

THE NATIONAL QUALITY FORUM

Projects, October 2004

ONGOING PROJECTS

Hospital CAHPS®

Standardized measurement and reporting of the quality of hospital services from the patients' perspectives is a high priority. The Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have developed a standardized consumer survey tool – HCAHPS® – that can be used by hospitals to collect comparable data for public reporting of hospital patient perspectives of their care experience care they received. This project, funded by CMS, will be conducted the under the expedited process. CMS anticipates forwarding HCAHPS® for consideration in the near future.

National Voluntary Consensus Standards for Hospital Care: Three Additional Priority Areas

In 2002-2003, NQF endorsed an initial set of 39 measures in eight priority areas. This project is being undertaken at the request of the CMS in order to supplement that set with measures in three additional priority areas. CMS anticipates identifying the three specific areas in the near future.

ACEIs vs ARBs Performance Measure Resolution Workshop

In 2002, NQF endorsed two measures, developed jointly by the Joint Commission on Accreditation of Healthcare Organizations and CMS, addressing use of angiotensin converting enzyme inhibitor (ACEI) drugs for patients with left ventricular systolic dysfunction complicating acute coronary syndrome and heart failure. Ongoing research has identified a new class of drugs, angiotensin receptor blockers (ARBs), with similar effects as ACEIs. Several large-scale clinical trials, notably the CHARM and VALIANT studies, have compared ACEIs and ARBs in patients with heart failure and myocardial infarction. The August 2004 update of the American College of Cardiology/American Heart Association *Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction* include the use of ARBs in patients who are intolerant of ACEIs. Co-sponsored with AHRQ, this workshop will examine the current evidence on use of ACEIs and ARBs to address whether the currently endorsed measures should be updated to include broader use of ARBs instead of or as well as use of ACEIs.

State-of-the-art in Performance Review Instruments Workshop

A comprehensive quality/performance review program is a management tool used by healthcare systems to aggregate and quantify the various aspects of hospital care to enable comparisons of performance. These programs may include a variety of domains, such as external review (e.g., JCAHO survey results), patient safety, liability/risk management, satisfaction (customer, patient, employee, provider), financial performance, efficiency, and personnel development. Successful hospital performance reporting instruments used by management could be modified for use as consumers tools to quantifiably compare hospitals in the United States. This project will commission a paper to review current knowledge about the broad hospital quality/performance reporting tools, which will be discussed by workshop participants with an eye toward recommending the domains that these tools should encompass, as well as data categories or elements and reporting formats. This project is not a consensus development project; the workshop is funded, in part, by HCA.

Evidence-based Substance Abuse Treatment Practices

Over the past 15 years, scientific knowledge of effective, evidence-based therapies to treat substance use disorders has increased substantially. As with other aspects of healthcare, the increase in scientific knowledge has not necessarily been accompanied by consistent implementation of proven methods of treatment. This project will convene a workshop to: 1) identify a specific set of evidence-based treatments for substance use disorders that are widely recognized as being important components of effective treatment programs; 2) agree upon the essential components and attributes of a substance abuse treatment program that employs these practices, some of which may be generic to all treatment for any substance abuse problem and others specific to the treatment for abuse of particular substances; and 3) recommend a set of program-level descriptors relating to those attributes that indicate that evidence-based substance abuse treatments are being provided by the program to its clients; and recommend possible steps toward a full consensus project.

Standardizing Quality Measures for Cancer Care

More than 8 million Americans each year require cancer care. The IOM recently concluded that people with cancer do not always receive care that is known to be effective; mechanisms to consistently measure the provision of effective and high-quality care do not exist; and systematic improvements in cancer care quality should rely on ways to distinguish high-quality care. This project will: 1) establish a framework to identify, evaluate, and endorse national voluntary consensus standards for cancer care quality measures; and 2) identify a framework to guide reporting based on and implementation of the consensus standards. The project will initially focus on sets of voluntary consensus standards for quality of care in three areas: diagnosis and treatment of breast cancer, diagnosis and treatment of colorectal cancer, and symptom management/ end-of-life care).

