

2020 Mission Highlights



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COVID-19 laid bare the care we need.

This past year has presented many challenges and opportunities to every sector of society, but none more than our healthcare delivery system. Prior to COVID-19, National Quality Forum (NQF) was focused on supporting multistakeholder efforts to improve quality of care for everyone and to better address the needs of the historically underserved and marginalized. We looked at ways to increase equity and explored how to prevent chronic disease by focusing on social determinants of health (SDOH). Suddenly, the pandemic was upon us. Our worst fears materialized as COVID-19 disproportionately affected socially and economically vulnerable populations. The need to improve and support our healthcare delivery system became an immediate matter of life and death.

Fortunately, the work we did together earlier in 2020 helped to address the impacts of COVID-19 and positioned the healthcare community to build not just a system that delivers care, but an ecosystem that is resilient to better care for all people.

In 2019, we assembled the National Quality Task Force, one of the most diverse sets of stakeholders we have convened to date, to take an unflinching look at the flaws in our healthcare quality ecosystem. The result was The Care We Need, a roadmap of five strategic objectives and a series of interrelated recommendations for creating person-centered care that aggregates into better health outcomes across populations.

Both visionary and specific, *The Care We Need* proved prescient when in-person care became impossible and telehealth, just one of the issues addressed in this report, went from a novel practice to a ubiquitous one. Similarly, the drive to promote equity and reduce racial disparities in health outcomes permeated The Care We *Need*, especially in its call to go beyond simply providing care to collectively address SDOH.

As an organization defined by its members and partners, it is clear that the mission to create *The* Care We Need should become the heart and soul of NQF. Therefore, we developed and approved a new strategic plan for our organization that provides a roadmap for collaboration to build a stronger, more focused, and cohesive healthcare quality ecosystem. It is bold in its aspirations, honest in what it takes to achieve our goals, and actionable in how to make measurable progress toward achieving them.

Now more than ever, systematically eliminating the wide range of disparities in healthcare through quality measures and measurement is essential to achieving better health outcomes in a diverse country and across different settings. That is the care we need. Rather than being overshadowed by the dark disruption of the pandemic, our work over the past year shows how NQF's multistakeholder model can lead in overcoming immediate challenges while finding solutions to normalize high quality care for all.

A Strategic Plan for Achieving The Care We Need



Working Together to Achieve The Care We Need

In 2021, NQF will realize the vision of *The Care We Need* with the critical first step of embedding the five core objectives in our new **strategic plan**. NQF's ongoing projects and partnerships actualize these strategic objectives and further align priorities across the healthcare ecosystem to ensure that care is safe, high quality, and high value for every person by 2030.

A Strategy for Uniting a Fragmented Healthcare System Capable of Caring for All

NQF's new five-year strategic plan builds on *The Care We Need*, which provides a roadmap for achieving the healthcare quality we all seek. Fundamental to that goal is building a stronger, more focused, more equitable, and cohesive healthcare quality ecosystem. The goals included in our five-year strategic plan reflect how NQF sees the healthcare quality ecosystem, and more specifically, our role in it. NQF is the place where discussions can be had, consensus can be reached, and the best science is elevated in measurement and quality improvement.

NQF's National Quality Task Force comprised nearly

100 diverse stakeholders

from across the healthcare ecosystem.

"In the face of the COVID-19 pandemic we are already implementing Task Force recommendations far faster and more seamlessly than we could have envisioned just six months ago. We can continue building on these efforts to revolutionize healthcare delivery by acting on all 10 opportunities in the Task Force roadmap. We can and must act together to make healthcare work better for every person, every time."

KENNETH W. KIZER, MD, MPH, Chief Healthcare Transformation Officer and Senior Executive Vice President, Atlas Research, founding National Quality Forum President and CEO, National Quality Task Force Co-Chair

It is imperative that solutions are driven by multiple stakeholders from across the system because there is no single organization solely responsible for providing solutions. NQF is renewing its commitment to serve as the organization that convenes experts to identify and define measures, collect and share data, set standards, and provide recommendations. NQF synthesizes inputs from across the healthcare quality ecosystem, makes meaning of them, and provides viable recommendations in ways that no other organization can.

Through these efforts, NQF serves as a steward of the healthcare quality ecosystem, and this strategy brings everyone together to address the needs of the ecosystem.

NQF's role in the healthcare quality ecosystem drives the five-year strategic plan's three main areas of focus, all of which are vital to NQF's mission and its long-term success. These include:

Health of Our Mission: Sustain and grow the commitment to be the trusted voice driving measurable health improvements.

Health of Our People: Ensure staff can contribute, collaborate, and lead to achieve our mission.

Health of Our Organization: Maintain the long-term viability and sustainability of the organization.





Goal 1
Measure Architecture
Goal 2

Health Equity

Goal 3Patient and Family Engagement

Goal 4 Value Based Care Goal 5

Digital Health

Goal 6

Quality Gaps

Quality Ga

Goal 7 NQF a great place to work Goal 8 Leadership development

> Goal 9 Diversity, equity, and inclusion (DEI)

Goal 10 Long-term sustainability Goal 11 NQF membership

Goal 12 National leader in promoting DEI in healthcare

Ongoing National Priorities



In the depths of the coronavirus shutdown, **telehealth accounted for more than 40% of primary care visits** for patients with traditional Medicare, up from 0.1% before the public health emergency.

