



**NATIONAL
QUALITY FORUM**
Driving measurable health
improvements together

2021 Mission Highlights



Contents

LETTER FROM THE PRESIDENT AND CEO	3
A BRIEF TIMELINE OF THE MODERN HEALTHCARE QUALITY MOVEMENT	4
2021 AT A GLANCE	6
ADVANCING THE FIELD AND LEADING THE INDUSTRY: PROJECT SPOTLIGHT	7
SETTING PRIORITIES: LEADERSHIP CONSORTIUM	12
CELEBRATING INNOVATION: JOHN M. EISENBERG PATIENT SAFETY AND QUALITY AWARDS	14
MEMBERSHIP	16
ABOUT NATIONAL QUALITY FORUM (NQF)	18

Letter From the President and CEO

LEADING NQF REPRESENTS ONE OF MY GREATEST HONORS.

It brings the unique opportunity to merge and expand the distinct tracks of my professional career—each one dedicated to making our country's healthcare better, more equitable, and more affordable. Our nation's progress on these fronts has been slow and, as COVID-19 has shown, fragile. We are still far from realizing the enduring quality aims put forth in *Crossing the Quality Chasm* over 20 years ago. Yet against this backdrop, I come to NQF inspired by its mission to work together to achieve measurable outcomes that matter to all of us.

A founding purpose of NQF is to bring diverse stakeholders together to set clear, measurable standards for safe, high quality, affordable care. The past two years have shown why we must go further, faster. Compelling performance measures must reflect broadly shared goals that prioritize patient health, safety and well-being. Driving meaningful improvement requires unprecedented alignment. Performance measurement must be timely and used widely, consistently, and transparently. Boldly leading these efforts forward is overdue and essential to ensuring every person, every time, everywhere experiences high quality care that drives optimal outcomes – equitably and affordably.

Every week, I am struck by the innovation and determination of our NQF members and our shared mission and commitment to improve outcomes. Together, we can drive better, safer, equitable care across our delivery system. Your dedication to advancing practices that eliminate harm, reduce disparities, promote appropriate care, and close priority gaps propels advancements that make care better. We need to achieve this at scale.

Learning to scale these efforts is our next great challenge. We must embrace innovation and be more nimble to confidently scale new delivery models proven

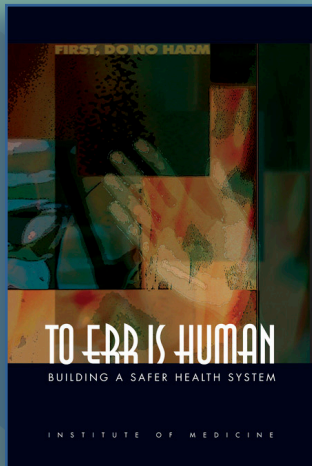


to be effective whether in the hospital, clinic, or home. We must evolve our standards and infrastructure to embrace digital interoperability for reliable, real-time, clinical, and patient-reported data. We must align efforts to harmonize use of next-generation outcome measures and achieve measure parsimony to break through the barriers stalling payment reform. Most importantly, we must strengthen the science and application of performance measures to eliminate disparities and advance health equity. From primary care to specialty care, from mental health to maternal health, addressing these systemic factors demands our urgent attention now.

To achieve change at scale, NQF must change too. In the year ahead, we will engage our members, funders, and volunteers in new ways to achieve meaningful improvements for our healthcare delivery system and our organization. As I look forward, I have never been more optimistic about the commitment to change and what we can achieve together. I am excited and prepared to lead this next chapter in our history, and I am proud to do it alongside each of you.

DANA GELB SAFRAN, SCD
President and CEO

A Brief Timeline of the Modern Healthcare Quality Movement

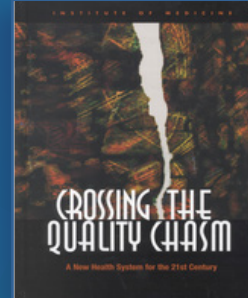


1999

The Institute of Medicine (IOM) published the landmark report *To Err Is Human*, estimating that as many as 98,000 people die in any given year from medical errors that occur in hospitals and catalyzing a national call to action to make healthcare safer.