Improving Patient Safety in Medication Use—Special Emphasis for Limited English Proficiency (LEP) and Low Literacy Populations

Patients' compliance with medication use is a significant problem that can lead to short- or long-term disability or death. This project will: 1) assess the state of evidence supporting practices to improve medication compliance for all U.S. healthcare consumers, in particular LEP/low literacy populations; 2) develop a broad framework for identifying and implementing a set of practices to improve medication compliance on a national scale, with a particular focus on LEP/low literacy populations; and 3) convene a workshop to evaluate the proposed framework and to generate recommendations on how to broadly improve medication compliance, generally, but in particular for LEP/low literacy populations.

Improving Patient Safety through Informed Consent in Limited English Proficiency/Low-Literacy Populations

This project will investigate the barriers to, and strategies for, successfully implementing the NQF-endorsed Safe Practice #10, "ask each patient or legal surrogate to recount what he or she has been told during the informed consent discussion," with particular emphasis on providers serving large limited English proficiency and low-literacy populations. The project will evaluate the experiences of early adopters of the practice, culminating in a workshop and a "user's guide" of practical suggestions for providers and plans that wish to improve patient safety by implementing this practice.

Standardizing Cardiac Surgery Performance Measures

Heart disease is the leading cause of death and disability in the United States and one of the 20 healthcare quality improvement priorities that the Institute of Medicine has recommended for focused national attention. Coronary artery bypass graft surgery is now performed over 700,000 times per year in U.S. hospitals, while heart valve surgery is performed over 100,000 times per year. Cardiac surgery performance and outcomes have been of considerable public interest and have featured heavily in a number of efforts aimed at public reporting of healthcare quality since the 1980s. This project will identify a comprehensive set of national performance measures that can be used for external accountability and public disclosure and for internal reporting and quality improvement.

Voluntary Consensus Standards for Home Health Care

More than 7 million Americans receive care in their homes each year at a cost of more than \$36 billion. Home health care services are delivered at home to patients who are recovering from care in hospitals or nursing homes; patients who are disabled; and persons who are chronically or terminally ill but in need of medical, nursing, or therapeutic treatment, as well as assistance with the essential activities of daily living. This project will identify a set of performance measures for home health care that can be used for public reporting and quality improvement.

Patient Safety Taxonomy

Although efforts to identify and report information related to patient safety have multiplied, the healthcare system still has no standardized framework for classifying the data that would enable comparisons and analyses of data from across the many public and private reporting systems. This project will examine a recent taxonomy proposed by the JCAHO and a number of collaborators, as well as alternative taxonomies and classification schemes that are in current use or development, to establish consensus on a single taxonomy for patient safety data reporting that can be integrated into clinical software and that will form the basis for comparable information across reporting systems and patient safety efforts.

Update: Voluntary Consensus Standards for Adult Diabetes Care

The NQF has endorsed as voluntary consensus standards a set of performance measures for adult diabetes care for both accountability and quality improvement purposes. This project is establishing consensus on revisions to that measure set, as proposed by the National Diabetes Quality Improvement Alliance, a collaboration of 13 national, public and private healthcare provider, accreditation, regulatory, research, and patient advocacy organizations.

National Voluntary Consensus Standards for Prevention and Care of Deep Vein Thrombosis

Approximately 2 million Americans suffer from deep vein thrombosis (DVT) each year, and 600,000 of these persons subsequently develop pulmonary thromboembolism, which causes some 200,000 deaths. This condition remains the most common preventable cause of death related to hospital care. Current estimates suggest that only about 30 to 40 percent of patients who should be treated to prevent DVT actually receive such treatment. This project will: 1) develop and endorse performance measures to assess the quality of care for persons at risk for deep vein thrombosis (DVT); 2) achieve consensus on evidence-based preferred practices to prevent DVT through the evaluation and treatment of persons at risk for DVT; 3) identify model organizational policies and procedures for the prevention and care of persons at risk for DVT; and, 4) catalyze the adoption and use of these best practices, performance measures, and model policies in every care setting.