Source: AP News

Responding to COVID-19

While the global pandemic exposed gaps in many aspects of our healthcare system, it also provided opportunities for greater innovation and stronger guidance for solutions that prioritize quality of care and measurement.

Early in the pandemic, NQF began offering Virtual Town Halls where NQF Members shared ground truth from across the healthcare ecosystem and expert insights from the front lines of the pandemic. We then created a COVID-19 Programming and Resource Center with over two-dozen Town Hall recordings and transcripts along with links to relevant NQF publications.

NQF offered recommendations and considerations for measure utilization during COVID-19, noting that until the clinical care environment returns to normal, quality measurement and reporting should account for adjustments such as smaller sample sizes, and endusers should work closely with measure developers and stewards to implement the best measure adjustment strategies.

Telehealth also emerged as a key strategy for safely continuing care throughout the pandemic. Many looked to NQF for guidance on this growing practice. Fortunately, our 2017 Framework to Support Measure Development for Telehealth includes input and direction on the development of a measurement framework that identifies measures and measure concepts for the use of telehealth as a means of providing care. This report and the conceptual framework serve as the foundation for future efforts by measure developers, researchers, analysts, and others in the healthcare community to advance quality measurement for telehealth.

Combating the National Opioid Epidemic

The final report from NQF's Technical Expert Panel, published in February 2020, identifies measure gaps and priorities relevant to the nation's opioid epidemic and related healthcare quality challenges. The diverse, multistakeholder panel reviewed measures and concepts related to medical opioid use, as well as opioid use disorder prevention, treatment, and recovery. Through an environmental scan and the final, resulting report, the panel offers guidance for achieving the application of proper healthcare quality metrics across our healthcare system to reduce opioid deaths, encourages implementation of best practices for pain management, and simultaneously decreases incidence of opioid use disorders and illegal drug use by those unable to obtain prescription pain medication.

A Stronger Opioid Response Through Behavioral Health Supports

To strengthen the national response to the opioid epidemic, NQF and the Centers for Medicare & Medicaid Services (CMS) recognized the need for behavioral health supports to combat opioid use disorder. Individuals suffering opioid use disorder are increasingly likely to also use psychostimulants and other substances, as well as experience conditions such as anxiety, depression, and suicidal thoughts. In July 2020, NQF convened a Committee of experts to develop a measurement framework for addressing opioid use disorder, polysubstance use, and the needs of individuals also experiencing behavioral health challenges. The environmental scan report is slated for release in spring 2021 and the Technical Expert Panel final report in fall 2021.

In 2018, opioids were involved in nearly 47,000 deaths

Source: Centers for Disease Control and Prevention

Strengthening the Quality of Rural Healthcare With Telehealth

In the fall of 2020, NQF established the Rural Telehealth and Healthcare System Readiness Committee to develop a measurement framework linking quality of care delivered by telehealth, healthcare system readiness, and health outcomes in a disaster. An increase in telehealth use and changes in telehealth policy provided an opportunity for treatment and monitoring that otherwise may not have been possible due to the COVID-19 pandemic. While telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance and enhancing access to care, complex challenges persist within rural areas of the country. NQF and CMS recognize these challenges and have partnered to convene this new multistakeholder committee to build a consensus-based framework to specifically assess the impact of telehealth on rural healthcare system readiness, especially during emergencies. The Committee will identify aspects of quality measurement related to telehealth that could have an impact on a healthcare system readiness framework, and how a rural healthcare system's performance may have an impact on mortality or other health outcomes during a disaster.

"Telehealth serves an important role in bringing vital healthcare services directly to patients no matter where they reside. The work of the new multistakeholder Committee to assess the impact of telehealth in rural areas is a key first step to ensuring both continuous innovation and, most importantly, that these services are clinically appropriate and safe for all patients to complement in-person care."

DR. LEE FLEISHER, CMS Chief Medical Officer and Director at the Center for Clinical Standards & Quality

"Rural residents face unique challenges in the pursuit of improved access to care, health equity, and optimal health outcomes. We recognize that measuring quality in these areas is critical to ensure the health of individuals in all communities is maintained and the ill and injured receive appropriate and time-sensitive care, especially during situations such as public health crises."

SHERI WINSPER, RN, MSN, MSHA, Senior Vice President, Quality Measurement, National Quality Forum

As of 2018, the U.S. rate for maternal mortality is much higher than other high-income countries, with more than

700 women dying annually

from pregnancy-related causes.

