

# Operating Rules and Procedures for the Quality Alliance Steering Committee (QASC)

Approved: February 29, 2008

Last updated: March 18, 2009

## Vision

The vision of the Quality Alliance Steering Committee (QASC) is to *advance a high-quality, affordable, patient-centered health-care system through the coordination of the various groups that are working to provide public information on health-care providers' performance. 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.*

## Membership

The Quality Alliance Steering Committee is comprised of members who are recognized leaders in critical performance measurement and reporting activities and/or sector- or area-specific quality alliances. Members represent a broad array of key stakeholder groups such as consumers, employers/payers, health plans, health care professionals, hospitals/institutional providers, and others.

A list of QASC members is attached in *Exhibit A*.

QASC members

- Attend QASC meetings and participate fully in its deliberations and assist in implementing QASC recommendations

- Work to realize the QASC vision through coordinating the activities of their stakeholder group with related QASC activities
- Work collaboratively with other QASC members, quality alliances and the entire quality measurement/reporting enterprise
- Publicly represent QASC and its vision and goals

Members are invited to join the QASC upon recommendation of the QASC agenda group and approval by the QASC. The QASC shall consider the following criteria when approving a nomination:

- A letter of interest to become a member of QASC has been submitted to the QASC chairpersons.
- The nominated individual and/or the organization s/he represents must have significant opportunities to advance the vision of QASC.
- The nominated individual and the organization s/he represents must currently participate in a sector- or area-specific quality alliance or other important activity in the quality measurement/reporting enterprise.

Upon the end of involvement of a QASC member with the organization/entity s/he represents membership on the QASC ends. The organization/entity no longer represented on the QASC by that former QASC member may submit another individual for consideration for QASC membership following the outlined membership application process. At their discretion QASC co-chairs may appoint a substitute member in the interim.

Members serve three-year, staggered terms which are renewable.

To the extent that QASC workgroup chairpersons are not QASC members, they and others may be invited by QASC chairpersons as non-voting participants to deliberate with members at QASC meetings on specific topics or issues.

## **Meetings and decision-making process**

The QASC aims to operate through a transparent consensus-based process. Consistent with that aim, QASC operating rules, meeting proceedings, workgroup-generated documents, and other relevant documents are made available on the QASC website [*website name, to be updated shortly*].

QASC meetings are open to the public and will generally be held four times (quarterly) a year in the Washington, DC, area. While in-person meeting attendance of members is encouraged, telephonic attendance is acceptable.

Upon request of at least two QASC members, the QASC can convene in executive session. Executive sessions are not open to the public.

At least 50% of the QASC members must be present to conduct business. The QASC strives to ensure that representatives of all critical stakeholder groups such as consumers, employers/payers, health plans, health care professionals, hospitals/institutional providers, and others participate in its deliberations and decision-making processes at all times.

Consensus is sought on approval items. If consensus cannot be achieved during a meeting, a simple majority vote will be held. Only QASC members are able to vote on approval items. QASC members cannot have a substitute vote for them on approval items or submit proxy votes if unable to attend.

Generally, QASC will follow the most recent version of the Standard Code of Parliamentary Procedure.

Items requiring approval will be so designated by the agenda group and include but are not limited to white papers, position statements, and other workgroup “products,” membership applications, strategic and business plans, and appointments of workgroup and QASC chairperson(s).

## **Chairpersons**

The QASC is chaired by two individuals. The chartering chairpersons of the QASC are Carolyn Clancy, MD, and Mark McClellan, MD, PhD.

One chairperson shall be the Director of the Agency for Health Care Research and Quality (AHRQ).

The other chairperson shall be nominated by the QASC agenda group and approved by the QASC. This chairperson serves a three-year term that is renewable.

Chairpersons are responsible for presiding over meetings of the QASC and the Agenda Group.

The chairpersons conduct all their activities with input and consultation from the QASC.

Chairpersons lead the QASC to realize its vision.

Specifically, chairpersons

- Ensure that:
  - Meetings are run effectively and efficiently.
  - All approval items on meeting agendas are addressed.
  - All relevant issues are adequately discussed.
- Appoint workgroup chairpersons.
- Appoint members to the Agenda Group, with approval by QASC membership.
- Coordinate activities with other organizations in the quality measurement, improvement and reporting enterprise.
- Engage QASC members and the wider health care stakeholder community to advance the vision and goals of the QASC

## **Agenda Group**

The Agenda Group assists the chairpersons in the preparation of QASC meetings and agenda items, the planning and execution of relevant QASC activities and projects, and helps to assure that all relevant QASC issues are appropriately reviewed and guided by QASC members.

On a periodic basis, the Agenda Group shall review the QASC's vision, scope of activities and operating rules. If changes are deemed necessary, the Agenda Group will propose a process to the QASC membership to devise such changes.

Five to seven individuals from the roster of current QASC members serve on the Agenda Group. Members are nominated by the Chairpersons to serve on the Agenda Group. Nominees are subject to approval by the QASC. Members of the Agenda Group shall represent a broad range of stakeholder groups and quality alliances. Members of the agenda group are listed in *Exhibit B*.

Members serve three-year, staggered terms which are renewable.

Generally, the Agenda Group members will convene monthly, typically by conference call. Agenda Group meetings are not open to the public.

## **Workgroups**

The QASC may appoint workgroups to carry out specific assignments or projects with specific deliverables and milestones. Workgroups shall be formed and dissolved upon the recommendation of the QASC Chairpersons and approval by the QASC. The QASC chairpersons shall appoint the chairperson or co-chairpersons of the workgroups. Generally, workgroups will consist of 12-15 subject-matter experts representing a wide array of stakeholders. Upon the discretion of the workgroup chairpersons, an additional set of 10-15 subject-matter experts representing a wide array of stakeholder groups may be invited to periodically provide commentary on draft objectives, work plans and deliverables of the workgroup.

