



Healthcare Performance Accountability: The Role of the National Quality Forum

Dianne Feeney
Vice President
National Quality Forum

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Presentation Overview

- **Background and context for NQF safety and quality work**
- **NQF's work to date**
- **NQF going forward**



The Quest for Healthcare Quality is Not New





The Quest for Healthcare Quality

“If a physician make a large incision with the operating knife and cure it,..., he shall receive ten shekels in money.

If a physician make a large incision with the operating knife, and kill him,..., his hands shall be cut off.”

Code of Hammurabi, 1870 BC



The Quest for Healthcare Quality

**“I would give great praise to
the physician whose
mistakes are small for
perfect accuracy is seldom
to be seen”**

Hippocrates, ca 430 BC



The Quest for Healthcare Quality

“ . . . even admitting to the full extent the great value of the hospital improvements in recent years, a vast deal of the suffering, and some at least of the mortality, in these establishments is avoidable.”

Florence Nightingale, 1863



The Quest for Healthcare Quality

“ It would be a good thing for the world at large, however unprofessional it might be, if medical men were required by law to write out in full the ingredients named in their prescriptions. Let them adhere to the Latin, or Fejee if they choose, but discard abbreviations, and form their letters as if they had been to school one day in their lives, so as to avoid the possibility of mistakes on that account.”

Mark Twain

San Francisco Morning Call

October 1, 1864



Healthcare Quality Improvement: Five Key Driving Forces

- 1. Knowledge of deficiencies**
- 2. Rising healthcare expenditures**
- 3. Purchaser activism**
- 4. Consumerism**
- 5. Regulation and accreditation**



The Quality Problems Were Clear

- **55% overall adherence to recommended care**
- **~98,000 people die as a result of health care**
- **Healthcare costs rising 1.5 to 2 times the rate of inflation**
- **Uninsured now total 45.5 M**
- **Up to 2-fold variation in per capita spending across communities**



Concern About the Confusion and Waste that Results From Multiple Initiatives



The National Quality Forum



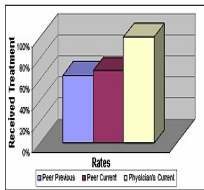
Measuring the Quality of America's Health Care

UHC Clinical Profiles

Selected Data from Clinical Profiles™

Clinical Profile Examples

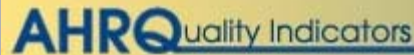
ACE Inhibitor Therapy in CHF



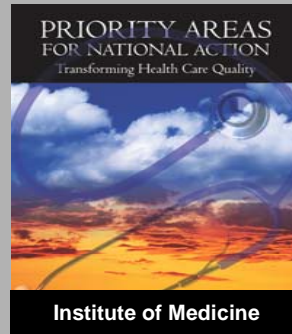
- ACE Inhibitors
- Acute Otitis Media
- Anticoagulants
- Beta Blockers
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Glycated Hemoglobin - Adults
- Glycated Hemoglobin - Children
- Inhaled Anti-Inflammatories
- Mammography Screening
- Microalbuminuria Screening
- Osteoporosis Screening
- Pharyngitis
- Potassium Screening



National Voluntary Hospital Reporting Initiative
"A Public Resource on Hospital Performance"



Patient Safety Indicators
Inpatient Quality Indicators



Private Sector Alliance, Led by HR Policy Association, Will Use Established Performance Standards to Help Consumers Make More Informed Health Care Decisions



Joint Commission

an Accreditation of Healthcare Organizations

American Medical Association

Physicians dedicated to the health of America
The Physician Consortium for Performance Improvement



THE LEAPFROG GROUP
for Patient Safety
Rewarding Higher Standards



American Board of Medical Specialties®

MERCER

Human Resource Consulting

Companies unite in Care Focused Purchasing initiative to push US new health care market

New approach to equip consumers with tools and incentives to make informed care decisions



The Quality Confusion

- Lack of a coordinated process for selecting standardized measures across the spectrum of healthcare entities
- Lack of national goals to focus efforts
- Hundreds of quality initiatives...everybody has a better plan...



There is great need for a single national entity to be the lead steward for healthcare quality improvement.