Source: https://www.cdc.gov/nchs/maternal-mortality/index.htm

Reducing Diagnostic Error for Greater Patient Safety

With most people expected to experience at least one diagnostic error in their lifetime, accurate and timely diagnoses remain a critical priority in medicine. In 2017, NQF convened a multistakeholder expert Committee to develop a conceptual framework for measuring diagnostic quality and safety and to identify priorities for future measure development. In its final report, this Committee builds on the 2017 Diagnostic Quality and Safety Measurement Framework to identify four highpriority areas related to diagnostic error that cause patient harm, including missed subtleties, communication failures, information overload, and dismissed patients. Strengthening measurement to reduce diagnostic error has great potential to improve patient safety. The final report released in October 2020 outlines recommendations through a series of four use cases depicting resolutions to specific types of diagnostic errors, and broad-scope, comprehensive recommendations with applications to multiple populations and settings.

Improving Maternal Health Outcomes With Innovative Quality Measurement

Through innovative quality measurement strategies, NQF recognizes the potential for reducing maternal morbidity and mortality rates across the country. In 2019, NQF convened a multistakeholder Maternal Morbidity and Mortality Committee to provide input and guidance on the identification of developed measures and concepts addressing maternal morbidity and mortality. Ultimately, this project aims to reduce preventable causes of maternal morbidity and mortality and eliminate disparities in maternal health outcomes. The newly released environmental scan assesses the current state of maternal morbidity and mortality measurement in the U.S. and offers recommendations to build a foundation for larger measurement goals. Look for the final report in summer 2021.

Approximately

12 million

Americans suffer a diagnostic error each year, including missed or delayed diagnoses, which can have major safety and care implications for patients and their families.

Source: Singh H, Meyer AN, Thomas EJ. The frequency of diagnostic errors in outpatient care: estimations from three large observational studies involving US adult populations. BMJ Qual Saf 2014:23:727-31.

Achieving Health Equity



SDOH drive as much as 60%

of health outcomes while healthcare services contribute to less than 10%.

Source: Office of Disease Prevention and Health Promotion.

Overcoming Food Insecurity to Improve Health Outcomes

NQF collaborated with Member organization Humana, Inc., to address food insecurity to improve health outcomes, resulting in the resource titled Food Insecurity and Health:

Overcoming Food Insecurity Through Healthcare-Based Interventions. This practical guide offers strategies and tactics to integrate with clinical practices to support individuals experiencing food insecurity, which affects almost 15 million households nationwide and is closely tied to health outcomes. The guide includes recommendations such as routine screenings for food insecurity and identifying appropriate medical and non-medical actions to address the issue.

Collaborating to Address Social Determinants of Health in Nebraska

NQF is working with CyncHealth to better address social determinants of health (SDOH) and understand how they have an impact on health outcomes. Through collaboration with the CyncHealth team, NQF will identify measures and measure concepts as part of a starter measure set, as well as identify two measure concepts for future development. A Field Guide will also be developed to share best practices and prepare the healthcare system and stakeholders for future performance measures, with a particular focus on housing and transportation. Look for the Field Guide to be published in fall 2021.

Normalizing Equitable Care That Is Safe, High Quality, and High Value for Every Person

The events of the past year continue to illuminate the deep inequities that exist at the core of our society. These inequities are grounded in deeply ingrained systemic racist and discriminatory behaviors that have ramifications far beyond the boundaries of the healthcare delivery system. Several national organizations have named violence, racism, stigma, discrimination, and prejudice as public health issues. These burdens exact a mental health toll and increase susceptibility to illness by impairing the immune system. And they are compounded by the access challenges experienced in minority communities. Systematically addressing the wide spectrum of disparities is essential to achieve better health outcomes across the country.

Last summer, we committed to more effectively advocate for equity and fairness in America, not only in our work to promote safe, effective, and equitable care, but also as an employer, business, and corporate citizen. Since then, we have donated to community-based organizations fighting racial inequity and will use our unique convening power to collaboratively develop and promote policies and implementation practices advancing the use of data, measurement, and payment models to achieve health equity.

"Adverse health outcomes due to food insecurity are preventable. Improving health outcomes for food insecure populations is an ambitious goal, and with the resources and strategies identified in this Guide, we're making it easier for healthcare entities to improve this key social determinant of health and the quality of peoples' lives."

ANDREW RENDA, Associate Vice President for Population Health, Humana.

Promoting Person-Centered Care



Person-Centered Care for Better Health Outcomes

Health services and supports developed around a patient's needs, preferences, and goals have the potential to produce optimal long-term health outcomes. In July 2020, NQF released a report in collaboration with the Centers for Medicare & Medicaid Services (CMS) with recommendations for creating a sustainable system in which patients have choice, control, and access to a full array of quality services. This work ensures the best possible outcomes for patients' health and quality of life. The report builds on previous NQF efforts to provide states, individuals, and other entities guidance to develop effective systems that support person-centered thinking, planning, and practices.

Ensuring Timely Access to Care for Veterans

For our nation's Veterans, timely access to same-day primary care and mental health services is critical for living a healthy life. This means implementing a patient-centered approach to continuously assess the experiences of Veterans and their families, the coordination and equity of same-day care, and the capacity and ability of the health system to provide same-day access to care. Atlas Research and NQF engaged more than 50 multistakeholder experts (including Veterans and their advocates) to develop a quality measurement framework for same-day access to care for the U.S. Department of Veterans Affairs.

