Measure, Report, Improve: The National Quality Agenda
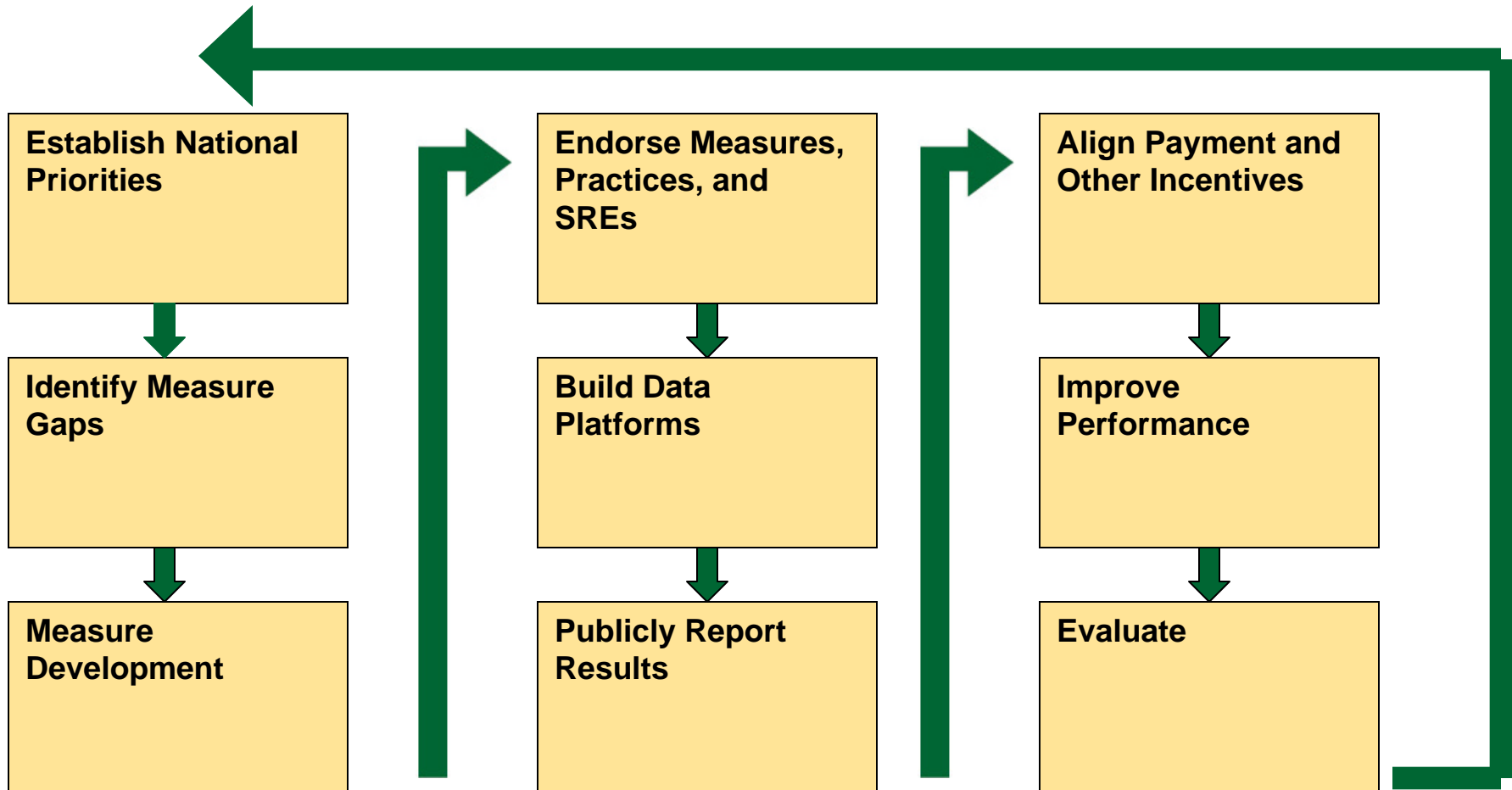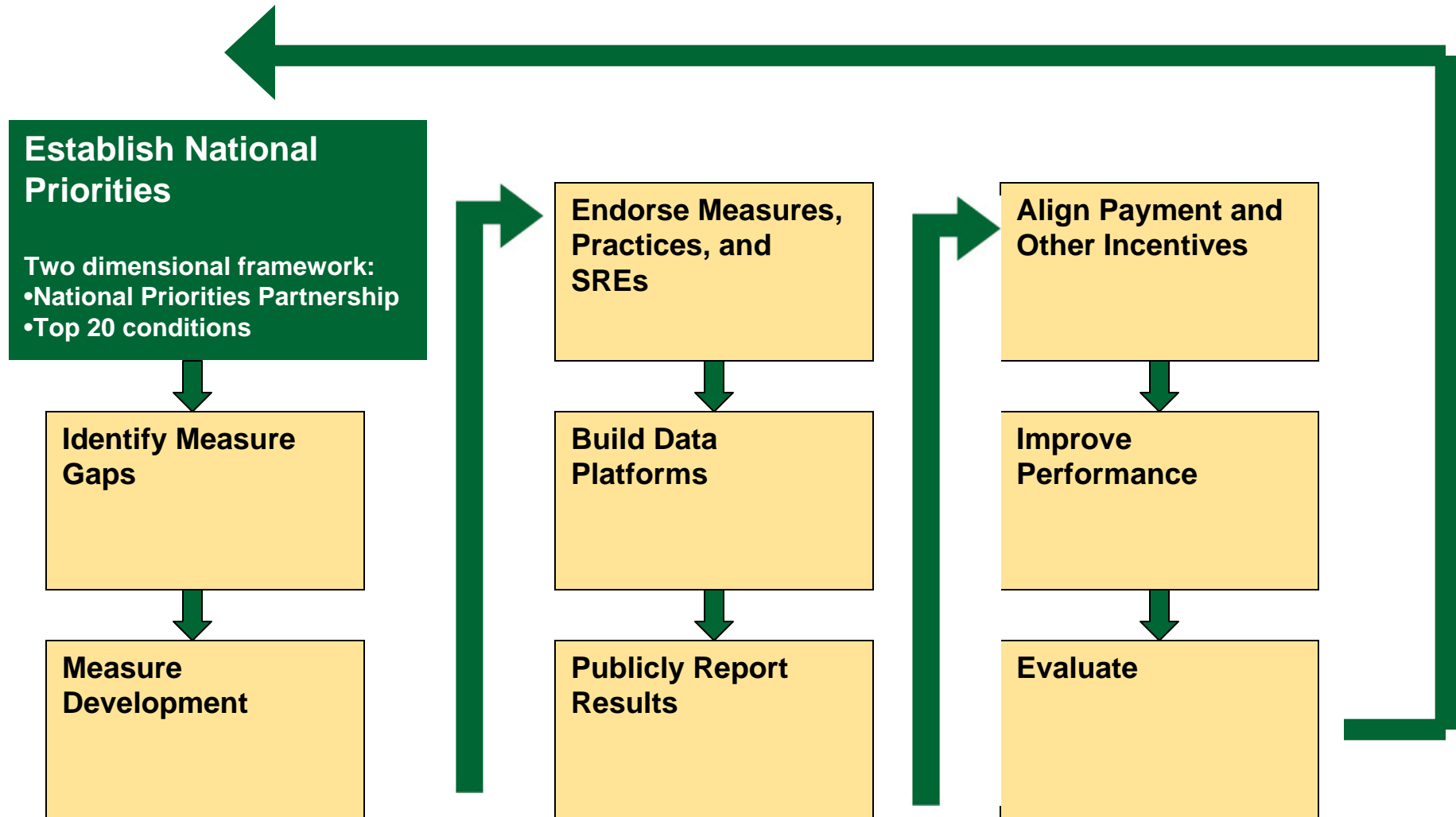
Janet M. Corrigan, PhD
President and CEO
National Quality Forum
March 2010

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
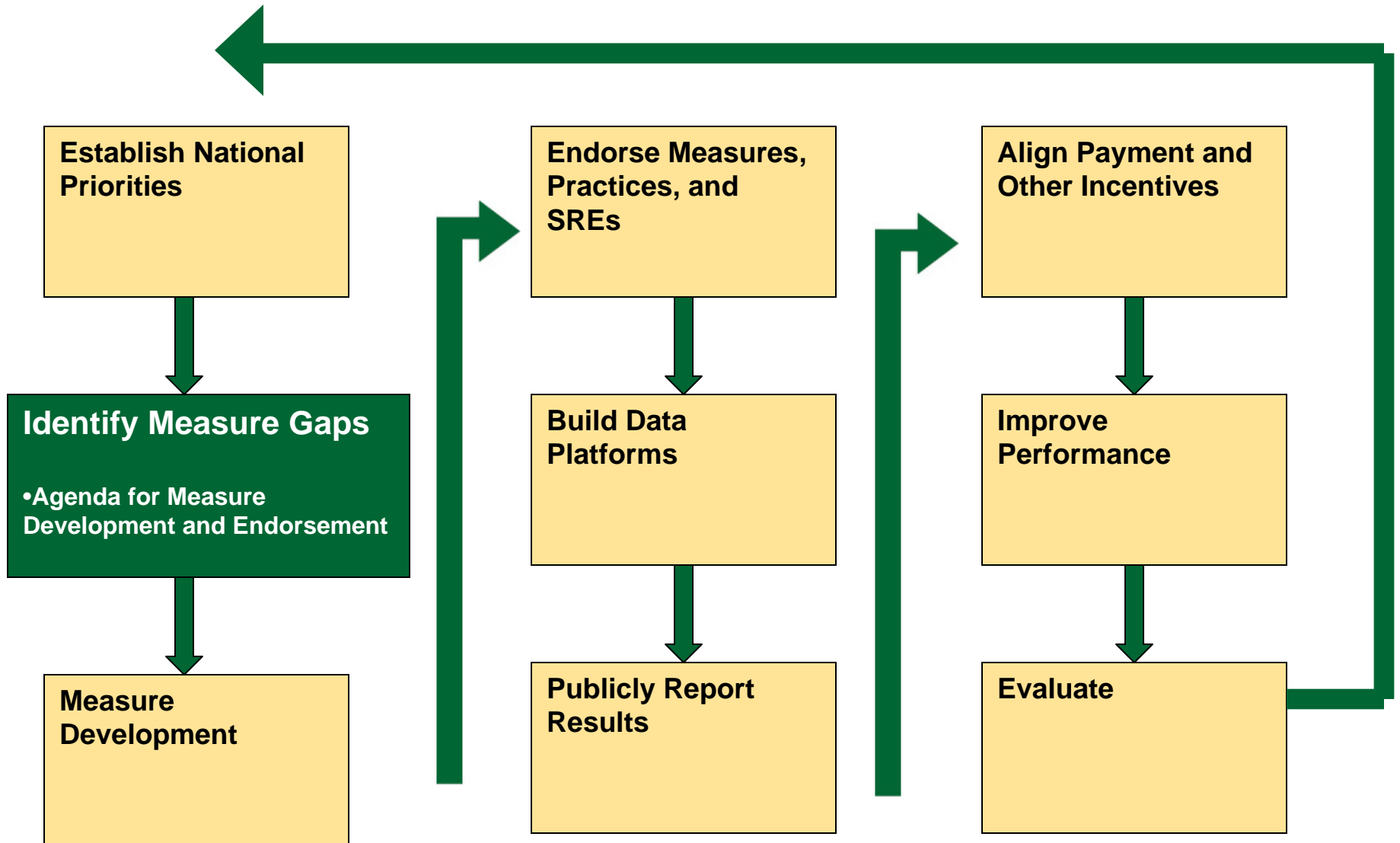
National Quality Forum Mission

- 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
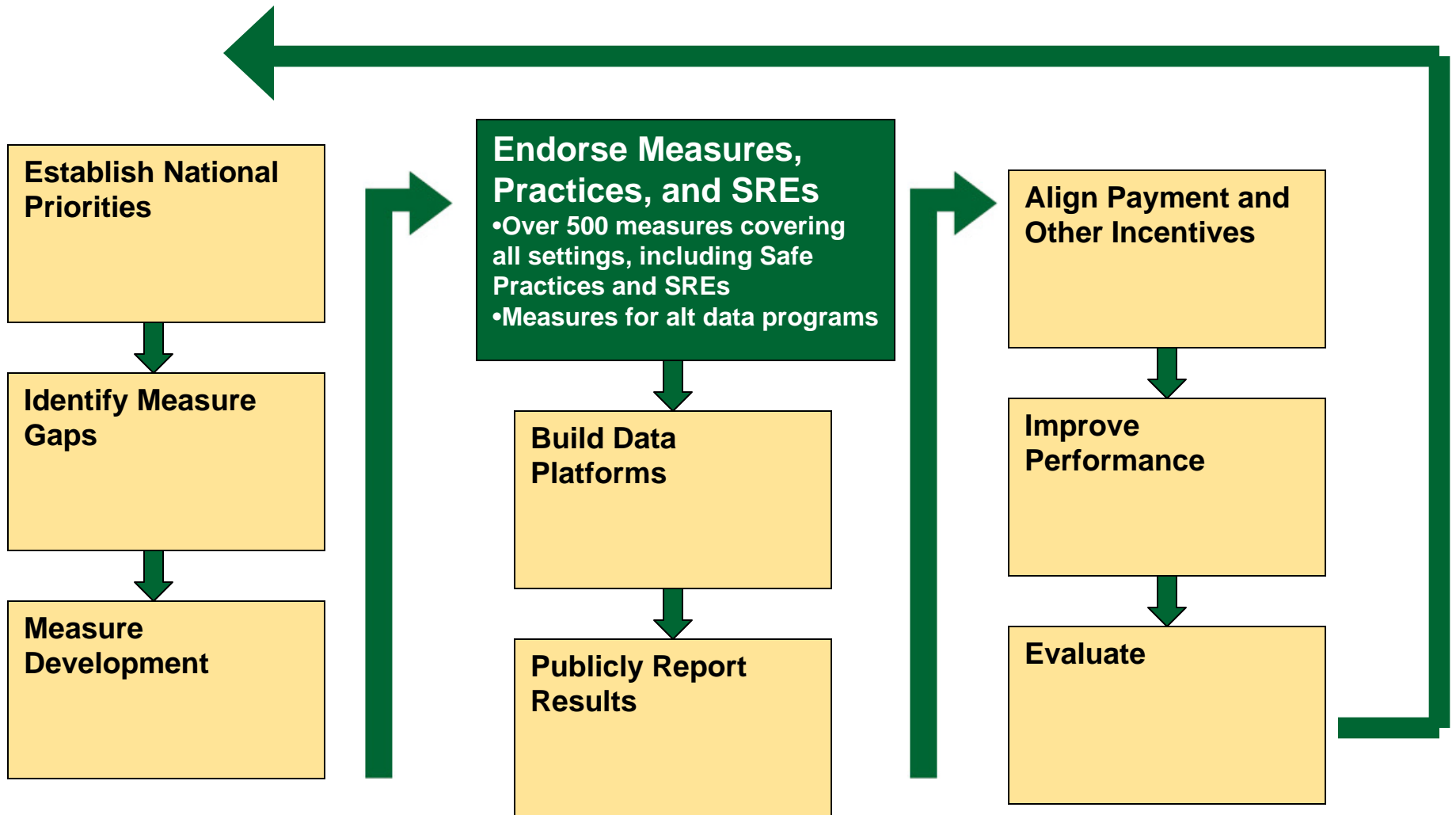
NQF Historical Perspective

1998	President's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry recommends the creation of NQF.
1999	NQF is incorporated as a 501(C) 3.
2000	NQF welcomes its first 90 charter members. NQF defines the Consensus Development Process for endorsing standards.
2002	NQF publishes the first set of endorsed standards to promote safety:serious reportable events (SREs).
2005	Membership tops 200.
2006	NQF expands mission to include setting national priorities and goals.
2007	The NQF portfolio of endorsed measures reaches 250. Membership tops 300. NQF endorses disparities-sensitive measures.
2008	The NQF portfolio of endorsed measures reaches 500. The National Priorities Partnership releases the first set of National Priorities to transform healthcare.
2009	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.
2010	Membership tops 400.

