

# THE NATIONAL QUALITY FORUM

## Endorsing Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination

Meeting of the Steering Committee  
January 27-28, 2009

Grand Hyatt Hotel  
1000 H Street, NW  
Washington, DC 20001

### AGENDA

#### Day One: January 27, 2009

- 10:00 a.m.\***     **Welcome, Introductions, and Disclosure of Interests**  
*Donald Casey, MD, MPH, MBA (Co-Chair)*  
*Gerri Lamb, PhD, RN (Co-Chair)*  
*Del M. Conyers, MPH, Senior Program Director*  
*Nicole W. McElveen, MPH, Program Director*
- 10:30 a.m.**     **Review of Steering Committee Role, Project Scope**  
*Del M. Conyers, MPH, Senior Program Director*  
*Helen Burstin, MD, MPH, Senior Vice President, Performance Measures*
- 11:00 a.m.**     **Overview of National Priorities Partnership Goals and Priorities**  
*Karen Adams, PhD, Vice President, National Priorities Partnership*
- 11:30 p.m.**     **Overview of NQF-Endorsed Care Coordination Framework**  
*Reva Winkler, MD, MPH, NQF Clinical Consultant*
- 12:00 p.m.**     **Lunch**
- 1:00 p.m.**     **Review of Practice Concepts and Gap Analysis**
- Review of proposed practice concept areas
  - Identification of gaps (i.e., new concept areas) in proposed practice concept areas
  - Identification of resources and programs for NQF staff to research
- 3:00 p.m.**     **Break**
- 3:15 p.m.**     **Review of Practice Statements Submitted to Date**
- 4:15 p.m.**     **Member and Public Comment**
- 4:30 p.m.**     **Charge to Workgroups**
- 5:00 p.m.**     **Adjourn**

*\*Beverages and light snacks will be provided in the meeting room just prior to meeting.*

# THE NATIONAL QUALITY FORUM

Day Two: January 28, 2009

**8:00 a.m.      Review of Day 1**

**8:15 a.m.      Workgroup Breakouts**

- Continue discussion of practice concepts and identify new practice statements
- Review submitted practice statements
- Review and identify practice specifications

**12:15 p.m.    Lunch**

**1:00 p.m.      Workgroup Reports**

- 1:00-1:30 pm: Healthcare “Home”
- 1:30-2:00 pm: Patient experience/Communication
- 2:00-2:30 pm: Transitions

**2:30 p.m.      Member and Public Comment**

**2:45 p.m.      Next Steps**

**3:00 p.m.      Adjourn**

# THE NATIONAL QUALITY FORUM

## Endorsing Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination

### Project Background and Role of Steering Committee

#### Background

As the number of practitioners, providers, and treatments involved in a patient's care has increased, the coordination of care has become both more difficult and more vital. Care coordination helps ensure a patient's needs and preferences for care are understood, and that those needs and preferences are shared between providers, and patients and families as a patient moves from one health care setting to another. Care among many different providers must be well-coordinated to avoid waste, over-, under-, or misuse of prescribed medications, and conflicting plans of care.<sup>1</sup>

People with chronic conditions, like diabetes or hypertension, often receive care in multiple settings from numerous providers – they may see up to 16 physicians a year.<sup>1</sup> In 2000, 125 million people in the United States were living with at least one chronic illness, a number that is expected to grow to 157 million by 2020. The number of individuals with multiple chronic conditions is expected to reach 81 million by 2020.<sup>2</sup> As this ever growing population attempts to navigate our complex health care system, and transition from one care setting to another, they are often unprepared or unable to manage their care. Incomplete or inaccurate transfer of information, poor communication, and a lack of appropriate follow-up care can lead to confusion and poor outcomes, including medication errors, and often preventable hospital readmissions and emergency department visits.