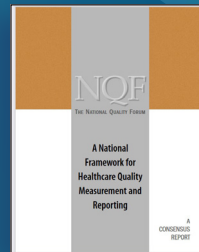
2001

The IOM published *Crossing the Quality Chasm*, specifying six goals of quality improvement: safety, effectiveness, patient-centered, timeliness, efficiency, and equity.



2002

NQF published a national quality improvement framework based on the proposed IOM principles.

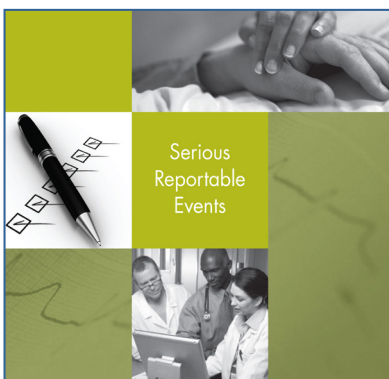


1990s

Defining the Problem

2000s

Measuring to Improve



1999

NQF was established and tasked by the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) to specify "never events" and "safe practices."

NQF

2005

CMS launched the first Hospital Compare website with performance data.

2007

Endorsed measures reach 250.



2010

Patient Protection and Affordable Care Act signed into law

2010

Creation of the CMS Innovation Center (CMMI)

2011

The Measure Applications Partnership (MAP) was established, and NQF was tapped to convene the public-private partnership to provide input to the U.S. Department of Health & Human Services (HHS) on the selection of performance measures for public reporting and performance-based payment programs.



Measure Applications Partnership

2020

NQF published *The Care We Need* with the mission to identify actionable opportunities to improve alignment across the delivery system.



2010s

Reporting and Transparency

2020s

Driving the Shift Toward Equitable, Value-Based Care

2018

NQF joins the Core Quality Measures Collaborative's (CQMC) efforts and becomes the convener the following year.



CQMC
Core Quality Measures Collaborative

2021

NQF leads the expansion of MAP to include the Health Equity Advisory Group and pilots the Measure Set Review (MSR) to recommend measures that can be removed from federal programs.

2021 At a Glance



50

REPORTS PUBLISHED



78

MEASURES
REVIEWED



100

VIRTUAL CONVENINGS



300+

MEMBER ORGANIZATIONS
HEADQUARTERED
ACROSS 39 STATES



600

ACTIVE VOLUNTEERS
REPRESENTING
9 HEALTHCARE
SECTORS

1 Mission:

DRIVING MEASURABLE HEALTH
IMPROVEMENTS TOGETHER

Advancing the Field and Leading the Industry: Project Spotlight

NQF's work in quality measurement encompasses a wide array of the nation's most critically important healthcare issues. While every healthcare issue carries considerable significance and relevance, this section highlights a select few that have served as the focus of some of NQF's leading projects in 2021. For over a decade, we have championed quality measurement and improvement practices that promote health equity and combat the many social factors that largely determine a person's opportunity to live a healthy life. NQF remains wholly committed to building on this decade of work to advance health equity by providing informed leadership necessary to pursue systemic change. We must galvanize the recent momentum and energy knowing it will take all of our long-term commitment to build a better system for all.

These featured projects highlight some of NQF's work in the past year. Their relevance with regard to addressing racial and socioeconomic disparities in the U.S. healthcare system as well as the current quality landscape relative to the COVID-19 pandemic warrant special attention and emphasis.

The important work reflected in this section was made possible by funding from CMS. Their leadership and dedication to improving the care of all Americans propels our direction and makes CMS an indispensable partner for us to realize our mission.



Improving Maternal Morbidity and Mortality

Maternal morbidity and mortality measures are significant indicators of women's health and the quality of healthcare overall. Women today are twice as likely to die as their mothers when receiving maternal care. Even more concerning is the persistent racial, ethnic, socioeconomic, and geographic disparities in maternal morbidity and mortality outcomes. The mortality rates among Black women are more than two times higher than the mortality rates for White women and over three times higher than Hispanic women according to data from the Centers for Disease Control and Prevention (CDC).