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Establish National Priorities

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

Identify Measure Gaps

Measure Development

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

Improve Performance

Evaluate

```
Establish National          Endorse Measures,          Align Payment and
Priorities                  Practices, and             Other Incentives
                            SREs
        |                          |                           |
        v                          v                           v
Identify Measure Gaps       Build Data                 Improve
                            Platforms                  Performance
• Agenda for Measure
Development and Endorsement
        |                          |                           |
        v                          v                           v
Measure                     Publicly Report            Evaluate
Development                 Results
```

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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 alt data programs

↓

Build Data Platforms

↓

Publicly Report Results

Align Payment and Other Incentives

↓

Improve Performance

↓

Evaluate

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

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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

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Establish National Priorities

Identify Measure Gaps

Measure Development

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

•Analysis of measurement implications of various payment reform models

Improve Performance

Evaluate

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Establish National Priorities

Endorse Measures, Practices, and SREs

Align Payment and Other Incentives

Identify Measure Gaps

Improve Performance

Improve Performance
- Webinars
- Measures database

Measure Development

Publicly Report Results

Evaluate

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

Establish National Priorities

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

Identify Measure Gaps

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Publicly Report Results

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Improve Performance

Evaluate

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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

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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

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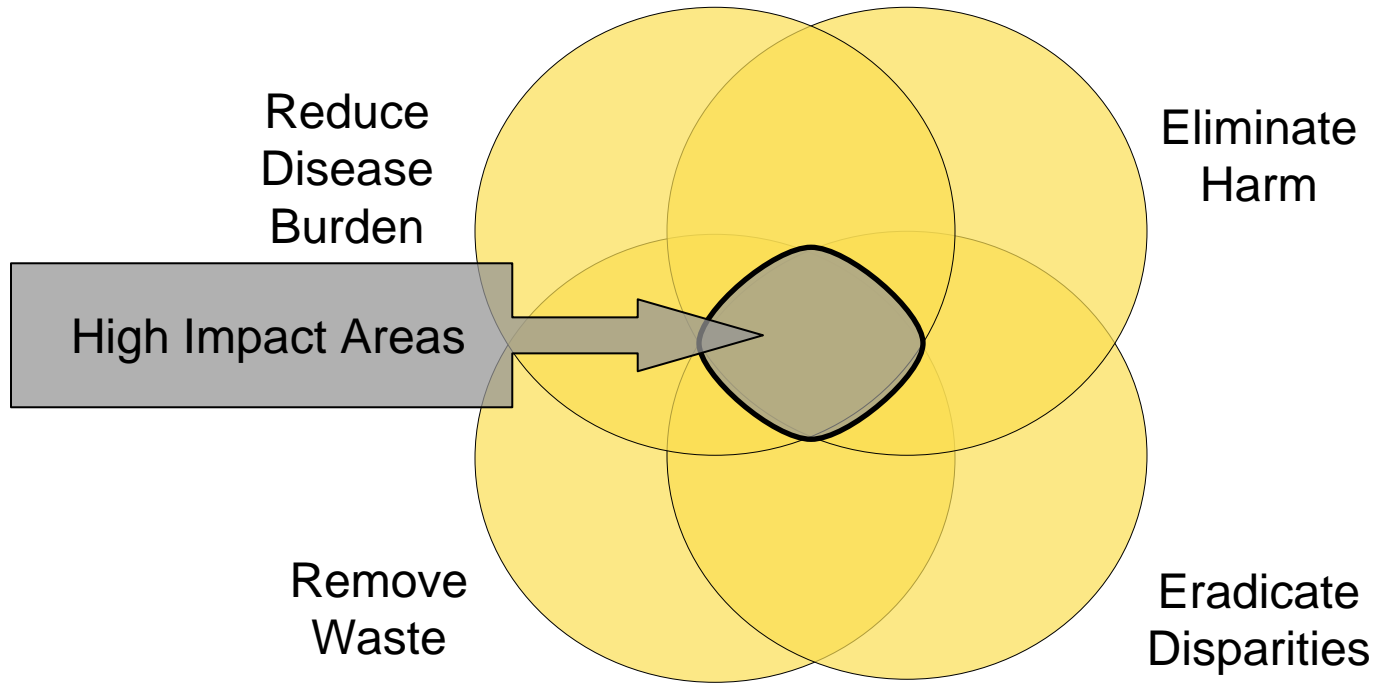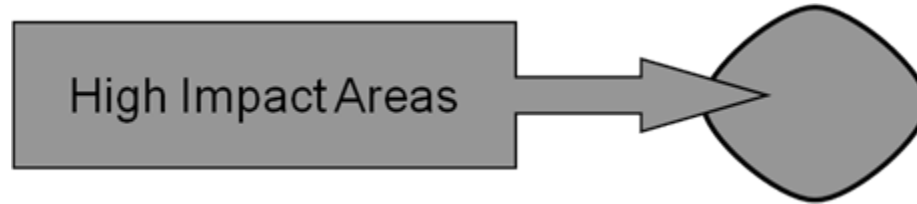
- Patient and Family Engagement
- Population Health
- Safety
- Care Coordination
- Palliative Care
- Overuse

© National Priorities Partnership

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Drivers of Change
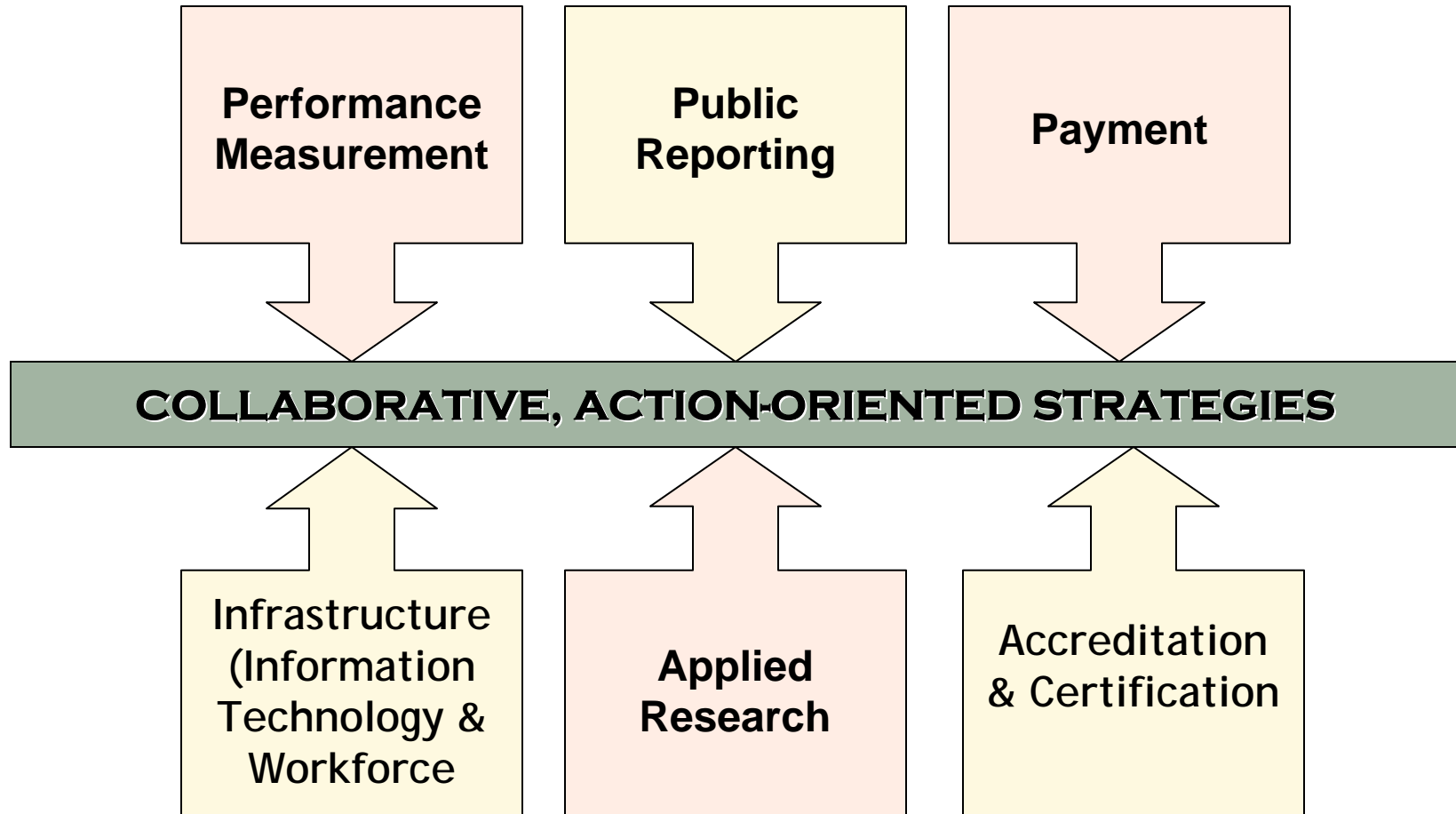
Partnership Work Groups Taking Action First:

- 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

Clinical episode begins
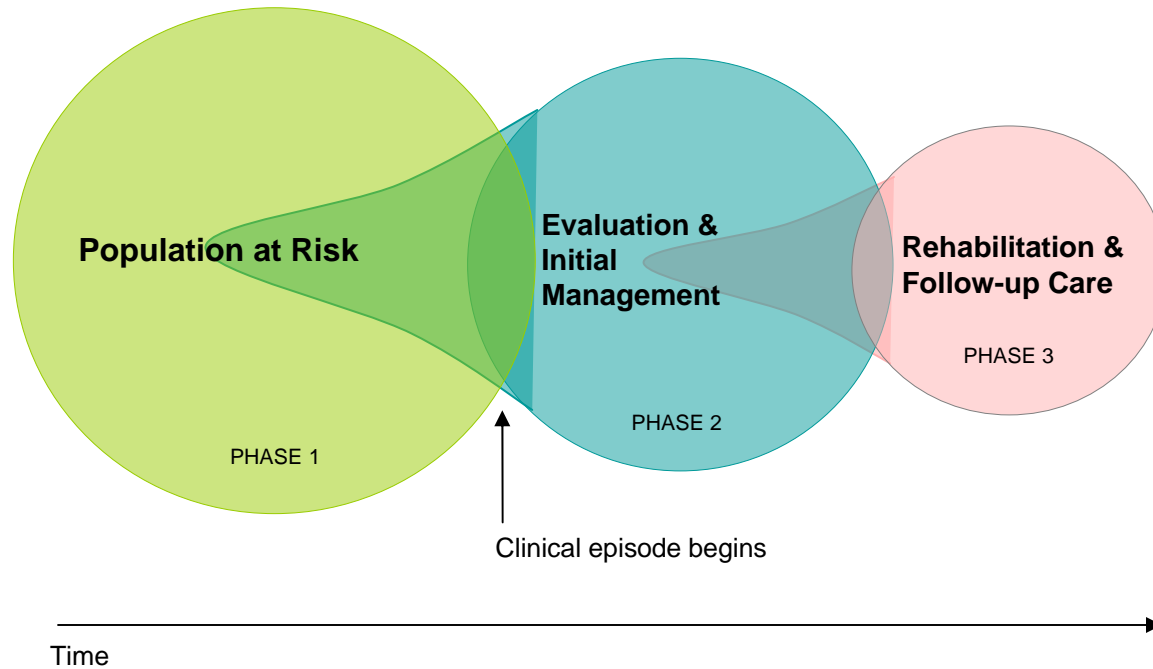
Time

End of Episode

- Risk-adjusted health outcomes (i.e. mortality & functional status)

