

Quality Alliance Steering Committee

Quarterly Meeting Agenda

The Brookings Institution
Falk Auditorium
Tuesday, March 15, 2011
9:00 a.m. – 12:00 p.m.

QASC Vision:

The QASC will actively support the implementation and use of standard health care performance information for:

- *Performance improvement directly by providers*
- *Public reporting and more informed consumer decision-making*
- *Effective public policies, payment policies, and consumer incentives that reward or foster better provider performance*

9:00 a.m.

Welcome, Call to Order

Objective: For approval (minutes)

Tab 1:

- *QASC Meeting Minutes 12/15/2010*
- *Membership List*
- *2011 QASC Dates*

Mark McClellan | Carolyn Clancy

9:10 a.m.

Role of QASC and its Mission

Objective: For discussion

Mark McClellan | Carolyn Clancy

9:30 a.m.

Aligning Toward Consistent Data Collection/Aggregation to Support Performance Measurement

Mark McClellan

9:50 a.m.

Use of Community-Level Performance Measurement and Reporting to Support Quality Improvement, Payment Reform, and Consumer Engagement

Objective: For discussion

Tab 2:

- *Cover Memo*
- *Presentation Slides*

Marc Bennett | Jim Chase | Harold Miller | Chris Queram | Joachim Roski

11:00 a.m.

Performance Measure Implementation Efforts: Brookings-Dartmouth Accountable Care Organization Initiative

Objective: For discussion

Tab 3:

- *Cover Memo*
- *Presentation Slides*

Ayodola Anise | Joachim Roski

11:30 a.m.

QASC Work Group Updates

Objective: For discussion

Tab 4:

- *Cover Memo*
- *Presentation Slides*
- *Work Group Charters*

QASC Work Group Chairs and Co-chairs

11:45 a.m.

Membership Action

Objective: For approval

Tab 5:

- *Cover Memo*

Mark McClellan

11:55 a.m.

Closing Remarks

Objective: For information

Mark McClellan

TAB 1

Quality Alliance Steering Committee (QASC) Quarterly Meeting
December 15, 2010
9:00 a.m. – 11:00 a.m.

Participants: Polly Bednash, Mark Bennett, Jim Chase, Carolyn Clancy (co-chair), Janet Corrigan, Joyce Dubow, Fred Edwards, Pam French, Ardis Hoven, Clarion Johnson, Randy Johnson, Chip Kahn, Allan Korn, Lisa Latts, Mark McClellan (co-chair), Gregg Meyer, Debra Ness, Mike Painter (representing John Lumpkin), Greg Pawlson (representing Peggy O’Kane), Joachim Roski, Lew Sandy, John Tooker, Margaret VanAmringe (representing Mark Chassin), Kevin Weiss, Janet Wright

Joachim Roski welcomed participants and explained the webinar format for the meeting. Although future meetings will be held in person, Joachim Roski asked for feedback on this format. The September meeting minutes were approved.

Aligning Toward Nationally Consistent Data Collection/Aggregation

Mark McClellan updated QASC members on efforts to align toward nationally consistent data collection and aggregation. An announcement outlining how private plans and the Centers for Medicare & Medicaid Services (CMS) could begin implementing a core set of standardized NQF-endorsed measures in 2011 is being planned for January. Initial measures will use administrative data and will focus on prevention, safety, chronic care, and overuse for common conditions. Future measures will use clinically data such as laboratory results and provider-reported information. The Measure Implementation Strategies (MIS) and National-Regional Implementation (NRI) Work Groups will be instrumental in guiding these efforts.

Carolyn Clancy stated that communities are at very different places with regard to data aggregation being conducted locally. The QASC is well-positioned to vet community efforts so that there will be fewer substantial differences in data aggregation methodologies in the future. Kristine Martin Anderson is currently working on a map of different aggregation efforts across the country.

Janet Wright stated that she has seen maps showing where multi-payer claims databases are located in the United States. She asked if there is a place where official oversight of these programs currently occurs. If not, she inquired if the QASC might fill this role.

Carolyn Clancy responded that the QASC has tried to focus on sharing experiences rather than doing oversight. The challenge at the Agency for Healthcare Research and Quality (AHRQ) is knowing how and where measures are being used. Janet Corrigan agreed and stated that there will likely continue to be varying adoption of measures and electronic data sources in the near future. A feedback loop would be ideal, but the federal government currently lacks the resources to survey communities on their measurement strategies and implementation efforts.

Greg Pawlson asked how efforts to create a nationally consistent measure set will align with meaningful use and measures used in accountable care organizations (ACOs). Mark McClellan

stated that the Brookings Institution is working closely with the Office of the National Coordinator (ONC), which is developing meaningful use measures and piloting electronic data system and quality improvement efforts through the Beacon Community program. Brookings will continue to make sure that there is alignment as ONC moves beyond administrative measures. Carolyn Clancy added that alignment is a high priority within the U.S. Department of Health and Human Services (HHS).

Debra Ness asked for more details on the proposed January announcement. Mark McClellan stated that the intent is to ensure that the methods used by Medicare and all major health plans, including United, CIGNA, Aetna, and WellPoint, are aligned. This collaboration will focus on measures that are endorsed by the National Quality Forum (NQF), are reflective of quality of care, and can be implemented using administrative data. Most measures will address ambulatory care, although overuse and safety measures will also be included. Joachim Roski added that the focus will be on measures that have been piloted in statewide in Florida and Colorado.

Janet Wright suggested using this network of health plans to test measures that are endorsed for a specific population (e.g., Medicare) in the broader population. This would encourage measure harmonization and reduce the number of competing measures in different health plan product lines. Mark McClellan stated that a major contribution of this effort will likely be to support the endorsement process and agreed that pilot sites could be used to test measures in the broader population.

Chip Kahn asked if the measures being discussed, particularly for readmissions, will be NQF-endorsed or proprietary. Joachim Roski stated that NQF-endorsed measures will be used and that care is being taken to align these measures with those used by CMS. A QASC member clarified that National Committee for Quality Assurance (NCQA) measures are not proprietary and are NQF-endorsed.

Proposed QASC Activities in 2011

Carolyn Clancy stated that three QASC Work Groups will continue their work in 2011: Measure Implementation Strategies (MIS), co-chaired by Lew Sandy and Paul Tang; Cost of Care, co-chaired by Gregg Meyer and Chuck Cutler; and National-Regional Implementation (NRI), chaired by Jim Chase. A new Patient-Reported Measurement (PRM) Work Group will be co-chaired by Debra Ness and Michael Barr.

Scope of QASC Activities

Del Conyers summarized the accomplishments of the QASC in 2010 and outlined the scope of QASC activities in 2011. Based on QASC discussions to date, staff has proposed that the QASC focus on three areas in 2011: 1) developing a nationally consistent approach for data aggregation and collection; 2) testing and implementing advanced best practices in data collection and aggregation; and 3) promoting the use of standardized, reliable quality and cost data.

