



WHAT'S *Right* IN HEALTH CARE™

The National Quality Agenda: Leveraging Our Collective Efforts

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Overview

- About NQF
- The Quality Journey: Where are we at?
- Efforts underway to accelerate progress
 - National Priorities and Goals
 - Next Generation of Performance Measures
- Aligning the environment of care
 - Payment and Public Reporting
- Developing High Performing Health Systems

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National Quality Forum: Key Characteristics

- Open membership organization (350)
- Multi-stakeholder
- Public and private sector partnership
- Voluntary consensus standard setting body

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NQF Role on the Quality Landscape

- Set national priorities and goals for performance improvement
 - Focus resources on high leverage areas
- Endorse national consensus standards for measuring and publicly reporting on performance
 - Enable fair comparisons across organizations
 - Support internal quality improvement efforts
- Promote the attainment of national goals through education and outreach programs
 - Pull those with diverse perspectives into conversation and action

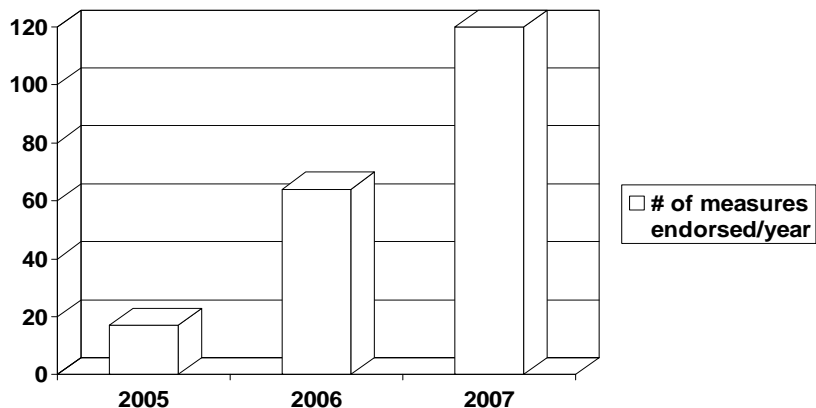
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Measure Endorsement

- Private sector standard-setting body
 - Endorse serious reportable events, preferred/safe practices, and performance measures
 - Recognized under NTTAA
- Voluntary consensus development process
 - Measure evaluation criteria
 - Expert panels
 - Member comment and voting
 - Consensus Standards Approval Committee
- Benefits of standardized measures
 - Allow for fair comparisons across organizations for public reporting
 - Source of “best in class” measures for internal quality improvement

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Growth in the Number of Endorsed Measures



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**Not everything that counts can be counted, and
not everything that can be counted counts.**

- Albert Einstein

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A Growing Sense of Urgency

- 55% overall adherence to recommended care
- Health care 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

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Progress is Slow

- 1999/2001 - IOM Wake-up Calls
 - “To Err is Human”
 - “Crossing the Quality Chasm”
- 2007 – AHRQ National Healthcare Quality Report: measures of patient safety showed an average annual improvement of just 1 percent

Delivery System Inertia

- Absurdly fragmented delivery system
- Obsession with the services, not the outcomes
- Predilection for autonomy over “systemness”
- Lack of accountability for critical aspects of care
- *And so much more...*

Policy Agenda for Moving Forward

- National priorities & goals that require higher levels of organizational capacity to achieve
- New generation of performance measures: patient-focused episodes
- Focus Public Reporting and Payment on Value
- Develop New Organizational Models and Hold Them Accountable for Value

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NQF National Priorities Partnership: *Leveraging Our Collective Efforts*

- 27 national organizations
- Co-chaired:
 - Don Berwick, IHI
 - Margaret O'Kane, NCQA

