



QReport

JANUARY Quarterly Member Update from NQF

The final quarter of 2012 was extremely busy for all of healthcare, including NQF. It was also a quarter during which next year's direction became clearer in ways that impact every NQF member.

Our country elected its president, and immediately negotiations regarding domestic legislation ensued. Closer to home on the leadership front, the NQF Board of Directors unanimously selected our new CEO, Dr. Christine Cassel. As noted by Dr. Bill Roper, chair of NQF's Board: "Dr. Cassel has the credentials, leadership skills, public respect, credibility, and vision needed to run an organization as vital as NQF. At this critical juncture where improved quality is the linchpin to achieving healthcare of the highest value, we believe Dr. Cassel is uniquely qualified to carry NQF's mission forward."

NQF also elected new Member Council leaders, who will be working closely with NQF staff to ensure every member is as engaged in NQF work as they choose to be. We expect to do much more work in 2013 to understand and meet member needs.

Much work went into securing renewed federal funding for NQF. HR 8, the legislation adopted on January 1 2013, extends full Medicare Improvements for Patients and Providers Act (MIPPA) funding to NQF, at \$10 million for 2013. Credit for this important victory goes to a wide range of individuals and organizations—many NQF Board members, leaders among our federal agency partners, supporting organizations in the Stand for Quality Coalition, a team of staff, and skilled outside advisers. The legislation does have shortcomings which Stand for Quality will seek to address, most significantly its failure to authorize measure development money to create much needed new and complex types of measures, and the relatively short funding cycle that was authorized.

With our leadership and funding pictures crystalizing, NQF also spent time developing a series of hallmark projects for 2013, designed to help reduce measurement burden; create a path to parsimonious sets of high impact measures; accelerate development and adoption of eMeasures; and improve the affordability of healthcare. We look forward to working with our members at the Annual Meeting and beyond to refine these projects and make them a reality.

Speaking of working together, in 2012 over 822 individuals volunteered their time on more than 41 NQF/NQF-convened projects. We conservatively estimate that this translates into **over 55,000 hours or over \$4 million** in uncompensated donated time. NQF has the rare privilege of being a private organization, supported by its members, and entrusted with important public service work through federal legislation. We have the responsibility to earn that trust every day, and take that charge seriously as we proceed apace into 2013.

NQF Endorsement: A Year in Review

NQF's endorsement work in 2012 was substantial. With the help of many steering committee leaders, our engaged members, and numerous new and experienced measure developers, we have successfully completed 16 endorsement projects that address high-priority areas, such as cardiovascular care, perinatal and reproductive health, and patient safety. In total, NQF reviewed 430 measures in 2012 and endorsed 70 percent of those submitted.

We made measurement gains in emerging areas such as cost and resource use, palliative and end-of-life care, and healthcare disparities and cultural competency. The depth and breadth of this work has helped NQF build and maintain its measure portfolio that is essential to advancing high-quality healthcare.

NQF has also remained committed to improving our multi-stakeholder consensus process. This year, we reduced the cycle time for endorsement

A QUICK SNAPSHOT OF NQF'S WORK IN 2012

TYPES OF MEASURES

84 outcome measures endorsed, considered the most important indicators of quality

32 patient safety measures endorsed

12 culturally competent measures endorsed, NQF's first ever such set

STAKEHOLDER PARTICIPATION

465 steering committee volunteers

28 measure developers

1848 comments received from across the health-care community

from almost 12 months to 7 months. We have greatly reduced the number of untested measures submitted for endorsement, thanks to more clearly defined requirements for measure testing and strong collaboration with measure developers. We have endorsed more outcome measures, given new guidance that emphasizes a preference for them, and requires process measures to demonstrate a clear link to outcomes. We have endorsed fewer duplicative measures, thanks to successful harmonization efforts.

Our task force on consensus and measure developer workshops (detailed on page 10) demonstrate NQF's ongoing commitment to working collaboratively with all of our stakeholders to ensure our work meets the healthcare community's evolving needs. We look forward to deeper collaborations in 2013.

NUMBER OF MEASURES

301

measures endorsed

220

measures maintained previous endorsement

103

measures removed from the portfolio, via removal of endorsement, harmonization, or retirement

SUCCESSFULLY HARMONIZED ENDORSED MEASURES

A surgical site infection measure

from the American College of Surgeons and the Centers for Disease Control and Prevention.

