

Insights from the Development and Use of the Community Tool to Align Measurement

A Summary Report of the Project's Activities and Outcomes

August 26, 2013

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Introduction

This report summarizes the activities and lessons learned during the development and use of the Community Tool to Align Measurement, or ‘Alignment Tool’ (www.qualityforum.org/AlignmentTool). The report shares major insights from the National Quality Forum (NQF) and others involved in the project to inform alignment in the use of measures in the health care quality field.

The Robert Wood Johnson Foundation (RWJF) supported this work to develop a ‘standardized dashboard of measures.’ The intent was to develop a tool for use by Aligning Forces for Quality (AF4Q) alliances and others to help align their use of NQF-endorsed® measures across regions. NQF worked with all 16 AF4Q alliances (three of which worked closely with NQF during the tool’s development) and with a set of test communities (Table 1). The process of developing and testing the Alignment Tool has yielded many important insights for users of the tool and NQF alike. This report describes the lessons learned and outcomes from this work.

Table 1. Organizations Involved in the Development and Testing of the Alignment Tool

The Alliance for Health (West Michigan AF4Q)	Maine Quality Counts (Maine AF4Q)*
Better Health Greater Cleveland (Cleveland AF4Q)	Massachusetts Health Quality Partners (Greater Boston AF4Q)
California Center for Rural Policy (Humboldt County AF4Q)	MN Community Measurement (Minnesota AF4Q)
Cheyenne Regional Medical Center	New Mexico Coalition for Healthcare Quality (New Mexico AF4Q)
FOCUS Pittsburgh	Oregon Health Care Quality Corporation (Oregon AF4Q)
Greater Detroit Area Health Council (Detroit AF4Q)*	P ² Collaborative of Western New York, Inc. (Western New York AF4Q)
The Health Collaborative (Cincinnati AF4Q)*	Puget Sound Health Alliance (Puget Sound AF4Q)
The Healthy York County Coalition (South Central Pennsylvania AF4Q)	SunCoast RHIO
Healthy Memphis Common Table (Memphis AF4Q)	Wisconsin Collaborative for Healthcare Quality (Wisconsin AF4Q)
Kansas City Quality Improvement Consortium (Kansas City AF4Q)	

* Those organizations with an asterisk were the pilot alliances involved in the tool’s development.

Major Lessons Learned

To date, the Alignment Tool represents NQF’s most thorough effort to understand measure use at the regional level. Information and insights gathered from the 16 alliances have been used to inform a range of efforts both within and outside of NQF. The following section documents high-level insights and lessons gathered from those involved in the project’s development and testing.

Importance of the National Quality Strategy

Lesson 1: NQS priorities incorporated in the tool provide everyone with a shared, common-sense framework with which to organize thinking around performance measurement and improvement, and assess gaps in their own priorities and related activities.

At the pilot alliances' suggestion, measures in the Alignment Tool were mapped to the six National Quality Strategy (NQS) priority areas. This helped the pilot alliances assess for the first time their measures in terms of the national priority areas they are addressing in their region and where gaps exist in their measurement approach.

There is intense interest among regional collaboratives to understand and identify incentives that may be driven by the NQS, particularly those affecting reporting requirements and reimbursement. Using the Alignment Tool, leaders at the community and state level can identify and follow the lead of other organizations already using endorsed measures that address the NQS priority areas. National organizations and agencies can use the tool to see which NQS priorities have less measurement activity among the 16 AF4Q alliances.