NQF: Structure & Focus

- Private, non-profit
- Open membership; 350+ member organizations
 - Consumers
 - Health care professionals, providers, and health plans
 - Purchasers
 - Research and quality improvement organizations
- Public and private sector representation on governing board
- Equitable status of stakeholder sectors (consumers, purchasers, providers and researchers) – Member Councils
- Formal consensus process (“voluntary consensus standards”)



NQF: Structure & Focus

- Board of Directors
 - Leadership from CMS, AHRQ, DOD
 - Private sector representatives (e.g., GM, AARP)
 - JCAHO, NCQA, IOM, NIH, and AMA PCPI
 - State health officer and Medicaid representatives
- NQF Funding
 - Currently primarily project-specific
 - Some membership dues



*Currently Exploring Core
Funding Possibilities*



NQF 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)**
- **Merger with the National Committee for Quality Healthcare and Janet M. Corrigan, PhD, MBA named as new President and CEO (2006)**



NQF Mission

- ❖ **To improve American healthcare through the endorsement of consensus-based standards for measurement and public reporting of healthcare performance data that provides meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable, and efficient**



Summing Up Unique Features

- Open membership
- Public and private sector representation on governing board
- Equitable status of stakeholder sectors (member councils)
- Attention to overall strategy for measuring and reporting healthcare quality, including establishing national goals
- Focus is on the *entire* continuum of healthcare
- Unbiased convener of quality stakeholders
- Formal consensus process (“voluntary consensus standards”)



Voluntary Consensus Standards

- **Developed voluntarily and collaboratively by stakeholders**
- **Widely used in non-healthcare enterprises**
- **Have legal status**
- **Must abide by the requirements specified in federal law and adhere to a specified process**



Consensus Development Process

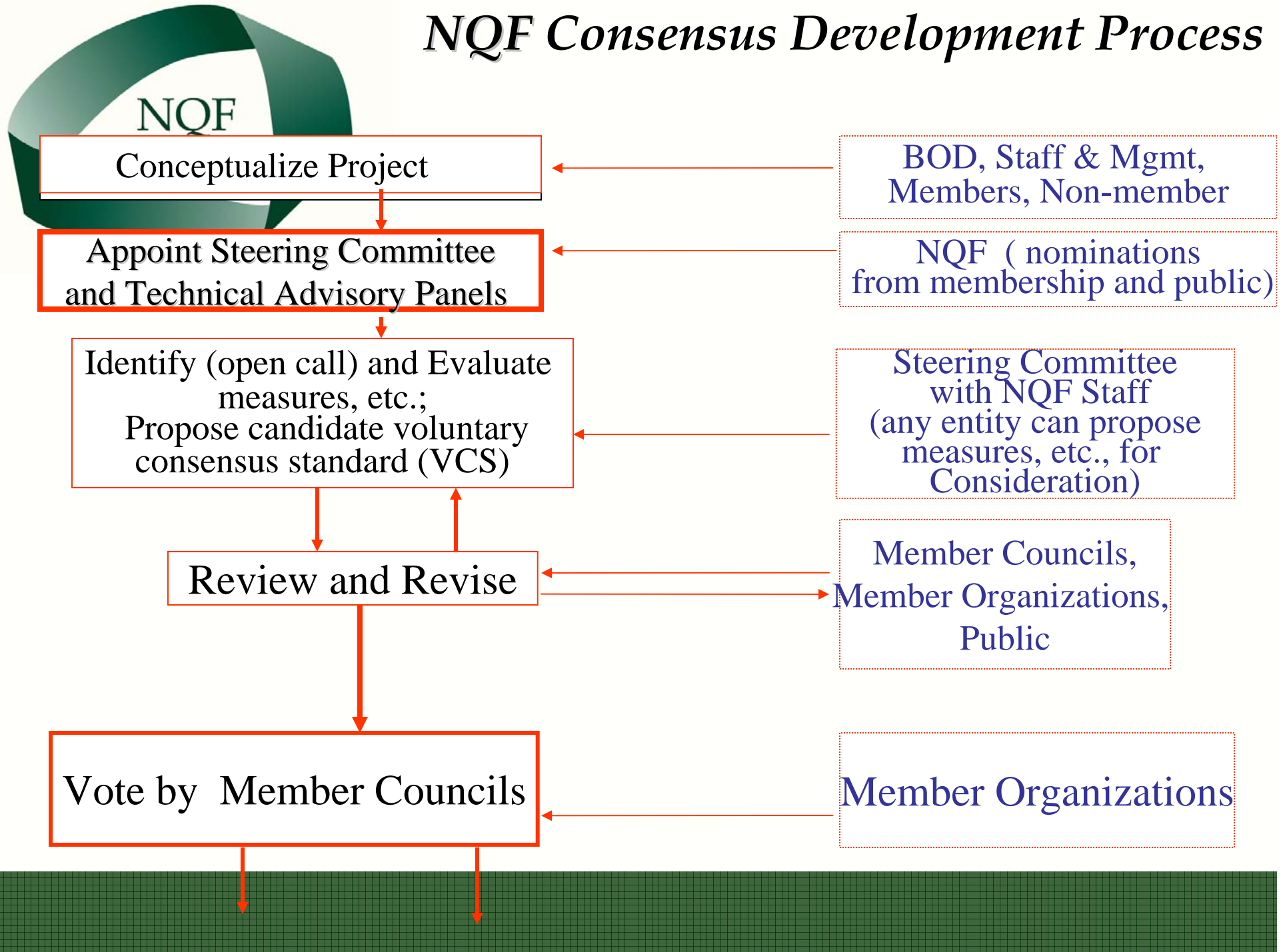
- Based on the National Technology and Transfer and Advancement Act of 1995 and OMB Circular A-18
- Defines the 5 key attributes of a “voluntary consensus standards body” (i.e., openness, balance of interest, due process, consensus, and an appeals process)
- Obligates federal government to adopt voluntary consensus standards (when the government is adopting standards)
- Encourages federal government to participate in setting voluntary consensus standards