- Risk-adjusted total cost of care

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
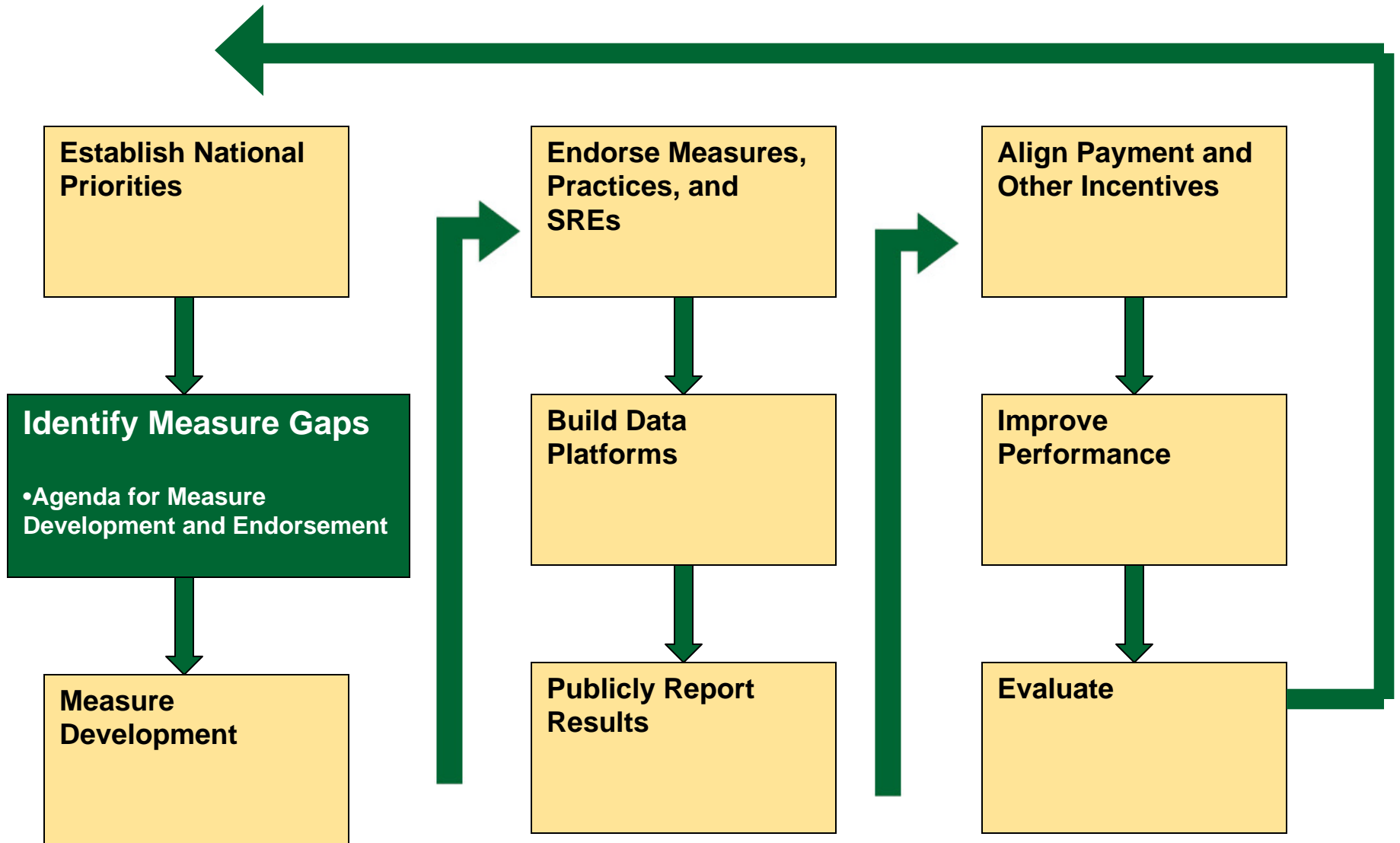 - Bundled payment for the episode of care

- 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

Patient & Family Engagement

Care Coordination

Population Health

1^0 *Prevention*

2^0 *Prevention*
(CAD with prior AMI)

Acute Phase

Post Acute/ Rehabilitation Phase

2^0 *Prevention*

PHASE 1

PHASE 2

PHASE 3

PHASE 4

Post AMI Trajectory 2 (T2)
Adult with multiple co-morbidities

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

Staying Healthy

Getting Better

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

Population Health

Palliative/End of Life Care

Overuse

Episode begins – onset of symptoms

Episode ends – 1 year post AMI

Safety

Establish National Priorities

Endorse Measures, Practices, and SREs

Align Payment and Other Incentives

Identify Measure Gaps

•Agenda for Measure Development and Endorsement

Build Data Platforms

Improve Performance

Measure Development
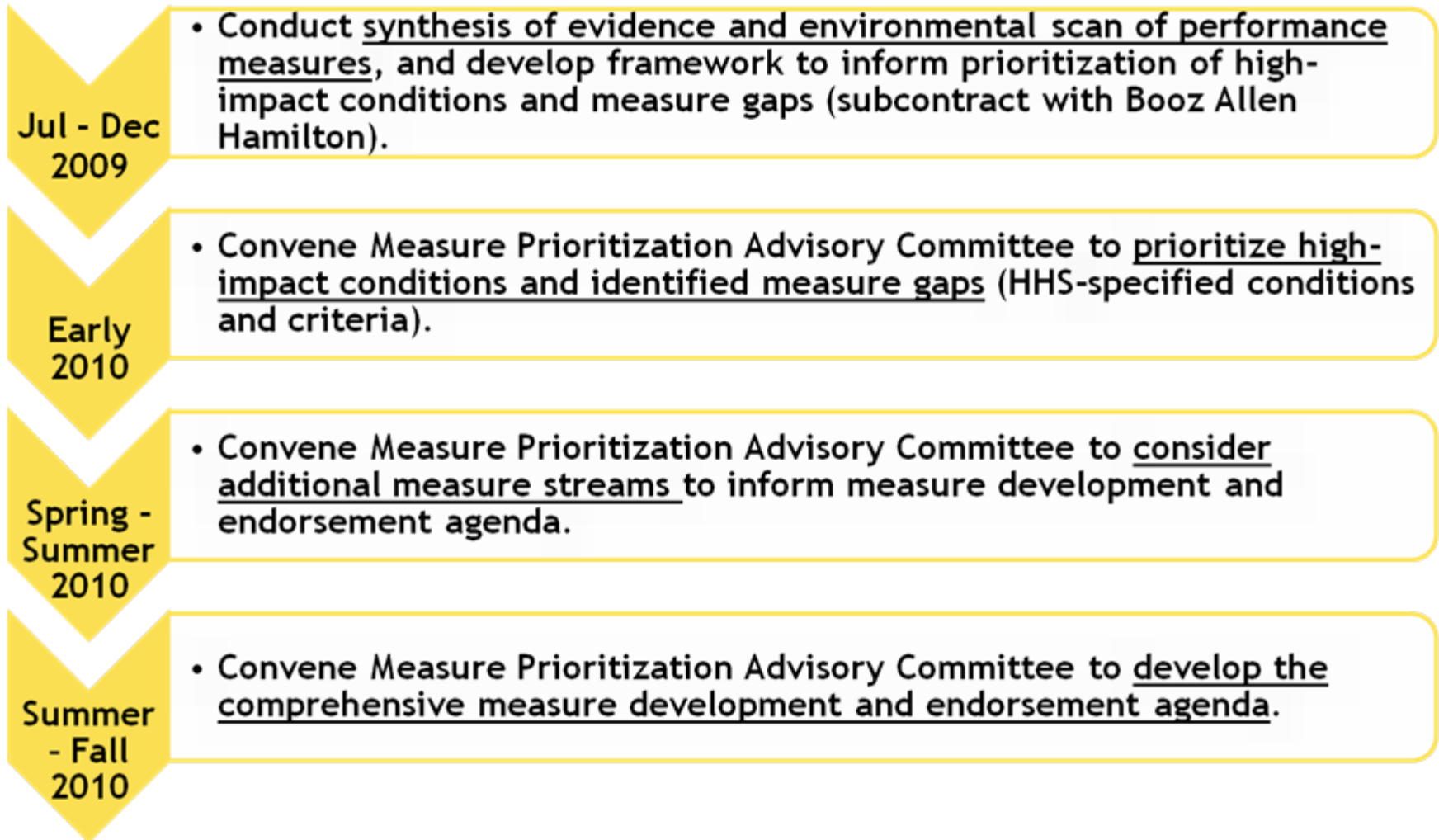
Publicly Report Results

Evaluate

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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

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
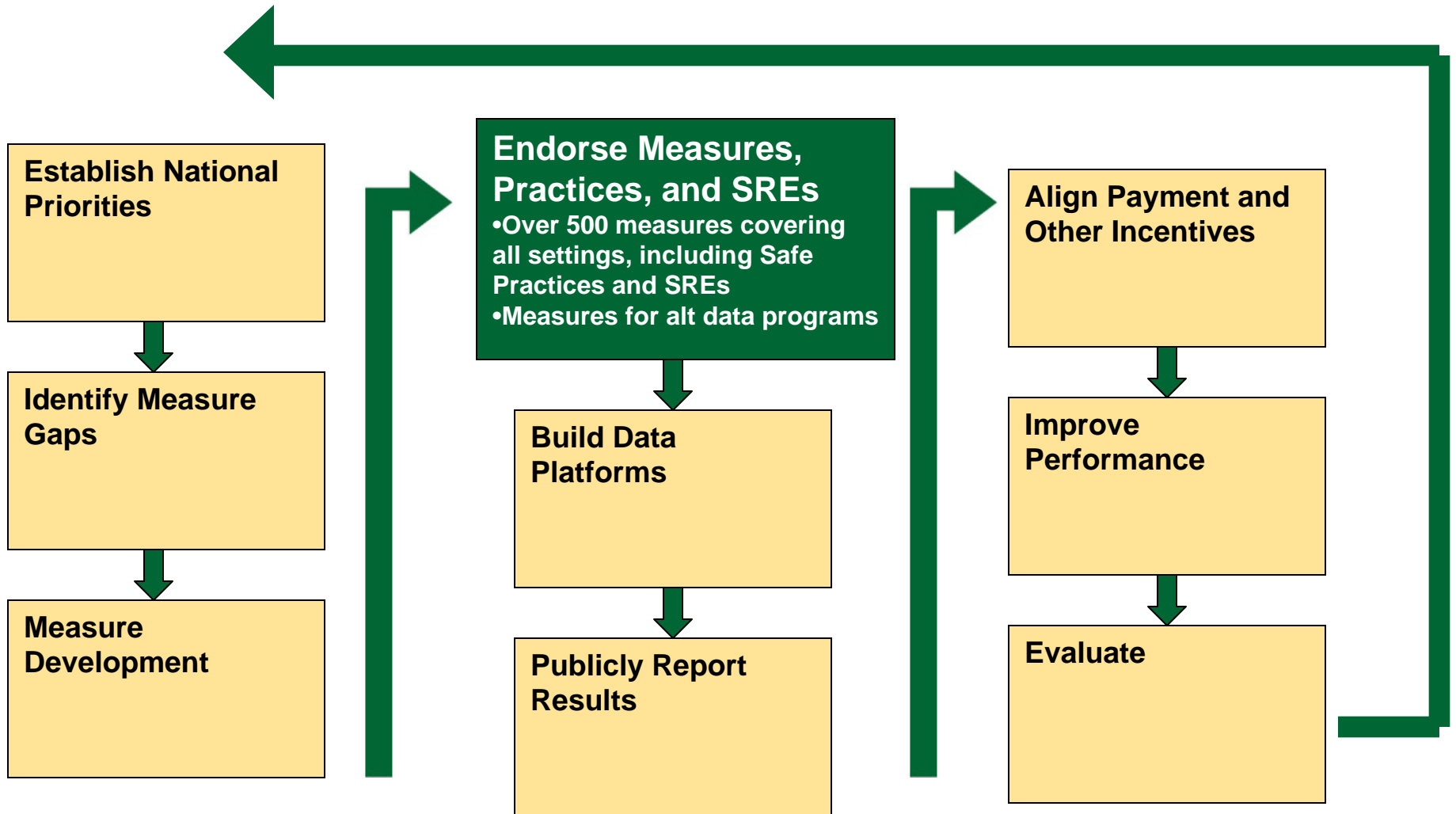- Rheumatoid arthritis and Osteoarthritis
- Stroke/TIA

Scope of Work & Timeline

Jul - Dec 2009
- Conduct <u>synthesis of evidence and environmental scan of performance measures</u>, 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 <u>prioritize high-impact conditions and identified measure gaps</u> (HHS-specified conditions and criteria).

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

Summer – Fall 2010
- Convene Measure Prioritization Advisory Committee to <u>develop the comprehensive measure development and endorsement agenda</u>.

Streams Feeding the
Measure Development and Endorsement Agenda
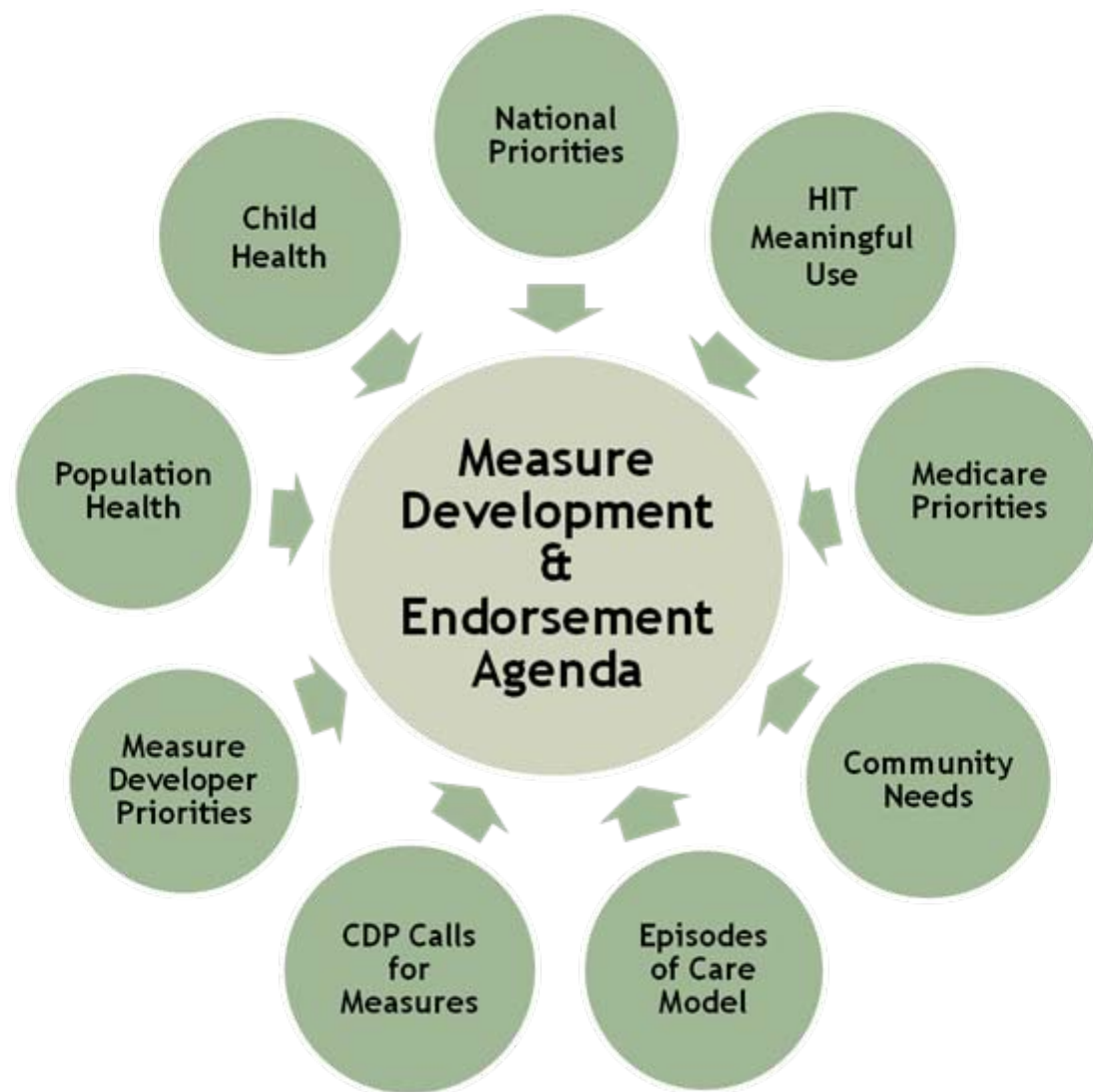
- Responsive to NPP and DHHS priorities