Using Patient-Reported Outcomes to Improve Care

We can improve performance measurement and enhance effectiveness research by overcoming barriers related to implementing patient-reported outcomes (PROs). In September 2020, NQF completed work to identify best practices in PRO selection and data collection to ensure PRO data quality. The resulting **Technical Expert Panel report** provides guidance to overcome PRO challenges, such as addressing stakeholder buy-in, data collection burden, integration into Electronic Health Records (EHRs), and more.

Integrating Patient Voice to Create a Roadmap to Better Performance Measures

Building on NQF's collaboration with Centers for Medicare & Medicaid Services (CMS), a new project launched in October 2020 to gather additional feedback on the attributes of high quality patient-reported outcome measures (PROMs) and to develop a roadmap for using these PROMs to develop digital patient-reported outcome performance measures (PRO-PMs) for regulatory purposes.

6 in 10 adults in the U.S. have a chronic disease and 4 in 10 have two or more.

Source: National Center for Chronic Disease Prevention and Health Promotion

Advancing Performance Measurement



Establishing a North Star for Designing Measure Sets and Measurement Systems

In a new report, an Expert Panel of NQF Members made recommendations for assessing how individual quality measures work together and provided clarity on how measures can be combined in a system to improve patient outcomes and drive high value care for all. Individual measures are increasingly being used together to make broader inferences about quality and inform consumer decision making. Increasing use of measure sets and measurement systems for accountability and payment necessitates greater transparency and multistakeholder input. The panel looked at data challenges, alignment considerations, and unintended consequences. The final product provides much-needed guidance to determine how well groups of measures work with other program elements to provide accurate assessments of healthcare quality.

"If we want to empower patients and other healthcare users to make informed decisions, measure sets and measurement systems must ensure valid assessments of quality and reliable results. With clarity on evaluation and impact, we can work together to improve the quality of healthcare for all."

SHANTANU AGRAWAL, MD, MPHIL, former president and CEO, National Quality Forum.

Collaborating on Core Quality Measures Improvement

Building on work that began in 2015, the Core Quality Measures Collaborative (CQMC) updated eight of the core measure sets covering specific clinical areas to improve the quality of patient care, reduce burden, and eliminate redundancies in the system. In addition, two new core sets covering Behavioral Health and Neurology were released in 2020. The CQMC core sets are recommended for use in various value-based models of care across both public and private health insurance providers and purchasers. The CQMC is a diverse coalition of healthcare leaders representing over 75 consumer groups, medical associations, health insurance providers, purchasers, and other quality stakeholders, all working together to develop and recommend core sets of measures by clinical area to assess and improve the quality of healthcare in America. The coalition was convened in 2015 by America's Health Insurance Plans (AHIP) and the Centers for Medicare & Medicaid Services (CMS) and is housed at NQF.

CQMC CORE SETS

- Obstetrics & Gynecology
- Gastroenterology
- Neurology
- HIV & Hepatitis C
- Orthopedics
- Pediatrics
- · Behavioral Health
- Medical Oncology
- Accountable Care Organizations/Patient Centered Medical Homes/Primary Care
- Cardiology

Strengthening Data Quality With Electronic Health Record Recommendations

Recommendations developed by a Technical Expert Panel convened by NQF identified the causes, nature, and extent of Electronic Health Record (EHR) data quality issues and recommend best practices to increase scientific acceptability, use and usability, and the feasibility of Electronic Clinical Quality Measures (eCQMs). EHRs are becoming increasingly important data sources for measure development, and eCQMs are designed to enable automated reporting of quality measures. When combined, they offer the promise of more automated quality measurement and provision of timely and accurate information to support patients as they make decisions about their clinical care.

Leveraging EHR Measures to Improve Patient Care

One opportunity that has not been fully explored as a way to improve health outcomes and reduce avoidable costs is leveraging electronic health records (EHRs) and EHR data to measure care communication and coordination. EHR systems are important tools for quality measurement and high quality care delivery. To that end, CMS and NQF convened a multistakeholder Committee to identify best practices to leverage EHR-sourced measures to improve care communication and coordination of quality measurement in an all-payer, cross-setting, and fully electronic manner. The Committee will work with NQF to conduct an environmental scan as a first step, expected in summer 2021.

Endorsement and Measure Selection



Consensus Development Through Diverse Collaboration

Through NQF's formal Consensus Development Process (CDP), diverse stakeholder groups from across the healthcare industry carefully evaluate and endorse measures through collaborative input and discussion. This process is a regular cycle of topic-based measure evaluation across 14 areas, including cardiology, primary care and chronic illness, cancer, and prevention and population health. The CDP is central to NQF's mission to improve the quality of care and ensures that all stakeholders have an equal voice in evaluating and endorsing measures—ultimately driving better patient outcomes.

