



NQF's Measure Prioritization and Feedback Strategic Initiatives

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NQF Measure Prioritization Initiative

- Pilot project
- Would like feedback from Committees on:
 - Draft process and criteria
 - Definitions
 - » National priorities
 - » Driver measures
 - » Priority measures
 - » Improvement strategies
- During initial 6 to 12 months, NQF staff will:
 - » Finalize definitions
 - » Develop driver diagrams for each high impact outcome

NQF Measure Prioritization Initiative

Develop Prioritization Criteria & Scoring

Identify High Impact Metrics Identify Drivers for High Impact Metrics

Analyze Priority Measures & Gaps

Prioritization Criteria: Environmental Scan

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- Commonwealth Fund International Profiles of Healthcare Systems, 2015

- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards Selecting and Prioritizing Quality Standard Topics
- Australia's Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for meaningful and usable measures of performance

NQF Prioritization Criteria

Outcome-focused

Outcome measures and measures with strong link to improved outcomes and costs

Improvable and actionable

 Actionable measures with demonstrated need for improvement and evidence-based strategies for doing so

Meaningful to patients and caregivers

• Person-centered measures with meaningful and understandable results for patients and caregivers

Support systemic and integrated view of care

 Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

Prioritization Criteria and Approach: Phased Implementation

- Prioritization criteria and approach have been pilot tested with Standing Committees
 - » Palliative and End-of-Life Care
 - » Cancer
 - » Renal
 - » Neurology





Parsimonious set of national priorities to assess progress as a nation.

National Priorities

National Priorities	Translation into Patient Voice
Health outcomes (including mortality, functional status)	Are you getting better?
Patient experience (including care coordination, shared decision making)	How was your care?
Preventable harm/complications	<i>Did you suffer any adverse effects from your care?</i>
Prevention/healthy behaviors	Do you need more help staying healthy?
Total cost/low value care	<i>Did you receive the care you needed and no more?</i>
Access to needed care	Can you get the care you need when and where you need it?
Equity of care	Are you getting high quality care regardless of who you are or where you live?



Prioritized <u>accountability</u> <u>measures</u> to drive toward higher performance on high-impact metrics

- 4-10 driver measures per high impact metric
- Agnostic to setting, population, and condition





Prioritized measures/strategies to drive improvement: standardize & share







Measure Feedback

Collecting Measure Feedback

Accept feedback on "Any Measure at Any Time"

Collaborate with partner members to facilitate ongoing submission of feedback

Develop targeted outreach campaigns to solicit feedback on specific measures

Enhance commenting capability on NQF's Website

Identifying Stakeholder Priorities



Maintenance Criteria Update

- Use: Change to <u>must-pass</u> for <u>maintenance</u> measures
 - In use in accountability program within 3 years and publicly reported within 6 years
 - Measure has been vetted by those being measured or others
- Usability*: still not must-pass
 - Demonstrated improvement
 - Benefits outweigh evidence of unintended negative consequences to patients
- * Information for these two subcriteria may be obtained via literature, feedback to NQF, and from developers during the submission process.

NQF Measure Feedback