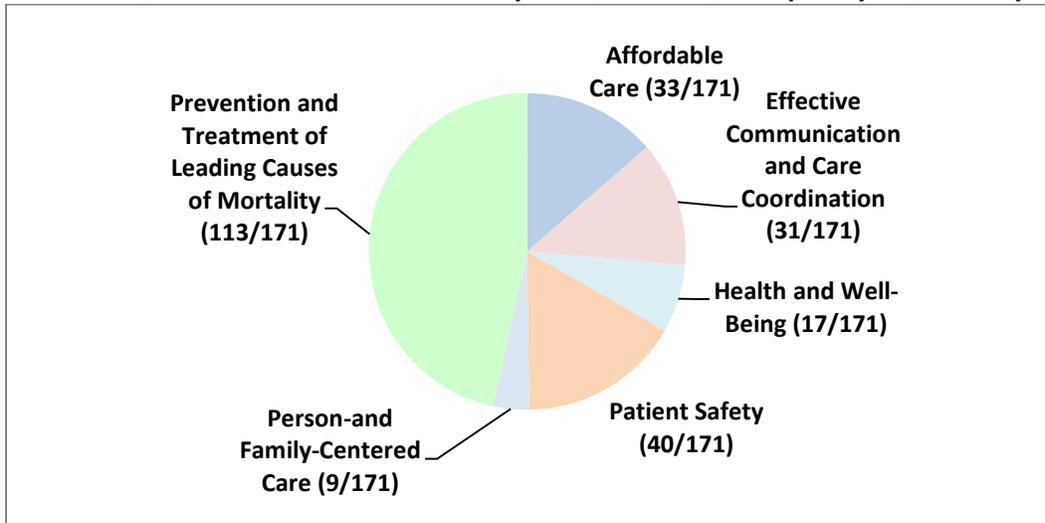
The Health Collaborative (Cincinnati AF4Q) shared, "It has been helpful to organize the content in a single location. We are working on aligning as much as possible our own measures and specs with national organizations, and having a resource like this measures map will help us explain differences as we work to align our efforts."

Lesson 2: Measures often serve more than one purpose or meet more than one priority area.

During the pilot alliances' cataloging of measures in use, it became apparent that the alliances were interpreting the purpose of a given measure differently. For instance, some considered a measure to be a safety measure while others were using the measure to assess cost. The two priorities in which there was the most cross-over were *Affordable Care* and *Prevention and Treatment of Leading Causes of Mortality*. Given that the Alignment Tool is 'of the communities, for the communities, and by the communities', the alliances decided that they each would do their own categorizing and learn from the results.

After seeing the initial work of the three pilot alliances, many of the remaining 13 AF4Q alliances wanted the NQF-endorsed measures in use by all of the 16 AF4Q alliances included too, significantly expanding the scope and usefulness of the tool. Chart 1 shows the number of NQF-endorsed measures in use by the 16 AF4Q alliances, grouped by NQS priority area.

Chart 1. NQF-endorsed Measures in Use by AF4Q Alliances, Grouped by NQS Priority



NQF-endorsed measures are tagged to the National Quality Strategy by both the AF4Q alliances and NQF. One measure may be tagged to multiple priorities.

Interest in High-Value Measures Used in National Programs

Lesson 3: Interest in alignment around a measure likely increases if it is also used in reporting requirements or performance-based payment associated with one or more national programs.

The pilot alliances also requested that the Alignment Tool indicate which measures are associated with requirements in one or more major national or federal measurement program (Table 2). This would enable quick identification of measures around which alignment is of higher value, not only to be well positioned for program incentives, but also to potentially reduce the burden of using measures that are similar but not the same as measures that satisfy federal requirements. Additionally, many local leaders wish to align with national reporting or incentive programs. Both SunCoast RHIO and Cheyenne Regional Medical Center (CRMC) were very interested in using the Alignment Tool to learn more about national programs measurement requirements and identify ways that they could begin to align with them (see [Project Outcomes](#) below for further detail).

Table 2. National Programs Included in the Alignment Tool

Bridges to Excellence Care Recognition Programs	CMS Shared Savings Program (ACOs)
CMS Child Health Insurance Program Reauthorization Act (CHIPRA)	CMS Physician Value-Based Payment Modifier
CMS Hospital Inpatient Quality Reporting	CMS Hospital Value-Based Purchasing
CMS Hospital Outpatient Quality Reporting	HHS Hospital Compare
CMS Inpatient Rehab Facility Quality Reporting	HRSA Maternal and Child Health Bureau
CMS LTC Hospital Quality Reporting	Leapfrog Hospital Measures
CMS Medicaid Adult Quality Report (Adult Core)	NCQA HEDIS Health Plan Measures
CMS Meaningful Use - Medicare and Medicaid EHR for Professionals	NCQA HEDIS Physician Measures
CMS Meaningful Use - Medicare and Medicaid EHR for Hospitals and CAHs	ONC Beacon (in use by at least one Beacon Community)
CMS Physician Quality Reporting System (PQRS)	

