Hospital Inpatient Quality Reporting and PPS-exempt Cancer Hospital Reporting Program measures.

- Patient Safety is a high priority area for all stakeholder groups represented within MAP, and MAP strongly supported the use of NQF-endorsed safety measures where available.
## PAC-LTC Performance Measurement Programs

<table>
<thead>
<tr>
<th>PAC-LTC Program</th>
<th>Measures Under Consideration</th>
<th>Support</th>
<th>Do Not Support</th>
<th>Support Direction</th>
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</table>
PAC-LTC Performance Measurement Programs

- Important measures of changes in functional status; whether personalized care goals are established and attained; and patient family, and caregiver experience are limited, if not entirely absent, from PAC/LTC programs

- Measure gaps can potentially be addressed by adapting existing performance measures from Nursing Home Compare or Home Health Compare, which would also promote alignment

- Measure set should address aspects of care beyond clinical care:
  - Include assessment of health-related quality of life measure
  - Explore available depression screening measures
Path Forward
Many high priority measurement gaps were identified, including measures of patient experience, functional status, shared decision making, care coordination, cost, appropriateness of care, and mental health.

- Gaps can be “implementation” gaps where appropriate measures exist but are not included in a given program, or “development” gaps where the desired measures are extremely limited or do not currently exist.

- Focus funding for measure development on prioritized gap areas identified by MAP.
Gaps Across the Measurement Spectrum

- Measure Conceptualization → Measure Development → Measure Testing → Measure Endorsement → Measure Use

- National Quality Strategy

- Measure Stewards

- NQF Endorsement Process

- Measure Applications Partnership
Addressing Gaps

- Resolving gaps will require different strategies:
  - Defining measures concepts for development gaps
  - Identifying funding for measure development, testing, and endorsement
  - Assigning stewardship for measure development and maintenance
  - Constructing test beds
  - Building a common data platform for efficient collection and reporting of data
  - Ensuring public and private alignment
Future MAP Work

Feedback from Coordinating Committee and Workgroups

- Identified the opportunity to integrate work of the National Priorities Partnership (NPP) to pursue the objectives of the National Quality Strategy
- Requested additional analytics on measures under consideration during pre-rulemaking activities
- Requested feedback loops with CMS and the private sector
- Desired further work to resolve measurement gaps
- Further development of core measure sets
Overview of 2012 Proposed MAP Work

- Maintain existing two-tiered structure, however, task forces will established to create a strategic plan and develop families of measures
  - Undertaking joint NPP and MAP planning to outline a MAP strategy with a 3-5 year planning horizon will provide a more coordinated approach to measure application
- Continue to fulfill its statutory obligation of providing input on measures under consideration for Federal rulemaking.
- Expand decision making support to advance pre-rulemaking activities
  - Issue a series of white papers to draw on field expertise
- Delve into measurement issues for specific high-need sub-populations
Measure
Applications
Partnership

IHA P4P Mini Summit

March 20, 2012

Tom Valuck, MD, JD
Connie Hwang, MD, MPH
Agenda

Session 1
- Measure Applications Partnership (MAP) Context and Guiding Principles

Session 2
- MAP Initial Tasks

Session 3
- MAP Measure Selection Criteria
MAP Measure Selection Criteria
### Application of Measure Selection Criteria

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Deliverable</th>
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</tr>
</thead>
<tbody>
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<td>Provide input to HHS on measures to be implemented through the federal rulemaking process, based on an overview of the quality issues in hospital, clinician office, and post-acute/long-term care settings; the manner in which those problems could be improved; and the metrics for encouraging such improvement.</td>
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<td>Final Report: February 1, 2012</td>
</tr>
<tr>
<td>Meeting/Activities</td>
<td>Output</td>
<td></td>
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<td><strong>May</strong></td>
<td>Measure Selection Principles</td>
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<td>Coordinating Committee</td>
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<td>Measure Selection Criteria</td>
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<td>Coordinating Committee</td>
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<td><strong>July</strong></td>
<td>Feedback on Measure Selection Criteria</td>
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<td>•Clinician Workgroup</td>
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<td>•Dual Eligible Beneficiaries Workgroup</td>
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<td><strong>August</strong></td>
<td>Draft Measure Selection Criteria</td>
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<td>•Coordinating Committee</td>
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<td>•Public Comment via MAP Clinician Report</td>
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<td><strong>September/October</strong></td>
<td>Draft Measure Selection Criteria</td>
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<td>•Hospital Workgroup</td>
<td>Refinement</td>
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<td>Survey Exercise and Meeting</td>
<td>Developed Interpretive Guide</td>
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<td>•PAC/LTC Workgroup</td>
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<td>•Public Comment</td>
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<td><strong>November 1-2</strong></td>
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<td>Coordinating Committee</td>
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</tbody>
</table>

**Diagram:**
- Stanford Input
- NQF Endorsement Criteria
- MAP CC & Workgroups

**Chart:**
- Coordinating Committee Adoption
- Measure Selection Criteria

**Legend:**
- Coordinating Committee
- Map CC & Workgroups

*NATIONAL QUALITY FORUM*
Guided evaluation of program measure sets and intended to facilitate structured discussion and decision-making process

Iterative approach employed in developing the criteria allowed MAP, as well as the public, to provide input

An Interpretive Guide also was developed to provide additional descriptions and direction on the meaning and use of the Measure Selection Criteria
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

- “Measure set” can refer to a collection of measures – for a program, condition, procedure, topic, or population

- An Interpretive Guide also was developed to provide additional descriptions and direction on the meaning and use of the Measure Selection Criteria
Measure Selection Criteria Interpretive Guide

- Provides guidance on how to apply the MAP Measure Selection Criteria
- Includes definitions of terms
- Discusses how ratings and rationale can be conveyed when applying the criteria
  - Scaled response option (strongly agree, agree, disagree, strongly disagree)
  - Online survey version includes an open text box for narrative notes
- Includes considerations for individual measures
  - Unintended consequences
  - Outcome and process measure characteristics
MAP Measure Selection Criteria

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

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

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)

4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs
5. Program measure set includes an appropriate mix of measure types

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

7. Program measure set includes considerations for healthcare disparities

8. Program measure set promotes parsimony
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 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*

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

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 (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)

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])
Ways to Participate in MAP Activities

- Visit the NQF website
- Attend MAP committee and workgroup meetings
  - All meetings are open to NQF members
  - Materials located on NQF website
- Public comment periods for reports
- Annual nomination process for new MAP members
Thank You!