In May 2006, the National Quality Forum (NQF) endorsed a definition and framework for care coordination<sup>3</sup> (Attachment 1). NQF has defined care coordination as a “function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time.” The framework specifically addressed five key dimensions:

- **Healthcare Home:** A source of usual care selected by the patient that functions as the central point for coordinating care around the patient's needs and preferences and coordinates between all of the various team members and non-clinical services as needed and desired by the patient;
- **Proactive Plan of Care and Follow-up:** An established and current care plan that anticipates routine needs and actively tracks up-to-date progress toward patient goals, including self-management support;
- **Communication:** Communication available to all team members, including patients and family, regarding shared patient information, plan of care, and shared decision-making;

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<sup>1</sup> Bodenheimer, T. Coordinating Care – A Perilous Journey through the Health Care System. *New England Journal of Medicine*. 2008; 358:1064-1071.

<sup>2</sup> Anderson, G. “Better Lives for People with Chronic Conditions.” Partnership for Solutions. 2001. Available at <http://www.partnershipforsolutions.org/statistics/prevalence.html>. Last accessed January 6, 2009.

<sup>3</sup> See <http://www.qualityforum.org/pdf/ambulatory/txCareCoordination%20defandframe08-02-06.pdf>.

- Information Systems: The use of standardized, integrated electronic information systems with functionalities essential to care coordination is available to all providers and patients; and
- Transitions or Hand-offs: Transitions between settings of care should include: medication reconciliation, follow-up tests and services; involvement of team during hospitalization and beyond; and communication between settings of care.

The NQF is the convener and partner in the National Priorities Partnership (NPP), a national effort to set national priorities and goals. In November 2008, the NPP deemed Care Coordination one of six national priorities and agreed to work toward the following goals:

- Improve care and achieve quality by facilitating and carefully considering feedback from all patients regarding coordination of their care;
- Improve communication around medication information;
- Work to reduce 30-day readmission rates; and
- Work to reduce preventable emergency department visits by 50%.

A portfolio of care coordination preferred practices and performance measures should provide the structure, process, and outcome measures required to assess progress toward the care coordination goals. Additionally, this portfolio can serve to evaluate access, continuity, communication, and tracking of patients across providers and settings. Given the nature of transitions in care, this work would build on ongoing efforts among the medical and surgical specialty societies to establish principles for effective patient hand-offs across clinicians and providers.

#### Purpose of NQF Project

This project seeks to endorse a set of preferred practices and performance measures for care coordination based on the NQF 'Care Coordination Framework' that will move the field toward shared accountability across clinicians, providers, and systems. These practices may be specific or may cover all settings and providers; and identify high-priority research areas to advance the evaluation of care coordination as a quality improvement tool.

The path proposed in this project (framework -> practices -> measures) has been successfully applied by NQF in several previous projects. A framework for measurement is ideally considered to be a conceptual approach to organizing practices. It provides general guidance for how to categorize practices for purposes of inclusion or exclusion criteria and identifying gaps in available quality practices. NQF-endorsed™ frameworks enable patients, providers, health plans, and other healthcare organizations to work toward a shared understanding and common goals for coordinating care for across providers and systems.

NQF defines a "practice" as a specific process or manner of providing healthcare services or organization-level activities that when executed effectively, leads to improved outcomes. The practices will drive measure selection and eventually measure development.

### Role of Steering Committee

The primary role of this project's Steering Committee is to recommend a set of preferred practices and measures to evaluate physician office capacity for access, continuity, communication, and tracking of patients across providers and settings to the NQF membership for consideration under the NQF Consensus Development Process (CDP).

The purpose of this initial conference call is to orient members to NQF and the Consensus Development Process; review the 'Care Coordination' project, purpose, and scope; to discuss the general approach to practice evaluation and selection; and review the project timeline and deliverables.

Over the course of the project, the Steering Committee members will:

- review the established framework for measuring care coordination;
- recommend a set practices and measures for assessing and evaluating care coordination;
- evaluate candidate practices and measures against standard NQF criteria;
  - review practice and measure evaluations for accuracy and completeness
  - indicate the extent to which each criterion is met and the rationale for the rating/recommendation
- identify additional considerations for recommendations of practices and measures (e.g., priorities, level of analysis, etc.); and
- recommend a research/development agenda; and
- make additional recommendations as necessary.