The following are observations from the three pilot alliances:

For me, the overall purpose is information to use in aligning payment and other incentives to motivate improvement in provider performance.... A lot of future work will be driven by CMS and what it will pay. Seems like there will also be a lot of more usable measures coming out of the CMS/National Quality Strategy efforts soon. We get a lot of mileage in beginning to report future measures early so it gives providers a chance to work on things so they do well when it begins to count. *(Maine Quality Counts (Maine AF4Q))*

This has raised the question for us about how to improve our data collection process and use of specific measures, particularly around electronic specifications for those measures so that we simplify data collection and align our process with the regulations that groups have to meet for Meaningful Use. *(The Health Collaborative (Cincinnati AF4Q))*

The Greater Detroit Area Health Council (Detroit AF4Q) saw similar connections to the bigger picture. They shared, “We appreciate understanding the context of public reporting across the country and where we fit in; this will provide our team with some insight as we select measures and look to the future direction of our public reporting efforts.”

Because of their desire to identify measures to use in their Patient-Centered Medical Home (PCMH) initiative, CRMC became interested in the using the Alignment Tool. As further described in the [Project Outcomes](#) section, CRMC selected 13 NQF-endorsed measures from the Alignment Tool to assess the primary care delivery transformation in their community.

Understanding the Use of NQF-Endorsed Measures

Lesson 4: Data availability often drives what measures an organization will use or report on.

A major lesson learned during the pilot phase was the impact of available data on an alliance's ability to measure performance. During the measure cataloging exercise, discussions among the pilot alliances arose about what drives or motivates them to measure and report – publicly, semi-private/public (e.g., provided to purchasers or health plans), or privately (e.g., given to medical groups) – in certain measure areas but not others. NQF found that the reasons for measure selection vary; however, in all three pilot regions, available data sources clearly affected such decisions. At times, the alliances modified aspects of an endorsed measure, including specifications, to accommodate available data or an overarching community perspective.

Although NQF does an excellent job of endorsing meaningful measures, the data collection methods can be inconsistent, depending upon the organization and the goals (i.e. the National Committee for Quality Assurance's methodology is different than Bridges to Excellence which is also somewhat different than Minnesota Community Measurement). (*The Health Collaborative (Cincinnati AF4Q)*)

Lesson 5: The burden of measurement and reporting presents a challenge for many organizations' internal resources.

In addition to available data, internal resources (staff, infrastructure, etc.) of their organization also drove selection of measures. When visiting state and regional leaders as part of NQF's community initiative efforts, many voiced their frustration with measurement burden. They would like to see more harmonization of measures among national programs and need help sorting through the cacophony of measurement resources and information available. Many have commented that they like the simple format of the Alignment Tool (Excel spreadsheet with side-by-side content, summary totals, color coding), as it offers an easy way to see which measures are in use in and which of those measures are also included in national programs.

Lesson 6: Gathering information about the impact of using specific measures helps to assess and improve measurement and reporting efforts; however, there may be limited information available.

The pilot alliances also shared their experience in using certain measures. Some of the information was the same for each measure, such as where the alliances obtain their data; so, discussions focused on anecdotal stories associated with a relatively small number of measures. The process of trying to answer specific questions for each measure caused the pilot alliances to acknowledge that they often do not have such information about many measures, nor a consistent approach to routinely assess the actual experience and impact of the measures they use. However, they all recognized the value in bringing more of this information to light.

Lesson 7: Understanding others' experiences with using a certain measure, particularly regarding the impact of such use, is important to motivating others to consider using that measure.