National Voluntary Consensus Standards for Ambulatory Care Quality Measurement and Reporting—DOQ Measures

At the request of CMS, a set of ambulatory care measures, primarily its Doctor's Office Quality measures, will be considered under the expedited process. *Pending funding*

National Voluntary Consensus Standards for Substance Abuse Treatment

At the request of the Substance Abuse and Mental Health Services Agency and Washington Circle Group, two substance abuse treatment measures will be considered under the expedited process. *Pending funding*

Credentialing Simplification and Standardization

Co-sponsored with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the National Committee for Quality Assurance (NCQA), this project seeks to achieve consensus on the design of an ideal system for the rapid retrieval of information necessary for the credentialing and privileging of applicable healthcare practitioners. *Pending funding*

COMPLETED PROJECTS

National Voluntary Consensus Standards for Ambulatory Care Quality Measurement and Reporting—Phase I

The ambulatory care setting (outpatient care) is the principal venue for delivering medical care across the continuum from primary care to end of life care. Measuring and reporting the quality of outpatient services have become a focus in the healthcare industry as evidence accumulates on the role of underuse, overuse or misuse of services and treatments in unnecessary hospitalizations and poor patient outcomes. The first phase of this project will establish consensus around the priority topics within the ambulatory care setting that would benefit from the standardization of performance measurement sets and public reporting mechanisms. *In preparation*

Integrating Behavioral Healthcare Performance Measures Throughout Healthcare – Workshop

Mental illness and substance use disorders afflict patients in all clinical care settings. To date, efforts to develop and implement performance measures for behavioral healthcare have been separate from performance measurement efforts in general healthcare. Good care for behavioral healthcare problems must involve both general and specialty behavioral healthcare providers. The workshop assessed the current state of healthcare performance measurement for patients with mental illness and substance use disorders and recommended promising measurement areas for consideration in current NQF projects. *In preparation*

Consumer Focused Measures of Mammography Center Quality

Mammography is a service that is widely used and for which consumers often have a choice of providers, as well as considerable interest in quality of care. This project will identify candidate measures of mammography center quality; assess the technical validity and scientific importance of consumer recommended measures; assess the feasibility of collecting the data needed to calculate new measures considered meaningful to consumers; and synthesize the findings of the activities above and propose a final set of candidate measures for future testing in public reports. *In press*

Voluntary Consensus Standards for Nursing-Sensitive Performance Measurement

Nursing care is critical to the quality of patient care and the success of any healthcare delivery system. This project will: 1) identify a framework for how to measure nursing care performance, with particular attention to the performance of nurses as teams and their contributions to the overall healthcare team; 2) identify and endorse a set of performance measures for evaluating the quality of nursing care; and 3) identify and prioritize unresolved issues and research needs.

Published October 2004

Child Health Quality Measurement and Reporting—Workshop

To date, there are relatively few NQF-endorsed performance measures that address the care settings, health conditions, and/or healthcare needs of particular importance to children. Supported in part by the March of Dimes and the National Association of Children’s Hospitals and Related Institutions, the Workshop explored: 1) which aspects of children’s healthcare are especially good targets for quality measurement and improvement; for which of these areas can fully developed performance measures be identified; 3) of the identified areas, which are likely to be the most promising targets for NQF consensus efforts, and why; and 4) what actions can and should be taken to enable future consensus on and implementation of performance measures in other important areas of children’s healthcare? *Published July 2004*

Voluntary Consensus Standards for Nursing Home Care

This project will identify a set of performance measures for long-term and post-acute skilled nursing facilities, which is to be used for public reporting and quality improvement. The project will also examine gaps in existing measure sets that may be appropriate for future research and/or new measure development. *Published April 2004*

Information Management and Healthcare Quality—A National Summit

NQF convened, along with the Institute of Medicine, a National Summit on Information Technology and Healthcare Quality in March 2002. This program focused on: 1) the state of the nation’s health information infrastructure; 2) barriers to achieving the timely flow of necessary health information across the continuum of care; and 3) actions needed to adopt the laws, standards, business practices and technologies necessary to create a state-of-the-art national health information infrastructure. *Published December 2003*