Steering Committee members will be organized into three workgroups. These workgroups will be organized to represent a combination of the NQF Care Coordination Framework Domains and the NPP Goals as follows:

#### **Healthcare "Home" Workgroup**

Framework Domain: Healthcare Home

NPP: Preventable Emergency Department Visits; Readmission

#### **Transitions Workgroup**

Framework Domain: Transitions or "hand-offs"

NPP: Medication Reconciliation

#### **Patient experience/Communication Workgroup**

Framework Domains: Proactive Plan of Care and Follow-up; Communication;  
Information Systems

NPP: Patient experience of care

Over the course of the project, the Workgroups will:

- Conduct initial review of the assigned practices and measures against NQF endorsement criteria;
- Identify gaps in the set of practices;
- Make recommendations on potential sources to fill the gaps; and
- Compile research recommendations for the Steering Committee to consider putting forward

## Tentative Timeline

### January 2009

- Introductory conference call with Steering Committee
- Steering Committee 2-day meeting (in-person), held in Washington, DC, to review preferred practices

### February 2009

- NQF staff synthesizes information from meeting
- Steering Committee conference call to finalize preferred practices
- Begin evaluations of preferred practices
- Issue Call for Measures

### March 2009

- Finalize evaluations of preferred practices
- Steering Committee conference call to review and recommend practices (tentative).
- Steering Committee conference call to discuss general approach to measure evaluation & measure importance

### April 2009

- Conference call with Steering Committee to review and recommend practices (tentative).
- Steering Committee 2-day meeting (in-person), held in Washington, DC, to evaluate measures
- Steering Committee conference call, as necessary

### May 2009

- Develop draft report

### June 2009

- Comment Period (NQF Members and public)

### August - September 2009

- Voting Period (NQF Members only)

### October 2009

- Consensus Standards Approval Committee review
- Endorsement

# THE NATIONAL QUALITY FORUM

## Endorsing Preferred Practices and Performance Measures and Measuring and Reporting Care Coordination

**Donald Casey Jr., MBA, MD, MPH, FACP ( Co-Chair)**

Atlantic Health, Morristown, NJ

**Gerri Lamb, PhD, RN (Co-Chair)**

Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, GA

**Richard Antonelli, MD, MS**

Children's Hospital Integrated Care Organization, Children's Hospital, Boston, MA