In Cincinnati, the discussions spurred them to examine their internal processes, especially around ensuring that their measure use information is up-to-date. The Health Collaborative shared, “This has prioritized our desire to begin analyzing the data and collecting ‘stories’ around improvements due to our public reporting to better understand the impact those measures have/are having in improving patient care.”

Translating Measure Titles and Descriptions for Public Reporting

Lesson 8: Measure titles and descriptions as endorsed by NQF are developed for clinical or medically-trained audiences, so they are seen as too complex for effective use in public reports or materials for lay audiences.

In using endorsed measures, each of the pilot alliances changed nearly all of the measure titles and descriptions to use plain language appropriate for public reporting or use in materials for people who are not clinically trained. This resulted in the appearance of variation among the measures being used, even if the alliances were actually measuring the same thing. The use of medical terminology in NQF-endorsed measure titles and descriptions created extra work for each alliance to ‘translate’ the information for lay audiences, resulting in duplication of effort by each alliance and variation in the simplified versions of the titles and descriptions. Maine Quality Counts shared, “The overwhelming detail in this Alignment Tool exercise was a stark reminder of how confusing the actual measure titles and descriptions are.”

Lesson 9: Standardization would be more evident in public reports if consistent plain language versions of the measures titles and descriptions (ideally consumer-tested) were available and used for each measure endorsed by NQF for use in public reporting.

The pilot alliances suggested that the Alignment Tool include the plain language measure titles and descriptions that the alliances use to help reduce similar work for others. Such work could become a starting point for creating a single recommended plain language title and description for each NQF-endorsed measure that is commonly used in public reporting.

Lesson 10: Organizations using NQF-endorsed measures can improve the ability to benchmark or compare with others – and save time – by routinely including the NQF-endorsed measure number and hyperlinking each measure in their online public report to the associated measure details page in the [Quality Positioning System \(QPS\)](#).

Because the pilot alliances also use measures that are not NQF-endorsed, NQF worked with the alliances to engage in ‘reverse translation’ to confirm which measures are indeed endorsed by NQF. In cases when there were similar endorsed measures, the alliances also had to identify which specific NQF-

endorsed measure they were using. To remedy this issue in the future, the alliance in Detroit decided to include the NQF-endorsed measure number in their public report, even with a simplified measure title and description. They also planned to hyperlink the endorsed measures in their online public report to the measure's web page within QPS. This would keep their documentation clear, and save them time by relying on the descriptive information about each measure found in QPS, rather than trying to gather and maintain it themselves.

The Meaning of 'Alignment'

Lesson 11: The Alignment Tool can help with alignment of measurement at inter- and the intra-regional levels, both of which are valuable to community and state leaders.

During the development of the Alignment Tool, each of the pilot alliances initiated a region-wide discussion around aligning measurement efforts. (Later, the Oregon AF4Q alliance did the same once they saw the draft tool.) Beyond their own alliance, the AF4Q leaders pulled together organizations in their region that also engage in measurement and reporting, such as state agencies, hospital or medical associations, business groups, and health plans.

Lesson 12: From the alliance perspective, alignment efforts touch on many things, such as comparisons of the use of endorsed and non-endorsed measures, measures being tested, and strategically important gaps to guide local innovation as well as opportunities to suggest preferred types of measures to fill those gaps. Effective support for such alignment involves not only information resources, but also facilitated discussions and interactions across affinity groups.

In the process, organizations in Maine discovered areas of measurement and public reporting being done in the State that they had not been aware of prior to this work on the Alignment Tool.

While we share an overriding goal of improvement, we serve different roles in that effort. The Coalition has a different audience than does the Maine Quality Forum, thus we are focused on different measures or at different levels of reporting out on measures. At any rate, the pilot has given us the incentive to spend some quality time on these discussions. *(Maine Quality Forum)*

The Health Collaborative in Cincinnati used the Alignment Tool as an opportunity to do a gap analysis across their various programs to determine how they could better coordinate efforts and also identify measurement areas they would like to pursue. The Health Collaborative shared that working on the draft tool "initiated a project to determine all that is being collected and reported on in our community to potentially incorporate with our efforts to continue to build out the best, most comprehensive reporting website for public consumption."