MIS Work Group

Lew Sandy summarized the purpose and key objectives of the MIS Work Group. The MIS Work Group provides strategic guidance on identifying advanced methods of data aggregation

and integration, identifying best practices from the public and private sector, and selecting measurement strategies that could align across different reform priorities. In 2011, the MIS Work Group will engage in two areas: 1) advising staff on performance measurement within the ACO pilots; and 2) advising on methodological and technical issues surrounding the creation of a nationally consistent approach on data collection, aggregation, and performance measurement.

NRI Work Group

Jim Chase summarized the purpose and goals of the NRI Work Group. The NRI Work Group plans to establish effective communication between national and regional organizations and to promote consistent implementation strategies locally and nationally. In 2011, the NRI Work Group will have three objectives: 1) identify effective ways to make performance information available to communities; 2) identify ways to expand local quality improvement initiatives; and 3) develop strategies for stakeholders to make performance results more widely available.

Cost of Care Work Group

Gregg Meyer summarized the purpose and objectives of the Cost of Care Work Group. The Cost of Care Work Group aims to refine episode-based cost-of-care methodology and to develop and implement strategies for measuring costs, resource use, and efficiency. The Work Group will engage in four areas: 1) providing technical expertise for testing cost-of-care measures in Aligning Forces for Quality (AF4Q) communities; 2) providing expertise to implement cost measures in ACOs; 3) identifying opportunities for cost-of-care measure development in the context of health IT-related initiatives; and 4) promoting a core set of efficiency measures.

Kevin Weiss informed the QASC that 22 cost-of-care measures have been created through a Robert Wood Johnson Foundation (RWJF) project in conjunction with the High-Value Health Care (HVHC) Project at Brookings. These measures are currently being tested by the Wisconsin Health Information Organization (WHIO) and in multiple AF4Q communities. The measures will be submitted to NQF after receiving RWJF approval.

PRM Work Group

Debra Ness introduced the PRM Work Group and requested feedback on the Work Group charter. The PRM Work Group aims to identify best practices and levers for widespread collection of patient-reported information. Patient-reported data will be crucial for improving patient care, outcomes, and experience, as well as ensuring that new models of care and payment, such as ACOs, improve patient experience and outcomes. Patient-reported information will be especially critical to improving the care received by racial and ethnic minorities and individuals with multiple chronic conditions. The PRM Work Group will focus not only on patient experience but also on patient reporting of functional status and patient engagement.

Polly Bednash agreed with Debra Ness that capturing patient functional status is important but expressed concern that the QASC is too focused on outcomes for primary care physicians. The QASC should broaden its perspective, especially in the context of ACOs, to focus on other types of providers.

Ardis Hoven volunteered for the PRM Work Group and stated that the QASC should look at ways to link patient experience and satisfaction to other parts of patient care, such as functional

outcomes and engagement. Debra Ness stated that expanding the traditional definition of patient-reported measures is one goal of the PRM Work Group. For example, some existing tools, such as “How’s Your Health,” can be used as both survey tools and engagement tools. The PRM Work Group will work to identify and, if necessary, expand and improve existing tools for application in a variety of settings, including ACOs and patient-centered medical homes.

Jim Chase agreed that the PRM Work Group will be important, particularly for moving beyond patient experience to functional status. At present, no tools exist in certain areas, while too many tools exist in others. Therefore, standardization and alignment of existing tools will be critical. Janet Wright stated that there are already a large number of both generic and condition-specific functional status tools, many well-developed and tested, and agreed that the QASC should focus on effectively using existing tools rather than “reinventing the wheel.”

Pam French stated that the QASC should look at tying patient opinions on care to health status and compliance with prescribed treatment plans. In response to a question about linkages with existing patient experience measurement efforts, especially among insurance carriers, Debra Ness stated that the PRM Work Group will try to include some of the key players already using existing patient-reported measurement tools in order to facilitate alignment and integration.

Gregg Meyer suggested that the PRM Work Group look at patient-reported measurement efforts in the United Kingdom and volunteered a colleague with expertise in that area to serve on the Work Group.

Debra Ness stated that various boards have been working on patient-reported measurement and that providers are beginning to see the link between experience and clinical outcomes. Kevin Weiss stated that the American Board of Medical Specialties (ABMS) is developing patient experience surveys based on CAHPS and volunteered Tom Granatir, Senior Vice President for Policy at ABMS, to serve on the PRM Work Group.

Lisa Latts expressed interest in joining the PRM Work Group and stated that while patient experience is important, the QASC should also begin to address patient engagement.

Mike Painter applauded the scope and vision of the PRM Work Group and requested that the Work Group focus not only on the creation of patient-reported measurement tools but also on the practical implementation of those tools, since surveys can be costly to administer. In response, Debra Ness stated that the PRM Work Group will work to create complementary short-term and long-term trajectories. Short-term emphasis will be on expanding and disseminating current tools, while long-term emphasis will be on alignment and patient reporting of functional status and engagement. Carolyn Clancy stated that the PRM Work Group may also identify the need for new measures in areas such as care coordination.

Other Opportunities to Align with Performance Measure Implementation Efforts

Ayodola Anise provided an overview of the Brookings-Dartmouth Accountable Care Organization Measurement Initiative. Brookings and Dartmouth will work with five provider groups implementing shared savings programs in concert with commercial payers. Goals of the

initiative include creating consistent information on quality and utilization to facilitate improvements within the ACO, ensuring that shared savings are not gained at the expense of patient care, and creating a nationally replicable and widely available template for performance measurement. Staff will present best practices gleaned from this initiative to the QASC and will work with the MIS and PRM Work Groups to ensure that these best practices are actionable.

Kerri Petrin provided an overview of the Beacon Community Program. Brookings will provide technical assistance to the Beacon communities in partnership with Booz Allen Hamilton and the Institute for Healthcare Improvement and will lead efforts both in sustainability and in data and performance measurement. In the coming year, Brookings will share information and lessons learned from these efforts with the QASC and will be asking for guidance and feedback on how these lessons can be leveraged and applied more broadly.

Carolyn Clancy provided an update on the National Quality Strategy, due to Congress on January 1, 2011. Based on public comments, HHS is working to make the distinction between the aims, priorities, and goals of the strategy clearer. ONC, AHRQ, CMS, and the Centers for Disease Control and Prevention (CDC) are working closely to align the National Quality Strategy with meaningful use requirements. The work ahead for improving quality and making care more affordable will require a degree of public-private collaboration that is dynamic and ongoing and that has never been done before. The work of the QASC and the Work Groups will be critical to this effort.

Carolyn Clancy asked whether Beacon communities, some of which are also AF4Q communities and chartered value exchanges (CVEs), were working to integrate these concurrent efforts. Joachim Roski stated that ONC is trying to align measure implementation strategies across communities, particularly with an eye toward sustainability. Brookings plans to share new approaches to integrating data gleaned from the Beacon project to the QASC.