**Brent Asplin, MD, MPH**

Mayo Foundation, Rochester, MN

**Robert Bonow, MD**

Northwestern University Feinberg School of Medicine, Chicago, IL

**Kathryn Bowles, PhD, RN**

University of Pennsylvania School of Nursing, Philadelphia, PA

**Dexanne Clohan, MD**

HealthSouth Corporation, Birmingham, AL

**Mary Driscoll, MPH, RN**

Illinois Department of Public Health, Chicago, IL

**Kathy Duncan, RN**

Institute for Healthcare Improvement, Marion, AR

**Karen Farris, PhD**

The University of Iowa College of Pharmacy, Iowa City, IA

**Susan Frampton, PhD**

Planetree, Derby, CT

**Robyn Golden, LCSW**

Rush University Medical Center, Chicago, IL

**Lakshmi Halasyamani, MD**

St. Joseph Mercy Health System, Ann Arbor, MI

**Eric Holmboe, MD**

ABIM Foundation, Philadelphia, PA

**Michael Kern, MD**

John Muir Health, Walnut Creek, CA

**Christine Klotz, MHA**

Community Health Foundation of Western and Central New York, Newfield, NY

**Margaret Leonard, MS, RN**

Hudson Health Plan, Tarrytown, NY

**Karen-Ann Lichtenstein, MA**

The Coordinating Center, Millersville, MD

**Michael O'Dell, MD, MSHA**

North Mississippi Medical Center, Tupelo, MS

**Alice Petrulis, MD, FACP**

Ohio KePRO, Seven Hills, OH

**Joan Quinn, MS, RN**

United Health Group, Dudley, MA

**Karlene Ranghell, MBA, RRT**

Florida Health Care Coalition, Orlando, FL

**Carolyn Scott, MEd, MHA, RN**

KPMG LLP, Atlanta, GA

**David Stumpf, MD, PhD**

UnitedHealth Group, Chicago, IL

**Jennifer Sweeney, MA**

National Partnership for Women & Families, Washington, DC

**Neil Wenger, MD**

RAND, Los Angeles, CA

**Deborah Willis-Fillinger, MD**

Health Resources and Services Administration, Rockville, MD

# THE NATIONAL QUALITY FORUM

## NQF Portfolio of Ongoing Projects Updated December 2008

### NATIONAL PRIORITIES

#### National Priorities Partnership (NPP)

- **Program Director:** Karen Adams, PhD
- **Brief Description:** Convened by NQF, the National Priorities Partnership is a collaborative effort of 28 major national organizations that collectively influence every part of the healthcare system. The Partners represent multiple stakeholders, including consumer groups, employers, government, health plans, healthcare organizations, healthcare professionals, scientists, accrediting and certifying bodies, and quality alliances. As a first step, the Partners have identified a set of National Priorities and Goals to help focus performance improvement efforts on high-leverage areas—those with the most potential in the near term to result in substantial improvements in health and healthcare—and thus accelerate fundamental change in our healthcare delivery system. As a second step, the Partners have agreed to work together over the next year to align the drivers of change, such as payment reform, accreditation and certification, and performance measurement, around these common goals for improvement.
- **Current Status:** The Partners' National Priorities and Goals were announced at a public policy forum in Washington, DC on November 17, 2008. The Partner's report *National Priorities and Goals: Aligning our Efforts to Transform America's Healthcare* may be found at [www.nationalprioritiespartnership.org](http://www.nationalprioritiespartnership.org)
- **Funder:** The Robert Wood Johnson Foundation

#### Establishing Priorities, Goals and a Measurement Framework for Assessing Value Across Episodes of Care

- **Program Director:** Karen Adams, PhD
- **Brief Description:** The absence of national priorities and goals, and a vision for how to move to a system with defined accountabilities impedes the efforts of those involved in all facets of performance measurement and reporting. The NQF has convened a Steering Committee whose primary charge is to establish national priorities and 3-5 year performance goals for two common chronic conditions, and to the extent possible, identify measures that can be used to assess progress in meeting each goal. The project will also develop a comprehensive measurement framework for chronic care episodes that will likely be applicable to many chronic conditions. The overall purpose is to move towards a better alignment of measurement development and reporting activities with national priorities and goals, to address critical gaps in the quality measurement agenda, and to begin defining comprehensive, longitudinal performance metrics – focusing on extended episodes of care that include quality and resource use, and are reflective of both care processes and patient outcomes.
- **Current Status:** The Steering Committee's proposed measurement framework for evaluating efficiency – defined as quality and cost – across episodes is currently undergoing revisions based on feedback received during the NQF member comment period. The document will go out for vote in January 2009.
- **Funders:** The Robert Wood Johnson Foundation, The Commonwealth Fund

#### Towards a Comprehensive Cancer Measure Set: Value-Based Episodes of Care

- **Program Director:** Karen Adams, PhD and Anisha S. Dharshi
- **Brief Description:** Although significant gains have been made in both the prevention and treatment of cancer, many individuals do not receive the evidence-based interventions, such as screenings and adjuvant therapies, known to be effective in the early diagnosis and

subsequent management of their disease. Building on the work of public and private driven initiatives the NQF is working to identify a comprehensive cancer measure set by applying the NQF framework now being developed for assessing “episode efficiency” for chronic conditions to the cancer community. The NQF will work with the full range of stakeholders to: (a) commission a white paper outlining the current state of performance measurement in cancer care and key issues around the development of a comprehensive measurement strategy; (b) plan and support a workshop to create an action plan for developing the next generation of cancer quality of care measures; (c) map out an action plan for development of the next generation of cancer measures including a gap analysis of needed measures and possible application of the NQF generic framework for evaluating efficiency across episodes of care to cancer and (d) lay out a future vision and research agenda for an evolving measurement and monitoring system focused on achieving value across episodes of care.

