Measure, Report, Improve: The National Quality Agenda

Janet M. Corrigan, PhD
President and CEO
National Quality Forum
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Objectives

- The Role of NQF on the Quality Landscape
- National Priorities and Goals for Transforming Healthcare
- Identifying Measure Gaps
- Evolving the Portfolio of NQF-endorsed Measures
- Building Data Platforms
- Aligning Public Reporting and Payment
- Evaluation
National Quality Forum Mission

- Improve the quality of American healthcare by setting national priorities and goals for performance improvement

- Endorse national consensus standards for measuring and publicly reporting on performance

- Promote the attainment of national goals through education and outreach programs
## NQF Historical Perspective

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1998</td>
<td>President's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry recommends the creation of NQF.</td>
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<td>1999</td>
<td>NQF is incorporated as a 501(C) 3.</td>
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<td>2000</td>
<td>NQF welcomes its first 90 charter members. NQF defines the Consensus Development Process for endorsing standards.</td>
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<td>2002</td>
<td>NQF publishes the first set of endorsed standards to promote safety:serious reportable events (SREs).</td>
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<td>2005</td>
<td>Membership tops 200.</td>
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<td>2006</td>
<td>NQF expands mission to include setting national priorities and goals.</td>
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<td>2007</td>
<td>The NQF portfolio of endorsed measures reaches 250. Membership tops 300. NQF endorses disparities-sensitive measures.</td>
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<tr>
<td>2008</td>
<td>The NQF portfolio of endorsed measures reaches 500. The National Priorities Partnership releases the first set of National Priorities to transform healthcare.</td>
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<td>2009</td>
<td>NQF receives contract from the U.S. Department of Health and Human Services to implement a new congressional mandate around setting national priorities and endorsing performance measures to improve quality and affordability. The Health Information Technology Expert Panel produces the Quality Data Set, identifying the types of data needed in EHRs to support performance measurement. NQF launches its safe practices updates and new webinar series to accelerate the spread of safe practices. Thousands of providers from across the nation participate.</td>
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<tr>
<td>2010</td>
<td>Membership tops 400.</td>
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Quality Enterprise Functions: NQF Contributions

- Establish National Priorities
- Identify Measure Gaps
- Measure Development
- Endorse Measures, Practices, and SREs
- Build Data Platforms
- Publicly Report Results
- Align Payment and Other Incentives
- Improve Performance
- Evaluate
Quality Enterprise Functions: NQF Contributions

Establish National Priorities

Two dimensional framework:
• National Priorities Partnership
• Top 20 conditions

Identify Measure Gaps

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Measure Development

Align Payment and Other Incentives

Improve Performance

Evaluate
Quality Enterprise Functions: NQF Contributions

1. Establish National Priorities
2. Endorse Measures, Practices, and SREs
3. Align Payment and Other Incentives
4. Identify Measure Gaps
   - Agenda for Measure Development and Endorsement
5. Build Data Platforms
6. Improve Performance
7. Publicly Report Results
8. Evaluate

Measure Development
Quality Enterprise Functions:
NQF Contributions

- Establish National Priorities
- Identify Measure Gaps
- Measure Development

Endorse Measures, Practices, and SREs
- Over 500 measures covering all settings, including Safe Practices and SREs
- Measures for all data programs

- Build Data Platforms
- Publicly Report Results

Align Payment and Other Incentives

- Improve Performance
- Evaluate
Quality Enterprise Functions: Contributions of NQF

- Establish National Priorities
- Identify Measure Gaps
- Measure Development
- Endorse Measures, Practices, and SREs
- Build Data Platforms
  - Health Information Technology Expert Panel
- Publicly Report Results
- Align Payment and Other Incentives
- Improve Performance
- Evaluate
Quality Enterprise Functions:
NQF Contributions

- Establish National Priorities
- Identify Measure Gaps
- Measure Development
- Endorse Measures, Practices, and SREs
- Build Data Platforms
- Publicly Report Results
  • Guidance for performance reporting on safety
  • MAPs & Dashboard
- Align Payment and Other Incentives
- Improve Performance
- Evaluate
Quality Enterprise Functions: NQF Contributions