In response to alliances' requests, the AF4Q NPO started an affinity group focused on measure alignment. Other organizations in Florida, Kentucky, Michigan, Minnesota, Ohio, Oregon, and Wyoming have used the information as the basis for discussions around measure alignment in their own region.

Project Outcomes

As alluded to by the lessons captured above, there were numerous outcomes from the tool's development and use.

Initiated Measure Use and Alignment

The Alignment Tool is the first effort to catalog and motivate alignment of measure selection across AF4Q alliances and regions. The Alignment Tool spurred alignment among alliances, within regions, and with national organizations and reporting and incentive programs. For example, FOCUS Pittsburgh, one of the testing organizations, connected with experts at the National Institutes for Health to make strides in patient-reported outcome measures related to depression and substance use for their Volunteer in Medicine model. Organizations at the national level have also found value in the Alignment Tool's practical measure use information. For example, Ford/UAW, the Quality Alliance Steering Committee (QASC), America's Health Insurance Plans (AHIP), and the National Partnership for Women and Families have used the Alignment Tool. The following are three examples of how the Alignment Tool has fostered coordination and alignment across organizations and regions.

Greater Detroit Area Health Council

In the materials developed for NQF's visit with Detroit, there was a crosswalk of measures in use across the various measurement and reporting efforts in Southeast Michigan, mapped to a handful of federal reporting and incentive programs. The crosswalk of measures demonstrated the need for the various measurement and reporting initiatives – and specifically the AF4Q and Beacon programs in the region – to better align the measures they each use and their requests for data from health plans. As a result, the organizations in this region decided to call themselves 'The North Star Group' and meet quarterly to continue to align to reduce duplication and measurement burden and to maximize the impact of everyone's efforts.

As a result of dialogue begun at a special meeting we held to give community members a chance to interact with the NQF staff, we have now established a collaborative effort for the community to better align our measurement work; this began at the meeting with NQF and is a direct result of that meeting. (*Greater Detroit Area Health Council*)

SunCoast RHIO

SunCoast RHIO maximized value from its new relationship with NQF to learn about quality measurement and reporting from a national policy perspective and pursue opportunities to advance its work. Louis Galterio, founder and CEO of SunCoast RHIO, used the Alignment Tool to familiarize himself and others in his region with the quality measurement landscape. This initial engagement with NQF led him to start making connections with other national organizations, such as the Department of Health and Human Services Office of the National Coordinator (ONC) and the Agency for Healthcare Research & Quality (AHRQ), to explore their programs to identify resources that he could take advantage of in his work. Furthermore, he continued to play an active role in NQF's work, including being a participant in the [Measure Registry Needs Assessment workshop](#). This new exposure led SunCoast RHIO to obtain additional health information handler certifications and build stronger relationships across their hospital networks. Louis Galterio shared, "In our role as a bridge between government, research, consumer,

employer, payer and provider organizations, SunCoast strives to put the latest and most accurate information about health care measurement and reporting requirements in the hands of its members.”

Cheyenne Regional Medical Center

Upon receiving a CMS Innovation Grant, CRMC decided to use the Alignment Tool to better assess the quality measurement and reporting landscape in their region and determine a set of measures to use across several PCMH pilot practices. Using a steering committee of physician champions across the state to spread the word about the pilot and help Wyoming initiate early stages of reporting, CRMC was able to align both regional and statewide PCMH quality and performance measures. While such reporting would be private to start, the State planned to eventually engage in public reporting at the physician level. CRMC celebrated, “All totaled, 28 practices across Wyoming have agreed to collect and report 13 quality measures that were selected as a result of our work with NQF on the Alignment Tool.”

TransforMed, a contractor for CRMC, had plans to train the practices on these measures, draw an initial baseline for each practice, and quarterly report on the practice’s performance. Additionally, CRMC was in the process of implementing a new electronic health record system that would integrate ambulatory and acute services delivered by the health system. The implementation team made the decision to create a means of capturing and reporting these PCMH measures in the new system.