- **Current Status:** The cancer workshop was held on May 20, 2008 in Washington, DC. A workshop summary report will follow in December 2008.
- **Funders:** The National Cancer Institute and the Agency for Healthcare Research and Quality

#### **Towards a Comprehensive Diabetes Measure Set: Value-Based Episodes of Care**

- **Program Director: Karen Adams, PhD and Anisha S. Dharshi**
- **Brief Description:** Although significant gains have been made in the treatment of diabetes, many individuals do not receive the evidence-based interventions known to be effective in the management of their disease and avoidance of diabetes-related complications, such as blindness or kidney failure. Building on the work of public and private driven initiatives, the NQF is working to identify a comprehensive diabetes measure set by applying the recently developed NQF framework for assessing “episode efficiency” for chronic conditions. Under the guidance of a planning committee of leading experts in the field, the NQF will convene a workshop to explore adapting this model to diabetes care. Specifically for this project, the NQF will work with the full range of stakeholders to: (a) commission a white paper outlining the current state of performance measurement in diabetes care and key issues around the development of a comprehensive measurement strategy; (b) plan and support a workshop to create an action plan for developing the next generation of diabetes quality of care measures; (c) map out an action plan for development of the next generation of diabetes measures, including a gap analysis of needed measures and possible application of the NQF generic framework for evaluating efficiency across episodes of care to diabetes; and (d) lay out a future vision and research agenda for an evolving measurement and monitoring system focused on achieving value across episodes of care.
- **Current Status:** The diabetes workshop was held on September 23, 2008, in Washington, DC. A workshop summary report will follow in late winter 2009.
- **Funder:** Department of Veterans Affairs

### **NQF Input on Common Formats**

- **Program Director:** Melinda L. Murphy, RN, MS, CNA
- **Brief Description:** To meet the Agency for Healthcare Research and Quality's (AHRQ) commitment to establish an external iterative process for patient safety event reporting under the provisions of the Patient Safety and Quality Improvement Act of 2005, NQF will adapt relevant elements of its expert panel processes and consensus development approach to request and review comments from NQF members and the public. While not a consensus development project, NQF has convened an expert panel to review the common formats developed by AHRQ with its federal partners and to review comments received through its or AHRQ's processes for requesting and receiving comments and make recommendations to AHRQ regarding the common formats in the context of those comments.
- **Current Status:** Collection of comments on the common formats began with their release on August 29, 2008. The expert panel to oversee the work has begun its work and to date, NQF has received more than 400 comments on the Common Formats.
- **Funder:** Agency for Healthcare Research and Quality

### **Safe Practices for Better Healthcare: 2008 Update**

- **Program Director:** Helen Burstin, MD, MPH
- **Brief Description:** In 2003, the National Quality Forum (NQF) endorsed a set of 30 safe practices that should be universally utilized in applicable clinical care settings to reduce the risk of harm to patients. In 2006, NQF undertook an update of the original set and endorsed a set of practices with significantly expanded specifications, supporting literature, and guidance for implementation. Over the next year, NQF will undertake a second update to review the evidence base for existing practices, strengthen implementation guidance, update research recommendations, and evaluate new practices for inclusion. This maintenance process will ensure that the set of Safe Practices remains current and appropriate for use in all care settings.
- **Current Status:** The Call for Nominations and Call for Additional Practice closed in February 2008. The maintenance committee met on March 25, 2008 in conjunction with the NQF Annual Spring Conference. The maintenance committee is currently reviewing practices. The member and public comment period on the draft report of proposed practices will close on October 10, 2008. The draft report will go out for NQF member vote on or about October 24, 2008. Voting results will be presented to the CSAC at its December meeting. NQF-endorsement™ for Safe Practices is expected by December 2008. The Safe Practices report is expected for electronic release in January 2009.
- **Funder:** Texas Medical Institute for Technology