1. Establish National Priorities
   - Identify Measure Gaps
   - Measure Development

2. Endorse Measures, Practices, and SREs
   - Build Data Platforms
   - Publicly Report Results

3. Align Payment and Other Incentives
   - Analysis of measurement implications of various payment reform models
   - Improve Performance
   - Evaluate

www.qualityforum.org
Quality Enterprise Functions: Contributions of NQF

- Establish National Priorities
- Identify Measure Gaps
- Measure Development
- Endorse Measures, Practices, and SREs
- Improve Performance
- Publicly Report Results
- Align Payment and Other Incentives
- Improve Performance
  - Webinars
  - Measures database
- Evaluate
Quality Enterprise Functions: NQF Contributions

Establish National Priorities

Identify Measure Gaps

Measure Development

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

Improve Performance

Evaluate

• Measure use evaluation
Quality Enterprise Functions: NQF Contributions

Establish National Priorities
Two dimensional framework:
- National Priorities Partnership
- Top 20 conditions

Identify Measure Gaps

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

Improve Performance

Evaluate
Why Set National Priorities?

- Current state of performance measurement is a cacophony of well-meaning but uncoordinated signals
- National priorities help align strategies and efforts of multiple groups around common goals for improvement
- Drive fundamental change in the delivery system
National Priorities Partnership

32 multi-stakeholder organizations:
- Consumers
- Purchasers/Employers
- Health Professionals/Providers
- Health Plans
- Accreditation/Certification Groups
- Quality Alliances
- Suppliers/Industry
- Community/Regional Collaboratives
- Public Sector: CMS, AHRQ, CDC, NIH, NGA

Co-Chairs:
Donald Berwick
Institute for Healthcare Improvement
Margaret O’Kane
National Committee for Quality Assurance
Criteria for Selecting the Priorities

High Impact Areas

- Reduce Disease Burden
- Remove Waste
- Eliminate Harm
- Eradicate Disparities
National Priorities

- Patient and Family Engagement
- Population Health
- Safety
- Care Coordination
- Palliative Care
- Overuse

© National Priorities Partnership
Drivers of Change

- Performance Measurement
- Public Reporting
- Payment

COLLABORATIVE, ACTION-ORIENTED STRATEGIES

- Infrastructure (Information Technology & Workforce)
- Applied Research
- Accreditation & Certification
Partnership Work Groups Taking Action First:

- **Population Health**
  - Recent convening addressing preventive services, healthy lifestyle behaviors, and community health indices

- **Safety**
  - Convening in June to address reduction of peri-operative healthcare-associated infections, surgical site infections, and serious reportable events

- **Overuse**
  - Collaborating with IHI on prototyping strategies for reducing overuse of specialty services
Patient-Focused Episodes of Care Model

Population at Risk

PHASE 1

Evaluation & Initial Management

PHASE 2

Rehabilitation & Follow-up Care

PHASE 3

End of Episode
- Risk-adjusted health outcomes (i.e. mortality & functional status)
- Risk-adjusted total cost of care

Clinical episode begins

Appropriate Times Throughout Episode
- Determination of key patient attributes for risk adjustment
- Assessment of informed patient preferences and the degree of alignment of care processes with these preferences
- Assessment of symptom, functional, and emotional status
Patient-Focused Episodes of Care Model

- Patient-focused orientation
  - Follows the natural trajectory of care over time
- Directed at value
  - Quality, costs, and patient preferences
- Emphasizes care coordination
  - Care transitions and hand-offs
- Promotes shared accountability
  - Individual, team, system
- Addresses shared decision making
  - Attention to patient preferences
- Supports fundamental payment reform
  - Bundled payment for the episode of care
Episodes Model Measurement Domains

- **Patient-level outcomes (better health)**
  - Morbidity and mortality
  - Functional status
  - Health-related quality of life
  - Patient experience of care

- **Processes of care (better care)**
  - Technical
  - Care coordination and transitions
  - Alignment with patients’ preferences

- **Cost and resource use (overuse, waste, misuse)**
  - Total cost of care across the episode
  - Indirect costs
• Application of the patient-focused episodes model to date has been condition-specific

• Undertaking a project to expand application of the model to patients with multiple chronic conditions

• Will have commissioned paper and steering committee

• Final product will be an endorsed Multiple Chronic Conditions Measurement Framework with specific illustrations (e.g., diabetes and cardiovascular disease)
Integrated Performance Measurement Framework: AMI Episode

Post AMI Trajectory 1 (T1)
Relatively healthy adult
Focus on:
- Secondary prevention
- Quality of Life
- Functional Status
- Advanced care planning

Post AMI Trajectory 2 (T2)
Adult with multiple co-morbidities
Focus on:
- Palliative Care
- Functional Status
- Advanced Care Planning