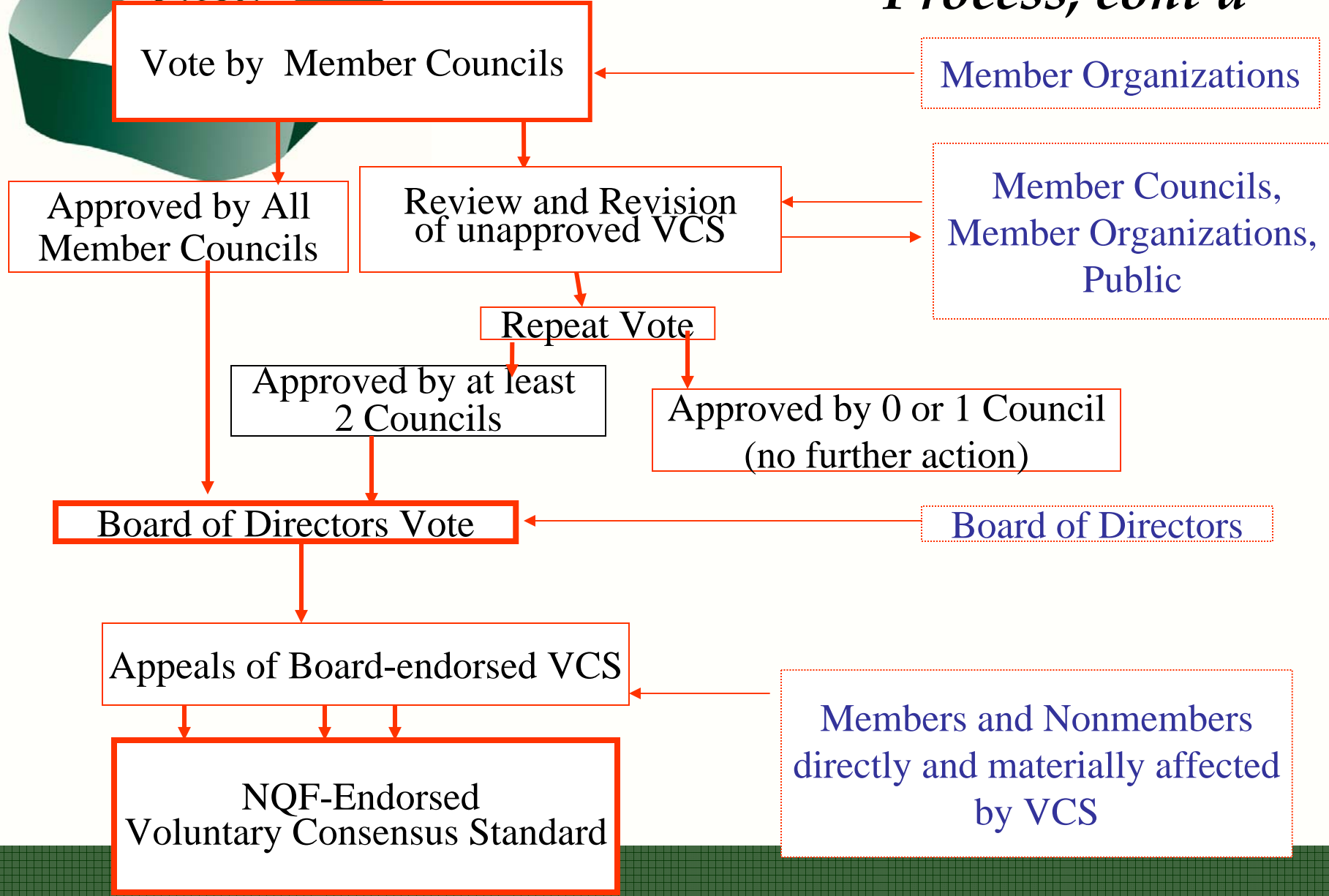
Fundamentals of NQF Consensus

- **NQF/Steering Committee/Technical Advisory Panels (TAPs)**
- **Pre-work- Measures/standards/frameworks evaluations**
- **Draft consensus report**
- **Member/public comment period**
- **Final consensus report (voting version)**
- **Report and ballot to NQF Members**
- **Member voting period**
- **NQF Board consideration and endorsement**

NQF Consensus Development Process



NQF Consensus Development Process, cont'd





What We have Done in 7 Years

- Has endorsed over 200 performance measurement standards
- 30 Safe Practices
- 27 Serious and Reportable Events
- Frameworks and Preferred Practices for Quality in Behavioral Health, Child Health, Substance Abuse and End of Life Care



NQF Accomplishments, cont'd

- As neutral convener, NQF has on 12 occasions brought together the full range of healthcare stakeholders to discuss a range of issues, including, but not limited to:
 - Improving the quality of care for minority populations,
 - Using information technology in healthcare quality,
 - Opportunities and barriers to implementing NQF-endorsed consensus standards, and
 - Pay-for-performance guiding principles and design strategies.
 - Improving Use of Prescription Medications: A National Action Plan



Selected Projects

- HCAHPS® (2005)
- Serious Reportable Adverse Events (2002, updated 2006)
- Ambulatory/Physician Care (2004-2008)
- Safe Practices (2003, updated 2006)
- Adult Diabetes Care Consensus Standards (2003, updated 2006)
- Hospital Care-
 - o National Framework (2002)
 - o Hospital Consensus Standards (2003, updated 2006)
 - o Cardiac Surgery Consensus Standards (2004)
 - o Nursing Care Consensus Standards (2004)



Selected Projects

- Nursing Home Care Consensus Standards (2004)
- Home Health Care Consensus Standards (2005)
- Child Healthcare Quality Measurement and Reporting Workshop (2004)
- National Framework for Palliative and Hospice Care Quality Measurement (2006)
- Healthcare-associated infections (2006-2007)
- Substance Use Disorders Practices (2006-2007)
- Therapeutic Drug Management Quality Project (2006-2007)