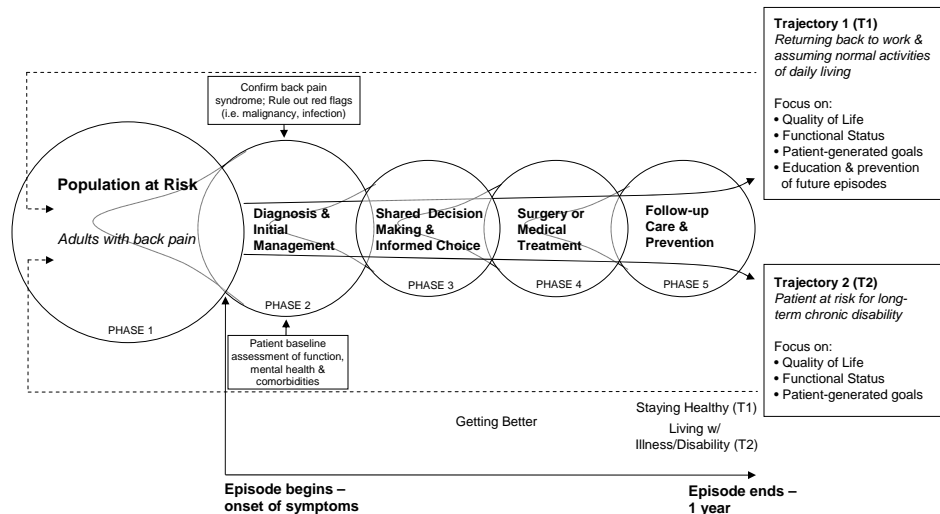
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Preliminary Priority Areas

- System level HAI
- Avoidable harms
 - Hospital level mortality
 - Index rate of serious harm
- Continuity of Care:
 - Care coordination
 - Medication mgmt
- Patient activation/ shared decision-making
- Indices of prevention & healthy lifestyles
- Palliative Care
- 10 most frequent types of overuse
- Reliable and effective management of patient-focused episodes
 - Top 20 chronic conditions

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Patient-Focused Episode Framework: Low Back Pain



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NQF Care Coordination Framework

- Healthcare “Home”
- Proactive Plan of Care and Follow-up
- Communication
- Information Systems
- Transitions or Hand-offs

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Next Steps – Priority Partners

- January 2008 – NPP convened for first time
- March 2008 – Starter list of priority areas sent out for public comment
- June 2008 – NPP finalizes priorities and goals
- July/August 2008 –
 - Workgroups identify measures and practices needed for priority area toolkits
 - Public comment period
 - Development of action plans
- Sept/Oct 2008 – NPP and NQF Board approval
- Nov 2008 – Public roll out

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Implications for Payment

- FFS rewards volume not value
- “Voltage drops” due to non-reimbursable services
- Options for alignment
 - Expand list of reimbursable services to fill “gaps” (e.g., care coordination)
 - Bundled payment for patient-focused episode
 - Capitation

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New Organizational Models are Needed to Support Care Delivery

- Investment and use of information technology
- Redesign of care processes based on “best practices”
- Knowledge and skill management
- Deployment of multi-disciplinary teams
- Coordination of care across patient conditions, services, and settings
- Performance measurement and improvement
 - » *Crossing the Quality Chasm*, IOM, 2001

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Both Scale and Clinical Integration are Important

Benefits of Scale:

- Large organizations better positioned to invest in HIT
- Enables access to certain types of expertise (quality mgmt, engineering)
- Opportunities to dramatically reconfigure care (teams)
- Opportunities to provide direct supports to patients/family caregivers (e.g., PHRs, health educators)

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Both Scale and Clinical Integration are Important

Additional Benefits of Clinical Integration:

- Enables focus on value = outcomes + resource use + patient values
- Performance measurement and improvement across the entire patient-focused episode
- Redesign of care processes
- Greater leverage over "supply"

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Must Encourage New Organizational Models

- No one “right” approach; one size will not fit all
- Many options
 - Loosely structured to highly integrated
 - Virtual versus hardwired
- Models that work
 - Multi-specialty group practices
 - PHOs
- Programs like “healthcare homes” represent first steps
- In small communities and rural areas, “community-wide, collaborative system” should be explored
- Should be open to new models of health plan and provider collaboration

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