The dual aim of our 24-month long Maternal Morbidity and Mortality Measurement project (completed in 2021) was to develop tangible recommendations to enhance maternal morbidity and mortality measurement in the U.S. and to improve health outcomes in maternity care. To achieve this, we

60%
**OF PREGNANCY-RELATED
DEATHS IN THE U.S. ARE THOUGHT
TO BE PREVENTABLE**

(Petersen et al, 2019).

convened a Committee to assess the current state of maternal morbidity and mortality measurement. The Committee made specific short- and long-term, innovative, and actionable recommendations to help advance the field and improve maternal morbidity and mortality outcomes. The final report includes two key measurement frameworks to improve maternal morbidity and mortality measurement and use that measurement to improve maternal health outcomes.

Addressing Opioid-Related Outcomes and Behavioral Health

Opioid-related overdoses have long been a complex challenge for the U.S. healthcare system. The number of individuals struggling with substance use disorder (SUD), mental illness, or a combination of both has been steadily increasing. Multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience a SUD and vice versa according to the National Institute on Drug Abuse (NIDA). These individuals are an especially high-risk population for opioid-related overdose death and morbidity, and these were the focus of the Opioids and Behavioral Health project.

As the opioid crisis entered its third decade of devastating impacts to individuals and communities, NQF convened the Opioids and Behavioral Health Committee to develop a measurement approach for individuals simultaneously experiencing behavioral health conditions and using opioids and other substances. The measurement framework included in the final report identifies measures and concepts for payers and other stakeholders to use. It also includes concepts related to collaboration between stakeholders that care for this population, such as medical providers, social workers, and the criminal justice system.





Advancing Rural Health, Telehealth, and Healthcare System Readiness

A multistakeholder Committee was convened to create a measurement framework to guide quality and performance improvement for telehealth care delivered in rural settings during disaster responses. Rural populations have greater health risks, such as higher rates of chronic disease, such as obesity and diabetes; high-risk behaviors like smoking and substance use; poorer diets; and lower health literacy, and are at greater risk of poor health outcomes (Health Resources & Services Administration [HRSA], 2017). These differences are driven by disparities in access to care in rural areas. Telehealth, when clinically appropriate, provides an opportunity to improve access to care and reduce the health disparities between rural and urban communities.

“Healthcare services in rural areas are particularly vulnerable during disasters. This work lays out a framework to guide quality and performance improvement for care delivered via telehealth in response to disasters.”

— DR. MARCIA WARD, Committee Co-Chair and Director, Rural Telehealth Research Center, University of Iowa.

The Final Recommendations Report from this work outlines five domains for measurement: Access to Care and Technology; Costs, Business Models, and Logistics; Experience; Effectiveness; and Equity. It also emphasizes consideration of rural-specific measurement issues and outlines potential solutions to the challenges that are specific to rural communities. The Final Recommendations Report includes a list of measures that are available for use, as well as measure gaps and measure concepts, to encourage

the development of measures that will address the gaps in a way that is patient centered and meaningful. Additionally, the report highlights and promotes specific measures to assess the impact of telehealth on healthcare system readiness and health outcomes in rural areas affected by disasters such as pandemics, natural disasters, mass violence, and other public health events.

Elevating the Patient Voice in Performance Measurement

Reinforcing the patient voice through patient-reported outcomes (PROs) is critical to achieving equity, strengthening the care experience, and improving health outcomes for all. PROs represent the measurement of a person's health directly from the patient—asking about dimensions of care that are best assessed by asking patients directly (e.g., pain, functional limitations, energy, and emotional distress). Patient-reported outcome measures (PROMs) represent the tools and instruments that are used to collect the data (e.g., the Patient Health Questionnaire 9 [PHQ-9]). PROMs can be used to collect data over time, thereby measuring changes that are occurring for patients and populations. These longitudinal uses of PROMs can form the basis for patient-reported outcome performance measures (PRO-PMs), where the information is used to hold providers and payers accountable for the outcomes they achieve for their populations.

