



Frequently Asked Questions

GENERAL QUESTIONS

1 WHAT ARE PERFORMANCE MEASURES, WHY DO THEY MATTER, AND WHO IS THE NATIONAL QUALITY FORUM (NQF)?

Performance measures are an essential tool used to evaluate how well healthcare services are being delivered. Measures have proven critical to improving quality, enhancing transparency in healthcare markets, and ensuring accountability. The National Quality Forum (NQF), established in 1999 is a nonprofit, nonpartisan organization that reviews, endorses, and recommends healthcare performance measures that serve as the underpinning of public and private initiatives focused on enhancing the value of healthcare services.

NQF is a public service organization that is governed by a diverse board of directors and has over 400 private-sector members that span the healthcare system, including consumer organizations, public and private purchasers, physicians and nurses, hospitals and health plans, accrediting and certifying bodies, manufacturers, and other stakeholders.

2 HOW IS NQF DIFFERENT FROM OTHER HEALTHCARE QUALITY ORGANIZATIONS?

Many healthcare quality organizations, including NQF, share goals related to enhancing the value of healthcare—increased patient safety, enhanced quality, and lower cost care—but have different ways of achieving these aims. NQF’s distinct contributions fall into two separate but complementary roles:

- **Endorsing standardized performance measures** through an evidence-based process that relies upon broad and varied stakeholder input and is recognized by the Office of Management and Budget;
- **Convening public and private leaders across all sectors to build consensus and provide upstream advice about:**

» *Formulation of the first ever National Quality Strategy¹, related priorities, and its implementation.*

- » *Selection of measures used in more than 20 federal public reporting and pay-for-performance programs.*
- » *Alignment across the public and private sectors about measures to use in varied programs to enhance the value of healthcare services.*

NQF does not: develop performance measures (this work is done by other groups, such as the National Committee for Quality Assurance [NCQA] or the American Medical Association/Physician Consortium for Performance Improvement [PCPI]); require the reporting of performance measures (as health plans, the Centers for Medicare & Medicaid Services [CMS], Joint Commission or physician specialty certification boards do); or provide technical assistance to practices or health systems as they use performance measures to guide improvement efforts (such as the Quality Improvement Organizations [QIOs] or physician specialty societies).

3 HOW IS NQF CURRENTLY FUNDED?

NQF is funded through a variety of sources including federal contracts, grants, and membership dues. Currently, 30% of NQF's funding is from private sources and 70% from the public sector. NQF's private funding relies on dues from over 400 members, as well as support by foundations such as the Robert Wood Johnson Foundation and the Commonwealth Fund. Federal support comes from the MIPPA statute (2008), which was extended and expanded under the Affordable Care Act (2010). The American Taxpayer Relief Act (2013) extended NQF's funding under the MIPPA statute through fiscal year 2013. The lion's share of resources is spent on NQF's signature activities, including measure endorsement.

In recognition of its public role, NQF makes all of its documents available on the web, and its meetings, including the NQF Board of Directors meetings, are open to the public.

4 HOW WILL NQF BE FUNDED IN THE FUTURE?

Federal funding authorized in 2008 will expire at the end of FY 2013, and funding authorized in 2010 will expire at the end of FY 2014. It is critical that these funding streams be extended and eventually consolidated to allow NQF to continue bringing diverse stakeholders together to 1) endorse quality measures that are the backbone of public and private quality improvement and cost reduction initiatives, and 2) develop consensus about improvement priorities, strategies, and measure selection.

In addition to continuing these current activities, NQF would use additional or reauthorized funding to review and endorse next generation quality measures; increase the focus on measures that reduce costs and waste; speed up and coordinate the measurement pipeline to reduce burden, and build out measure "feedback loops" to better understand the use and usefulness of measures.

5 WHO DEVELOPS MEASURES, AND HOW DOES NQF ENDORSE THEM?

Measures submitted to NQF for endorsement come from more than 65 different developers. The primary developers include NCQA, PCPI, as well as CMS and the Agency for Healthcare Research and Quality (AHRQ). Submitted measures are evaluated by NQF-convened expert committees using a consensus-based process (CDP), which was designed to consider wide stakeholder input, and to evaluate measures based on the importance of what’s being measured (e.g., how important is it to measure patient experience with care?), the scientific evidence, usability, and feasibility.