CDP REPORTS RELEASED IN 2020

SPRING 2019 CYCLE

Geriatrics and Palliative Care Final Technical Report

Cardiovascular Final Technical Report

Surgery Final Technical Report

Neurology Final Technical Report

All-Cause Admissions and Readmissions Final Technical Report

Cost and Efficiency Final Technical Report Patient Experience and Function Final Technical Report

Primary Care and Chronic Illness Final Technical Report

Behavioral Health and Substance Use Final Technical Report

Patient Safety Final Technical Report

Renal Final Technical Report

FALL 2019 CYCLE

Geriatrics and Palliative Care Final Technical Report

Cardiovascular Final Report

Surgery Final Report

Neurology Final Report

Patient Experience and Function Final Report

Primary Care and Chronic Illness Final Report

Behavioral Health and Substance Use Final Report

Patient Safety Final Report

Cancer Final Report

Prevention and Population Health Final Report

28 experts

with methodological expertise.
The SMP provides NQF's Standing
Committees with evaluations of
submitted measures' scientific
acceptability.

The Scientific Methods Panel

For the most complex measures, the **Scientific Methods Panel (SMP)** provides higher-level technical guidance and consistent evaluation of scientific acceptability, focusing on analyses and results of reliability and validity. The SMP also serves in an advisory capacity on methodological issues related to measure testing, risk adjustment, and measurement approaches. As measures and measurement approaches continue to become increasingly complex, the SMP is helping to ensure that NQF's testing requirements evolve, continue to be efficient, and address issues as they arise.

Consensus Standards Approval Committee

The Consensus Standards Approval Committee (CSAC) plays a critical role reviewing measures in the endorsement process and provides strategic insight and guidance to enhance the field. Members of this advisory Committee represent a consumer and purchaser majority, and the CSAC serves as an independent body for reviewing and endorsing measures, ensuring that NQF's Consensus Development Process was upheld and that all stakeholders were able to express their concerns. All CSAC members have a fiduciary responsibility to patients and the American public and serve as individuals, not representatives of a particular organization, association, or other group. Their charge is to ensure diverse perspectives are heard to align and guide measurable health improvements across the healthcare ecosystem.

Expert Guidance for Measuring Federal Health Programs

For the 10th consecutive year, NQF convened the Measure Applications Partnership (MAP). Diverse expert stakeholders continued providing CMS with recommendations on the selection of performance measures for federal health programs, encouraging consensus-building among diverse private- and public-sector stakeholders, and coordinating measures being considered across the system as a whole. This was especially critical as CMS and its healthcare partners faced the unprecedented health crisis of COVID-19.

One of MAP's key initiatives is to convene stakeholders for an intensive annual review of the quality measures being considered by CMS for almost 20 federal health programs. MAP represents consumers, purchasers, employers, health plans, clinicians and providers, communities and states, suppliers, and federal agency liaisons. MAP's processes that identify measurement gaps across settings, prioritize measures, and recommend areas for alignment are completely transparent. All MAP meetings are open to the public and reports and other materials made available on NQF's website.

Emerging Measure Methodology



Improving Risk Adjustment Models to Strengthen Quality of Care

NQF convened a multistakeholder Technical Expert Panel to provide input on the current state of risk adjustment for social risk factors and functional status in measurement, best practices for social and functional status-related risk adjustment, the appropriateness of a standard risk adjustment framework, and the development of technical guidance for measure developers. Measure developers have long expressed a need for technical guidance on considering and testing social and clinical risk adjustment models and the appropriateness of a standardized risk adjustment framework. Under the panel's guidance, the NQF team has conducted an environmental scan of data sources used for functional, clinical, or social risk factors for testing, approaches to conceptual and statistical methods for risk adjustment, and how federal and state value-based purchasing programs account for social and functional risk factors, to be released in 2021.

Strengthening Treatment of Critical Illness and Injury

To strengthen measurement attribution for responding to emergency care situations—such as critical illness or injury, infectious diseases, and public health emergencies—NQF convened a multistakeholder Committee to develop recommendations that guide a geographical, population-based attribution model applicable to a community-based system response for unplanned, high-acuity Emergency Care Sensitive Conditions (ECSCs). COVID-19 has underscored the complexities associated with determining appropriate attribution for patient outcomes during emergencies. With limited evidence to support the best way to attribute patients for emergency conditions and events, consensus-based recommendations that define the elements of these models and considerations for their development will fill a much-needed gap to improve patient outcomes.

Resources

QUALITY IMPROVEMENT THROUGH ACTION

As of 2020, there are eight comprehensive NQF resources available to the public and NQF Members. Each guide focuses on a different national priority, serving as a practical step-by-step resource for improving healthcare quality and safety across the U.S.



ISSUE BRIEF: OPPORTUNITIES FOR ADVANCING QUALITY MEASUREMENT IN COMMUNITY-BASED SERIOUS ILLNESS CARE

Published in May 2020, this issue brief offers opportunities for advancing quality measurement

in community-based serious illness care. Drawing from multistakeholder input gathered from key experts convened as part of the Serious Illness Quality Alignment Hub, this resource provides recommendations, preferred tools, and approaches to help providers in community-based settings integrate functional assessment into care and identify and meet the needs of caregivers of those with serious illness.



