

*HEALTHCARE INFORMATION
SYSTEMS: ENABLERS FOR
QUALITY IMPROVEMENT*

Kenneth W. Kizer, M.D., M.P.H.
President and CEO
National Quality Forum

January 14, 2002

The Paradox of American Healthcare 2003

- **Highly trained practitioners; widespread state-of-the-art technology; unparalleled biomedical research; unequaled expenditures; excellent care for some individuals**
- **Care fragmented and difficult to access; too many people not assured access; uncertain value of expenditures; growing disenchantment with care process by patients, practitioners and payers; serious and systemic quality problems**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

**“Medicine used to be simple,
ineffective and relatively safe.
Now it is complex, effective and
potentially dangerous.”**

Sir Cyril Chantler, former Dean
Guy's, King and St. Thomas's Medical
and Dental School, Lancet 1999

“Current practice depends upon the clinical decision making capacity and reliability of autonomous individual practitioners for classes of problems that routinely exceed the bounds of unaided human cognition.”

**Daniel R. Masys, MD
October 15, 2001
IOM Annual Meeting**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

PREMISE #1

**INFORMATION TECHNOLOGY
IS A CRITICAL ENABLER
FOR HIGH QUALITY HEALTH
CARE**

INFORMATION TECHNOLOGY CAN BE USED TO:

- Integrate services and reduce fragmentation of care
- Improve patient safety and reduce errors
- Increase delivery of evidence-based care
- Enhance communication among providers and with patients and their families
- Assess service delivery, performance measurement and quality improvement

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

PREMISE #1.1

**INFORMATION TECHNOLOGY
MANAGES DATA IN AN
INTEGRATED HEALTH
INFORMATION SYSTEM**

AN INTEGRATED HEALTH INFORMATION SYSTEM INCLUDES:

- **Information management hardware and software**
- **Data**
- **Clinical guidelines and protocols**
- **Prompts and reminders**
- **Standardized performance measures**
- **Conceptual framework that supports a systematic approach to quality improvement**

Presentation Overview

- What is driving the quality improvement agenda?
- What is holding things up?
- What is the role of the NQF?
- What are the likely implications for IT?



THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

PREMISE #2

*QUALITY AND QUALITY
IMPROVEMENT SHOULD BE
HEALTHCARE'S NUMBER ONE
PRIORITY AND ITS CENTRAL
CORE VALUE*

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

PREMISE #3

*QUALITY IMPROVEMENT
SHOULD BE HEALTHCARE'S
ESSENTIAL BUSINESS
STRATEGY*

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

PREMISE #3.1

*QUALITY IMPROVEMENT
REQUIRES CHANGE;*

*SUCCESSFUL CHANGE
REQUIRES A SYSTEMATIC
APPROACH, CONCERTED
EFFORT AND TIME*

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

PREMISE #4

*HIGH QUALITY HEALTH
CARE IS PREDICATED ON
SAFE CARE*

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

IOM National Roundtable on Health Care Quality

“...Serious and widespread quality problems exist throughout American medicine. These problems....occur in small and large communities alike, in all parts of the country, and with approximately equal frequency in managed care and fee-for-service systems of care. Very large numbers of Americans are harmed as a direct result....”

JAMA 1998

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

IOM Committee on Quality of Health Care in America

“Quality problems are everywhere, affecting many patients. Between the health care we have and the care we could have lies not just a gap but a chasm.”

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

WHAT IS DRIVING THE QUALITY IMPROVEMENT AGENDA?

Quality Improvement Drivers

- 1. Knowledge of deficiencies**
- 2. Rising healthcare expenditures**
- 3. Changing purchaser/payor attitudes**
- 4. Changing consumer attitudes**

Rising Health Care Expenditures

Percent increase in health care spending

1998 - 5.0%

1999 - 7.1%

2000 - 7.8%

2001 - 10.0%

2002 - 8.7%

Some Causes of Rising Healthcare Expenditures

- ✓ Increasing elderly population
- ✓ Increasing chronic care needs
- ✓ New and more technology
- ✓ New and more pharmaceuticals
- ✓ Direct to consumer marketing
- ✓ “Loosening” of managed care

Healthcare Expenditures as a QI Driver

Improved processes of care produce:

- **Better health outcomes**
- **More satisfied patients**
- **More satisfied caregivers**
- **Reduced cost**

Changing Purchaser Attitudes

Growing understanding that
health care quality can be:

- Accurately measured
- Routinely assessed
- Systematically improved

Some Manifestations of Changing Purchaser/Payor Attitudes

- The Leapfrog Group
- Pittsburgh Regional Health Initiative
- Central Florida Employers Coalition
- Massachusetts QI Initiative
- Employer's Coalition on Health (Illinois)
- Pennsylvania Blue Cross QI Initiative
- General Motors Initiatives
- California's Pay for Performance Initiative
- Baldrige Award Competition