6 WHY DOES USE OF NQF-ENDORSED MEASURES MATTER?

NQF builds consensus across multiple stakeholders on a set of best-in-class measures to be used by all types of public and private payers for a variety of purposes, including feedback and benchmarking, public reporting, and incentive-based payment.

The NQF endorsement process also results in a standardized set of measures. Use of these standardized measures lessens data collection and reporting burden for providers, and can focus payer requests on a discrete and targeted set of measures which can accelerate improvement. In addition, using standardized measures allows payers and the public to compare and understand quality results, including the performance of local hospitals and doctors.

7 WHY IS NQF ENDORSEMENT THE GOLD STANDARD?

The NQF endorsement process is rigorous; in 2012, 30% of submitted measures were not endorsed because they did not meet the necessary criteria. The most common reason measures are rejected is failure to meet the must-pass “importance-to-measure-and-report” criterion, meaning that the measure must demonstrate that the related data is focused on a high-impact health goal or priority.

Second, the proposed measure must meet scientific standards. In other words, would the data from implementing the proposed measure prove that the measure is reliable and valid? NQF’s expert volunteer committees also review testing results from all proposed measures to ensure their usability and feasibility before they are formally endorsed.

This rigorous process—with participation from all healthcare sectors who have a stake in its outcome, including those who pay for and receive care—ensures that NQF’s seal of approval is held in the highest regard. In fact, NQF-endorsed measures are granted preferential status in federal statute.

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HOW IS NQF'S PORTFOLIO OF ENDORSED MEASURES MANAGED?

Currently, there are hundreds of NQF-endorsed measures. That said, a much more discrete set of measures applies to particular settings, sectors, or types of clinicians. Measures also currently differ by data platform (e.g., administrative, paper-based medical record, and electronic health record) but most will be consolidated once the healthcare system fully embraces health information technology.

NQF actively manages its portfolio, culling it by removing measures whose performance is consistently at the highest levels or "tops out." NQF also works with measure developers to harmonize or merge elements of near-identical measures to reduce reporting burden, and where appropriate, replaces multiple process measures with more meaningful outcome metrics.

NQF encourages submission of innovative measures that specifically focus on addressing "gaps" in healthcare quality, including those related to care coordination, the patient experience of care, cost measures, and key metrics related to patient safety, such as appropriateness of radiation dose and hospital readmission rates.

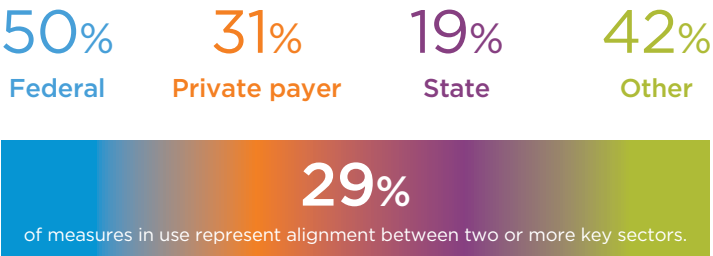
MEASURE USE AND USEFULNESS

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WHO CURRENTLY USES NQF-ENDORSED MEASURES?

NQF measures are used by a wide variety of stakeholders including hospitals, state and federal government, health plans, accrediting organizations, and specialty medical boards, among others. The chart below displays use of the NQF-endorsed measures portfolio by the largest stakeholders, namely the federal government, private payers, states, and others (e.g., registries and communities). It also displays measure alignment—or use of the same measures by these stakeholders. Alignment is an important strategy to reduce data-collection burden for providers and associated costs, while simultaneously accelerating improvement by helping providers prioritize where to focus improvement resources.

NQF-Endorsed Measures in Use: By Sector and Overall Alignment



10 HOW DO PAYERS SELECT MEASURES FOR PUBLIC REPORTING AND PAYMENT?

Historically, public and private payers as well as providers have made independent decisions about which measures to use and for what purposes, e.g., public reporting vs. linkage to payment vs. internal quality improvement. This sector-by-sector, organization-by-organization, and clinical-group-by-clinical-group approach has resulted in reporting burden for providers, conflicting signals to providers, and confusing information for purchasers and consumers who seek to make informed healthcare decisions.

The NQF-convened “Measure Applications Partnership” (MAP) was established to bring more rationality to this process—focused on getting all major healthcare purchasers to row in the same direction.