GUIDE: FOOD INSECURITY AND HEALTH: OVERCOMING FOOD INSECURITY THROUGH HEALTHCARE-BASED INTERVENTIONS

Drawing from diverse expert input and patient experiences, this guide includes lessons learned,

innovative and promising practices, as well as solutions to common barriers to address food insecurity in communities across the nation. Published in February 2020, it provides healthcare organizations a range of strategies to effectively intervene and assist individuals in their communities who may experience negative health outcomes from unstable access to food.



PLAYBOOK: IMPROVING ACCESS TO HIGH-QUALITY CARE FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

Behavioral health and mental illness are major public health issues affecting millions of Americans every

day, and approximately 10 million adults each year experience a serious mental illness (SMI) in the United States. This playbook will help inform the actions of healthcare delivery organizations, such as health systems, hospitals, outpatient centers, and behavioral health clinics, to provide high quality care for individuals with SMI.



GUIDE: ENHANCING ACCESS TO MEDICATION-ASSISTED TREATMENT

Healthcare delivery organizations, practitioners, payers, and community organizations can use this resource and make a difference in the lives of

patients, families, and communities by embracing actions that expand and strengthen this proven treatment approach for Opioid Use Disorder (OUD). This guide includes innovative and promising practices, solutions to common barriers, and tools and resources to support the use of evidence-based treatment for the millions of Americans who are affected by OUD.



PLAYBOOK: OPIOID STEWARDSHIP

The opioid epidemic in America is a public health crisis with devastating consequences. Developed with input from more than 40 diverse experts and patients, this playbook provides essential guidance

for healthcare organizations and clinicians across care settings committed to appropriate pain management strategies and opioid stewardship.



GUIDE: REDESIGNING CARE: A HOW-TO GUIDE FOR HOSPITALS AND HEALTH SYSTEMS SEEKING TO IMPLEMENT, STRENGTHEN, AND SUSTAIN TELEBEHAVIORAL HEALTH

Telebehavioral health expands access, improves outcomes, and lowers costs. The strategies, interventions, tools, and resources in this guide will allow hospital and health systems to provide better care to a large number of people who need behavioral health services but do not have access to it.



PLAYBOOK: SUPPORTING SHARED DECISION MAKING FOR INDIVIDUALS WITH CHRONIC KIDNEY DISEASE AND END-STAGE RENAL DISEASE

Nearly 30 million individuals in the United States are living with chronic kidney disease (CKD) or end-

stage renal disease (ESRD). This playbook was developed with input from more than 20 diverse experts and patients to offer evidence-driven resources, tangible solutions, and actionable recommendations to implement and expand patient-centered approaches to treating CKD and ESRD.



PLAYBOOK: ANTIBIOTIC STEWARDSHIP IN POST-ACUTE AND LONG-TERM CARE

According to the U.S. Centers for Disease Control and Prevention, nearly 75 percent of the antibiotics in nursing homes are prescribed inappropriately.

To address this issue, the Centers for Medicare & Medicaid Services updated its conditions of participation for long-term care facilities to include requirements related to antibiotic stewardship. Crafted with input from more than 50 diverse experts and patients, this playbook offers practical strategies and useful resources for implementing high quality antibiotic stewardship programs in post-acute and long-term care facilities nationwide.

The Driving Force Behind NQF Action

BOARD OF DIRECTORS



"COVID-19 has proven to be a lens that not only brings focus to the deep health inequities that exist in the country, but motivates the need for immediate improvement. That's why the work of the National Quality Forum is both important and timely. Our aspiration is not just equitable care, but equitable excellence in care and health outcomes. Realizing this aspiration by serving the needs of its members, developing consensus-based quality measures, setting ambitious goals and leading the quality ecosystem is how we give form to our mission commitment to advance healthcare quality for every person in every community. The NQF Board and I are grateful for all of the contributions our members have made to our shared mission, especially this year."

JONATHAN PERLIN, Chair, NQF Board of Directors, President, Clinical Operations and Chief Medical Officer HCA Healthcare

MEMBER (VOTING)

Jonathan Perlin, Chair

President, Clinical Operations and Chief Medical Officer HCA Healthcare

Cristie Upshaw Travis, Vice Chair

Chief Executive Officer Memphis Business Group on Health

Lewis G. Sandy, Treasurer

Executive Vice President, Clinical Advancement UnitedHealth Group

Adam Thompson, Secretary

Regional Partner Director Jefferson Health Foundation New Jersey

Susan Frampton

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Martha "Meg" Gaines

Former Distinguished Clinical Professor of Law, Director, Center for Patient Partnerships University of Wisconsin Law School

Garth Graham

Vice President of Community Health, CVS Health President, Aetna Foundation

Lance Lang

Chief Medical Officer, Covered California

Carolyn Pare

Former President & Chief Executive Officer, Minnesota Health Action Group

Shannon Phillips

Vice President and Chief Medical Officer, Community Based Care President, Intermountain Medical Group Intermountain Healthcare

Kameron Matthews

Assistant Under Secretary for Health for Clinical Services, Veterans Health Administration

Jack Resneck, Jr.

Professor and Vice Chair of Dermatology, UCSF School of Medicine Core Faculty, Institute for Health Policy Studies UCSF Secretary Board of Trustees, American Medical Association

Knitasha Washington

President and Chief Executive Officer, ATW Health Solutions

Lisa Woods

Sr. Director Strategy and Design US Benefits, Walmart, Inc.

