

NQF-Convened Group Provides Recommendations on Measures for Federal Healthcare Programs

WASHINGTON, DC (February 4, 2013) –At the request of the Department of Health and Human Services (HHS), the [Measure Applications Partnership](#) (MAP), a public-private partnership convened by the [National Quality Forum](#) (NQF), has submitted its [second annual round of input](#) regarding the performance measures currently under consideration for use in federal programs.

MAP's work fulfills a statutory requirement for multi-stakeholder input to HHS on the selection of performance measures for public reporting and performance-based payment programs, while working to align measures being used for public and private sector programs. Encouraging the private and public sectors to use the same measurement approaches and measures is key to reducing measurement burden on providers and increasing the meaningfulness of measurement information that is increasingly used by consumers and others who purchase healthcare services.

"MAP's recommendations are meant to promote the selection of measures that will drive improvement for those providing care, transparency for those seeking care, and value for those paying for care," said Elizabeth McGlynn, PhD, co-chair of the MAP Coordinating Committee.

On December 1, 2012, MAP received and began to review the list of more than 500 measures under consideration for twenty federal programs covering clinician, hospital, and post-acute care/long-term care settings. Of these, MAP supported the immediate application of 141 measures in federal programs and supported the direction of another 166 measures, contingent on further development, testing, or NQF endorsement. MAP did not support 165 measures under consideration for inclusion in federal programs. In addition, MAP recommended phased removal of 64 current measures, while also recommending six measures that are not on HHS' list of measures under consideration be added to programs.

MAP works in a transparent manner with a carefully balanced composition of members representing all areas of health care. MAP's diverse nature and unique collaborative process ensures varied, thoughtful recommendations on the measures under consideration by HHS for future federal rulemaking from those who are on the frontlines of using measures and measurement information. Nearly [110 experts](#) participated in MAP discussions. In total, 94 stakeholders submitted more than 400 comments on the MAP's draft recommendations signaling a marked increase in engagement and awareness of MAP's work.

Additionally, the report identifies priority measure gaps—and proposes solutions to filling them by working closely with measure developers to stimulate development and testing for the highest priority gaps. NQF will also establish feedback loops, or two-way exchanges of information, to further understanding of measure implementation experience, use, usefulness, and impact.

"Measurement is an integral step toward achieving care of the highest value. One of MAP's priorities is to help identify high-impact measures that work together across settings, prevent unnecessary measurement burden, and help assess the value of the healthcare services being provided," said George Isham, MD, MS, co-chair of the MAP Coordinating Committee.

A number of themes emerged during this pre-rulemaking cycle:

- The importance of system-level measurement in moving toward a patient-centered approach to measurement and a framework for constructing measure sets that address all aspects of the National Quality Strategy's three-part aim.
- As program structures evolve from pay-for-reporting to pay-for-performance, performance measurement should be more rigorous to match the increasing level of provider accountability.

- Shared accountability for healthcare delivery and engagement of community and social supports systems are needed to address diverse needs and fragmented care, particularly of vulnerable populations.
- To capture the value of healthcare services provided, measures of clinical quality, particularly outcomes, should ideally be linked to cost measures. All stakeholders should be cognizant of the costs of care.

Since its creation in 2011, MAP has [submitted a number of reports](#) outlining recommendations to HHS on a variety of performance measurement-related topics. In February 2012, MAP issued its first annual [pre-rulemaking analysis](#) of measures under consideration by HHS for use in federal programs—marking the first time a public-private partnership was asked to provide upstream, pre-rulemaking input to the federal government on the selection of measures.

“We look forward to continued collaboration with our partners at HHS as we work toward creating a better, safer, more affordable healthcare system,” said Tom Valuck, MD, JD, senior vice president, Strategic Partnerships at NQF.

The [final report](#) is now available online. To learn more about MAP, please visit www.qualityforum.org/MAP.

NQF operates a three-part 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.

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