The expansion of quality reporting statewide, and the fact that practices embraced NQF measure implementation and are interested in capturing and reporting this data on their patient population, enabled us to approach several large payers in the state and start working towards creating a framework of PCMH reimbursement incentives that are driven by recognition of quality and performance improvements. *(Cheyenne Regional Medical Center)*

These payer discussions built upon the initial work to incorporate NQF-endorsed measures into CRMC’s PCMH model, and upon the tools and resources provided by TransforMed to the practices. By the time CRMC submitted the final report of their experience using the Alignment Tool (February 2013) to NQF, they had reached agreement with Wyoming Medicaid to create three levels of incentive payment tiers, upon: 1) attribution of patients to a practice; 2) capture of PCMH quality measure data; and 3) demonstration of marked improvement as shown by the PCMH measure results.

Shared Learning Among All

The work to create and test the Alignment Tool resulted in much learning for the pilot and testing organizations, as well as for NQF.

Organizations involved in the Alignment Tool project expressed that this work helped them not only take a more structured approach to the direction of their alignment efforts, but also gave them an opportunity to improve how they promote their measurement and reporting efforts. For instance, the Health Collaborative’s work on the Alignment Tool helped them better tell their story to the regional provider community and to their funders. The Alignment Tool helped the AF4Q alliances learn more about what other alliances are doing and enabled them to easily seek out colleagues from those regions to seek and share information. The testing organizations used the Alignment Tool to raise their awareness of the quality landscape and build relationships with key stakeholders, including NQF.

We now have an increased awareness of the NQF resources and measures that will help us in our future measure selection process. We also have a richer and deeper understanding of NQF and what it has to offer us; we feel better linked to NQF's work. Forming or deepening a personal relationship has also been very valuable. Having NQF staff here, on the ground with us, attending meetings with us and seeing how it works 'on the front lines, in the real world', is both gratifying and valuable. We received a 'gift' from NQF—a crosswalk of measures being used by a variety of organizations in our community; this is a very valuable resource in our alignment efforts and we really appreciated getting this product from our site visit! (*Greater Detroit Area Health Council (Detroit AF4Q)*)

Because this was NQF's first full glimpse into how NQF-endorsed measures were being used at the community level, NQF gained a deeper understanding of local and state measurement priorities, the importance of data sources, and the challenges an organization may encounter when using measures and/or reporting measure results. The information and insights gathered during through the Alignment Tool project have and continue to be incorporated into NQF's work, including [QPS](#) and the [Field Guide to NQF Resources](#). Having this greater understanding of regional perspectives, efforts, and needs has allowed NQF to better connect stakeholders with one another and with useful informational resources.

Continued Interest and Value in the Tool

Since its February 2012 release, the Alignment Tool has been presented to and shared with organizations across the country. AF4Q project directors suggested that the Alignment Tool be expanded and routinely updated, with the hope that it would eventually include elements such as: more types of measurement organizations (e.g., Chartered Value Exchanges, Federally Qualified Health Centers); more types of measures (no longer endorsed, in development, in need of testing); and measure gaps.

In addition to providing specific measures of quality, the tool has the potential to frame discussions about quality, such as: what's included in the big picture under the quality umbrella; what's important to whom and why?; what can we measure?; what needs further attention/research? (*Greater Detroit Area Health Council (Detroit AF4Q)*)

The National Academy for State Health Policy, the MONAHRQ team at AHRQ, and the State leaders team at Academy Health (who manage the Medicaid Medical Directors' Learning Network) each discussed the value of adding to the Alignment Tool the NQF-endorsed measures used by each state for their Medicaid programs. The AF4Q teams in Boston, Kansas City, Oregon, and Puget Sound offered additional suggestions for the tool:

- Include measures that alliances are testing for future inclusion in public reporting to help others learn how they might also expand into those new areas (e.g., measurement in population health).
- Include measures that are no longer in use, as alliances may not want to add more measures but do want to identify high-value measures and those they can stop using. There is only so

much staff time and resources so alliances 'retire' measures, often because better ones are available or results have topped out with high performance. Show changes in alliances' use of measures over time.