Debra Ness suggested that the new measure applications partnership, being created to advise the Secretary of HHS on the use of measurement, presents another opportunity for alignment, as this group will need to grapple with the same questions that the QASC has been working on. Janet Corrigan agreed and stated that this partnership will have a broad mandate for recommending measures for many different payment programs. Care needs to be taken to ensure that the short-term goals of this partnership align with long-term goals for health reform.

Mike Painter stated that RWJF is working with ONC on the overlap of the AF4Q and Beacon Community programs and is currently soliciting public comment on this overlap.

Joyce Dubow asked how findings from the Brookings-Dartmouth ACO Initiative will be able to inform Medicare. Joachim Roski stated that Brookings and Dartmouth purposely selected pilot sites that had a great desire to transform themselves rather than sites that were already highly integrated and delivering advanced care. As a result, CMS has expressed interest in these sites as they look to implement successful ACOs throughout the country.

Ardis Hoven asked if anyone could comment on the recent health care trade press news that six leading health groups planned to share data. Carolyn Clancy stated that this collaboration stems

in part from the Physician Group Practice (PGP) Demonstration and, more generally, from groups realizing that they could learn from each other about quality improvement. However, it is unclear if an actual structure is in place to facilitate information sharing between these groups.

Ardis Hoven asked how HHS is planning to communicate information on quality improvement to the general public. Carolyn Clancy stated that communication is difficult because while reports on safety tend to attract attention, quality feels abstract. In addition, most people do not understand that quality is not as good as it could be. Having more stories that people can understand will make communication easier and more effective. Polly Bednash agreed that people see quality as abstract and stated that a digital repository of stories called Patient Voices could be a powerful aid in communicating with consumers. Patient Voices is available online at <http://www.patientvoices.org.uk/index.htm>.

Lisa Latts asked if there were any plans to coordinate the National Quality Strategy and the National Prevention Strategy. Carolyn Clancy stated that there is an urgent imperative for better collaboration between what goes on in care delivery and what goes on in communities. However, health care legislation has the two strategies moving on different timelines; the National Prevention Strategy is not due to Congress until March 2011. In addition, Congress specifically requested the National Prevention Strategy, while the impetus for the National Quality Strategy came from within the quality community.

Adjournment

Carolyn Clancy thanked participants and stated that the next QASC meeting will be held in person at the Brookings Institution on March 15, 2011. The remaining 2011 quarterly meetings will be on June 15, September 14, and December 14.

**Quality Alliance Steering Committee
Membership List (as of 3/15/11)**

Carolyn Clancy (Co-Chair)
Agency for Healthcare Research &
Quality

Mark McClellan (Co-Chair)
Brookings Institution

Polly Bednash
American Association of Colleges of
Nursing

Marc Bennett
HealthInsight

Jill Berger
Marriott

Jim Chase
Minnesota Community Measurement

Mark Chassin
The Joint Commission

Joanne Conroy
AAMC

Janet Corrigan
NQF

Laura Cranston
Pharmacy Quality Alliance

Fred Edwards
Society of Thoracic Surgeons

Pam French
Boeing

Jim Guest
Consumers' Union

Ardis Dee Hoven
American Medical Association

Karen Ignagni
AHIP

Bob Ihrle
Lowe's

Clarion Johnson
Exxon Mobil

Randel Johnson
U.S. Chamber of Commerce

Chip Kahn
Federation of American Hospitals (FAH)

Allan Korn
Blue Cross/Blue Shield Association of
America

John Lumpkin
Robert Wood Johnson Foundation

Debra Ness
National Partnership for Women &
Families

Peggy O'Kane
NCQA

Frank Opelka
American College of Surgeons/LSU
Health Sciences Center

Chris Queram
Wisconsin Collaborative for Healthcare
Quality

John Rother
AARP

Gerry Shea
AFL-CIO

Barry Straube
CMS

**Quality Alliance Steering Committee
Membership List (as of 3/15/11)**

John Tooker

American College of Physicians

Rich Umbdenstock

American Hospital Association

Andy Webber

National Business Coalition on Health

Kevin Weiss

American Board of Medical Specialties

Janet Wright

American College of Cardiology

Date: March 15, 2011
To: QASC members
Re: 2011 QASC Quarterly Meeting Schedule

Action required from QASC:

- *For your information.*

Schedule:

- | | |
|-----------------|-----------|
| 1. March 15 | Tuesday |
| 2. June 15 | Wednesday |
| 3. September 14 | Wednesday |
| 4. December 14 | Wednesday |

Meetings will run from 9:00 a.m. to 11:00 a.m. or 12:00 p.m. either at The Brookings Institution, 1775 Massachusetts Ave. NW, Washington, DC 20036 or virtually. Details will come prior to meeting date.

TAB 2

Date: March 15, 2011

To: QASC members

Re: Use of community-level performance measurement and reporting to support quality improvement, payment reform, and consumer engagement

Action required from QASC:

- *For discussion.*

Background:

The QASC's vision is to actively support the implementation and use of standard health care performance information to support:

- Performance improvement by providers;
- Public reporting and more informed consumer decision-making; and
- Effective public policies, payment policies, and consumer incentives that reward or foster better provider performance.

To that end, QASC has focused on the development and promulgation of feasible, nationally-consistent implementation pathways for endorsed performance measures. QASC continues to identify scalable best practices in data collection and aggregation in use around the country or through pilot and demonstration efforts.

To help us focus on how communities effectively use performance measures to improve and sustain care improvements, we have invited three QASC members who represent the vanguard of communities with long-standing experience to share their insights. We will highlight how these and regional activities have been relying on performance measurement/reporting information to support quality improvement, payment reform, and consumer engagement. Specifically, this discussion will address:

- How did each region began its quality measurement/reporting efforts;
- How each region is using performance data now to improve care;
- Significant achievements and ongoing challenges to implementing regional performance measurement/reporting initiatives; and
- How QASC could support communities in their efforts to measure and improve care for patients.

TAB 3

Date: March 15, 2011
To: QASC members
Re: Quality Project – Brookings-Dartmouth Accountable Care Organization Initiative

Action required from QASC:

- *For your information.*

Background:

With the leadership of the QASC, much work has been done in the past three years to expand and enhance performance measurement activities throughout the United States. Specifically, the QASC has provided guidance on activities under the High-Value Health Care Project. Currently, numerous programs and initiatives such as the Brookings-Dartmouth Accountable Care Organization (ACO) Initiative, the Beacon Community program, and the Aligning Forces for Quality (AF4Q) program are informing the implementation of performance measures at the regional and national level. Since these efforts build on the QASC's previous work, the QASC is uniquely positioned to vet and provide input on how these efforts can further the development of a nationally consistent approach to data collection, aggregation, and performance measurement.