Some Contributing Factors to Changing Consumer Attitudes

- Aging of the baby boomers
- Increased longevity
- Increased chronic conditions
- Economic prosperity
- Cross-industry experience
- Patient safety concerns
- The Internet

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

BARRIERS TO QUALITY IMPROVEMENT

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

Barriers to Healthcare Quality Improvement

1. Lack of clear focus; no goals.

Barriers to Healthcare Quality Improvement

2. Lack of reliable and comparable (i.e., standardized) data about the quality of healthcare.



THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

Barriers to Healthcare Quality Improvement

**3. Lack of automated information
management systems.**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

Barriers to Healthcare Quality Improvement

4. Payment policies neither incentivize nor reward better quality.

Barriers to Healthcare Quality Improvement

**5. Lack of organizational and
systems support.**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

Quality is a system property!

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

**Quality is a product of the interaction of
individual, technical, organizational,
regulatory and economic factors**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

Barriers to Healthcare Quality Improvement

6. Liability issues.

Barriers to Healthcare Quality Improvement

7. No healthcare culture of quality
(culture of excellence).

A Healthcare Culture of Quality

- 1. Continuous learning and process redesign**
- 2. Errors readily identified and evaluated**
- 3. Knowledge and skills actively managed**
- 4. Performance and outcomes continuously measured and evaluated**
- 5. Collaboration and teamwork is the norm**
- 6. Care is highly coordinated and needs are anticipated**
- 7. Consistent and predictable performance**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

Barriers to Healthcare Quality Improvement

8. Insufficient healthcare leadership

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

What is the role of the
NATIONAL QUALITY FORUM?

- **Quality improvement requires a systematic approach**
- **A systematic approach requires a strategy, goals, performance measurement and reporting**
- **Performance measures must be standardized, reliable and meaningful**
- **Structure, process, goals and rewards must be aligned; accountability has to be built in**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

WHAT IS THE NQF?

The National Quality Forum is
a private, non-profit
voluntary consensus standards
setting organization.

WHAT DOES THE NQF DO?

The NQF was established to improve the quality of U.S. health care by:

- standardizing health care performance measurement and reporting;
- designing an overall strategy and framework for a National Healthcare Quality Measurement and Reporting System; and
- otherwise promoting, guiding and leading health care quality improvement.

HISTORY

- **Presidential Advisory Commission on Consumer Protection and Quality in the Health Care Industry established (1996)**
- **Commission recommended the creation of a private sector entity (“Quality Forum”) that would bring healthcare stakeholder sectors together to standardize health care performance measures and standards (1998)**
- **Quality Forum Planning Committee convened by White House (1998)**
- **NQF incorporated in District of Columbia (1999)**
- **NQF operational (2000)**



THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

Member Councils

- **Consumers**
- **Health care providers and health plans**
- **Purchasers**
- **Research and quality improvement organizations**

Board of Directors

- **Board of Directors composed of 19 members**
 - ✓ The CEOs of 3 federal agencies (CMS, OPM and AHRQ)
 - ✓ Representatives of 2 state agencies
 - ✓ Private sector representatives
 - ✓ Equitable status of member councils
- **Consumers and purchasers constitute a majority**
- **5 liaison members (JCAHO, NCQA, IOM, PCPI and FACCT)**

UNIQUE FEATURES

- **Broad and open membership (>160 organizations as of Dec 2002)**
- **Public and private sector representation on governing board;; equitable status of stakeholder sectors**
- **Attention to overall strategy for measuring and reporting healthcare quality, including establishing national goals**
- **Focus is on the entire continuum of healthcare**
- **Formal consensus process (“voluntary consensus standards”)**

National Technology and Transfer Advancement of Act of 1995 (NTTAA)

- Defines the 5 key attributes of a “voluntary consensus standards body” (i.e., openness, balance of interest, due process, consensus, and an appeals process)
- Obligates federal government to adopt voluntary consensus standards (when the government is adopting standards)
- Encourages federal government to participate in setting voluntary consensus standards

CORE BUSINESS LINES

1. Endorse performance measure *voluntary consensus standards*
2. Convene stakeholders to address issues important to QI or PM
3. Identify QI/PM research needs

SELECTED PROJECTS

- **Serious Reportable Adverse Events**
- **Safe Practices**
- **Diabetes Management National Consensus Standards**
- **Hospital Care National Performance Measures**
- **Nursing Home Performance Measures**

SELECTED PROJECTS

- **Cancer Care Quality Measures**
- **Mammography standards for consumers**
- **National IT Summit**
- **Standardizing Credentialing**
- **Nursing Care Performance Measures**

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

www.qualityforum.org

NQF

THE NATIONAL FORUM
FOR HEALTH CARE
QUALITY MEASUREMENT
AND REPORTING

IMPLICATIONS FOR IT

IMPLICATIONS FOR IT

- **Standardized performance measures will be the norm**
- **Public reporting about performance will be routine**
- **Payment will be linked to performance**
- **HIS will be essential**