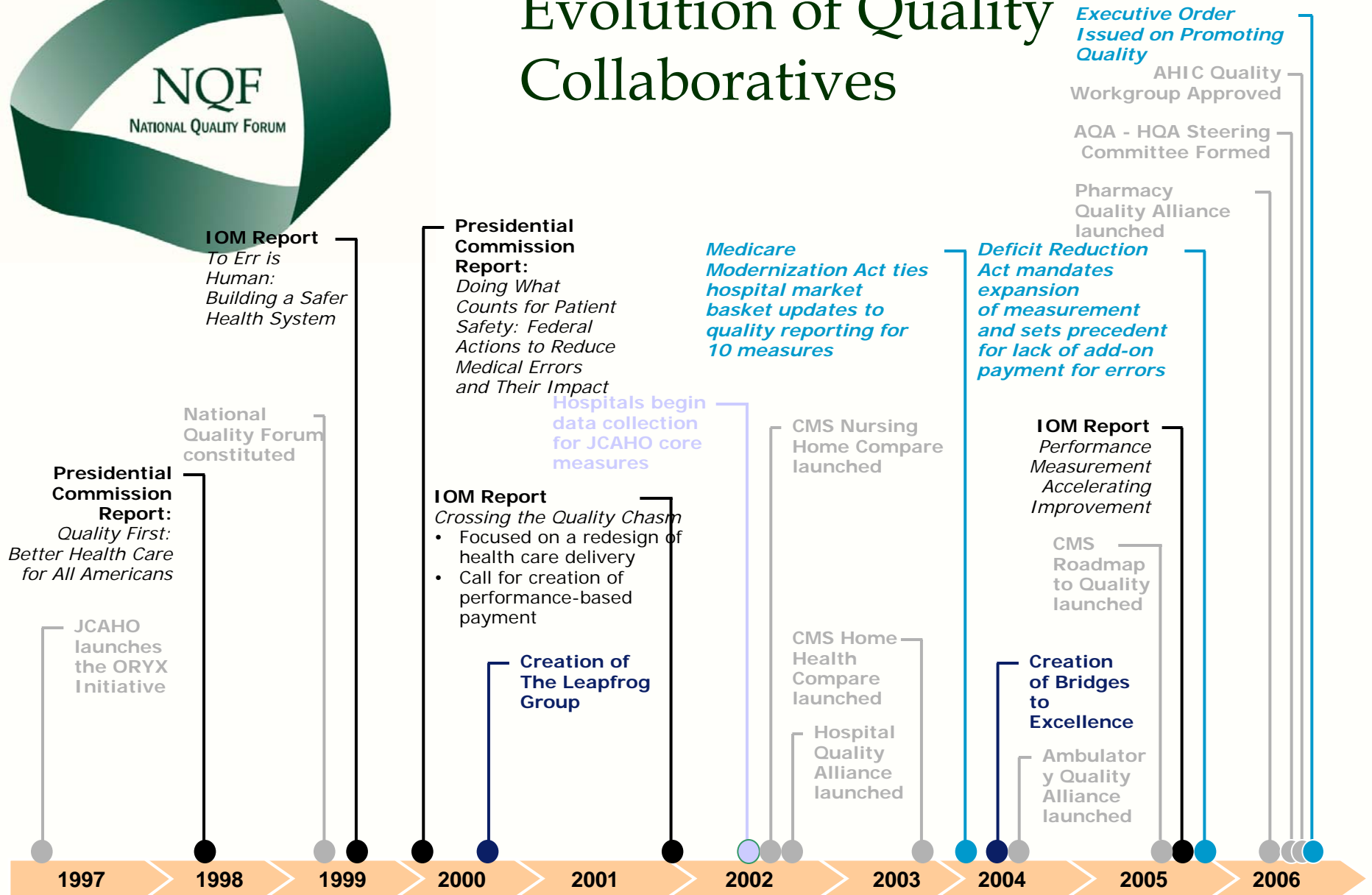


Everyone Has a Role in Quality

- There must be a culture of quality in all health care entities where all levels of workers must feel valued and supported for their contribution to quality in an organization
- Boards and executive leadership must anticipate and prepare to respond to environmental changes
- Policy-makers must have feedback on barriers to change and unanticipated consequences to make mid-course corrections



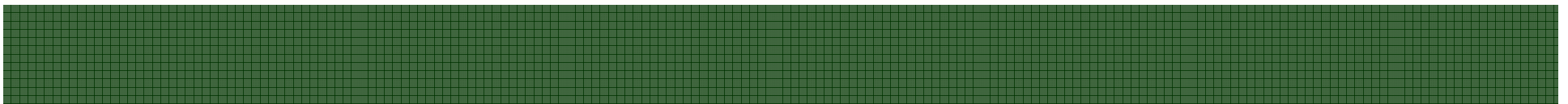
Evolution of Quality Collaboratives



Source: Booz Allen Hamilton, 2006.



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





Questions??

Visit our Website: www.qualityforum.org

Thank – you!

Email: dfeeney@qualityforum.org