- Make the work on the Alignment Tool ongoing, with a commitment to update it on a regular basis.

Regardless of next steps, many commented that the Alignment Tool is a big step in providing comparative information useful for a range of alignment needs and decisions.

The ultimate output of this project will be helpful going forward, as it aims to provide guidance within our own community for measures that we would like to eventually incorporate. It will help with the goal of aligning how various organizations execute measurement programs. (*The Health Collaborative (Cincinnati AF4Q)*)

Conclusion

The Alignment Tool serves as an excellent example of what can result when national and regional organizations join forces. Many new relationships were developed or renewed during the process, and movement to coordinate and align efforts within and among organizations occurred as a result. The development and testing of the Alignment Tool was a fruitful endeavor for all those involved and will continue to 'move the needle' nationally and throughout many regions across the country.

Appendix – Development and Content of the Community Tool to Align Measurement

The Journey

The Alignment Tool project spanned approximately three years (2010–2013) and involved organizations from across the country dedicated to improving health care quality. This appendix describes the evolution of the project from an idea to a tangible tool.

Environmental Scan and Multi-Stakeholder Workgroup

In early 2010, the project commenced with an environmental scan of measures in use in state and local public reporting programs. Mathematica Policy Research, as a subcontractor to NQF, reviewed measures in use by approximately 70 programs and grouped the measures into topics consistent with priority areas identified by the National Priorities Partnership (NPP), a group convened by NQF. Using this information as a foundation, a multi-stakeholder workgroup was formed to suggest a framework for categorizing measures to address the highest priority short-term and longer-term measurement areas (categories and subcategories) for improving health and health care and explore how the results of those measures could be pulled together into a ‘dashboard’.

The workgroup discussed the difficulty of creating a dashboard to compare measure results across the AF4Q alliances, given the lack of information about which measures are used by these coalitions; the degree to which the alliances are using the same measures; and whether they use the same measure in the same way (e.g., data source, timeframe, unit of analysis). The workgroup advised NQF to first focus on identifying the NQF-endorsed measures in use by a subset of AF4Q alliances. In addition, to support practical considerations that others make when deciding to align their measurement efforts, the workgroup suggested that the tool include information about alliances’ experience in using each measure. This advice shaped the approach to the pilot phase of the project.

Pilot Phase and Launch

NQF initiated a pilot phase in the spring of 2011 with three AF4Q alliances to identify NQF-endorsed measures in use and the degree to which alignment of measurement existed across those alliances. At a presentation about the project at an AF4Q national meeting, the attendees provided suggestions to help shape next steps, and seven of the 16 alliances volunteered to work with NQF on the tool. In collaboration with the AF4Q National Program Office (NPO), NQF staff reviewed the options and selected the three pilot groups based on factors such as the degree of experience in using measures (more is better) and the likelihood that others could benefit from the lessons learned from the selected pilots. The three AF4Q alliances, each of which also happened to be connected to a local Beacon grant (funded by ONC), were:

1. The Health Collaborative (Cincinnati AF4Q);
2. Greater Detroit Area Health Council (Detroit AF4Q); and

3. Maine Quality Counts, a partnership between the Maine Health Management Coalition and the Dirigo Health Agency's Maine Quality Forum (Maine AF4Q).

These pilot alliances committed to: help shape the approach and content of the tool; assess their experience and the impact of using certain NQF-endorsed measures; and address key considerations that may help other alliances expand or align their measurement and public reporting with other alliances and/or the priorities of the National Quality Strategy.

Through a series of conference calls, the pilot alliances worked with NQF to determine the information that should be gathered about each measure. The process of deciding which measures to consider part of "the alliance's work" was not a simple task. At the time, the overall AF4Q program required each of the 16 alliances to engage in ambulatory and hospital measurement and public reporting, and each alliance had the latitude to select the measures, data sources, and reporting process that best fit their own region.