QASC meetings will now include presentations that highlight key developments in performance measurement around the country. The presentation at this quarterly QASC meeting will focus on the Brookings-Dartmouth ACO Initiative.

Brookings-Dartmouth ACO Initiative

The Brookings-Dartmouth team has been at the forefront of efforts to support and develop ACOs as a model for health care reform. To test the potential of ACOs to improve the health care system, the Brookings-Dartmouth team established an initiative in early 2009 to implement the ACO model in five pilot sites, each consisting of a provider group and a payer partner. These five pilot sites include:

- Carilion Clinic, Roanoke, VA and TBD;
- HealthCare Partners, Los Angeles County, CA and Anthem;
- Monarch HealthCare, Orange County, CA and Anthem;
- Norton Healthcare, Louisville, KY and Humana; and
- Southern Arizona ACO, Tucson, AZ and UnitedHealthcare.

Brookings-Dartmouth Pilots and Performance Measurement

Measuring and reporting performance is a major cornerstone of the Brookings-Dartmouth ACO Initiative. The initiative will allow Brookings-Dartmouth and the ACO pilot sites to:

- Create consistent, actionable information on quality and utilization for providers to make improvements within the ACO;
- Provide an assurance to patients and payers that any shared savings accumulated by the ACO was not gained at the expense of patient care;
- Create a template for performance measurement that is nationally replicable and available for use by private payers and the Medicare program; and
- Establish a foundation for public reporting of quality and utilization data by the ACO.

The presentation at this quarterly QASC meeting will provide information on the performance measurement activities of the Brookings-Dartmouth ACO pilots, which focus on administrative-only, clinically-enriched, and patient-reported measurement. This presentation will also highlight the influences that previous activities conducted under the High-Value Health Care Project (e.g., AHIPF's data aggregation activity, Advanced Measurement Best Practices) have had on performance measurement in the ACO pilots.

TAB 4

Date: March 15, 2011
To: QASC members
Re: Work Group Updates

Action required from QASC:

- *For discussion.*
- *For your information.*

Background:

The Work Groups have been active in developing an agenda for 2011. The following represent the breadth of activity that has occurred since December 2010, and outlines next steps for each Work Group.

Cost of Care Work Group:

The Cost of Care Work Group met via conference call February 18, 2011. The discussion primarily focused on:

- a. Next steps if the American Board of Medical Specialties (ABMS)/Brookings measures are not endorsed by NQF:
Kevin Weiss informed the Work Group that ABMS would probably find another entity to be the measure steward and still make the measure publicly available.
- b. Link between quality and cost measures (for Aligning Force for Quality [AF4Q] implementation):
This topic has been brought up multiple times. One Work Group member suggested the Work Group speak with the AF4Q communities and help them understand “cost” and align the cost information with areas of greatest impact to the communities. Brookings is working with other AF4Q cost and efficiency related *Technical Assistance* providers (National Committee for, American Institutes for Research, Get Your Message Right, National Partnership for Women) and the Robert Wood Johnson Foundation to determine communication strategies for cost and efficiency measures.

The next Cost of Care Work Group call is scheduled for May 20, 2011 from 1:00-2:00 p.m. EST. Likely topics include comparing efforts across communities; priorities for AF4Q cost and efficiency related activities, specifically, addressing payment reform issues; and an overview of the Beacon Community project. Brookings staff plan to distribute monthly updates on the AF4Q cost of care technical assistant project and the Beacon Community Project.

Measurement Implementation Strategy Work Group:

The Measure Implementation Strategy (MIS) Work Group met on February 11, 2011. The Work Group heard an update on QASC activities and reviewed the MIS Work Group Charter and Work Plan for 2011. The Work Group also heard an overview of two of the three projects that will comprise their work this year. Kerri Petrin provided an overview of the Beacon Community

Project, while Ayodola Anise discussed the Brookings-Dartmouth ACO Initiative and Pilot Project.

The next MIS Work Group call is scheduled for March 31, 2011 from 3:00-4:00 p.m. EST. Likely topics include results from a survey of ACO pilot project participants on their approach to clinically-enriched performance measurement and an overview of the National Performance Measurement Strategy.

National-Regional Implementation Strategy Work Group:

The National-Regional Implementation (NRI) Work Group met on Wednesday, February 9, 3:00-4:00 p.m. EST. The call began with an overview by Diane Stollenwerk, Vice President of Community Alliances at the National Quality Forum (NQF), on the NQF Performance Dashboard project and how the Dashboard may inform the efforts of the NRI Work Group. Suzanne Smith, Social Impact Architects, followed with a presentation on a Robert Wood Johnson funded-initiative to conduct a feasibility assessment aimed at evaluating the utility of a cooperative/shared service platform on which regions/communities could share measurement and reporting tools. The call concluded with a discussion on what methods should be undertaken to establish effective, ongoing communication channels to regularly update regional and national organizations of performance measure implementation activities.

The next NRI Work Group call is scheduled for May 18, 2011, 3:30- 4:30 pm EST. Likely topics include a discussion of the unmet support needs and potential solutions for regional collaboratives and a presentation on the successes/lessons learned from a regional/community performance measurement initiative.

Patient Reported Measurement:

The Patient-Reported Measurement (PRM) Work Group, co-chaired by Debra Ness and Michael Barr, has made tremendous progress since the December QASC meeting. Kalahn Taylor-Clark and Del Conyers of Brookings staff, and PRM co-chairs have been working fervently to finalize the Work Group charter, identify and invite Work Group members, and develop draft materials for the initial conference call.

At the first meeting, Work Group members will discuss the Work Group goals and objectives and will outline the timeline of activities over the next two years. The first activity for the group will be to vet the methods and measures of a survey instrument that will be implemented as a pilot among ACOs participating in the Brookings/Dartmouth collaboration. The Work Group will also review an environmental scan, which identifies 33 tools and instruments used by various health care organizations to assess or use patient reported measures.

The co-chairs and Brookings' staff identified a group of 18 potential candidates as participants on the Work Group. The following have confirmed their participation: Lawrence Becker; Polly Bednash; Carolyn Clancy; Janet Corrigan; Joyce Dubow; Eric Holmboe; Lisa Latts; Karen Kmetik; Susan Edgman-Levitan; Sarah Scholle; Darcy Shargo; and John Wasson.

The PRM Work Group will meet on Monday, March 28, 2011, 3:00-4:00 p.m. EST. Likely topics include a discussion of the PRM Work Group Charter and Work Plan for 2011; review of

existing patient-reported measurement tools and instruments; and discussion of ongoing patient-reported measurement implementation activities.