Episode begins – onset of symptoms
Episode ends – 1 year post AMI

Safety

Overuse

Palliative/End of Life Care

PHASE 1
Population Health

PHASE 2
Acute Phase

PHASE 3
Post Acute/Rehabilitation Phase

PHASE 4
2° Prevention

Population Health

1° Prevention

2° Prevention (CAD with prior AMI)

Patient & Family Engagement

Care Coordination

Focus on:
- Secondary prevention
- Quality of Life
- Functional Status
- Advanced care planning

Focus on:
- Palliative Care
- Functional Status
- Advanced Care Planning

Episode begins – onset of symptoms
Episode ends – 1 year post AMI

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Quality Enterprise Functions: NQF Contributions

- Establish National Priorities
- Endorse Measures, Practices, and SREs
- Align Payment and Other Incentives
- Improve Performance
- Evaluate

- Identify Measure Gaps
  - Agenda for Measure Development and Endorsement
- Measure Development
- Build Data Platforms
- Publicly Report Results
Measure Prioritization Advisory Committee

• Charge
  - Determine priorities for a measure development agenda to address identified gaps in endorsed measures
    • Consider priority conditions
    • Consider cross-cutting national priorities

• Co-Chairs
  - George Isham, HealthPartners
  - Ellen Stovall, National Coalition for Cancer Survivorship
Building an Agenda for Measure Development and Endorsement

20 High-Impact Medicare Conditions

- AMI
- Alzheimer’s disease and related disorders
- Atrial fibrillation
- Breast cancer
- Cataract
- CHF
- Chronic kidney disease
- Colorectal cancer
- COPD
- Diabetes
- Endometrial cancer
- Glaucoma
- Hip/pelvic fracture
- Ischemic heart disease
- Lung cancer
- Major depression
- Osteoporosis
- Prostate cancer
- Rheumatoid arthritis and Osteoarthritis
- Stroke/TIA
Scope of Work & Timeline

Jul - Dec 2009
• Conduct synthesis of evidence and environmental scan of performance measures, and develop framework to inform prioritization of high-impact conditions and measure gaps (subcontract with Booz Allen Hamilton).

Early 2010
• Convene Measure Prioritization Advisory Committee to prioritize high-impact conditions and identified measure gaps (HHS-specified conditions and criteria).

Spring - Summer 2010
• Convene Measure Prioritization Advisory Committee to consider additional measure streams to inform measure development and endorsement agenda.

Summer - Fall 2010
• Convene Measure Prioritization Advisory Committee to develop the comprehensive measure development and endorsement agenda.
• Responsive to NPP and DHHS priorities
• Link the development agenda to the endorsement plan
• Broad outreach to and vetting with stakeholders
• Close coordination with measure developers
• Phased approach with regular updates
Quality Enterprise Functions: NQF Contributions

Endorse Measures, Practices, and SREs
- Over 500 measures covering all settings, including Safe Practices and SREs
- Measures for all data programs

Identify Measure Gaps

Establish National Priorities

Measure Development

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

Improve Performance

Evaluate
• **Expanded set of measures with several drivers:**
  - Measures needed for pay-for-performance programs
  - Measures that address important gaps:
    • Disparities-sensitive measures
    • Measures of patient experience in multiple settings
    • Cross-cutting areas (e.g., medication management, healthcare associated infections)

• **Key issues for NQF portfolio:**
  - Support measurement driver for national priorities and goals
  - Number of measures: Too many, too few, right set?
  - Data platform and transition to EHRs
• Drive toward higher performance
• Shift toward composite measures
• Measure disparities in all we do
• Harmonize measures across sites and providers
• Promote shared accountability & measurement across patient-focused episodes of care:
  – Outcome measures
  – Appropriateness measures
  – Cost/resource use measures coupled with quality measures, including overuse
Acute MI: Crosswalk to National Priorities

Post AMI Trajectory 1 (T1)
Relatively healthy adult

Focus on:
- Secondary prevention
- Quality of Life
- Functional Status
- Advanced care planning

Post AMI Trajectory 2
Adult with multiple co-morbidities

Focus on:
- Palliative Care
- Functional Status
- Advanced Care Planning

Patient & Family Engagement: Patient Preferences

Care Coordination

Overuse: Cardiac Imaging/Procedures

Getting Better

Living w/ Illness/Disability (T1)
Coping w/ End of Life (T2)

Palliative Care

Safety

Episode begins – onset of symptoms

Episode ends – 1 year post AMI
Endorsing measures that work for different electronic platforms:

- Level 1: Single source of claims
- Level 2: Aggregation of multiple sources of claims (e.g., diagnosis plus pharmacy claims)
- Level 3: Clinically enriched sources (e.g., claims, plus clinical lab results)
- Level 4: Electronic health record system data
• Endorsing measures that work for different electronic platforms:
  – **Level 1:** Single source of claims
  • **Coronary Artery Disease and Medication Possession Ratio for Statins** (data source: pharmacy claims)
  – Level 2: Aggregation of multiple sources of claims (e.g., diagnosis plus pharmacy claims)
  – Level 3: Clinically enriched sources (e.g., claims, plus clinical lab results)
  – Level 4: Electronic health record system data
• Endorsing measures that work for different electronic platforms:
  – Level 1: Single source of claims
  – **Level 2: Aggregation of multiple sources of claims**
    • **Diabetes and Pregnancy: Avoidance of oral hypoglycemic agents** *(data sources: diagnosis and pharmacy claims)*
  – Level 3: Clinically enriched sources (e.g., claims, plus clinical lab results)
  – Level 4: Electronic health record system data
• Endorsing measures that work for different electronic platforms:
  - Level 1: Single source of claims
  - Level 2: Aggregation of multiple sources of claims (e.g., diagnosis plus pharmacy claims)
  - **Level 3: Clinically enriched sources**
    - Diabetes with LDL greater than 100 – Use of a lipid lowering agent (data sources: diagnosis claims, pharmacy claims, and lab results)
  - Level 4: Electronic health record system data
• Endorsing measures that work for different electronic platforms:
  – Level 1: Single source of claims
  – Level 2: Aggregation of multiple sources of claims (e.g., diagnosis plus pharmacy claims)
  – Level 3: Clinically enriched sources (e.g., claims, plus clinical lab results)
  – Level 4: Electronic health record system data
• Retooling effort underway
• Assessment of quality by race, ethnicity, primary language and SES status needs to become a routine part of performance measurement

• Explore direct methods for collecting race, ethnicity, primary language, and SES data in an efficient, effective, patient-centered manner or consider indirect methods

• Identify measures that are “disparity-sensitive” that should be routinely stratified:
  – NQF Criteria: prevalence, impact of the condition, impact of the quality process, quality gap
NPP: Overuse

- Inappropriate medication use
- Unnecessary laboratory testing
- Unwarranted diagnostic procedures
- Unnecessary maternity care interventions
- Unnecessary consultations
- Potentially harmful preventive services (USPSTF “D” list)
- Preventable hospitalization and ED visits
- Inappropriate non-palliative care at end-of-life
Updated NQF Evaluation Criteria

- **Importance to measure and report**
  - What is the level of evidence for the measures?
  - Is there an opportunity for improvement?
  - Relation to a priority area or high impact area of care?

- **Scientific acceptability of the measurement properties**
  - What is the reliability and validity of the measure?

- **Usability**
  - Can the intended audiences understand and use the results for decision-making?

- **Feasibility**
  - Can the measure be implemented without undue burden, capture with electronic data/EHRs?
• The specific focus of what is measured should be considered **important enough to expend resources for measurement and reporting**, not only that it is related to an important broad topic area.

• These concepts are addressed in separate sub-criteria for
  – Relation to an **NPP goal or high impact** aspect of healthcare
  – Evidence to support the measure focus
  – Opportunity for improvement
The label clearly indicates this criterion applies to measure properties:

- Precise specifications
- Reliability, validity, and discrimination (testing is expected to demonstrate reliability and validity)
- Demonstration of comparability if more than one data source/method is allowed
- Specifications should allow for identification of disparities.
- Risk-adjustment
- Exclusions
Usability

• Requires evidence that the measure results are meaningful and understandable to intended audiences and useful for both public reporting and informing quality improvement.
  – This is consistent with NQF policy of not endorsing measures solely for quality improvement.
  – Measures should be harmonized and provide a distinctive or additive value to existing endorsed measures.
Feasibility

• Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement.
  - Required data are routinely generated concurrent with and as a byproduct of care delivery.
  - Required data elements are available in electronic sources OR credible, near-term path to electronic collection
  - Data elements are specified for transition to EHRs (NQF Quality Data Set)
Quality Enterprise Functions: Contributions of NQF

- Establish National Priorities
- Identify Measure Gaps
- Measure Development

- Endorse Measures, Practices, and SREs
- Build Data Platforms
  • Health Information Technology Expert Panel
- Publicly Report Results