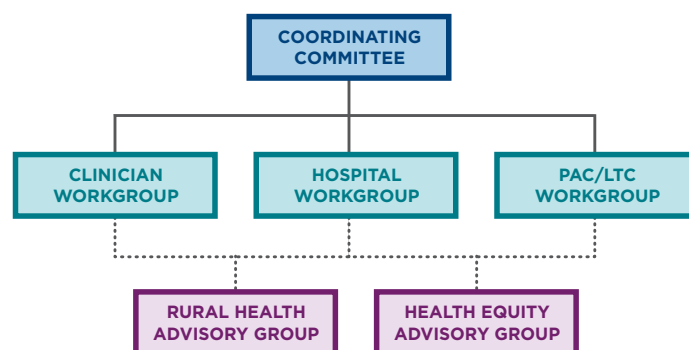
The development and endorsement of PRO-PMs have not been as widespread as other quality measures, as evidenced by the approximately 200 process measures and 320 outcome measures that are currently endorsed by NQF, compared to 29 PRO-PMs as of April 1, 2021. In response to the expressed need for additional guidance in developing high-impact PRO-PMs, we led this work and published a Technical Guidance Report to aid measure developers in developing digital PRO-PMs that are fully tested and ready for submission to the NQF endorsement process.

Measure Applications Partnership (MAP) Annual Review

During the 2020-21 cycle, MAP undertook an intensive review of 20 measures under consideration. The measures reviewed included five process measures (including three COVID-19 vaccination measures), five cost/resource use measures, five outcome measures, three composite measures, and two PRO-PMs. MAP acknowledged current trends shifting services from inpatient to ambulatory services and the implications for measurement in both settings. MAP also emphasized the importance of mitigating measurement burden and the opportunities offered by electronic clinical quality measures and other digital measures. Additionally, MAP recognized the critical role of measurement in addressing the COVID-19 healthcare crisis.

MAP Health Equity Advisory Group

Another way we worked toward achieving health equity, eliminating disparities, and improving health outcomes was through new work that incorporates health equity into MAP's annual review process. In 2021, we convened the first MAP Health Equity Advisory Group to provide input on the measures under consideration to reduce health differences closely linked with social determinants of health (SDOH).



PILOT YEAR: RECOMMENDING MEASURES TO REMOVE FROM FEDERAL PROGRAMS

In looking at how quality measures work together and being thoughtful to how they can improve healthcare, we were excited to begin work on defining a process for the MSR. For the 2021-2022 MAP cycle, we engaged CMS and the MAP Coordinating Committee to offer a holistic review of quality measures with input from diverse multistakeholders. This cycle specifically focused on developing a process for review and creating criteria for evaluating measures within federal programs. NQF realizes this tremendous opportunity to ease burden and improve patient experience while continuing to inform and educate all those who are invested and committed to advancing measurement science. Twenty-two measures within select Hospital programs were reviewed during this pilot cycle. Measures focused on were those concerning condition-specific readmission measures versus hospital-wide readmission measurement. Committee members highlighted Hospital Star Ratings Programs, which were the focus of prior NQF reports, indicating that greater focus should be placed on units treating specific conditions in hospitals rather than generic ratings. Additionally, the MSR was identified as an opportunity to step back from individual measure scrutiny to broadly look at the role of quality measurement and programs in achieving desired health outcomes. We are looking forward to continuing this important work in 2022 and beyond.

MAP is a public-private partnership of diverse stakeholders convened annually by NQF on behalf of CMS to achieve consensus on the recommended measures appropriate for public reporting and performance-based payment. We bring together representatives of Quality Measurement, Research, and Improvement; Purchasers; Providers; Public/Community Health Agencies; Health Professionals; Health Plans; and Consumers and Suppliers in convening MAP. The forum's careful balance of diverse stakeholder interests ensures that the federal government receives varied and thoughtful input on performance measure selection. MAP involves approximately 150 healthcare leaders and experts representing nearly 90 private-sector organizations, as well as liaisons from seven federal agencies.



Rural residents account for 20 percent of the U.S. population, or approximately 63 million Americans (U.S. Census Bureau, 2020), and tend to be older and sicker than their urban counterparts.