**Quality Alliance Steering Committee
Cost of Care Work Group Meeting**

**Friday, February 18, 2010
3:00 – 4:00 PM ET
Call-In Number: 888-870-8270
Pass Code: 202-797-6068**

Webinar log in:
Copy this address and paste it into your web browser:
https://www.livemeeting.com/cc/gc_pro_namewreg_brookingsinst/join
Copy and paste the required information:
Meeting ID: M2QPJN; Entry Code: S>FP&7w Location:
https://www.livemeeting.com/cc/gc_pro_namewreg_brookingsinst

AGENDA

Welcome and Introduce New Members <ul style="list-style-type: none"> • Lloyd David, Executive Director/CEO, The Polyclinic • Gary McLaughlin, Vice President Finance, CFO, Overlake Hospital Association • William L. Rich III, MD, FACS, AAO Medical Director for Health Policy 	Chuck Cutler (10 minutes)
Upcoming Work Group Activities	Joachim Roski (5 minutes)
Episode-based Cost of Care NQF Submission status	ABMS/Brookings (5 minutes)
AF4Q Cost-of-Care measure implementation <ul style="list-style-type: none"> • Background information on three AF4Q communities • Updates on implementation plan of cost-of-care measures • Final deliverables for AF4Q measure testing • Concerns and challenges 	Iris Chan /Brookings (15 minutes)
Other AF4Q activities related with cost-efficiency initiatives and strategically aligning with those activities	Sophie Shen/ Brookings (5 minutes)
Brief on Beacon Community activities on data/performance work and utilization measure implementation	Kerri Petrin/Brookings (10 minutes)
Closing remarks	Sophie Shen (5

	minutes)
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**QUALITY ALLIANCE STEERING COMMITTEE
Measurement Implementation Strategy (MIS) Work Group**

**Friday, February 11, 2011
3:00-4:00pm EST
888-870-8270, passcode: 202 797 3573**

AGENDA

3:00	Introductions	Lew Sandy, Kerri Petrin, and Ayodola Anise
3:05	QASC Update	Kerri Petrin
3:10	Review of MIS Work Group Charter and Work Plan for 2011	Lew Sandy
3:20	Overview and Discussion of Beacon Community Project	Kerri Petrin
3:30	Overview and Discussion of Brookings- Dartmouth ACO Initiative and Pilot Project	Ayodola Anise
4:00	Next MIS Work Group Call: 3/31 3:00- 4:00pm EDT	

**QUALITY ALLIANCE STEERING COMMITTEE
National-Regional Implementation Work Group Meeting**

**Wednesday, February 9, 2011
3:00 p.m. – 4:00 p.m. (ET)**

**Call-In Number: 888-870-8270
Pass Code: 202-797-6281**

AGENDA

3:00 p.m.	Welcome and Introductions	Jim Chase
3:10 p.m.	Update on National Quality Forum Performance Measures Dashboard Project Supporting Material <ul style="list-style-type: none">• PowerPoint Presentation	Diane Stollenwerk Group Discussion
3:25 p.m.	Member Update on National-Regional Performance Measurement Implementation Initiatives Supporting Material <ul style="list-style-type: none">• Regional Alliance Feasibility Assessment Backgrounder	Suzanne Smith Group Discussion
3:40 p.m.	Establishing Communication Channels to Update Regional and National Organizations of Performance Measure Implementation Activities	Group discussion
3:55 p.m.	Wrap up, Next Steps and Adjournment	Jim Chase

COST OF CARE WORK GROUP MISSION AND CHARTER

PURPOSE

The purpose of the Cost of Care Work Group is to focus on developing and implementing strategies for measuring costs, resource use, and efficiency. Building upon previous efforts, this Work Group will refine episode cost-of-care methodology and identify pilot sites for continuous efficiency/cost measure improvement.

Specifically, the Work Group will achieve this goal through the following objectives for 2011:

- Monitor progress on the ABMS episode-based cost-of-care measure endorsement process
- Facilitate testing of episode-based cost-of-care measures and lead Aligning Forces for Quality (AF4Q) cost-of-care measurement technical assistance
- Promote adoption and testing of National Quality Forum-endorsed measures regarding cost, resource use, and efficiency
- Assist efficiency-related measures for payment models, such as ACOs, Medical homes, capitation model, and bundle payments
- Promote a core set of efficiency measures (e.g., per capita, episode-based, procedure-based, etc.) for different applications
- Identify opportunities for cost-of-care measure development in the context of health IT-related initiatives, including Beacon Community, state Health Information Exchanges, etc.
- Collaborate with Measure Implementation Strategy Work Group to link cost measures with quality measures
- Support other efficiency measure related projects

HOW THE WORK GROUP OPERATES

Cost of Care Work Group members will convene quarterly, typically by conference call. Group meetings are planned and chaired by the Work Group (co-) chairperson(s) with the assistance of project staff. The chairpersons for the Cost of Care Work Group are Gregg Meyer and Charles “Chuck” Cutler.

Work Group members are expected to:

- Participate actively and constructively in all Work Group meetings
- Respond to email notifications and solicitations in a timely manner
- Contribute to Work Group deliberations by being familiar with all ahead-of-time distributed documents and materials.
- Ensure the timely completion of Work Group products and deliverables.

QASC staff will support Work Group chairpersons and members in conducting the Work Groups’ business.

MEMBERS

Gregg Meyer	Massachusetts General Hospital & Physicians Organization
Kevin Weiss	American Board of Medical Specialties
James Andrianos	Puget Sound Health Alliance
Steve Bandeian	AHRQ
John Bertko	Brookings Institution
Bruce Bagley	American Academy of Family Physicians
Judith Bouldter (Lou Diamond)	Thomson Reuters
Patricia Brennan	Industrial and Systems Engineering College of Engineering, University of Wisconsin-Madison
Christine Chen	Puget Sound Health Alliance
Bud Chumbley	Medical Associates, Milwaukee
Kathy Coltin	Harvard Pilgrim Health Care
Laura Cronston	PQA
Lloyd David	The Polyclinic
Christopher Dezii	Bristol-Myers Squibb
Louis Diamond	Thomson Medstat
Tina Edlund	Oregon Healthcare Quality Corporation (declined all)
Catherine Eikel	The Leapfrog Group
Jennifer Faerberg	Association of American Medical Colleges
Karen Wolk Feinstein	Pittsburgh Regional Health Initiative
Nancy Foster	American Hospital Association
Pamela French	Boeing Word Headquarters
Norbert Goldfield	3M
Mary Gordon	Wisconsin Collaborative for Healthcare Quality
Bruce Hamory	Geisinger Health System
Cynthia Helstad	Wisconsin Medical Society
Amy Helwig	eHealth Initiative
Mark Kirschbaum	Univ. Wisconsin Health (changed job, and contact him for continuous interest)
Larry Kocot	Brookings Institution
Robert Krughoff	Center for the Study of Services/Consumers' CHECKBOOK
Lisa Latts	WellPoint
John Lewis	Bounced back
Sharon McGill	American Osteopathic Association
Dennis O'Leary	The Joint Commission
Gary McLaughlin	Overlake Hospital Association (declined all)
Frank Opelka	American College of Surgeons; LSU Health Sciences Center
Mike Painter	RWJF
Greg Pawlson	NCQA
Jeff Rich	Society of Thoracic Surgeons
Deborah Rich	Greater Detroit Area Health Council