EX OFFICIO (VOTING)

Shantanu Agrawal

President and Chief Executive Officer, National Quality Forum

Thomas Kottke

Chair, Consensus Standards Approval Committee Medical Director for Population Health, HealthPartners Senior Investigator, HealthPartners Institute

FEDERAL GOVERNMENT MEMBERS (VOTING)

Thomas J. Engels

Administrator, Health Resources and Services Administration U.S. Department of Health and Human Services

DESIGNEE: John Snyder

Chief Medical Officer, HBSA Office of Planning, Analysis and Evaluation, Health Resources and Services Administration

Gopal Khanna

Director, Agency for Healthcare Research and Quality

DESIGNEE: Jeff Brady

Director, Center for Quality Improvement and Patient Safety

Robert R. Redfield

Director, Centers for Disease Control and Prevention

DESIGNEE: Peter A. Briss

U.S. Public Health Service Medical Director, National Center for Chronic Disease Prevention and Health Promotion

FEDERAL GOVERNMENT MEMBERS (NON-VOTING)

Seema Verma

Administrator, Centers for Medicare & Medicaid Services

DESIGNEE: Pierre L. Yong

Director, Division of All-Payer Models Center for Medicare & Medicaid Innovation (CMMI)

FRIENDS OF NQF

The Friends of the National Quality Forum is an invaluable voluntary coalition of organizations committed to enhancing the nation's quality of care through NQF's mission. The diverse membership represents consumers, purchasers, healthcare providers, clinicians, and health plans. The Friends of NQF champion continued support for NQF to improve healthcare quality. NQF deeply appreciates the Friends of NQF's commitment to improving the quality of care for every person in every community across the nation. We applied their work and welcome others to join this inspiring coalition.



"The National Quality Forum assumes a critically important role in quality measurement as a consensus-based entity instrumental in aligning providers and health stakeholders to foster improvement and ensure accountability. The Friends of NQF are deeply committed to advancing quality healthcare and advocate for Congress to support NQF to help reach the goal of high value care for all Americans."

CHIP KAHN, MPH Co-Chair, Friends of NQF President & CEO, Federation of American Hospitals



"Friends of NQF is comprised of many diverse healthcare stakeholders working together to achieve the high quality care we all seek. We cannot achieve the promise of better health outcomes without the commitment and collaboration of all sectors and stakeholders."

DEBRA NESS, MS Co-Chair, Friends of NQF President, National Partnership for Women and Families

CO-CHAIRS:

Federation of American Hospitals

Chip Kahn President & CEO

National Partnership for Women and Families

Debra Ness President

STEERING COMMITTEE MEMBERS

American Academy of Family Physicians

R. Shawn Martin *EVP, CEO*

American Academy of Orthopaedic Surgeons

William Shaffer Medical Director

American College of Physicians

Shari Erickson VP, Gov't. Affairs & Medical Practice

American Society of Nephrology

Rachel Meyer Director of Policy, Government Affairs

America's Essential Hospitals

Bruce Siegel President, CEO

America's Health Insurance Plans

Elizabeth Goodman EVP, Government Affairs and Innovations

Blue Cross Blue Shield Association

Justine Handelman Sr. VP of Policy

Compassus

Craig Jeffries SVP, Public Policy

Health Leadership Council

Mary Grealy President

Memphis Business Group on Health

Cristie Travis

Patient Family Centered Care

Partners Libby Hoy Founder, CEO

Premier

Blair Childs SVP, Public Affairs

The Leapfrog Group

Leah Binder President and CEO

The Health Collaborative

Craig Brammer CEO

OUR MEMBERS



"If you are a healthcare leader in America today, quality has to be at the top of your agenda. And if quality is at the top of your agenda, then you need to be an NQF Member."

BRUCE SIEGEL, MD, MPH, President and CEO, America's Essential Hospitals

The over 325 NQF member organizations represent all voices in every sector of health and healthcare—patients and caregivers, consumers, payers, specialty societies, measure developers, federal partners, purchasers, life sciences companies, providers, healthcare researchers, and more. Members continually demonstrate their shared commitment to the NQF mission through engagement and service. Whether serving as subject matter experts on Steering Committees, sharing knowledge in two-dozen COVID-19 Virtual Town Hall Webinars and NQF20 Virtual Series presentations, participating in the Leadership Consortium and on Action Teams, or leading through governance, Members are the driving force behind NQF's mission to advance measurable health improvements.

Together, we do the work that enhances healthcare value, makes patient care safer, and results in better outcomes. Learn more about the NQF membership experience on our website.

Welcoming New Members

American College of Lifestyle Medicine

AstraZeneca

Blue Cross Blue Shield Massachusetts

California Health Care Foundation

California Supportive Living Network

Rare Patient Voice

Supportive Care Coalition

The Beryl Institute

Turner Healthcare Quality Consulting

2020 Annual Conference

Driving Value Through the Next Generation of Quality

NQF's Annual Conference is the only meeting of its kind to focus exclusively on quality in healthcare delivery and health policy. It is an event that gives participants a deeper understanding of the impact that healthcare quality can have on patients and families, providers and health systems, and employers and communities.