ADVANCING MEASUREMENT SCIENCE: RISK ADJUSTMENT

We've long known the need for technical guidance on developing and testing social and/or clinical risk adjustment models for endorsement and maintenance and the appropriateness of a standardized risk adjustment framework. As shown in the Project Spotlight, NQF applies an SDOH lens to every aspect of our work and recognizes that addressing inequities associated with race/ethnicity and social risks requires a holistic approach and a private-public sector partnership. There is a clear distinction between directly adjusting payment rates with social risk factors and adjusting quality measures that may be tied to financial bonuses and incentives. Quality measure adjustment alone cannot and should not be used to achieve resource (re)allocations.

We continue to advance measurement science in this important area through the development of technical guidance for measure developers that includes emerging best practices for functional and social risk factor adjustment in measure development. NQF is committed to continuing to broaden stakeholder engagement efforts to gather input on the utility of the Technical Guidance and to make updates to it based on stakeholder feedback and Technical Expert Panel (TEP) input. Engaging all stakeholders (e.g., patients, providers, health plans, policymakers, etc.) to finalize this guidance will help us work together to determine the best outcome and increase the value of the recommendations and standards.

Setting Priorities: Leadership Consortium

The Leadership Consortium is an active forum exclusively for NQF Members to connect, collaborate, and provide thought leadership on strategies to achieve national health and healthcare quality goals. The Leadership Consortium is committed to influencing meaningful and lasting change on our nation's highest priority and most complex healthcare issues across the continuum of care through strategic guidance on practical, action-oriented initiatives. Three Priorities for Action were identified by this group for 2022. These priorities present achievable opportunities for all stakeholders to improve the care experience and health outcomes of every person in America.

Priority One: Social Determinants of Health (SDOH) Data Collection

Health systems recognize the importance of capturing information about the economic and social conditions that influence health. However, studies show a low uptake of coding for these SDOH in electronic health records and claims data. There is a need for guidance and standards on the collection of SDOH data elements, such as food insecurity, housing instability, race, ethnicity, sexual orientation, and gender identity, which all have an impact on a person's ability to successfully navigate the healthcare system. The Leadership Consortium recommends NQF convene multistakeholder experts in a learning collaborative or Action Team to advance the collection and use of SDOH data through the dissemination of emerging and best practices. Healthcare organizations can utilize advancements in SDOH data collection to identify vulnerable patients, assess disparities in care, deliver targeted services, and monitor success in advancing health equity.

Priority Two: Promoting Clinician and Care Team Well-Being

While many healthcare organizations have existing efforts to promote well-being and prevent burnout, few of them know how to best measure clinician wellness. Burnout among clinicians and care teams can have a significant impact on their well-being, morale, and the quality of care being delivered. The COVID-19 pandemic has intensified the physical and mental impacts of providing patient care, and nearly half of healthcare workers have reported burnout amid the pandemic. The Leadership Consortium recommends NQF convene a strategy session with a multistakeholder Expert Panel to identify measure concepts for the evaluation and improvement of clinician and care team well-being. By measuring and assessing clinician and care team well-being, healthcare stakeholders will be better equipped to identify opportunities to implement viable interventions, measure meaningful change, and improve their well-being and retention.

Starting in the spring of 2022, the Leadership Consortium will evolve to serve as both an advisor and a change agent; the Leadership Consortium will provide the broader healthcare field with opportunities to design, implement, and test new strategies to drive quality improvement and measurement.

Priority Three: Measurement of Person-Centered Care

While systems for measuring patient experiences, such as AHRQ's Consumer Assessment of Healthcare Providers and Systems (CAHPS) program, exist in a variety of care settings, there is widespread consensus that challenges remain in assessing whether care is person centered. Recent shifts toward care that is person centered and focused on outcomes have highlighted the importance of measuring the success of high quality care from the perspective of the patient with the goal of improving outcomes, experience of care, and population health. The Leadership Consortium recommends NQF convene multistakeholder experts to identify actionable strategies to address these challenges and better evaluate the delivery of person-centered care. As strategies to implement person-centered care continue to evolve, healthcare leaders should identify measures and measure concepts that incorporate communication, coordination, and shared decision making, and their impact on patient outcomes, as key facets to measuring the success of person-centered care.