NQF staff visited each of the pilot alliances in their local region to gather and share insights on the use of NQF-endorsed measures. Those interactions provided a unique view into the regional geography and relationships, decision-making processes, data challenges, and information-sharing efforts of each alliance. NQF also gathered input on the direction of the Alignment Tool through site visits to AF4Q alliances in Kansas City, Massachusetts, Puget Sound, and Oregon, as well as with the entire group of 16 alliances at three national AF4Q conferences.

Given the positive response to the draft approach and intended content of the Alignment Tool, many AF4Q alliances asked that the NQF-endorsed measure use information for all 16 of the alliances be included in the Alignment Tool. The scope of this phase of work was therefore expanded to include the NQF-endorsed measures in use by each of the 16 AF4Q alliances. Though the alliances were very busy, every one of them worked with NQF to accomplish this task.

Based on the foundational work of the NPP, HHS released the National Quality Strategy in March 2011. This spurred NQF staff to work with the three pilot alliances to map to the NQS priorities the categories and subcategories of measures identified during the first phase of the project. The mapping enabled comparison of the NQF-endorsed measures in use by the alliances to the NQS priorities. The Alignment Tool was subsequently released in February 2012 showing each alliance's NQF-endorsed measures in use, mapped to the NQS priorities and to key national reporting and incentive programs (see below for more information about the contents of the Alignment Tool).

Testing Phase

The original idea for the testing phase was to work with other AF4Q alliances to see if they would find value in using the Alignment Tool. However, given that all of the alliances contributed to the tool's development and several alliances as well as national organizations began using it, including QASC, AHIP, and AHRQ, NQF adjusted this testing phase to work with different groups (not part of the AF4Q program). The scope was defined to explore how other quality improvement organizations might use

the Alignment Tool to align or expand measurement efforts within their own region and/or in relation to other regions, the NQS, or national programs and initiatives. NQF called for volunteers and selected three groups to work with:

1. Cheyenne Regional Medical Center¹, a health system in Cheyenne, WY;
2. SunCoast RHIO, a regional health information organization (RHIO) in southwest Florida; and
3. FOCUS Pittsburgh, an organization that provides food, occupation, clothing, understanding, and shelter (FOCUS) to impoverished populations in Pittsburgh, PA.

NQF worked with each organization to develop an approach for testing the Alignment Tool that was tailored to the organization's specific needs and interests. The three organizations used the Alignment Tool to: explore opportunities to align/expand measurement within their community or region; share lessons learned throughout this process; and help NQF identify resources or tools from NQF that are most useful to their measurement initiatives. Over a one-year span, NQF held webinars and conference calls with each of the organizations to assess their progress in using the Alignment Tool to meet their goals and to draw lessons from their experiences, which are mentioned throughout this report.

Alignment Tool Content

The Alignment Tool, released in February 2012, is an Excel spreadsheet with the NQF-endorsed measures in use by one or more of the 16 AF4Q alliances. The total 171 measures are mapped to the NQS priorities, plus national programs that involve reporting requirements or payment incentives. Information specific to each measure in use includes:

- a. NQF-endorsed measure number
- b. NQS priority area(s)
- c. Care setting (ambulatory, hospital, other)
- d. Which of the 16 AF4Q alliances (listed by name) use that measure
- e. In which select national programs or initiatives (listed by name) that measure appears
- f. Total columns to allow sorting by most commonly used measures

While the Alignment Tool is a snapshot in time, the NQF measure numbers in the spreadsheet hyperlink to NQF's online measure search tool, the [Quality Positioning System \(QPS\)](#), where up-to-date measure information can be found. The spreadsheet also links to QPS portfolios, lists of measures compiled by a user, that contain the AF4Q alliances' endorsed measures in use, so that others can view and compare each alliance's latest measures in use.

For about forty of the measures in use by the three pilot alliances, the measure spreadsheet links to a Measure Use Experience document. This companion to the measures spreadsheet provides the measurement and public reporting experiences of the pilot alliances, plus specific information about many of the measures in use, such as the plain language version of the measure title, impacts observed, and alliance contact information.

¹ Cheyenne Regional Medical Center partnered with the Wyoming Institute of Population Health for this initiative.