Executive Summary

Over the past ten years, the use of U.S. healthcare performance measurement has exploded in response to the challenges of improving safety and quality, improving patient health and experience, and reducing rapidly escalating healthcare costs that are plaguing governments, employers, and consumers alike. Performance measures are now widely used in payment, public reporting, and quality improvement programs. Yet with approximately 700 measures of quality and cost endorsed by NQF, most would agree that critical gaps in measurement capabilities remain. Others express concerns about measurement overload and administrative burden and are wary of the prospect of too much measurement. We are at a crossroads. We need more measures to address high-priority issues while still ensuring parsimony of measurement that does not overwhelm the professionals who are working to improve health and healthcare.

We are at this point in part because until 2011 there was no national blueprint of priorities or goals around which to develop, endorse, and implement measures for quality improvement. This is no longer the case. In 2011, with significant public input from the National Priorities Partnership (NPP)—a group of more than 50 public- and private-sector organizations—the Secretary of the Department of Health and Human Services (HHS) released the first National Strategy for Quality Improvement in Health Care. This National Quality Strategy (NQS) includes six priority areas, each with aspirational goals and specific targets around which to focus public- and private-sector performance measurement and improvement.

The NQS requires a wide array of quality and efficiency measures for implementation in traditional healthcare settings and across home- and community-based services. While some of the NQS priority areas appear to be well supported by NQF-endorsed measures, others are associated with relatively few measures. In addition to considering measure gaps associated with the NQS, the high-impact Medicare and child health conditions provide an important lens through which to view potential measurement opportunities. Expanding the portfolio of NQF-endorsed measures to fill gaps in both of these areas requires assessing and addressing gaps throughout the measure development, endorsement, and use continuum.

The purpose of this report is threefold: to synthesize measure gaps identified by diverse stakeholder groups through previously completed NQF projects; to map NQF’s measure portfolio against the NQS priorities and goals as well as the high-impact Medicare and child health conditions; and to identify and gather feedback on the use of NQF-endorsed measures across federal, state, and private-sector efforts.
NQF gathered information on measure gaps drawing from its existing projects and structures that provide a forum for multistakeholder input. Those include the Consensus Development Process (CDP), NPP, the Measure Applications Partnership (MAP), NQF’s inventory of NQF-endorsed measures, and information on measures in use by the Robert Wood Johnson Foundation’s Aligning Forces for Quality Alliances. Feedback also was solicited from a diverse set of stakeholders including measure developers and key end users.

**Synthesis of Measure Gaps**

The analyses of this report reveal that discussions of measure gaps too often remain at a high conceptual level, and that more specificity—ideally through a multistakeholder prioritization process—is needed. While many measures currently in use in the field may address high-priority gap areas, a full assessment of their applicability and appropriateness was beyond the scope of this project. Existing measures that address identified gaps should be brought forth for NQF endorsement to assess their importance, scientific reliability and validity, usability, and feasibility before any assessment of value or recommendations for use are made. Following are high-level syntheses of the measure gaps identified, presented through the lens of the triple aim of the NQS.

**Better Care**

The lion’s share of NQF-endorsed measures related to better care is condition-specific. Addressing the gaps described below would encourage direct patient inputs about their care and further focus the healthcare system on the needs and preferences of patients, their families, and caregivers.

**Patient-reported outcomes (PROs)—**To fully assess the quality and safety of healthcare, the gap analysis emphasized the importance of patient-reported outcomes, i.e., any report of the patient’s health status that comes directly from the patient, without interpretation by a clinician or anyone else. Domains for measurement include symptoms and symptom burden, health-related quality of life including functional status, experience with care, and health-related behaviors. Especially important are PRO-based performance measures that can be aggregated accurately and reliably to the level of an accountable healthcare entity, and that span the full continuum of care.

**Patient-centered care and shared decision making—**Measures are needed to assess whether patient and family treatment preferences are identified; whether their psychosocial, cultural, spiritual, or healthcare literacy needs are addressed; whether they are actively engaged in developing a care plan; and whether their expressed preferences and goals for care are met. Measures of decision quality are critical for assessing whether patients understand evidence-based treatment options and whether they are able to make decisions based on information provided by their healthcare practitioner.

**Care coordination and care transitions—**Important outcome measures are needed to assess whether patients, families, and caregivers believe that the overall care coordination process—including the quality of communication, care planning, care transitions, and team-based care—satisfactorily prepared them to manage their care and return to the best possible quality of life. The timeliness of access to high-quality palliative care or hospice services, including pain and symptom management, psychosocial support, and advance care planning, also are identified as gap areas in need of further attention. Measure gaps related to effective medication management, patient adherence, and adverse drug events remain important.
Care for vulnerable populations—A critical gap includes the ability to measure whether high-quality care is available to patients most in need, particularly the vulnerable elderly, individuals with multiple chronic conditions and complex care needs, critically ill patients, patients receiving end-of-life care, children with special needs, residents in long-term care settings, homeless people, and people who are dually eligible for Medicare and Medicaid.

Healthy People/Healthy Communities
The health of the American public is mostly attributable to healthy lifestyle behaviors, a healthy environment, and social status. The following gap areas push the field beyond traditional boundaries of the healthcare delivery system and offer the potential for dramatic gains in health for the nation.

Health and well-being—Measures within and outside of the healthcare system are needed to assess health-related quality of life and to optimize the population’s well-being. Measures that assess the burden of illness experienced by patients, families, and caregivers, as well as measures of productivity, are important. Community indices that measure key factors or social determinants known to significantly influence health or drive unnecessary utilization of healthcare services are needed to develop community programs that effectively and appropriately target resources and interventions to improve population health and reduce disparities.