Leadership Consortium Members

Optum

Amy Nguyen Howell, *Chair*

American Association for Physician Leadership

Peter Angood, *Vice Chair*

Agency for Healthcare Research and Quality*

Maushami DeSoto

American College of Lifestyle Medicine

Padmaja Patel

American College of Medical Quality

Dan Westphal

American College of Midwives

Diana Jolles

American College of Physicians

Samantha Tierney

American Heart Association

Michele Bolles

Battelle

Nicole Brennan

BlueCross BlueShield Association

Carol Peden

Cleveland Clinic

Robert Jones

Centers for Medicare & Medicaid Services*

Michelle Schreiber

Coalition to Transform Advanced Care (C-TAC)

Ravi Parikh

Covered California

Ashrith Amarnath

Encompass Health Corporation

Mary Ellen DeBardleben

Geisinger

Amy Minnich

General Dynamics Information Technology

Kristen Welker-Hood

Health Resources and Services Administration*

Girma Alemu

Humana Inc.

Kristin Russell

Intermountain Healthcare

Mike Woodruff

Mayo Clinic

Kannan Ramar

National Coalition for Cancer Survivorship

Shelley Fuld Nasso

National Hospice and Palliative Care Organization

Jennifer Kennedy

Novartis

Jennifer Van Meter

Nursing Alliance for Quality Care

Eileen Esposito

Society to Improve Diagnosis i Medicine

Paul Epner

Teladoc Health, Inc.

Bridget McCabe

Telligen

Lindsey Wisham

Texas Health and Human Services Commission

Dan Culica

University of Texas-MD Anderson Cancer Center

Ronald Walters

URAC

Shawn Griffin

Vizient, Inc.

Robert Dean

Celebrating Innovation: John M. Eisenberg Patient Safety and Quality Awards



NQF partners with The Joint Commission in recognizing the best examples of individual, local, and national efforts to improve patient safety and healthcare quality through the prestigious Eisenberg Awards every year. This award program was launched in 2002 to honor the late John M. Eisenberg, MD, MBA, former administrator of AHRQ. Dr. Eisenberg was an impassioned advocate for healthcare quality improvement and also a founding member of NQF's Board of Directors.

In 2021, The Joint Commission and NQF recognized and honored groundbreaking initiatives in three categories:

INNOVATION IN PATIENT SAFETY AND QUALITY

AT THE NATIONAL LEVEL – Awarded to Veterans Health Administration (VHA) Rapid Naloxone Initiative, Washington, DC

INNOVATION IN PATIENT SAFETY AND QUALITY

AT THE LOCAL LEVEL – Awarded to Northwestern Medicine Academy for Quality and Safety Improvement, Chicago, Illinois


INDIVIDUAL ACHIEVEMENT – Awarded to David M. Gaba, MD, staff anesthesiologist and director of the Patient Simulation Center of Innovation, VA Palo Alto Health Care System, California, and professor, Anesthesiology, Perioperative and Pain Medicine, and associate dean for Immersive and Simulation-based Learning, Stanford University School of Medicine, California

LEARN MORE ABOUT THEIR ACHIEVEMENTS:

The VHA Rapid Naloxone Initiative reduced overdose deaths by increasing the rapid availability of naloxone. The initiative included three elements:

- **Providing Opioid Overdose Education and Naloxone Distribution (OEND) to VHA patients at risk for opioid overdose**
- **Providing naloxone to Veterans Affairs (VA) Police**
- **Including naloxone in select Automated External Defibrillator (AED) cabinets**

As a result of these efforts, the OEND program reported over 1,500 overdose reversals with naloxone. The VA Police also reported 132 overdose reversals, and there were six reported overdose reversals with AED cabinet naloxone.