### **Endorsing a Framework and Preferred Practices for Measuring and Reporting Culturally Competent Care Quality**

- **Program Director:** Nicole Williams McElveen, MPH
- **Brief Description:** In 2002, the Institute of Medicine (IOM) released the report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, which found that racial and ethnic minorities often receive lower quality of care than their white counterparts, even after controlling for factors such as insurance, socioeconomic status, comorbidities, and stage of presentation. Efforts to define culturally competent care are already in progress, catalyzed by the Office of Minority Health's publication of standards for culturally and linguistically appropriate services (CLAS) for health care organizations. One important – though not the sole – contributor to these disparities is a lack of culturally competent care. Efforts to define culturally competent care are already in progress, but significant knowledge gaps exist about the direct relationship between cultural and linguistic competence and improved health outcomes. Measurement and reporting are

needed to ensure that culturally competent care can be translated into i) improved health outcomes and more patient-centered care for patients, and ii) actionable initiatives for providers that result in meaningful improvement. While various frameworks have been proposed for cultural competence research or assessment, to bring the cultural competency movement to the next level requires consensus on a framework for measuring and reporting the quality of culturally competent care. From this framework, preferred practices can be derived and/or performance measures identified (or developed) and endorsed.

- **Current Status:** The 15-month project convened a Steering Committee and released a Call for Frameworks and Preferred Practices in September 2007. The draft report went out for public and member comment from October 13, 2008 to November 12, 2008. The project will go to vote on November 21, 2008. Endorsement is expected in January 2009.
- **Funders:** The Commonwealth Fund, California Endowment

### **National Voluntary Consensus Standards for Perinatal Care**

- **Program Director:** Lisa McGonigal, MD, MPH
- **Brief Description:** Pregnancy and childbirth is the second most common reason for admission to a hospital, with 4.2 million childbirth-related hospital stays recorded in 2005. Pregnancy- and childbirth-related procedures accounted for the five most common procedures performed on patients age 18-44, and the most common procedures performed on infants were those associated with birth. Additionally, maternity and neonatal care involves multiple ambulatory encounters with obstetricians, midwives, pediatricians, and other care practitioners. Given the frequency of pregnancy and childbirth care encounters, ensuring high-quality Perinatal Care is critical. This project seeks to achieve national voluntary consensus on a set of effective, well-specified performance measures to assess the quality of Perinatal Care services; measures considered will address care provided by practitioners, such as physicians and midwives, as well as care provided by facilities, including hospitals and free-standing birthing centers.
- **Current Status:** The NQF Board of Directors endorsed 17 perinatal care consensus standards in October 2008. As the CSAC was unwilling to accept the Perinatal Steering Committee's recommendation to retire the Vaginal Birth after Cesarean (VBAC) standard that was endorsed in 2003, however, the Steering Committee met again via conference call on November 26<sup>th</sup> to reconsider that and the other VBAC measure submitted for consideration in the project. The Steering Committee's revised recommendation will be presented to the CSAC in December.
- **Funder:** Hospital Corporation of America

### **Development of a Composite Measurement Framework**

- **Program Director:** Lisa Hines, BSN, MS
- **Brief Description:** Although NQF has existing criteria for the submission and evaluation of individual measures, there were no such criteria for composite measures. Working with the Composite Measure Steering Committee, a draft framework and submission criteria was developed. Comments have been solicited from measure developers thus far and incorporated into this document where appropriate. Specifically for this project, the NQF will work with the full range of stakeholders to: 1) Develop a comprehensive framework for the evaluation of composite measures, including a glossary of terms; 2) Develop an adjunct measure submission form to be completed in addition to the individual measure submission form; 3) Use the final criteria to evaluate composite measures submitted under the Hospital Care Additional Priorities 2007 project; 4) Identify the additional analyses required for the composite and test them within the Phase 3, Cycle 3 Ambulatory Care Composite Development project.