- Align Payment and Other Incentives
- Improve Performance
- Evaluate
Shared Data Elements: “Sweet Spot”
Standard element (including code set and code list) as part of the quality data element (rounded rectangle). The standard element (light blue circle) has a code set and specific code list and is part of the quality data element. The color of the circle indicates the standard category, in this example diagnosis.
Measure Developers

QDS elements stored in database for reuse across QM/CDS
EHR, HIE, Registry

QM/CDS
Ideal State: Shared Supply Chain

QM specification repository

data element repository

- diabetes
- aspirin
- hemoglobin
- lumpectomy
- smoker
- EKG

CDS rule repository

CDS

EHR

map

CDSmap

EHR

quality report
Quality Enterprise Functions:
NQF Contributions

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  - Guidance for performance reporting on safety
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Dashboard Project

• Purpose
  - Development of a standardized core set of measures for community-level public reporting
  - Comparability across communities
  - Capacity to drill down to the provider level and roll up to the regional/national level

• RWJF Aligning Forces for Quality communities will serve as the test bed, but will be broadly applicable
Dashboard Project

• Two-part project
  - Environmental scan of public reporting programs
    • Determine convergence
    • Map findings to the integrated priorities and episodes of care performance measurement framework
  - Convene workshop for communities and other key stakeholders to define the core set of measures
Dashboard Project

- **Environmental scan**
  - Awarded to Mathematica
  - Review community, state, national, and proprietary public reporting programs
  - Determine convergence among the measures used
  - Identify data source and units of analysis issues
  - Map findings to integrated priorities and episodes of care framework
  - Identify gaps in current public reporting programs
  - Provide background analytic material for workshop
MAPs Project

• Purpose
  - Translation of NQF-endorsed measures and practices into customized packages to meet the varying needs of end users
  - Built on the integrated priorities and episodes of care performance measurement framework

• RWJF Aligning Forces for Quality Communities will serve as the test bed, but will be broadly applicable
MAPs Project

• Product
  - User-friendly, menu-driven interface
  - Decision support to aid selection of measures and practices
  - Applicable to a broad array of end users and uses
  - Feedback mechanism to collect users experience with NQF-endorsed measures and practices
Quality Enterprise Functions: NQF Contributions

EstABLISH NATIONAL PRIORITIES

IDENTIFY MEASURE GAPS

MEASURE DEVELOPMENT

ENDORSE MEASURES, PRACTICES, AND SREs

BUILD DATA PLATFORMS

PUBLICLY REPORT RESULTS

IMPROVE PERFORMANCE

EVALUATE

ALIGN PAYMENT AND OTHER INCENTIVES

• Analysis of measurement implications of various payment reform models
• Performance-based payment incentives as a driver of change
  - Pay for performance
  - Episode-based payment
  - Population-based payment

Payment for service
  - Fee-for-service
  - Augmented fee-for-service (e.g., P4P)

Payment for event or condition
  - Bundled payment (single provider)
  - Bundled payment (multiple providers)

Payment for care of a population
  - Partial capitation
  - Full capitation

Increasing aggregation of services into a unit of payment
• Two-part project
  - Cataloging of payment reform models
  - Analysis of measurement implications of selected models

• RAND engaged as subcontractor
• Cataloging sources
  - Federal health reform legislative proposals
  - Medicare demonstration and pilot programs
  - MedPAC recommendations
  - State health reforms
  - Private sector initiatives
  - Proposals by academicians, think tanks, etc.
• Cataloging characteristics
  - Identifying information
  - Targeted entities
  - Payment formula
  - Measurement parameters
  - Implementation status
  - Consumer characteristics
• Types of models for measurement analysis
  - Bundling
  - Global payment
  - Hospital pay for performance, including readmissions and hospital-acquired conditions
  - Physician pay for performance, including care coordination and shared decision making
  - Gainsharing
  - Accountable care organizations
  - Medical homes
  - Community pools
• Measurement analysis for selected payment reform models
  - Assessment of measure needs
    • Proposed measure sets
  - Analysis of methodological issues raised by application of measures
    • Attribution
    • Risk adjustment
    • Benchmarking
    • Data source
    • Small numbers
  - Identification of measure gaps
    • Stream feeding the measure development and endorsement agenda
Step One: Cataloging of Payment Reform Models