The Northwestern Medicine Academy for Quality and Safety Improvement was developed to prepare individuals, across multiple departments and professions in their health system, to lead quality improvement. The seven-month program teaches quality improvement methods and asks participants to complete a quality improvement project during the program. It also prepares participants to engage in quality improvement efforts and lead quality improvement projects after completion of the program. Over the past eight years, the program has achieved the following results:

- Eighty teams consisting of 441 individuals have participated, representing a range of specialties, settings, and professional backgrounds.
- Overall, 66 percent of teams have improved performance across a wide range of problems.
- Surveys of participants 18 months post-program completion show that a majority (73 percent) have engaged in subsequent quality improvement efforts, and many (43 percent) have led other quality improvement projects and (41 percent) provided quality improvement mentorship.

Dr. Gaba was honored for his expansive career as an educator, researcher, scholar, physician, and institutional leader. Dr. Gaba's contributions are innovative and lead the field in three areas:

- Invention, use, and commercialization of modern mannequin-based simulation
- Adaptation of Crew Resource Management (CRM) from aviation to use within anesthesiology was adapted by Dr. Gaba's group in the late 1980s as part of simulation-based training.
- Creation and promulgation of multi-event "cognitive aids" for real-time use in time-critical, life-threatening situations

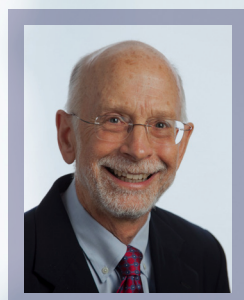
For more information on the Eisenberg Awards, please visit [The Joint Commission](#) and [NQF](#) websites, and expect the next Eisenberg Awards submission period to open in summer 2022.

Membership

Our Member Organizations represent all voices in every sector of health and healthcare—patients and caregivers, consumers, payers, specialty societies, measure developers, federal partners, purchasers, life sciences companies, providers, healthcare researchers, and more.

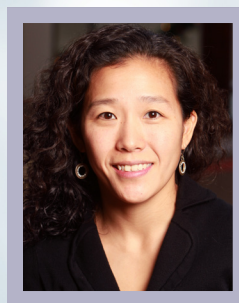
Individual experts from these organizations leverage their NQF Membership to continually demonstrate their shared commitment to our mission through engagement and service. Together, we lead the work that enhances healthcare value, makes patient care safer, and results in better health outcomes for all.

Learn more about joining this stellar group of national healthcare leaders by visiting www.qualityforum.org/membership.



“All stakeholders in the field need valid and reliable, shared measures. NQF is the only organization whose only role is to vet them. There are no other players that can do what NQF does.”

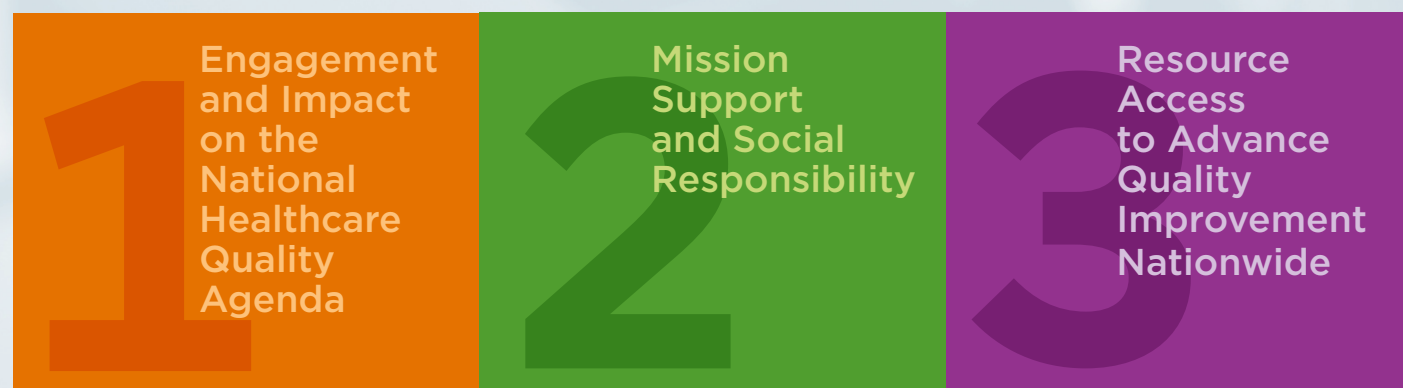
— THOMAS E. KOTTKE, MD,
MSPH Medical Director, Well-being,
HealthPartners –
NQF Member Organization since 2003



“Being an active member of NQF means unparalleled opportunities to network with and learn from individuals and organizations advancing quality measurement. It’s one of the best tools I have to help Leapfrog meet its mission of making giant leaps in safety and quality.”