- 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

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 alt data programs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

Improve Performance

Evaluate

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- **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
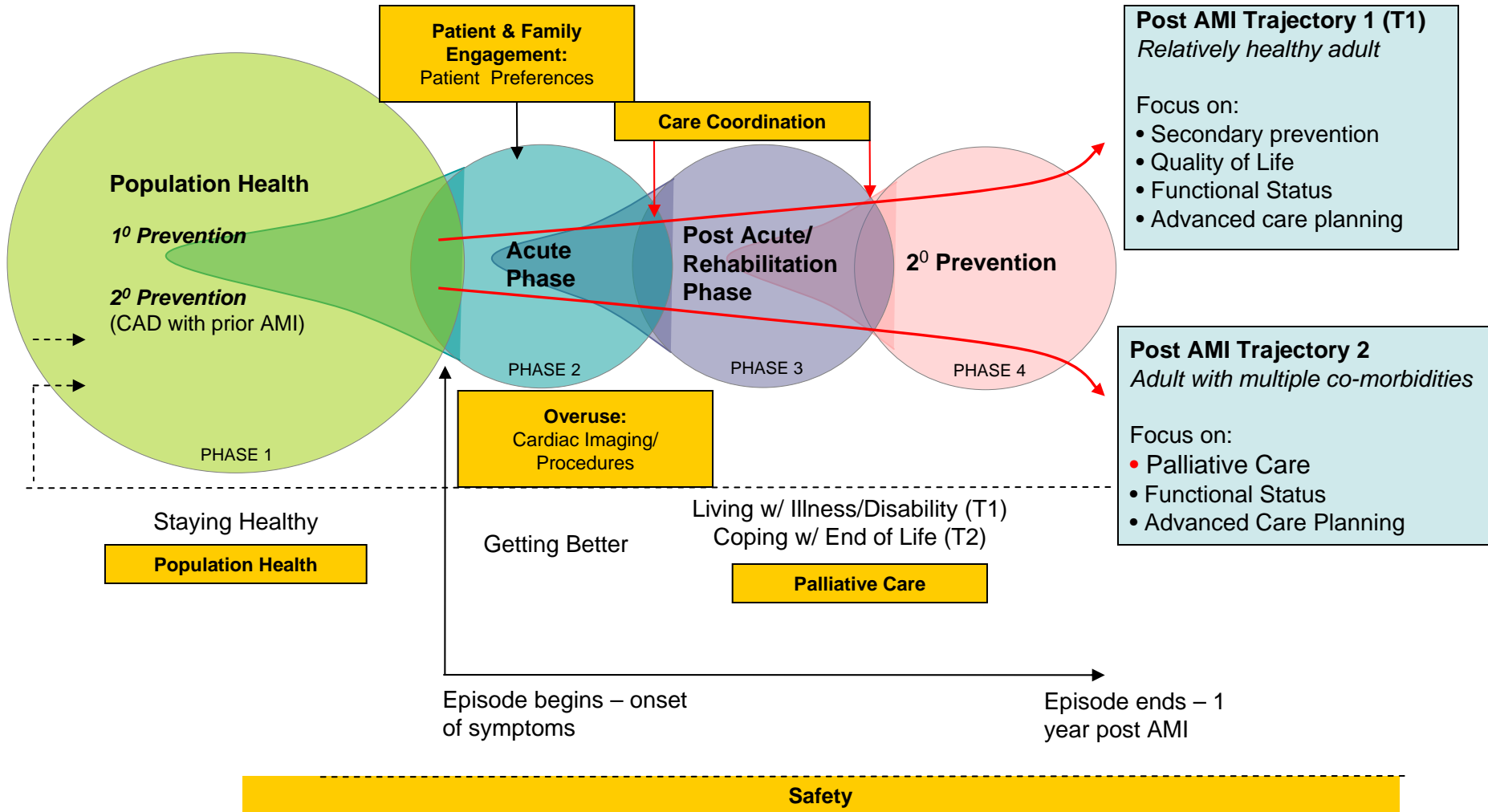
Patient & Family Engagement: Patient Preferences

Care Coordination

Population Health

1⁰ Prevention

2⁰ Prevention (CAD with prior AMI)

PHASE 1

Acute Phase — PHASE 2

Post Acute/Rehabilitation Phase — PHASE 3

2⁰ Prevention — PHASE 4

Overuse: Cardiac Imaging/Procedures

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

Staying Healthy

Getting Better

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

Population Health

Palliative Care

Episode begins – onset of symptoms

Episode ends – 1 year post AMI

Safety

NQF
NATIONAL QUALITY FORUM

- 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 <u>plus</u> pharmacy claims)
  - Level 3: Clinically enriched sources (e.g., claims, <u>plus</u> clinical lab results)
  - Level 4: Electronic health record system data

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- 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 <u>plus</u> 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**

Quality and Disparities Measurement

- 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

- 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

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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 <u>measure properties</u>:
  - 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

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

- Extent to which the required data are readily available, **<u>retrievable without undue burden</u>**, 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**

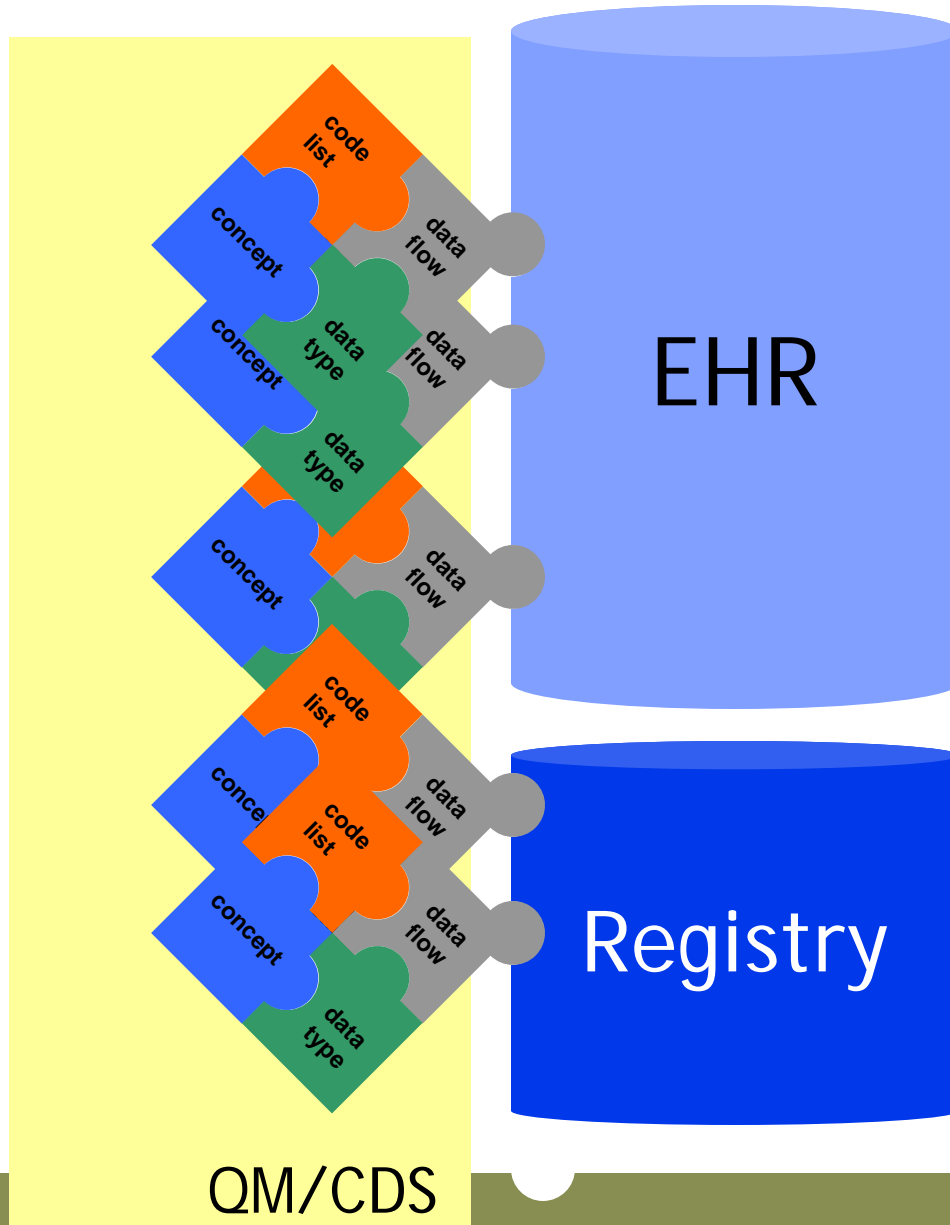 – **Data elements are specified for transition to EHRs (NQF Quality Data Set)**

Establish National Priorities

Endorse Measures, Practices, and SREs

Align Payment and Other Incentives

Identify Measure Gaps

Build Data Platforms

•**Health Information Technology Expert Panel**

Improve Performance

Measure Development

Publicly Report Results

Evaluate

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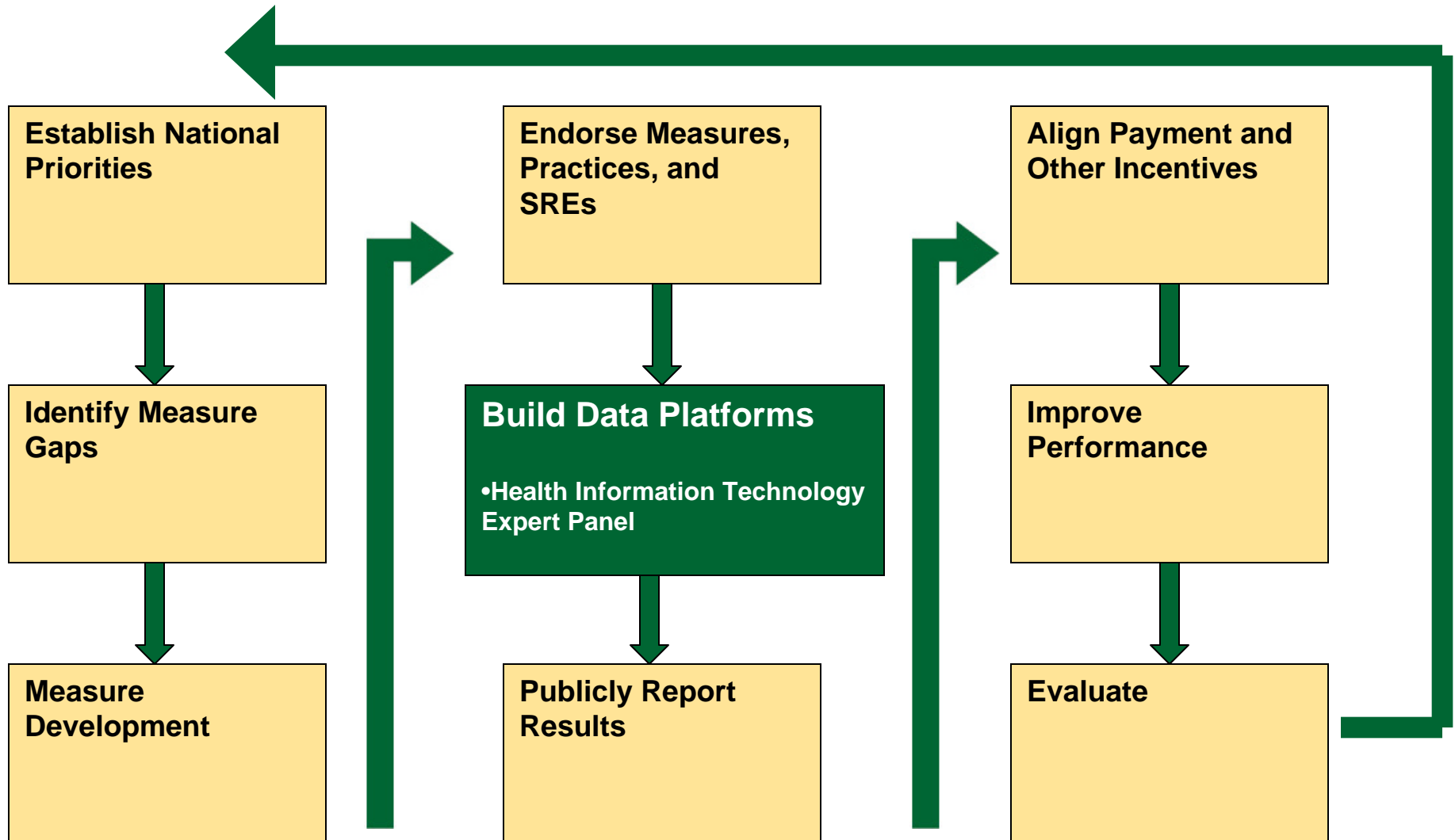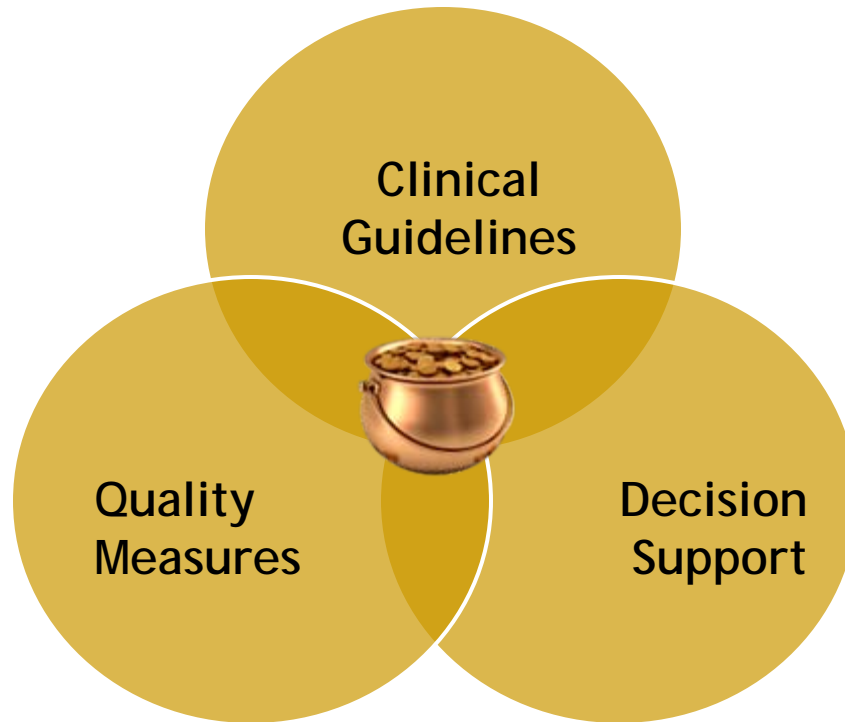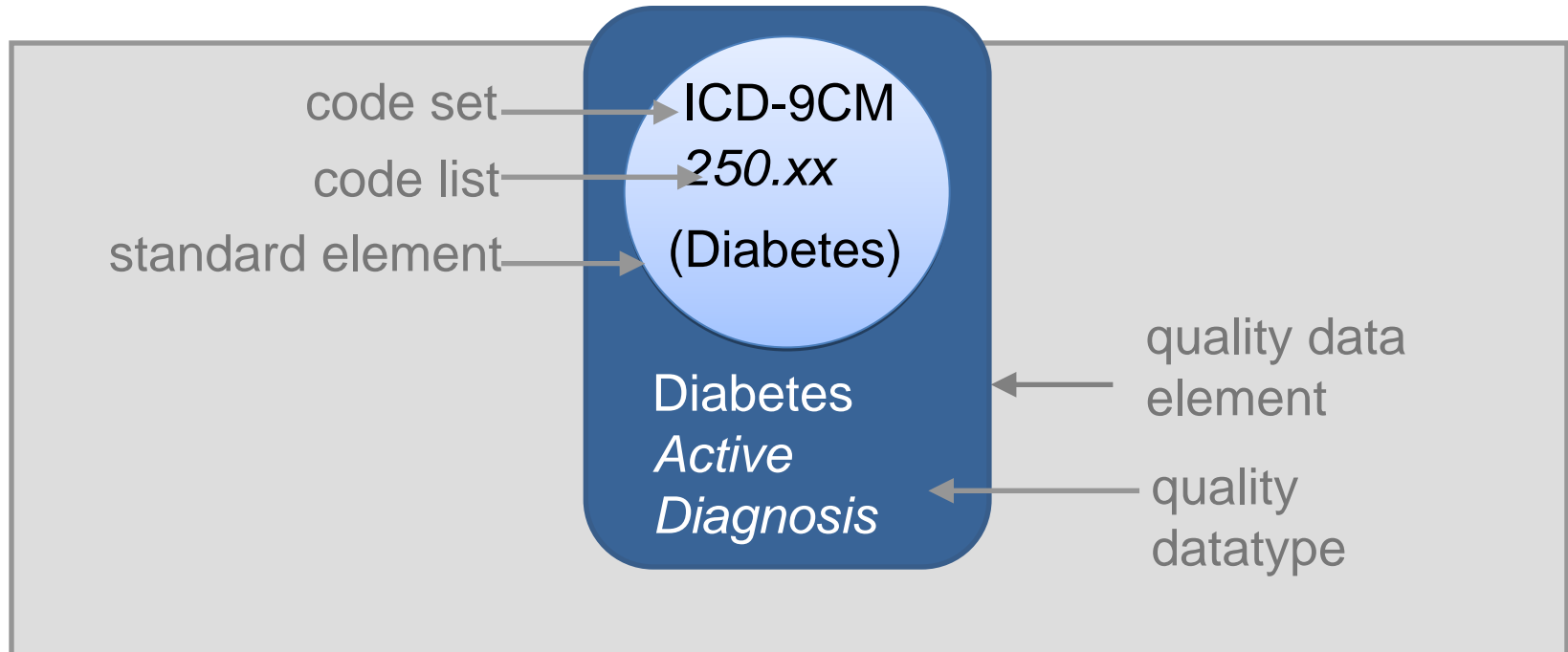
Standard element (including code set and code list) as part of the quality data element (rounded rectangle). The standard element (light blue circle) has a *code set* and specific *code list* and is part of the quality data element. The color of the circle indicates the standard category, in this example diagnosis.