Our virtual series of six panels featured 19 experts in healthcare quality.

Conference Themes Included:

- Driving Improved Value
- Future of Population Health
- Role of Quality in Artificial Intelligence (AI)
- Measuring What Matters to Patients

View all past Annual Conference sessions on Member Connect.

members shared what they have learned with other members in virtual town hall webinars.

The Care We Need: Driving Better Health Outcomes JULY 20-22, 2021 for People and Communities

LEADERSHIP CONSORTIUM

Improving care for every person through collaboration is at the core of all NQF action. Bringing diverse voices together is imperative to comprehensively address opportunities and challenges that exist within our nation's healthcare system.

The **Leadership Consortium** is an active forum exclusively for NQF Members to connect, collaborate, and provide thought leadership on quality improvement strategies to achieve national health and healthcare quality goals. This diverse group is annually selected and includes patient partners, clinicians, health plans, and quality improvement experts.

Leadership Consortium members are committed to influencing meaningful and lasting change on our nation's highest priority and most complex healthcare issues across the continuum of care. Together, they identify and provide strategic guidance on practical, action-oriented initiatives to drive meaningful and lasting change for patients and their families.

In 2020, the Leadership Consortium responded to 2019 priorities by convening Action Teams of experts from NQF Member organizations to recommend strategies on two important issues: Healthcare Workplace Violence and Patient Centered Co-Design of Health Systems.

2020 Leadership Consortium Roster

*ex-officio, non-voting

Vizient, Inc. Robert Dean, Chair

Optum

AdventHealth William Scharf

Agency for Healthcare Research and Quality*

Amy Nguyen Howell, Vice Chair

Maushami DeSoto

American Association for Physician Leadership Peter Angood

American College of Medical Quality

Donald Casey

American Heart Association Michele Bolles

American Physical Therapy Association Alice Bell

Association of American **Medical Colleges** Rosha McCoy

BlueCross BlueShield Association Jennifer Atkins

Centers for Disease Control and Prevention* Jennifer Fuld

Centers for Medicare & Medicaid Services*

Reena Duseja

Coalition to Transform Advanced Care (C-TAC)

David Longnecker

Council of Medical Specialty Societies

Helen Burstin

CVP

Brenda Blunt

Encompass Health Corporation Mary Ellen DeBardeleben

General Dynamics Information Technology

Kristen Welker-Hood

Health Resources and Services Administration*

Wakina Scott

Heron Therapeutics

Anita Gupta

Homewatch CareGivers, LLC

Jennifer Ramona

Humana Inc.

Misty Roberts

IBM Watson Health

Mahil Senathirajah

Intermountain Healthcare

Shannon Phillips

National Hospice and Palliative Care Organization Jennifer Kennedy

Nursing Alliance for Quality Care Eileen Esposito

Partners Health Management Selenna Moss

Pharmacy Quality Alliance Richard Schmitz

Teladoc Health, Inc.

Bridget McCabe

Telligen

Lindsev Wisham

UPMC Health Plan Amv Helwia

University of Texas-MD Anderson Cancer Center

Ronald Walters

URAC

Shawn Griffin

Veterans Health Administration* Joel Roos

ACTION TEAMS

The Action Team to Prevent Healthcare Workplace Violence brought together 28 NQF Member organizations to address the persistent problem of healthcare workplace violence. The Action Team developed an Issue Brief that identifies key strategies to support healthcare organizations and community stakeholders in the prevention, reporting, and reduction of healthcare workplace violence. It includes guidance and actions to standardize definitions of workplace violence and data collection, analyze and share data, invest in safety, and collaborate to scale efforts across stakeholders.

The Action Team to Co-Design Patient-Centered Health Systems, composed of 29 NQF Member organizations, identified ways to help healthcare organizations embrace a true culture of co-design in which patients, families, and caregivers are equal partners in improving care quality and patient safety. They produced an Issue Brief that includes strategies aimed to empower healthcare organizations, community stakeholders, and patients, families, and caregivers to prioritize and invest in co-design; expand awareness to foster successful and sustainable co-design initiatives; recruit diverse and representative patient voices; and measure and share organizational impacts and outcomes that result from co-design.

percent of all nonfatal workplace violence occurs in healthcare settings. Healthcare workers are four times more likely to experience violence at work compared to private industry employees.

Source: Occupational Safety and Health Administration



NATIONAL QUALITY FORUM

Driven by science, collaboration, measurement, and innovation to make care better for all people, National Quality Forum helps drive multiple perspectives into actions that create measurable impact. We are the place where everyone has an equal voice in creating healthcare improvements that provide the greatest value to all. National Quality Forum does what nobody can do alone—but what everyone can accomplish through healthy collaboration on improving outcomes.

OUR MISSION

To be the trusted voice driving measurable health improvements

OUR VISION

Every person experiences high value care and optimal health outcomes

OUR VALUES

Collaboration •
Leadership • Passion •
Excellence • Integrity