Jim Rohack	Scott and White Health Plan/American Medical Association
William Rich	American Academy of Ophthalmology
Gerry Shea	AFL-CIO
Jennifer Shevchek (Nancy Nielsen)	American Medical Association
Karthik Shyam	AHIP
Matt Stiefel	Kaiser Permanente
Jonathan Sugarman	Qualis Health
Howard Underwood	Deloitte Consulting LLP
Robin Wagner	ABMS
Andrew Weier	St. Joseph's Hospital and Marshfield Clinic
Richard Weiss	MAXIMUS Federal Services

COST OF CARE WORK GROUP MEETINGS FOR 2011

February 18, 2011: 3-4pm ET

May 20, 2011: 1-2pm ET

August 19, 2011: 12-1pm ET

November 18, 2011: 12-1pm ET

MEASURE IMPLEMENTATION STRATEGY WORK GROUP

MISSION AND CHARTER

BACKGROUND

The Quality Alliance Steering Committee (QASC¹) is a collaborative effort aimed at implementing measures to improve the quality and efficiency of health care across the United States. The QASC appoints Work Groups to carry out assignments or projects with specific deliverables and milestones that support the goals of the QASC. The Work Groups include: National-Regional Implementation, Cost of Care, Measure Implementation Strategy, and Patient-Reported Measurement.

WORK GROUP GOALS AND OBJECTIVES

The purpose of the Measure Implementation Strategy (MIS) Work Group is to provide strategic guidance on identifying advanced methods of data aggregation and integration, best practices from the public and private sector, and selecting measurement strategies that could align across different reform priorities (including: P4P and Meaningful Use). These efforts will ensure that methods can be applied consistently and that pilots incorporate clinically-enhanced performance measures and will support the overall QASC vision of advancing a high-quality, affordable, patient-centered health care system.

The Work Group will achieve this goal through the following objectives:

- Providing feedback and guidance on scalable methods to coordinate the flow and collection of information from existing sources (claims, health IT systems, clinical databases)
- Identifying best practices to leverage technologies to support efficient data collection and processing of information
- Identifying best practices for using performance measure results to improve patient outcomes and lower costs
- Providing feedback and guidance on aligning measurement capacity with payment and delivery reform needs
- Providing feedback and guidance on proposed approaches to integrate cost measurement and quality measurement.
- Support staff in recruiting additional pilot sites to improve quality reporting and use of measurement results

HOW THE WORK GROUP OPERATES

MIS Work Group members will convene on a regular basis, typically via teleconference, with the frequency to be dictated by the scope and timeline of its required deliverables. Group meetings are planned and chaired by the Work Group (co-) chairperson(s) with the assistance of project staff. The chairperson(s) for the MIS Work Group are Dr. Lew Sandy and Dr. Paul Tang.

¹ To obtain more information regarding the Quality Alliance Steering Committee, see <http://www.healthqualityalliance.org/>.

MIS Work Group members are expected to:

- Work with QASC staff to achieve the goals of the project;
- Make recommendations to the QASC Steering Committee;
- Participate actively and constructively in all Work Group meetings;
- Respond to email notifications and solicitations in a timely manner;
- Be prepared to contribute to Work Group deliberations by being familiar with all documents and materials distributed in advance; and
- Ensure the timely completion of Work Group products² and deliverables.

QASC staff will support Work Group chairpersons and members in conducting the Work Groups' business.

MEMBERS

Name	Organization
Lew Sandy	UnitedHealthcare
Paul Tang	Palo Alto Medical Foundation
Aparna Higgins	America's Health Insurance Plans
Jerod Loeb	The Joint Commission
Carolyn Clancy	Agency for Healthcare Research and Quality
Floyd Eisenberg	National Quality Forum
Jennifer Faerberg	American Association of Medical Colleges
Lea Ann Gardner	American College of Physicians
Jennifer Eames Huff	Pacific Business Group on Health
Chip Kahn	Federation of American Hospitals
Mark McClellan	Brookings Institution
Karen Milgate	Centers for Medicare & Medicaid Services
Tanya Alteras	National Partnership for Women & Families
Peggy O'Kane	NCQA
Marc Overhage	Indiana Health information Exchange
Stephen Salanski	Kansas City Quality Improvement Consortium
Gerry Shea	AFL-CIO
Devorah Rich	Greater Detroit Area Health Council

MIS MEETINGS FOR 2011

February 11, 2011: 3:00-4:00 p.m. EST

March 31, 2011: 3:00-4:00 p.m. EST

June 2, 2011: 3:00-4:00 p.m. EST

August 4, 2011: 3:00-4:00 p.m. EST

² The *product* may be a set of recommendations, designated best practices, guidance documents, white papers, or other specified deliverables.

October 6, 2011: 3:00-4:00 p.m. EST
 December 8, 2011: 3:00-4:00 p.m. EST

WORKPLAN FOR 2011

Issue	Activity	Timeline
<p>Performance measurement within the accountable care organization (ACO) pilots</p> <p>Five ACO pilot sites and their payer partners are participating in a five-year pilot jointly led by Brookings and Dartmouth. Pilots include two integrated delivery systems, two independent physician organizations, and one physician-owned hospital system.</p>	<p>Provide feedback and input to help ensure comparability of performance measurement results across a variety of sites and systems.</p>	<p>2011</p>
<p>Project Overview</p>	<p>Overview of ACO project and performance measurement strategy/timeline.</p>	<p>February 2011</p>
<p>Clinically-Enriched Performance Measurement</p>	<p>Provide input on approach to gathering information on ACO pilot site data sources and methodologies.</p> <p>Review pilot site data sources and methodologies, advise on ensuring comparability of results across sites.</p> <p>Review results from pilot testing of data collection, aggregation, and validation methods; advise on best ways to ensure comparability of results across sites.</p>	<p>February 2011</p> <p>March 2011</p> <p>June/August, 2011</p>
<p>Administrative Measurement</p>	<p>Review results from administrative testing measures (including utilization, NCQA all-cause readmissions); advise on measure selection moving forward.</p>	<p>March 2011</p>

<p>Beacon Community Program</p> <p>Program supporting 17 communities in their efforts to build and strengthen their health IT infrastructure and exchange capabilities to improve care coordination, increase the quality of care, and slow the growth of health care spending.</p>	<p>Provide input to support data and performance measurement technical assistance provided to the Beacon Communities.</p>	<p>2011</p>
<p>Project Overview</p>	<p>Overview of Beacon project and Brookings' involvement in technical assistance.</p>	<p>February 2011</p>
<p>National Performance Measurement Initiative</p> <p>Initiative to apply a nationally-consistent approach to data collection, data aggregation, and performance measurement</p>	<p>Advise on methodological and technical issues</p>	<p>2011</p>

NATIONAL- REGIONAL IMPLEMENTATION WORK GROUP

MISSION AND CHARTER

This memo specifies the general purpose of the National-Regional Implementation Work Group and the deliverables to be accomplished, a description of members' requisite expertise/background, how the Work Group operates, and the workplan for 2011.