- **Current Status:** Draft of proposed framework document was reviewed by the CSAC at their July 17, 2008 meeting in preparation for public comment period expected in late July-August 2008. The public comment occurred August 13 - September 11, 2008. The composite measures submitted in the Hospital Care Additional Priorities 2007 project are currently under review by the Steering Committee. The public comments are tentatively planned to be posted in January 2009.
- **Funders:** Support for this project is provided by The Agency for Healthcare Research and Quality and The Robert Wood Johnson Foundation.

#### **National Voluntary Consensus Standards for Therapeutic Drug Management Quality**

- **Program Director:** Kristyne McGuinn, MHS
- **Brief Description:** Advances in pharmaceutical science and technology are among the most important achievements of modern healthcare. Significant numbers of patients have improved quality of life, and hundreds of thousands of patients with previously fatal diseases now live with controlled chronic conditions with only transient acute illness due to modern drug treatments. Appropriate drug therapy management has significant impact on patient safety, equity, effectiveness, efficiency, and other domains of quality. Despite the past decade's explosion of activity in the measurement of healthcare performance, there has been relatively little focus on therapeutic drug management quality and its impact more broadly on overall patient care quality. Through this project, NQF will endorse a comprehensive framework; identify and endorse preferred practices and performance measures to address the domains of the framework; and make recommendations regarding priority areas for research and development where there are measurement gaps.
- **Current Status:** NQF-endorsement™ of the framework and preferred practices is expected by January 2009.
- **Funders:** Pfizer, with United HealthCare and the Department of Veterans Affairs

#### **National Voluntary Consensus Standards for Medication Management**

- **Program Director:** Kristyne McGuinn, MHS
- **Brief Description:** The appropriate use of medications in the United States remains an important challenge. Despite improvements in health outcomes due to medication therapy, there is growing evidence that the frequent use of medications in chronically ill patients may lead to safety and quality problems. It's estimated that 81% of adults take at least 1 medication and 50% take at least 1 prescription drug. Proper medication management will advance the quality of care and reduce medication errors. NQF will identify process and outcome measures, in particular, medication decisionmaking, medication appropriateness and use, and monitoring. The quality of Medicare Part D plans, health plans, clinicians and pharmacists' medication management will be examined.
- **Current Status:** The Steering Committee was finalized in October, and 38 measures have been submitted for consideration. The Steering Committee will meet on December 3 and 4 in Washington DC to review the submitted measures.
- **Funder:** Centers for Medicare & Medicaid Services (CMS)

#### **National Voluntary Consensus Standards for Patient Safety and Communication Practices for Laboratory Medicine**

- **Program Director:** Nicole Williams-McElveen, MPH
- **Brief Description:** The laboratory is an integral part of the continuum of care, providing services and information critical to guiding clinical decision-making and ensuring good patient outcomes. While laboratory medicine professionals have been active in quality improvement efforts, good performance in laboratory medicine requires the involvement of all providers. The pre- and post-analytic phases of testing – the processes leading up to and immediately following the execution of a diagnostic test – are critical leverage points

for patient safety due to the level of communication and shared responsibility across entities and the resulting potential for error. This project seeks to achieve voluntary consensus on a set of effective, well-specified patient safety and communication practices for the pre- and post-analytic stages of laboratory diagnostic services.

- **Current Status:** The Call for Nominations and Call for Practices closed in October 2007. The Steering Committee met on July 30-31, 2008 in Washington, DC. NQF-endorsement™ of the preferred practices is expected in March 2009.
- **Funder:** Centers for Disease Control and Prevention

## EDUCATION AND OUTREACH

### **Moving Closer to Voluntary Consensus Standards for Care Coordination – Implementation Conference 2008**

- **Program Director:** Dwight McNeil, PhD, MPH
- **Brief Description:** Care coordination across settings and providers is a quality of care and patient safety issue. To date, performance measurement has focused on the management and subsequent outcomes for specific diseases managed in specific sites of care (e.g., diabetes management in the physician office; acute myocardial infarction in the hospital). As part of its ambulatory care work, NQF endorsed a framework and standardized definitions for care coordination in May 2006. The next step is to act on these recommendations and facilitate the development of much needed performance measures in this pivotal area of healthcare. It will engage experts and members in dialogue on multi-stakeholder viewpoints on the 5 elements of the framework and on implementation successes.
- **Current Status:** Plans for Councils' engagement in an ongoing project on care transitions include a mapping of council's potential contributions to the project and a collection of improvement innovations. Councils discussed current and planned activities at the fall membership meeting.