1. Identify Sources of PRM
2. Develop Comprehensive PRM List
3. Develop Screen 1 Criteria
4. Apply Screen 1
   - Pass: List of 10-12 PRMs for Comprehensive Summary
   - Fail: List of PRM for Brief Abstract
5. Specify list of Key Attributes for reform models in catalog
6. Create Comprehensive Summaries
7. Primary Catalog of PRM
8. Create Brief Abstracts
9. Appendix of Additional PRM
Step Two: Assessment of Measure Needs and Gaps

- Catalog of PRM
  - Analysis of PRM Measure Needs
    - For each PRM \(_i (i = 1 - 12)\)
  - List of Measure Needs for PRM \(_i\)

- Measure Environment scan list
  - Compare Needs & Available Measures
    - Measures not available
      - Unmet Measure Needs (Concepts)
    - Measures available
      - Measures that Meet Needs of PRM \(_i\)

- Guidance to Developers
Step Three: Analysis of Measure Methodological Issues and Readiness for Use

- Measures that Meet Needs of PRM
  - Methodological Assessment of Measures for PRM
    - Pass
      - PRM\textsubscript{i} - Ready Measures
      - Yes
        - NQF-endorsed?
          - Yes
            - Ready for Use
          - No
            - Solicit NQF Endorsement
        - No
          - Solicit NQF Endorsement
    - Fail
      - Measures Needing Refinement for PRM\textsubscript{i}
        - NQF-endorsed?
          - Yes
            - Measure Maintenance Process
          - No
            - Solicit Refinements
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- Publicly Report Results
- Align Payment and Other Incentives
- Improve Performance
  - Webinars
  - Measures database
- Evaluate
Bending the Curve Toward Transformed Health*

*Source: Office of the National Coordinator
Webinars

- EHRs and meaningful use
- Patient safety
  - Updated Serious Reportable Events (SREs)
  - Healthcare Associated Infections (HAIs)
- Care coordination
- Resource use and efficiency
- Outcomes
  - Cross-cutting & condition-specific;
  - Child health outcomes;
  - Mental health outcomes
Quality Enterprise Functions:
NQF Contributions

Establish National Priorities

Identify Measure Gaps

Measure Development

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

Improve Performance

Evaluate

• Measure use evaluation
Measure Use Evaluation

- To assess the use of performance measures for driving system change:
  - Public reporting
  - Payment incentives
  - Accreditation and certification
  - Quality improvement

- To inform measure development, endorsement, and implementation
• Evaluation performed by an independent third-party subcontractor

• Phased evaluation of measure uses first, then impacts

• Measure Use Evaluation Advisory Committee for stakeholder engagement
Measure Use Evaluation Approach

NQF Endorsed
Performance Measures

Are they used?

NO

Not using any performance measures

YES

Using non-standardized measures

How?
Measure Use Evaluation Approach

Are NQF Endorsed Performance Measures used?

YES

How?
- Payment systems
- Public reporting
- Accred./Certification
- Quality improvement
- Other

What is/are the:
- Level of penetration
- Intended effects
- Unintended consequences
- Barriers to implementation
- Data issues
- Success factors

Better informed measure development and implementation in the field

Are NQF Endorsed Performance Measures used?

YES

Better informed measure development and implementation in the field
Are the NQF Endorsed Performance Measures used?

NO

Using non-standardized measures

Why?
- Local adaptation
- Local development of own measures
- Other reasons

What can be done to reconcile the systems?

Better informed measure development and implementation in the field
Are the NQF Endorsed Performance Measures used?

NO

Why?
*Not believed to be meaningful
*Privacy/legal issues
*Lack of data sources
*Other reasons

What can be done to create a new opportunity?

Better informed measure development and implementation in the field
Quality Enterprise Functions: Contributions of NQF

Establish National Priorities
Two dimensional framework:
• National Priorities Partnership
• Top 20 conditions

Identify Measure Gaps
• Agenda for Measure Development and Endorsement

Measure Development

Endorse Measures, Practices, and SREs
• Over 500 measures covering all settings, including Safe Practices and SREs
• Measures for alt data programs

Build Data Platforms
• Health Information Technology Expert Panel

Publicly Report Results
• Guidance for performance reporting on safety
• MAPs & Dashboard

Align Payment and Other Incentives
• Analysis of measurement implications of various payment reform models

Improve Performance
• Webinars
• Measures database

Evaluate
• Measure use evaluation
Thank You

Janet M. Corrigan, PhD  corrigan@qualityforum.org
Helen Burstin, MD, MPH  hburstin@qualityforum.org
Thomas B. Valuck, MD, JD  tvaluck@qualityforum.org