Reaching the Tipping Point: Measuring and Reporting Quality Using the NQF-Endorsed Hospital Care Measures—Proceedings of a National Summit

Together with the National Health Care Purchasing Institute (NHCPI) and support from the Robert Wood Johnson Foundation, NQF convened an invitation-only workshop of hospital decisionmakers, purchasers, and consumers to address the question, “What would be required to get the NQF-endorsed performance measures implemented and the results disclosed?” The meeting was held in February 2003, at the historic Wye River Conference Center in Queenstown, Maryland. *Published September 2003*

National Voluntary Consensus Standards for Hospital Care: An Initial Performance Measure Set—A Consensus Report

While the growing interest in quality measures for hospitals increases the possibilities for measuring and improving hospital quality, it also increases the potential for misdirected or redundant activities, conflicting demands by different interests, and confusion about relevant measures. This project assessed and endorsed an initial set of 39 measures in 8 priority areas that were chosen from already existing measures and that are reasonable indicators of hospital quality and are useful to consumers, purchasers, hospitals, and quality improvement organizations alike. *Published September 2003*

A Comprehensive Framework for Hospital Care Performance Evaluation—A Consensus Report

This report, developed as part of the NQF project on national voluntary consensus standards for hospital care, established a comprehensive framework and standardized process for hospital quality measurement and reporting, including identifying where research is needed to develop appropriate measures and recommending a process for updating the initial set. *Published May 2003*

Safe Practices for Better Healthcare—A Consensus Report

This project identified a list of 30 evidence-based “safe practices” that should be universally implemented in applicable care settings to reduce the risk of harm resulting from the processes or environments of care. The set of practices focuses on those practices that 1) have strong evidence that they are effective in reducing the likelihood of an adverse event; 2) are likely to have a significant impact on patient safety if fully implemented; and 3) are usable by consumers, providers, purchasers, and researchers. *Published May 2003*

Voluntary Consensus Standards for Adult Diabetes Care—A Consensus Report

The NQF has endorsed as voluntary consensus standards a set of performance measures for adult diabetes care for both accountability and quality improvement purposes. The measure sets were jointly developed in April 2002 by the National Diabetes Quality Improvement Alliance, a collaboration of 13 national, public and private healthcare provider, accreditation, regulatory, research, and patient advocacy organizations. *Published October 2002*

A National Framework for Healthcare Quality Measurement and Reporting—A Consensus Report

In December 1999, the NQF appointed a nine-member Strategic Framework Board (SFB) with a charge propose a national strategy for quality measurement and reporting. This document builds on that work to identify the NQF’s short- and long-term objectives related to a national framework for healthcare quality measurement and reporting, as well a principles and policies to guide the development of the framework. *Published July 2002*

Improving Healthcare Quality for Minority Patients—Proceedings of a Workshop

The need to assess healthcare quality metrics specific to minority populations is particularly acute because of the significant disparities that persist in health and healthcare outcomes for minority populations in the United States. In June 2001, the NQF commissioned papers and convened a group of experts to address: 1) whether there are or should be measures to assess the quality of healthcare specifically for minority populations; 2) whether existing measures of healthcare quality are adequate for minority populations; and 3) whether collecting and reporting healthcare quality data related to minority populations raise unique challenges. *Published June 2002*

Serious Reportable Events in Healthcare—A Consensus Report

The NQF has identified and endorsed a set of serious preventable adverse events in healthcare that can be used to standardize data collection and reporting of these events within and across states. Previously, standardized definitions and measures of avoidable, serious adverse events did not exist. *Published March 2002*

IN DEVELOPMENT

- Standardized Performance Measures for HIV/AIDS Care
- Medical Device Security
- Hospital Governance and Healthcare Quality Improvement
- Academic Health Center Performance Measures
- Quality of Hospice Care
- Quality of Palliative Care
- Needle Stick Injuries