### **Investing in Healthcare Value - Leadership Colloquium 2008**

- **Program Director:** Dwight McNeil, PhD, MPH
- **Brief Description:** The 2008 Colloquium focused on the emerging healthcare value paradigm and its associated "systemness" features as a new business model to attract investment capital. The event brought together experts in investment, finance, and quality for an afternoon of in-depth discussion about hospital capital financing - specifically, how to hardwire the system to value quality and performance results when making decisions about payment and capital investment in healthcare. Recent studies have demonstrated that scale, integration and systemness are associated with better financial performance. And that quality improvement, enabled through investments in infrastructure, is reducing operating costs and saving lives. This event seeks to develop a better understanding of the benefit of systemness, and to accelerate the development of better measures of quality that would help guide the financial calculus for supporting infrastructure investments.
- **Current Status:** An NQF Issue Brief will be released in December 2008.

### **Quality at the Crossroads - Fall Annual Meeting and Policy Conference 2008**

- **Program Director:** Dwight McNeil, PhD, MPH
- **Brief Description:** Healthcare quality is at a crossroads. It has been decades since the proposed policy directions of the candidates have been this far apart. Today is a true tipping point in healthcare quality and efficiency – a moment when there is the possibility for real transformations. The challenge continues to be how to manage the complexity of health care, achieve consensus on strategies and goals, align tactics, and collaborate to make change happen. The National Policy Conference addressed both the political and policy issues facing health care quality at this important juncture. The policy conference provided insights from

health care policy experts from both presidential campaigns and perspective from the national media; discussion by quality and business strategy experts about important policy levers, including setting national priorities and goals, payment reform, financing, and the need for value; inspiration from winners of the John M. Eisenberg Award for Patient Safety and Quality on leading implementation efforts at the forefront of the healthcare delivery system; and forecasting by leaders in the field – what they see in the future quality landscape.

- **Current Status:** The conference took place on October 15-16, 2008. Evaluation results will be available in early December 2008.

#### **NQF Quality Healthcare Awards (2009)**

- **Program Director:** Sarah R. Callahan, MHSA
- **Brief Description:** The 2009 Award has a special focus on organizational success in managing patients with chronic conditions, coordinating care over time and across settings, and disparities reductions. NQF invited all eligible organizations such as integrated health systems, individual hospitals, hospital systems, multispecialty group practices, and chronic care programs to submit an application. The organizations that apply must provide a range of inpatient and/or ambulatory services and coordinate patient services over time and across settings. The application period for 2009 award will run from July 21 – October 20, 2008.
- **Current Status:** The deadline to submit an application for the 2009 award was October 20, 2008. The award recipient will be notified in January 2009 and presented the award at the Award Gala on May 19, 2009 in Washington, D.C.

#### **NQF Spring Implementation Conference**

- **Program Director:** Dwight McNeil, PhD, MPH
- **Brief Description:** The 2009 implementation conference will focus on one of the National Priority Partnership areas – overuse.
- **Current Status:** The conference will be held in Cleveland, Ohio on March 25-27, 2009. Registration and agenda information will be available in early 2009.

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<sup>1</sup> Elliot R, McKinley S, Fox V, Quality improvement program to reduce the prevalence of pressure ulcers in an intensive care unit, *Am J Crit Care*, 2008.17(4):338-334.

<sup>2</sup> Association of periOperative Registered Nurses, *Skin Integrity*. Available at [www.skinintegrity.com/pdf/WhyItMatters.pdf](http://www.skinintegrity.com/pdf/WhyItMatters.pdf).

# NATIONAL QUALITY FORUM

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