concept

diabetes
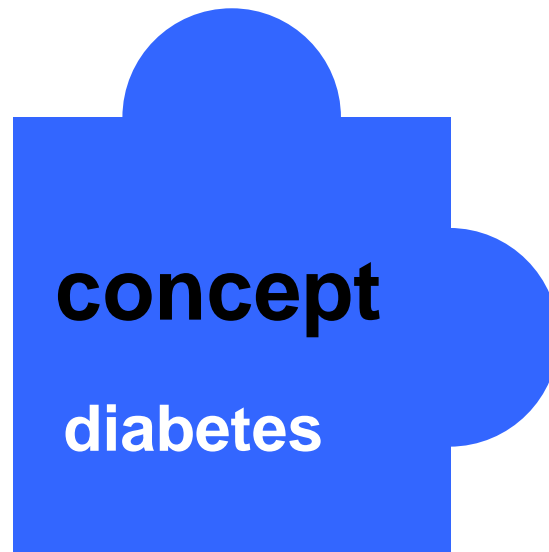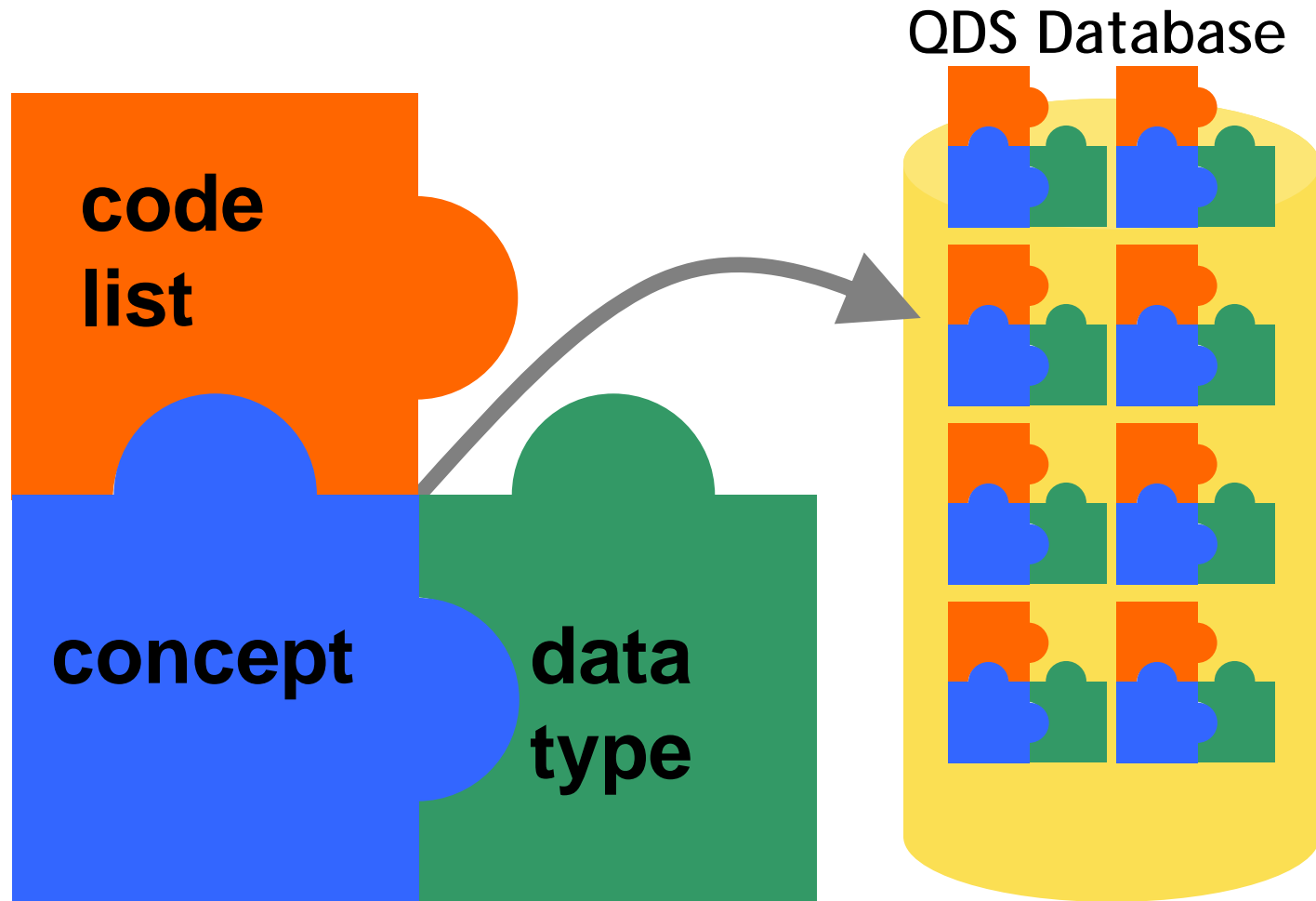
QDS elements stored in database for reuse across QM/CDS

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Establish National Priorities

Endorse Measures, Practices, and SREs

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Improve Performance

Measure Development

Publicly Report Results

•Guidance for performance reporting on safety
•MAPs & Dashboard

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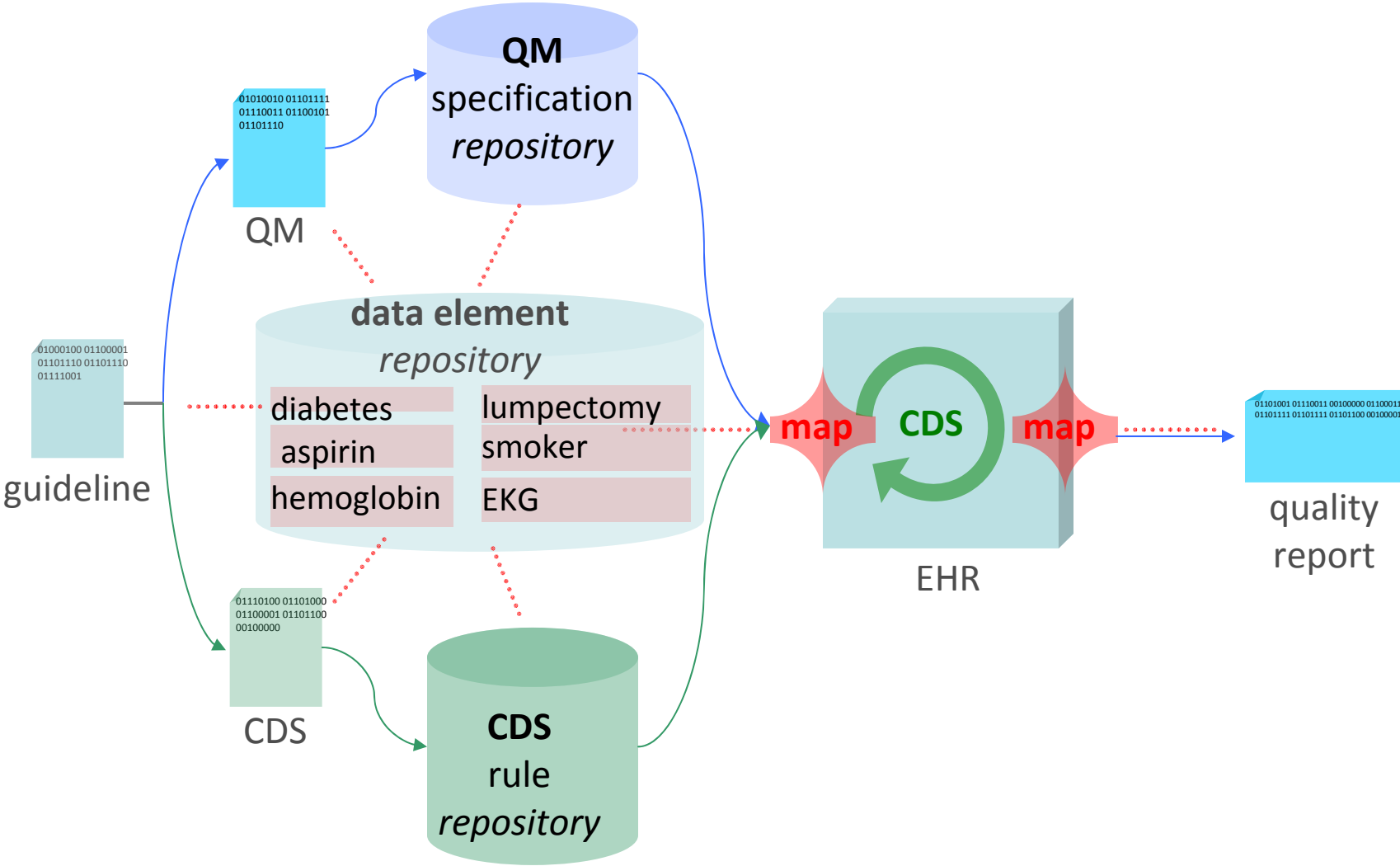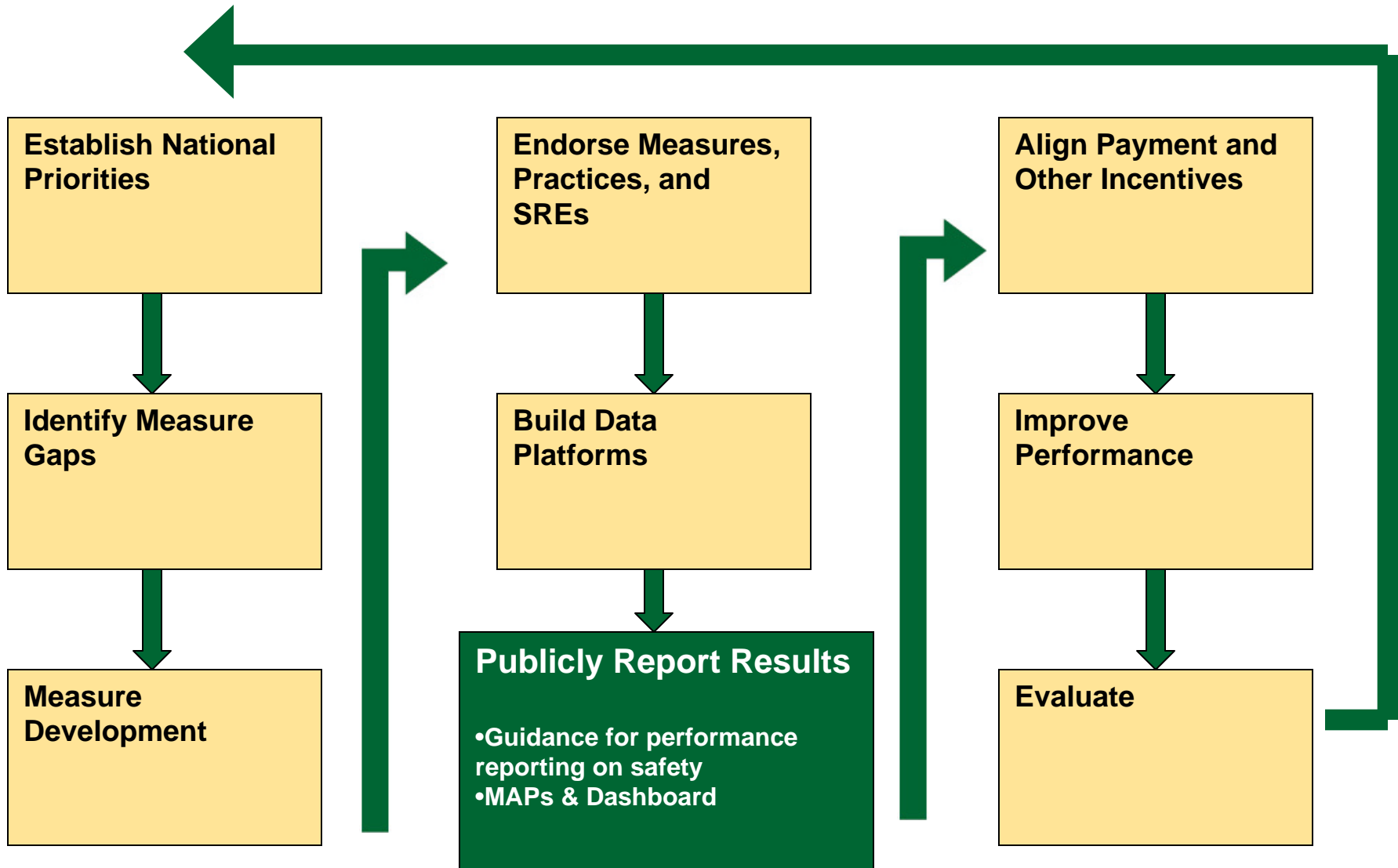
- Purpose
  - Development of a standardized core set of measures for community-level public reporting
  - Comparability across communities
  - Capacity to drill down to the provider level and roll up to the regional/national level