BACKGROUND

The Quality Alliance Steering Committee (QASC¹) is a collaborative effort aimed at implementing measures to improve the quality and efficiency of health care across the United States. The QASC appoints work groups to carry out assignments or projects with specific deliverables and milestones that support the goals of the QASC. The Work Groups include: National-Regional Implementation, Cost of Care, Measure Implementation Strategy, and Patient-Reported Measurement.

WORK GROUP GOALS AND OBJECTIVES

The objective of the National-Regional Implementation (NRI) Work Group is to establish effective communication channels between national and regional organizations. To meet this objective, the Work Group will develop a resource guide for new and developing regional collaboratives, as well as make recommendations on effective methods of implementing national practices at the regional level. This group will also make recommendations on effective ways of expanding regional practices to national adoption.

This Work Group will achieve its goal through the following objectives:

- Promulgation of best practices that support wide-scale adoption, reporting and use of consistent provider performance information. The current focus is the promulgation of recommended practices around data collection and measure implementation for clinically-enriched measures, which can be used in the development of standards for data collection and aggregation practices.
- Identification of effective ways to make easy-to-use and nationally consistent performance information available to communities across the United States, including optional methods for regional information supplementation.
- Increase the ability of regional improvement initiatives to act on such information in improving health care quality and outcomes.
- Identification of means to expand and sustain locally-focused quality improvement initiatives around the country.
- Inform national initiatives in priority setting, standard development, and technological support of the lessons learned from local improvement efforts. Maintain awareness of national priorities and recommendations on performance measures intended to have a significant regional impact.
- Develop recommendations for the detailed roles, responsibilities, operational requirements, sustainable operational models, and timelines that public-private

¹ To obtain more information regarding the Quality Alliance Steering Committee, see <http://www.healthqualityalliance.org/>.

- partnerships and other stakeholders could adopt to make performance results more widely available.
- Identify potential implementation barriers of reporting health performance information (e.g., accountability, variation of attribution (payment vs. quality improvement), measure calculation, risk adjustment, reporting, governance, confidentiality).
 - Identification of pilot sites to apply to a consistent data collection, aggregation, and reporting strategy to ensure the effectiveness of the piloted measures and methods.
 - Align improved care with quality reporting and expand availability of performance results.
 - Develop recommendations on how to establish a system to monitor progress within regional collaboratives thus allowing comparisons and generation of performance report cards.

HOW THE WORK GROUP OPERATES

Work Group members are comprised a chairperson or co-chairpersons and a number of representatives of regional collaboratives and national organizations with significant experience in quality measurement and reporting along the continuum of care. Representatives of regional collaboratives are drawn from those collaboratives who actively participate in national programs or efforts such as “Aligning Forces for Quality”, “Chartered Value Exchanges”, “CMS Better Quality Information”, etc.

Work Groups members are expected to:

- work with QASC staff to achieve the goals of the project;
- make recommendations to the QASC Steering Committee;
- participate actively and constructively in all Work Group meetings;
- respond to email notifications and solicitations in a timely manner;
- be prepared to contribute to Work Group deliberations by being familiar with all documents and materials distributed in advance; and
- ensure the timely completion of Work Group products² and deliverables.

Work Group members will convene on a regular basis, typically via teleconference, with the frequency to be dictated by the scope and timeline of its required deliverables. Group meetings are planned and chaired by the Work Group co-chairperson(s) with the assistance of QASC project staff.

QASC staff will support Work Group chairpersons and members in carrying out its tasks and deliverables.

² The *product* may be a set of recommendations, designated best practices, guidance documents, white papers, or other specified deliverables.

MEMBERS

Name	Organization
Jim Chase (Chair)	Minnesota Community Measurement
Andrew Baskin	Aetna
Marc Bennett	HealthInsight
Karen Wolk Feinstein	Jewish Healthcare Foundation
Alan Glaseroff	Humboldt Del Norte IPA
Aparna Higgins	America's Health Insurance Plans
Denise Love	National Association of Health Data Organization
Peggy McNamara	Agency for Healthcare Research and Quality
Harold Miller	Network for Regional Healthcare Improvement
Jill Nault	Healthy Memphis Roundtable
Michael Painter	Robert Wood Johnson Foundation
Barb Rabson	Massachusetts Health Quality Partners
Ted Rooney	Maine Health Management Coalition/Quality Counts
Chris Schultz	Indiana Health Information Exchange
Jennifer Sweeney	National Partnership for Women & Families
Diane Stollenwerk	National Quality Forum
Andrew Webber	National Business Coalition on Health
Ann Woo	Hill Physicians Medical Group
Scott Young	Kaiser Permanente

NRI MEETINGS FOR 2011

February 9, 2011: 3:00-4:00 p.m. EST

May 18, 2011: 3:00-4:00 p.m. EST

August 17, 2011: 3:00-4:00 p.m. EST

November 16, 2011: 3:00-4:00 p.m. EST

Additional calls will be scheduled as needed.

WORKPLAN & TASKS FOR 2011

	Tasks	Deliverables	Timeline	
1	Identify options for effective and efficient communication and feedback mechanisms and channels between regional implementation and national coordination efforts.	Establishment of effective, ongoing communication channels to regularly update regional and national organizations regarding key issues in national/regional coordination of performance measure implementation activities	02/2011	
2	Identify options for promulgating consistent good practices in quality measurement and reporting (with a focus on practices to enable the use of clinically-enriched measures). Create forum to share lessons learned and provide feedback on regional activities and implementation strategies.	Resource guide for current, nascent, and future regional collaboratives (in collaboration with AHRQ, RWJF, etc.)	02/2011 (Updated regularly)	
3	Identify currently unmet support needs for regional collaboratives and develop recommendations on meeting those needs.	Report to QASC on unmet needs of regional collaboratives and recommendations on how they could best be met	06/2011	
4	Identify approaches used by accountable care organizations (ACOs) and other regional collaboratives to be implemented nationally and consistently, as well as approaches that could be made available to communities across United States.	Recommendations on pathways to make nationally consistent performance information widely available across United States (in alignment with the public and private sectors).	07/2011	
5	Ensure effective implementation mechanisms are being established to make performance information widely available around the country.	Recommendations on effective implementation mechanisms and coordination needs for QASC	08/2011	
6	Address components of a national distributed data model – network design, software development, and development and implementation of the common data model.	TBD	9/2011	
7	Discuss role of data intermediary – selection criteria, measure calculation.	TBD	9/2011 – 10/2011	
8	Establish a national strategy to promote consistency in reporting across health plans, provide comprehensive performance results, enable comparison across public and private payers, streamline reporting for physicians, and offer improved reliability in the feedback of data that are used for quality improvement.	Recommendations on how to mitigate data collection/aggregation and reporting implementation for QASC	12/2011	
9	Identify pilot sites to apply to test data collection, aggregation, and reporting strategies.	Pilot sites begin test collection, aggregation, and reporting methods	02/2012	

PATIENT-REPORTED MEASUREMENT WORK GROUP MISSION AND CHARTER

This memo specifies the general purpose of the Patient-Reported Measurement Work Group and the deliverables to be accomplished, a description of members' requisite expertise/background, how the Work Group operates, and the membership composition.