— MELISSA “MISSY” DANFORTH
NQF Board of Directors, Vice President,
Health Care Ratings, The Leapfrog Group –
NQF Member Organization since 2001

Top 3 Reasons Organizations Join the NQF Membership Community



Over 40 organizations

have been NQF Members for more than 20 years—our work would not be possible without you!

We Welcome Our New Member Organizations

ABFM Foundation, Inc.

American Medical Rehabilitation Providers Association

BD

Blue Health Intelligence

Genentech

Harris Health System

Hazel Health

Invitae Corporation

Maryland Department of Health

Oregon Patient Safety Commission

PA Quigley Nurse Consultants, LLC

Patient Safety Action Network

Pittsburgh Regional Health Initiative

Purposeful Concepts LLC

Renal Support Network

Sepsis Alliance

AAAHC Institute for Quality Improvement

AARP

ABIM Foundation

ACC/AHA Task Force on Performance Measures

Agency for Healthcare Research and Quality

America's Essential Hospitals

America's Health Insurance Plans

American Academy of Family Physicians

American Academy of Orthopedic Surgeons

American College of Cardiology

American College of Radiology

American Hospital Association

American Medical Association

American Nurses Association

American Society of Health-System Pharmacists

Association of American Medical Colleges

Centers for Medicare & Medicaid Services

Children's Hospital Association

Cleveland Clinic

Consumer Coalition for Quality Health Care

Coral Initiative, LLC

Council of Medical Specialty Societies

Defense Health Agency

Federation of American Hospitals

Florida Alliance for Healthcare Value

Health Resources and Services Administration

Henry Ford Health System

IPRO

Jefferson College of Population Health

Kaiser Permanente

National Alliance of Healthcare Purchaser Coalitions

National Association for Healthcare Quality

National Committee for Quality Assurance

National Partnership for Women & Families

Premier

Purchaser Business Group on Health

The Alliance

The Joint Commission

The Leapfrog Group

The National Forum of ESRD Networks

UnitedHealth Group

Veterans Health Administration

Vizient, Inc.

About National Quality Forum (NQF)

National Quality Forum (NQF) is a non-profit, non-partisan organization based in Washington, DC committed to achieving measurable improvement in healthcare quality and value across the United States (U.S.). We serve as a consensus-building entity and an advisory body to the U.S. Department of Health & Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS). We have more than 300 Member Organizations with hundreds of individual subject-matter experts who gather at our table to devote their time and expertise so every person will experience healthcare services that are safe, appropriate, equitable, and affordable.

Driven by science and collaboration, we exist to help drive multiple perspectives into actions that create measurable impact. Measures endorsed by NQF are considered the gold standard for healthcare performance measurement. The federal government and many private-sector entities use NQF-endorsed measures above all others because of the scientific rigor and consensus-building process behind them.

PHOTOGRAPHY CREDITS

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OUR MISSION

To be the trusted voice driving measurable health improvements

OUR VISION

Every person experiences high value care and optimal health outcomes

OUR VALUES

Collaboration • Excellence • Integrity Leadership • Passion

NATIONAL QUALITY FORUM
1099 14th St.NW, Suite 500
Washington, DC, 20005

2023 NATIONAL QUALITY FORUM

ANNUAL CONFERENCE

The premiere healthcare quality
conference for leaders and stakeholders
dedicated to driving measurable
health improvements.

SAVE THE DATE
FEBRUARY 20-22, 2023
Washington, DC



NATIONAL
QUALITY FORUM
Driving measurable health
improvements together