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

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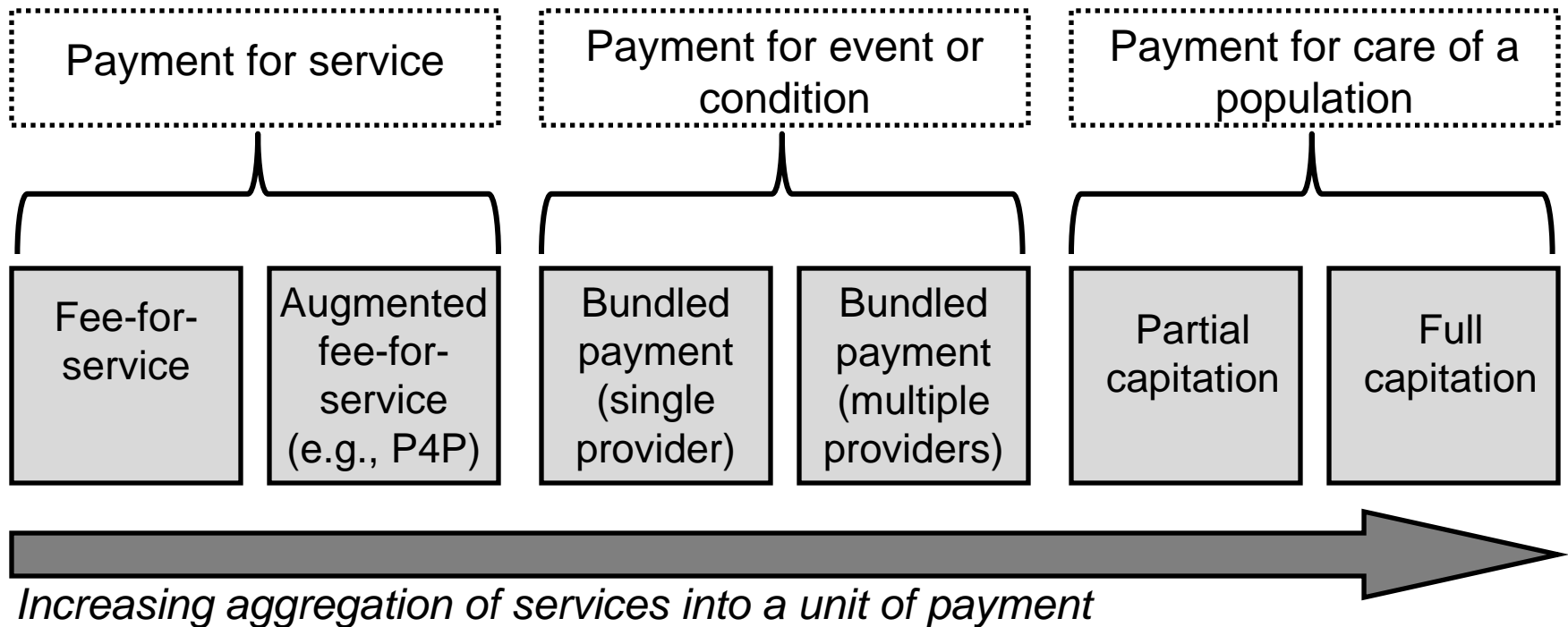
- Environmental scan
  - Awarded to Mathematica
  - Review community, state, national, and proprietary public reporting programs
  - Determine convergence among the measures used
  - Identify data source and units of analysis issues
  - Map findings to integrated priorities and episodes of care framework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

- 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

- 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

NQF
NATIONAL QUALITY FORUM

Establish National Priorities

Identify Measure Gaps

Measure Development

Endorse Measures, Practices, and SREs

Build Data Platforms

Publicly Report Results

Align Payment and Other Incentives

•**Analysis of measurement implications of various payment reform models**

Improve Performance

Evaluate

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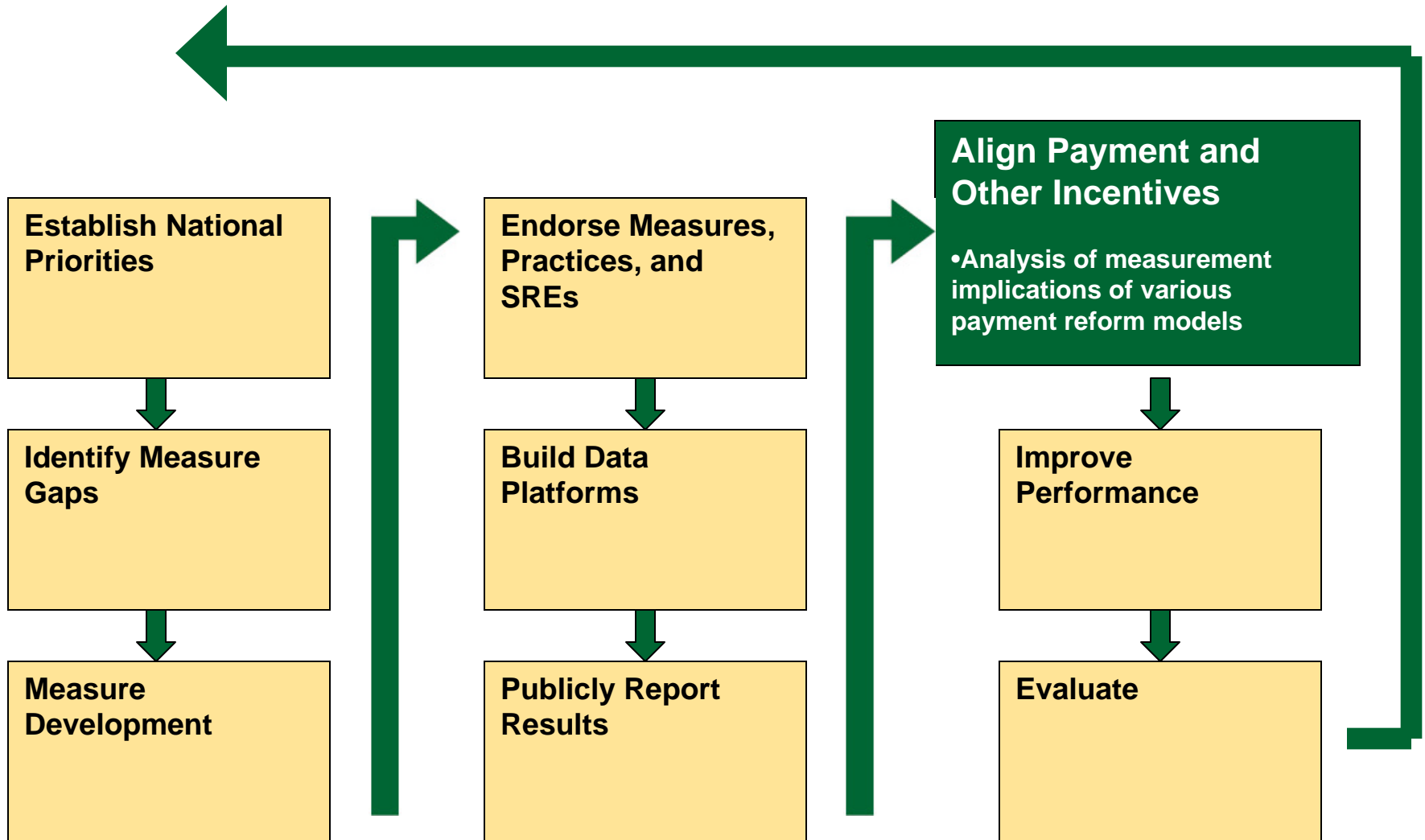
- Performance-based payment incentives as a driver of change
  - Pay for performance
  - Episode-based payment
  - Population-based payment

Payment for service		Payment for event or condition		Payment for care of a population	
Fee-for-service	Augmented fee-for-service (e.g., P4P)	Bundled payment (single provider)	Bundled payment (multiple providers)	Partial capitation	Full capitation