BACKGROUND

The Quality Alliance Steering Committee (QASC¹) is a collaborative effort aimed at implementing measures to improve the quality and efficiency of health care across the United States. The QASC appoints Work Groups to carry out assignments or projects with specific deliverables and milestones that support the goals of the QASC. The Work Groups include: National-Regional Implementation, Cost of Care, Measure Implementation Strategy, and Patient-Reported Measurement (PRM).

WORK GROUP GOALS AND OBJECTIVES

The purpose of the PRM Work Group is to provide strategic guidance on methods to acquire patient reported measures through surveys, personal health records, and other means. This work is intended to improve patient care and outcomes through continuous solicitation and use of patient-reported experience and outcomes, to foster re-design of care delivery to be more patient-centered, and ensure accountability to patient-centric metrics. Patient-reported information ranges from basic demographics, to care experience and satisfaction with care, functional status and outcomes, needs/preferences and values related to care, and patient and family engagement in care. This Work Group will identify best practices for acquiring and using patient-reported data to measure effects on patients' care experience, outcomes, and the physician-patient relationship. Acquiring patient-reported information and integrating these data in broader electronic health records and personal health records will enable health care teams to: a) monitor patients' care experience, b) enhance quality improvement efforts, c) develop individualized care plans, d) support more meaningful physician-patient interactions and partnerships, and e) align payment and reporting incentives.

Specifically, the Work Group will achieve its goals through the following objectives:

Short-term

1. Identify best practices and current demonstrations to acquire, analyze, and use patient-reported information across all care sectors.
2. Identify early opportunities to construct a demonstration to pilot a core set of patient-reported data for use in pilots and new models of care and payment.
3. Identify focused, early opportunities to enrich current data collection approaches to make them more useful in clinical- and patient-decision making.

¹ To obtain more information regarding the Quality Alliance Steering Committee, see <http://www.healthqualityalliance.org/>.

Long-term

4. Highlight vetted recommendations and pathways to move towards increasingly person-focused measurement approaches (e.g., “road-map” to patient-reported measurement).

Recommendations would address:

- a. Identifying best practices for acquiring patient-reported information.
 - b. Identifying how current data aggregation/integration mechanisms have to be modified (if at all) to accommodate patient-reported measures in broader measurement activities. (What technological and methodological solutions will need to be developed? What resources will be required?)
 - c. Identifying key levers for promoting more widespread collection and use of patient-reported information.
5. Test these recommendations through potential demonstration activities, which utilize personal health records and other new forms of data collection.

Ongoing

6. Coordinate with the National Priorities Partnership Patient Engagement Work Group and ensure measure endorsement and harmonization through the National Quality Forum as effectively and quickly as possible.
7. Identify data stewardship functions that should be in place for public reporting and other activities.

HOW THE WORK GROUP OPERATES

Work Group members will convene on a regular basis, typically via teleconference, with the frequency to be dictated by the scope and timeline of its required deliverables. Group meetings are planned and chaired by the Work Group co-chairperson(s) with the assistance of QASC project staff.

QASC staff will support Work Group chairpersons and members in carrying out its tasks and deliverables.

MEMBER SELECTION AND COMPOSITION

Work Group members will be comprised of co-chairpersons and a number of stakeholders representing consumers, practitioners, professional organizations, research and health information technology experts, community representatives, government, and public and private sector payers with significant experience in quality measurement and reporting along the continuum of care.

Work Group members may invite other experts to participate in Work Group deliberations to inform specific deliberations and issues discussed by the Work Group.

Work Groups members are expected to:

- work with QASC staff to achieve the goals of the project;
- shape Work Group recommendations to the QASC Steering Committee;

- participate actively and constructively in all work group meetings;
- respond to email notifications and solicitations in a timely manner;
- be prepared to contribute to work group deliberations by being familiar with all documents and materials distributed in advance; and
- ensure the timely completion of work group products and deliverables.

MEMBERS²

- | | |
|---|--|
| <p>1. Michael Barr (co-chair)
American College of Physicians</p> <p>2. Debra Ness (co-chair)
National Partnership for Women and Families</p> <p>3. Lawrence Becker
Xerox Corporation</p> <p>4. Polly Bednash
Association of Colleges of Nursing</p> <p>5. Carolyn Clancy
Agency for Healthcare Research and Quality</p> <p>6. Janet Corrigan
National Quality Forum</p> <p>7. Joyce Dubow
AARP</p> | <p>8. Eric Holmboe
American Board of Internal Medicine</p> <p>9. Lisa Latts
Wellpoint</p> <p>10. Susan Edgman-Levitan
Massachusetts General Hospital</p> <p>11. Karen Kmetik
American Medical Association</p> <p>12. Sarah Scholle
National Committee for Quality Assurance</p> <p>13. Darcy Shargo
Maine Aligning Forces for Quality</p> <p>14. John Wasson
Dartmouth Medical School</p> |
|---|--|

PATIENT-REPORTED MEASUREMENT WORK GROUP MEETINGS FOR 2011

Date	Time
March 28, 2011	3:00-4:00 p.m. EST
May 25, 2011	3:00-4:00 p.m. EST
September 7, 2011	3:00-4:00 p.m. EST
November 30, 2011	3:00-4:00 p.m. EST

Additional calls will be scheduled as needed.

² As of March 2011

TAB 5

Date: March 15, 2011

To: QASC members

Re: Changes to QASC membership

Action required from QASC:

- *For approval.*
- *Dr. Steven Weinberger, American College of Physicians (replacing Dr. John Tooker)*

Background:

In accordance with the QASC operating rules, the co-chairpersons and the Agenda Group may recommend new members for approval by the full Committee when members have stepped down from the QASC. Organizations whose representative has stepped down from the QASC may submit a new representative for consideration. John Tooker, from the American College of Physicians (ACP), has retired and has stepped down from the QASC. The ACP requests that Steven Weinberger replace John Tooker as a QASC member. A letter from John Tooker, ACP's Associate Executive Vice President, requesting membership for Steven Weinberg, ACP's Executive Vice President, and a short bio are attached for review.

Next Steps:

Approved changes to the membership will be noted as soon as possible to the current QASC website at www.healthqualityalliance.org.