MAP brings together approximately 60 varied private-sector stakeholders, as well as non-voting federal representatives from nine different agencies, to provide pre-rulemaking advice to HHS about measure selection and application. This innovation in rulemaking allows for substantial dialogue across sectors before annual draft rules are issued, and provides a forum to look across over 20 different public programs to consider areas for measure alignment and harmonization. Recommendations from MAP also can help influence private-sector decision making around measure use.

11 WHAT ARE THE RESULTS OF USING STANDARDIZED MEASURES IN PUBLIC REPORTING AND PAYMENT PROGRAMS?

NQF endorses and recommends best-in-class measures for public reporting and payment programs. Results suggest that these programs have played a role in helping to improve healthcare quality, particularly in the case of hospitals and health plans that have been collecting, reporting, and acting on performance measures for a number of years.

For example

- Healthcare-associated infections (HAIs) affect 5% of patients hospitalized in the United States each year, and NQF has endorsed measures that track and help reduce these infections. Central line associated blood stream infections (CLABSIs) are a particularly deadly HAI, with reported mortality of 12%–25%. The Centers for Disease Control and Prevention reports a 58% reduction in CLABSIs between 2001 and 2009. This represents up to 6,000 lives saved and approximately \$1.8 billion in cumulative excess healthcare costs over this time period.²
- A peer reviewed study of more than 650 hospitals showed a decline in mortality in those hospitals that have fully implemented NQF-endorsed safe practices.³
- The Centers for Medicare & Medicaid Services requires hospitals to publicly report on an NQF-endorsed measure regarding elective delivery prior to 39 weeks as part of an effort to improve maternity care. A recent analysis in the *American Journal of Obstetrics and Gynecology* found that the rate of neonatal intensive care unit (NICU) admissions dropped by 16% in 27 hospitals focused on reducing

elective deliveries—and that if widely implemented across the country this could result in a dramatic drop off of admissions and hundreds of millions of savings per year.⁴

- The Health Effectiveness Data and Information Set (HEDIS) is a tool developed by the National Committee for Quality Assurance (NCQA); this tool is used by more than 90% of America's health plans to measure a broad range of health issues. About three quarters of HEDIS measures are NQF-endorsed. Because so many health plans have been reporting NQF-endorsed HEDIS measures for years, it is possible to benchmark and compare the performance of these plans over time, and also to link high performance with potential cost savings. For example, if all plans performed as well as the top 10% who report HEDIS measures, the NQF-endorsed Diabetes Care-HbA1c Control measure alone would annually save \$294-\$614 million in avoidable hospital costs. An additional example is the NQF-endorsed Osteoporosis Management measure which would save \$12.4-\$32 million annually in avoidable hospital costs.

While these results are impressive, it will take more than the use of measures in public reporting and incentive-based payment programs to truly move the needle: We also need to simultaneously reform the payment and delivery systems in American healthcare in order to make substantial gains in performance.

12 WHERE DO NQF EFFORTS FIT IN GOING FORWARD?

In the current fiscal climate, purchasers—including the federal government—have an urgent need to derive more from what they spend on healthcare services, and ultimately to responsibly reduce their healthcare bills. An array of policy prescriptions—public reporting, care delivery redesign, entitlement reform or payment reform—are focused on enhancing the performance of the U.S. healthcare system in order to reduce our national debt and enhance U.S. competitiveness.

Every policy prescription for achieving more value in the healthcare arena and improving quality relies on standardized performance measures to provide credible, trusted information about providers, to gauge progress against performance goals, and to ensure that patients are protected as cost saving measures are implemented.

Given its role of endorsing standardized performance measures, NQF is essential to all of these critical efforts to improve quality, reduce costs, and increase value in our healthcare system.

ENDNOTES

1 National Quality Strategy: 2012 Annual Progress Report. <http://www.healthcare.gov/news/factsheets/2012/04/national-quality-strategy04302012a.html>

2 Vital Signs: Central Line Associated Blood Stream Infections, MMWR <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6008a4.htm>

3 Brook SB, Dominici F, Pronovost PJ, et al. Variations in surgical outcomes associated with hospital compliance with safety practices. *Surgery*. 2012; 151(5):651-659.

4 Clark SL, Donna RF, Janet AM, et al. Reduction in elective delivery at <39 weeks of gestation: comparative effectiveness of 3 approaches to change and the impact on neonatal intensive care admission and stillbirth. *Am J Obstet Gynecol*. November 2010.