Increasing aggregation of services into a unit of payment

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- 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
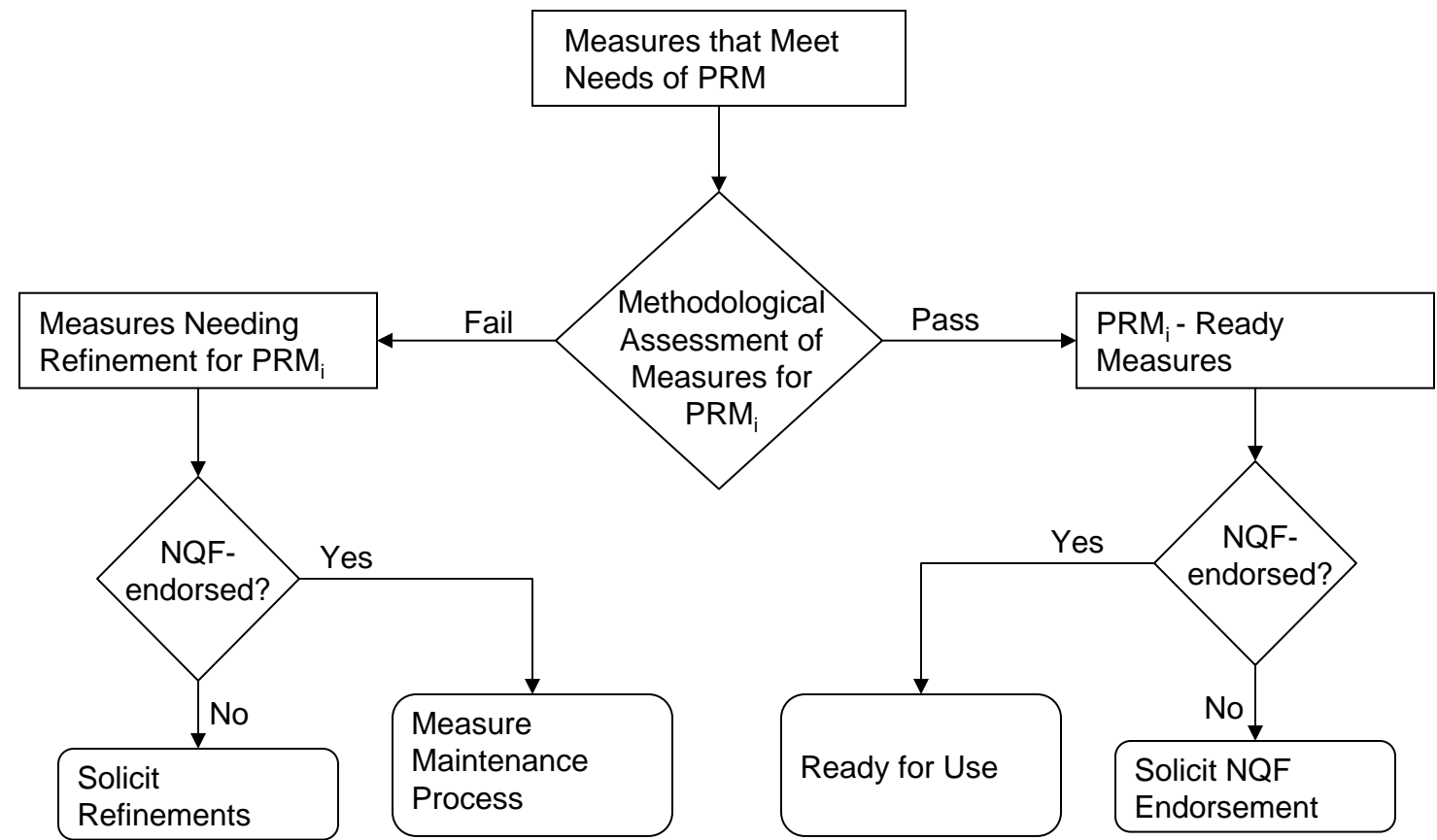   - Stream feeding the measure development and endorsement agenda
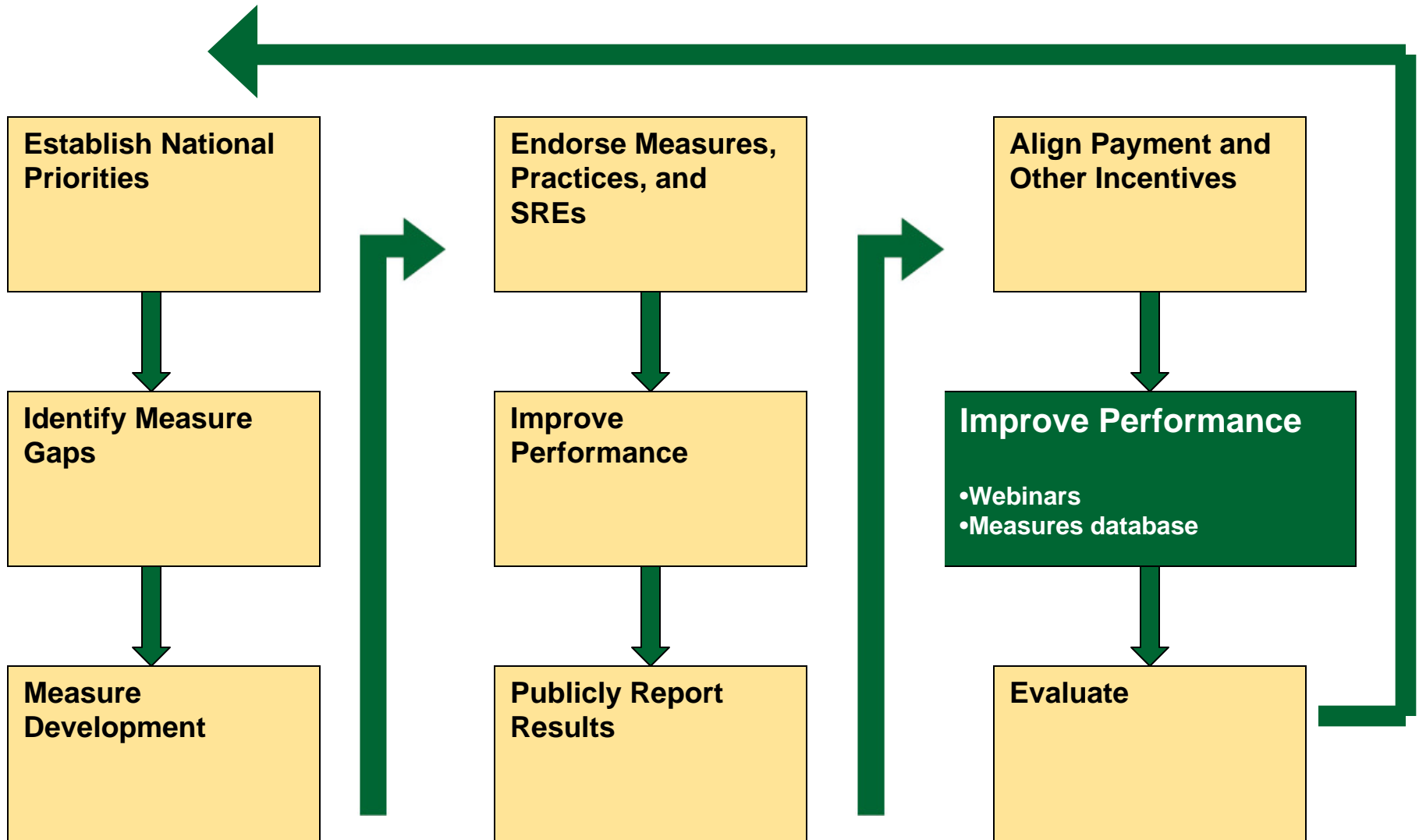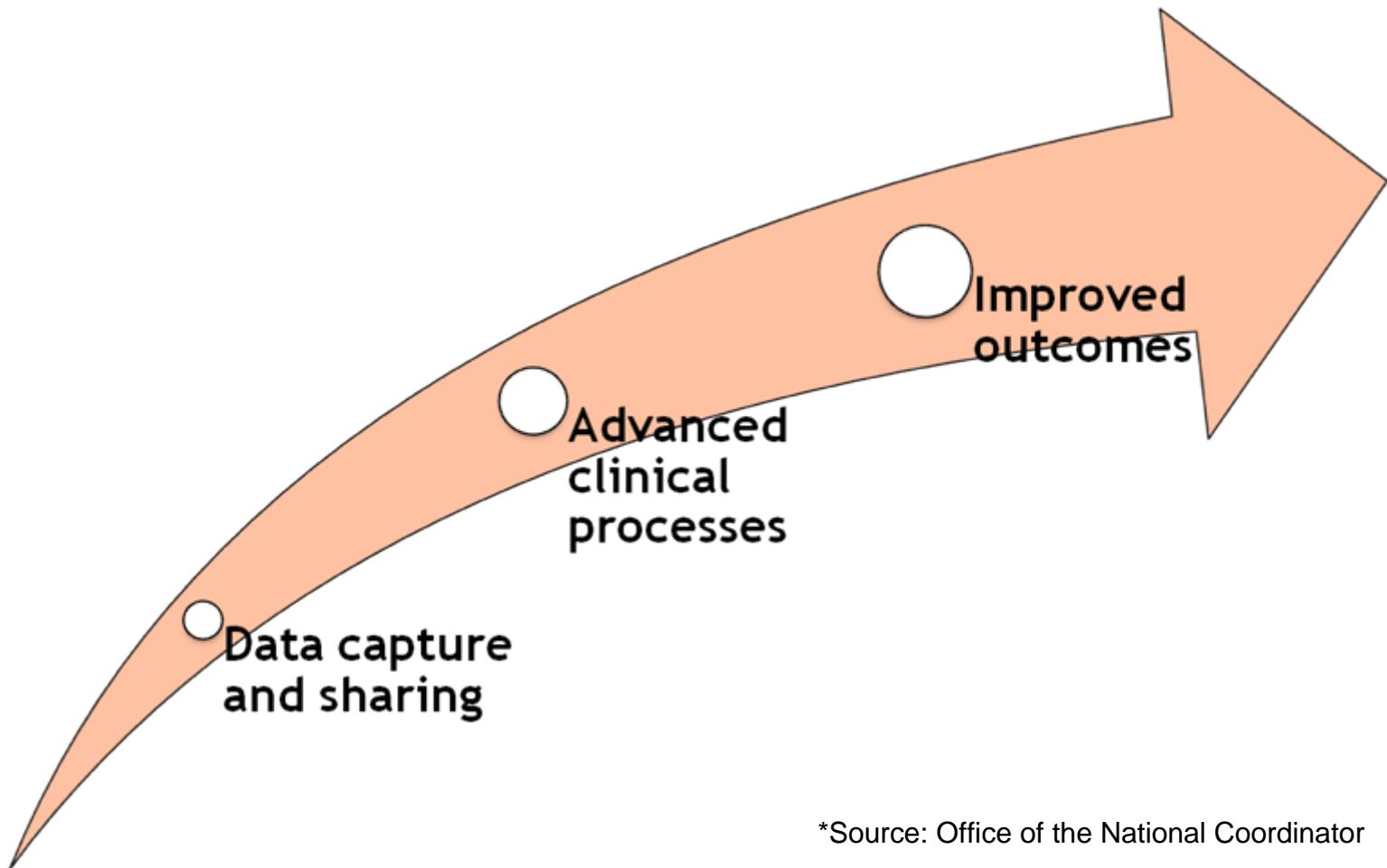
67

Step One: Cataloging of Payment Reform Models

Identify Sources of PRM → Develop Comprehensive PRM List

Develop Screen 1 Criteria → Apply Screen 1

Apply Screen 1 → **Fail** → List of PRM for Brief Abstract

Apply Screen 1 → **Pass** → List of 10-12 PRMs for Comprehensive Summary

Specify list of Key Attributes for reform models in catalog → Create Comprehensive Summaries

List of 10-12 PRMs for Comprehensive Summary → Create Comprehensive Summaries

Create Comprehensive Summaries → Primary Catalog of PRM

List of PRM for Brief Abstract → Create Brief Abstracts → Appendix of Additional PRM

Primary Catalog of PRM .... Appendix of Additional PRM

Step Two: Assessment of Measure Needs and Gaps


```
┌─────────────────────┐                    ┌─────────────────────┐
│  Catalog of PRM     │                    │ Measure Environment │
└─────────────────────┘                    │ scan list           │
                                           └─────────────────────┘

     ╭───────────────────────╮
    (  Analysis of PRM Measure )
    (  Needs                   )
    (  • For each PRM_i (i = 1 – 12) )
     ╰───────────────────────╯

┌─────────────────┐          ◇ Compare          Measures not      ┌──────────────────┐
│ List of Measure │          ◇ Needs &          available         │ Unmet Measure    │
│ Needs for PRM_i │ ───────► ◇ Available  ─────────────────────►   │ Needs (Concepts) │
└─────────────────┘          ◇ Measures                            └──────────────────┘

                              Measures available                    ┌──────────────────┐
                   ┌──────────────────────┐                         │ Guidance to      │
                   │ Measures that Meet    │                        │ Developers       │
                   │ Needs of PRM_i        │                        └──────────────────┘
                   └──────────────────────┘
```
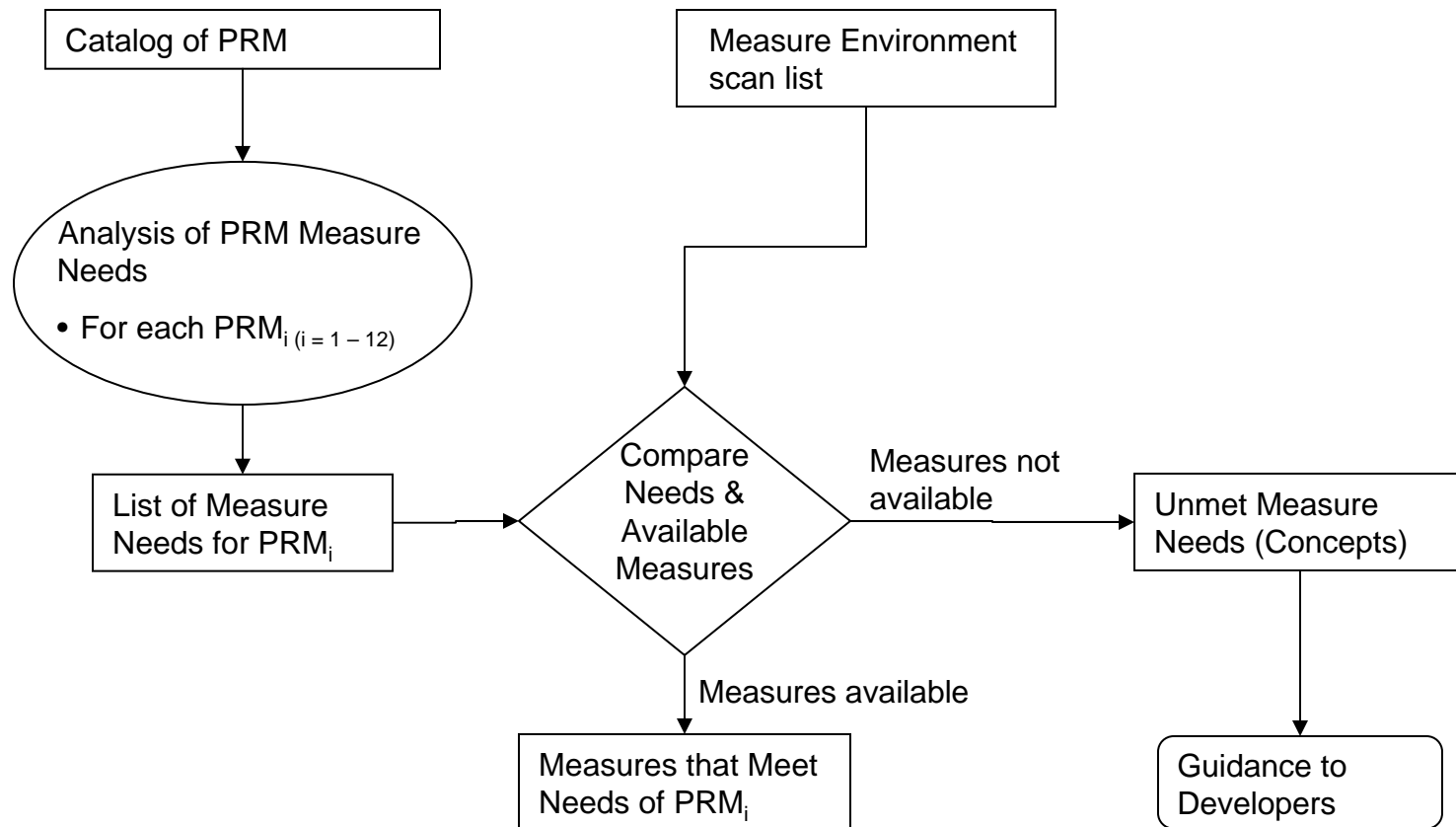
Step Three: Analysis of Measure Methodological Issues and Readiness for Use