Preventive care—Composite measures of the highest impact age- and sex-appropriate clinical preventive services, particularly for the cardiovascular disease priority area, continue to be important measure gaps to fill. Oral health is highlighted as an important area in need of measures, specifically for the prevention of dental caries. Also important is the coordination of long-term support services and psychosocial, behavioral health, spiritual, and cultural services. An emerging area of focus for measurement is the extent to which care is coordinated beyond the healthcare delivery system—particularly between healthcare, public health, and community support services—and how individual organizations are held collectively accountable.

Childhood measures—Measure gaps for child and adolescent health emphasized the attainment of developmental milestones, the quality of adolescent well-care visits, prevention of accidents and injuries, and prevention of risky behaviors. There also is a heightened need for measures of childhood obesity in addition to body mass index for more effective upstream management, given the risk for developing diabetes, cardiovascular disease, and other chronic conditions.

Accessible and Affordable Care
Affordability is often narrowly construed. The following gaps broaden its definition to consider affordability through a variety of lenses from the broader cost of the healthcare system to out-of-pocket costs for patients and families. Ensuring access to affordable, high-quality care will necessitate the judicious use of limited resources, and a consideration of gaps from individual and societal perspectives.

Access to care—In addition to measures that assess insurance coverage, the analysis revealed that measure gaps indicative of access to needed care are important to address. Important considerations include the ability to obtain preventive care, medications, mental health, oral health, and specialty services in a timely fashion. Measures also are needed to assess disparities in access and affordability, particularly with regard to race, ethnicity, and socioeconomic status, and for vulnerable populations.
Healthcare affordability—Many stakeholders emphasize the need for affordability indices that reflect the burden of healthcare costs on consumers, including direct costs (e.g., out-of-pocket expenses, and personal healthcare expenditures per capita) as well as indirect opportunity costs (e.g., productivity, work and school absenteeism, and the “cost of neglect” of medical and dental care). Efficiency measures are needed to give providers a benchmark on cost and quality as well as to quantify inefficiencies in all care settings to further target quality improvement efforts. Purchasers and consumers continue to emphasize the importance of understanding pricing and improved transparency of cost data through standardized measurement and reporting.

Waste and overuse—Measures that assess the extent to which the healthcare system promotes the provision of medical, surgical, and diagnostic services that offer little if any value—and that may be harmful to patients—are critical to closing gaps in unwarranted variation. Areas frequently cited as important for measurement include appropriate, patient-centered and patient-directed end-of-life care; unnecessary emergency department visits, hospital admissions, and readmissions (particularly for ambulatory-sensitive conditions); inappropriate medication use and polypharmacy; and duplication of or inappropriate services and testing, particularly imaging.

Availability of NQF-endorsed Measures

Although the NQF portfolio increasingly maps across the NQS priorities, approximately 40 percent of NQF-endorsed measures that map to the NQS at the goal level addresses patient safety, including a wide range of measures related to healthcare-associated conditions and hospital readmissions. Less than 10 percent of measures that map at the goal level address person- and family-centered care, with very few measures for the important areas of shared decision making, patient navigation, and patient self-management. Measures to address healthy lifestyle behaviors and community interventions to promote health and well-being and to prevent cardiovascular disease warrant increased attention. Specific measures of cost remain a high-priority gap area, particularly for the healthcare purchaser community.

NQF’s portfolio includes more than 400 condition-specific measures, more than 250 of which address the high-impact Medicare conditions. Approximately 50 measures address high-impact child health conditions, while 13 of these conditions do not have any NQF-endorsed measures associated with them. Although the lack of measures for certain conditions may be of concern, over the past several years leaders in the field have encouraged measures that can be used across patient populations. Therefore, further measure development should be considered in the context of cross-cutting measures that may apply to patients regardless of disease process.

NQF Measure Portfolio in Use

The federal government remains the predominant user of NQF-endorsed measures, using approximately half of the NQF portfolio in its various programs. However, a growing number of these measures are in use across public-sector programs (including state and federal programs) as well as private-sector programs. This increasing alignment holds the promise of reducing measurement burden in the field.

Overall, 64 measures in the NQF portfolio that address specific NQS goals are in concurrent use in federal programs and two or more private programs. The majority of these are safety-related measures, with a small number addressing aspects of overuse, patient experience, and preventive screenings. A nearly equal number of measures that address specific NQS goals are not in use in any of the programs ana-
lyzed. This represents a missed opportunity, particularly for measures related to function, quality of life, hospice and palliative care, mental health, and preventive services for children. The analysis also revealed that 56 measures in the NQF portfolio that address high-impact conditions are in concurrent use in federal programs as well as private payer programs, the majority of which reflect the high-impact Medicare conditions. However, 47 measures that address high-impact Medicare or child health conditions had no identified use in any of the program types analyzed. Consideration should be given to the potential barriers that prevent these measures from being implemented in the field.

The Path Forward
As we—the public and private stakeholders committed to building a solid foundation for quality improvement—strive to continually advance the use of standardized performance measurement, we must accelerate efforts to fill, rather than just identify, key measurement gaps. This will require that we make better use of the measures already available for key priority areas and that we prioritize to invest wisely in measure development and endorsement activities to fill the most critical gap areas. Finally, we must work collaboratively to rapidly develop, test, endorse, and implement the most valuable and useful measures that will drive performance improvement in order to achieve high-quality, affordable care and a healthy nation.