Workgroup chairpersons will:

- Oversee the development of a charter for the workgroup, including a scope of proposed activities, work plan, deliverables and milestones.
- Identify agenda items for workgroup meetings.
- Preside over workgroup meetings.
- Ensure that workgroup deliverables and milestones are completed in a timely manner.
- Present regular progress reports, decision items and recommendations to the QASC.

Workgroup chairpersons will, in consultation with the QASC chairpersons, appoint individuals who are relevant subject-matter experts and broadly representative of stakeholder perspectives to serve on the workgroup. Workgroup appointees are not limited to QASC members.

As the workgroup prepares project plans and draft deliverables, it will seek input from an appropriate range of subject matter experts and stakeholders at regular intervals.

Generally, workgroups will convene monthly, typically by conference call.

QASC staff will aid workgroup chairpersons in soliciting nominations of individuals to serve on the workgroups. In addition, staff will support workgroup chairpersons and members in conducting the workgroups' business.

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Enabled by grant support from the Robert-Wood-Johnson Foundation to the Brookings Institution (7/1/07-12/31/09), Brookings staff will activity support and enable the activities of the QASC and its workgroups by

- Supporting chairpersons in the preparation of meeting agendas
- Advising chairpersons on critical issues before the QASC and or workgroups

- Conducting relevant background research, compiling materials, devising draft documents, etc.
- Managing logistics of meetings and associated travel, lodging, etc.
- Ensuring effective communication about the QASC, website support, report generation, etc.

# **Exhibits**

Exhibit A: QASC membership

Name	Organization	Stakeholder Group	Term expires in
<b>Mark McClellan (Co-Chair)</b>	Brookings Institution	Other	12/31/10
<b>Carolyn Clancy (Co-Chair)</b>	Agency for Healthcare Research & Quality	Public Sector	<i>Co-chair per operating rules</i>
<b>Debra Ness</b>	Natl. Partnership for Women and Families	Consumer	12/31/10
<b>Gerry Shea</b>	AFL-CIO	Consumer	12/31/09
<b>Jim Guest</b>	Consumers' Union	Consumer	12/31/11
<b>John Rother</b>	AARP	Consumer	12/31/11
<b>Peter Lee</b>	Pacific Business Group on Health	Employer	12/31/10
<b>Bob Ihrie</b>	LOWES	Employer	12/31/09
<b>Pam French</b>	Boeing	Employer	12/31/08
<b>Clarion Johnson</b>	Exxon Mobil	Employer	12/31/10
<b>Jill Berger</b>	Marriott	Employer	12/31/11
<b>Anthony Wisniewski</b>	US Chamber of Commerce	Employer	12/31/10
<b>Andy Webber</b>	National Business Coalition on Health	Employer	12/31/08
<b>Karen Ignagni</b>	AHIP	Plan	12/31/10
<b>Allan Korn</b>	BCBSA	Plan	12/31/09
<b>Nancy Nielsen</b>	AMA	Health Care Professional	12/31/10
<b>Fred Edwards</b>	Society of Thoracic Surgeons	Health Care Professional	12/31/09
<b>Frank Opelka</b>	American College of Surgeons	Health Care Professional	12/31/08
<b>John Tooker</b>	American College of Physicians	Health Care Professional	12/31/10
<b>Laura Cranston</b>	PQA	Health Care Professional	12/31/08
<b>Mary Naylor</b>	Nursing Profession/Science	Health Care Professional	12/31/10

<b>Joanna Conroy</b>	AAMC	Provider	12/31/11
<b>Rich Umbdenstock</b>	AHA	Provider	12/31/10
<b>Chip Kahn</b>	Federation of American Hospitals (FAH)	Provider	12/31/09
<b>Barry Straube</b>	CMS	Public Sector	12/31/10
<b>Peggy O’Kane</b>	NCQA	Standard setting/QI Organization	12/31/10
<b>Mark Chassin</b>	JCAHO	Standard setting/QI Organization	12/31/09
<b>Janet Corrigan</b>	NQF	Standard setting/QI Organization	12/31/08
<b>Kevin Weiss</b>	American Board of Medical Specialties	Standard setting/QI Organization	12/31/09
<b>Marc Bennett</b>	HealthInsight	Standard setting/QI Organization	12/31/11
<b>John Lumpkin</b>	RWJF	Other	12/31/10
<b>Shannon Robshaw*</b>	LA Quality Forum	Regional Collaborative	12/31/09
<b>Jim Chase*</b>	MN Community Measurement	Regional Collaborative	12/31/10
<b>Chris Queram</b>	WI Collaborative for Healthcare Quality, Inc.	Regional Collaborative	12/31/10

\* Co-Chairs of “Regional-National Coordination” Workgroup will serve as full members of the QASC

Exhibit B: Agenda Group membership

Name	Organization	Stakeholder Group	Term expires in
<b>Mark McClellan (Co-Chair)</b>	Brookings Institution		12/31/10
<b>Carolyn Clancy (Co-Chair)</b>	Agency for Healthcare Research and Quality		<i>Co-chair per operating rules</i>
<b>Gerry Shea</b>	AFL-CIO	Consumer	12/31/09
<b>Andy Webber</b>	National Business Coalition on Health	Employer	12/31/08
<b>Karen Ignagni</b>	AHIP	Plan	12/31/10
<b>Nancy Nielsen</b>	AMA	Health Care Professional	12/31/10
<b>John Tooker</b>	American College of Physicians	Health Care Professional	12/31/10
<b>Chip Kahn</b>	Federation of American Hospitals (FAH)	Institutional Provider	12/31/09