70

Establish National Priorities

Endorse Measures, Practices, and SREs

Align Payment and Other Incentives

Identify Measure Gaps

Improve Performance

Improve Performance
•Webinars
•Measures database

Measure Development

Publicly Report Results

Evaluate

Data capture and sharing

Advanced clinical processes

Improved outcomes

*Source: Office of the National Coordinator

- 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

Searchable Database of Endorsed Measures

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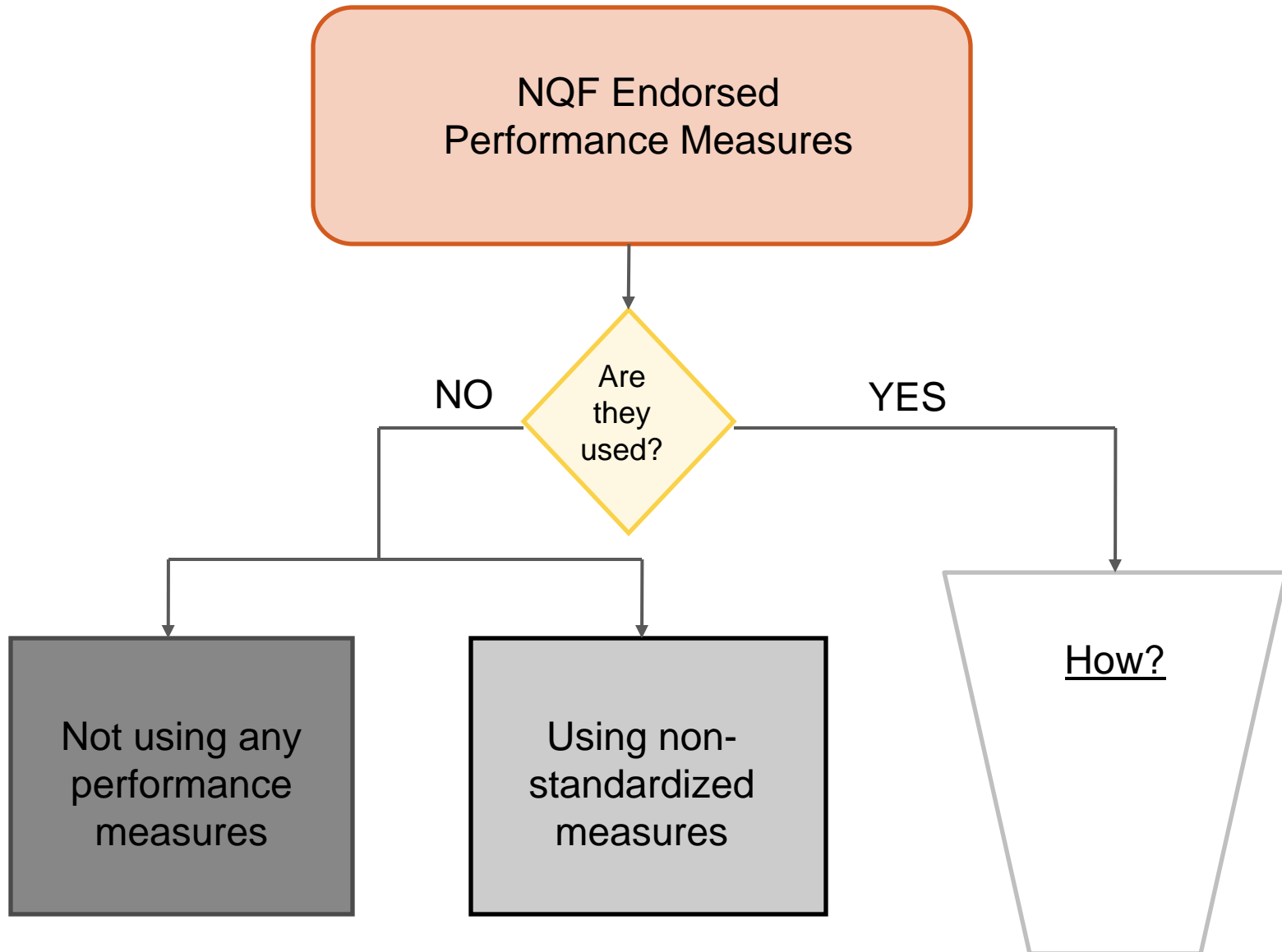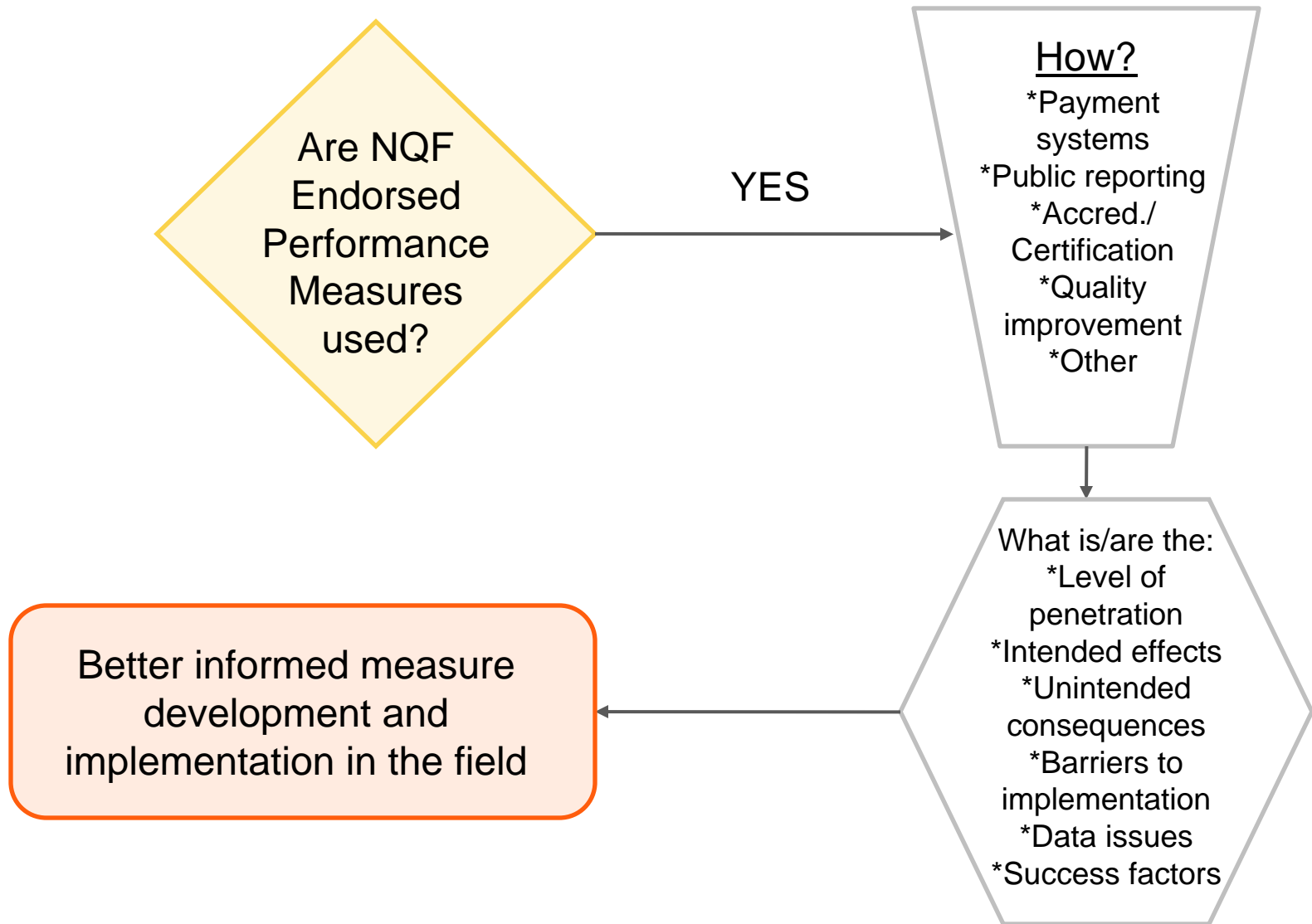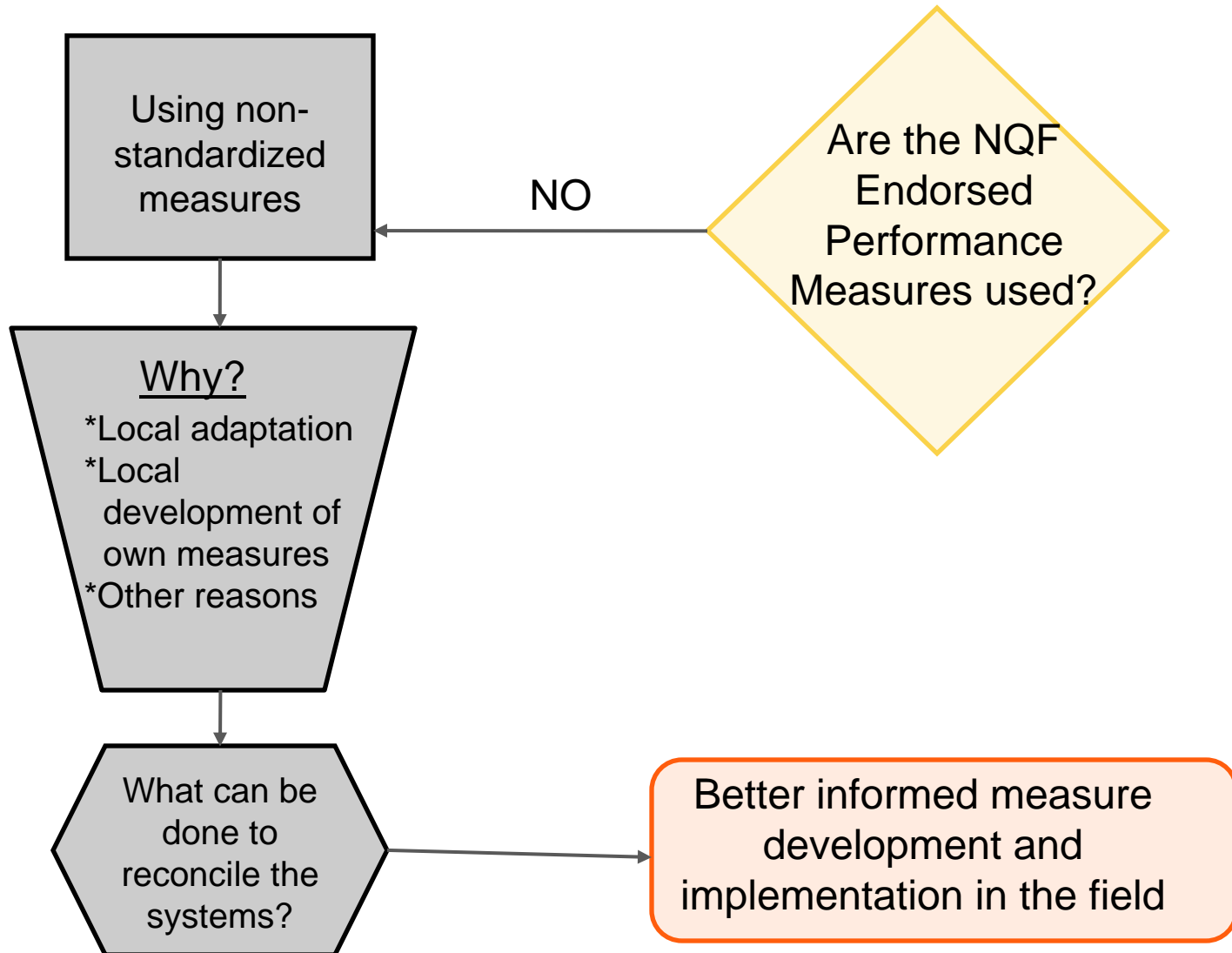
- To assess the use of performance measures for driving system change:
    - Public reporting
    - Payment incentives
    - Accreditation and certification
    - Quality improvement

- To inform measure development, endorsement, and implementation

- Evaluation performed by an independent third-party subcontractor

- Phased evaluation of measure uses first, then impacts

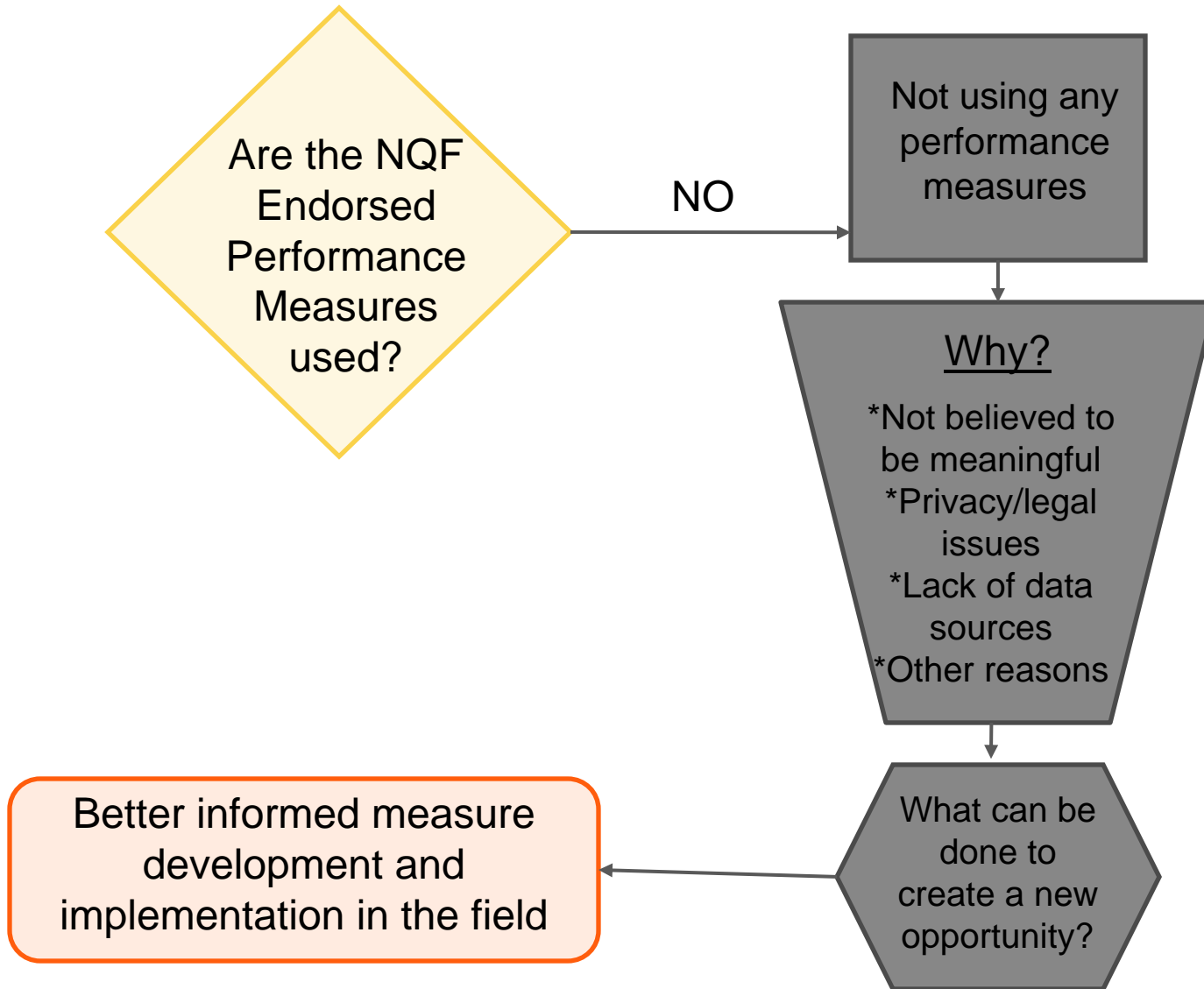- Measure Use Evaluation Advisory Committee for stakeholder engagement

Measure Use Evaluation Approach

NQF Endorsed
Performance Measures

Are they used?

NO

YES

Not using any performance measures

Using non-standardized measures

How?

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 the NQF Endorsed Performance Measures used?

NO → Not using any performance measures

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

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

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