A measure assessing medication adherence for schizophrenia patients

from the Centers for Medicare & Medicaid Services and the National Committee for Quality Assurance.

Performance Measures Endorsement Work: September-December 2012

QUICK LINKS

BEHAVIORAL HEALTH MEASURES

Behavioral health refers to a state of mental or emotional being and choices and actions that affect wellness, as defined by the Substance Abuse Mental Health Services Administration (SAMHSA). Behavioral health problems include substance abuse and misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance abuse disorders. In November 2012, NQF endorsed 10 behavioral health quality measures, addressing issues such as alcohol and tobacco abuse, antipsychotic medication adherence, and post care follow-up after hospitalization for mental illness.

- > [Press release](#)
- > [Endorsement summary](#)
- > [Project information](#)
- > [Find behavioral health measures](#)

CANCER MEASURES

The American Cancer Society has estimated that cancer was responsible for close to 570,000 deaths among adult and children in 2010, and that half of all men and more than one-third of all women will develop cancer at some point in their lifetimes. NQF earlier endorsed 22 cancer measures focused on conditions such as leukemia, prostate cancer, and issues affecting care delivery. In October 2012, NQF endorsed an additional 16 measures related to the diagnosis and treatment of breast and colon cancers.

- > [Press release](#)
- > [Endorsement summary](#)
- > [Project information](#)
- > [Find cancer measures](#)

NEUROLOGY MEASURES

Neurological conditions and injuries are a leading cause of death and disability in the United States. These conditions affect millions of Americans each year, taking a tremendous toll on patients, families, and caregivers, and costing billions of dollars in treatment, rehabilitation, and lost or reducing earnings. In November 2012, NQF endorsed 14 measures addressing neurological care, specifically focused on stroke treatment and rehabilitation.

- > [Press release](#)
- > [Endorsement summary](#)
- > [Project information](#)
- > [Find neurology measures](#)

PATIENT SAFETY: COMPLICATIONS MEASURES

American are exposed to more preventable medical errors than patients in other industrialized nations, costing the United States close to \$29 billion per year in healthcare expenses, lost worker productivity, and disability. These costs are passed on in a number of ways, including insurance premiums, taxes, or lost work wages. NQF previously endorsed 16 patient safety measures to help address these issues. Now, NQF has endorsed an additional 12 measures addressing a range of quality concerns, including falls, pressure ulcers, and healthcare-associated infections.

- > [Press release](#)
- > [Endorsement summary](#)
- > [Project information](#)
- > [Find patient safety measures](#)

	Endorsed/Total Evaluated	Measures Maintaining Endorsement	Percentage of Reviewed Measures Endorsed
BEHAVIORAL HEALTH MEASURES	10/11	4	91%
CANCER MEASURES	38/44	28	86%
NEUROLOGY MEASURES	14/29	13	48%
PATIENT SAFETY: COMPLICATIONS MEASURES	28/43	26	65%

**QPS:
NQF'S PREMIER
MEASURE
SEARCH TOOL**

Use QPS to find the NQF-endorsed measures you need quickly and easily. Search by measure title or number, as well as by condition, care setting, or measure steward.

Get started at www.qualityforum.org/QPS

Gearing Up for Pre-Rulemaking

On November 30, the Measure Applications Partnership (MAP), a public-private partnership convened by NQF, received from the Department of Health and Human Services (HHS) a list of more than **500 measures under consideration** for potential use in 2013 federal rulemaking. MAP's charge is to review these measures and provide input on measure use for specific federal public reporting and performance-based payment programs. This is the second review cycle during which MAP will develop formal input to HHS. MAP's final report to HHS is due on February 1, 2013.

MAP's work fulfills a provision in the Affordable Care Act to convene

multi-stakeholder groups to provide input to HHS on the selection of performance measures for public reporting and performance-based payment programs while working to align public programs with measures being used in the private sector.

Since 2011, MAP has **submitted a number of reports** outlining recommendations to HHS on various performance measurement-related topics. In February 2012, MAP issued its first annual **pre-rulemaking analysis** of measures under consideration by HHS for use in federal programs—marking the first time a public-private partnership was asked to provide upstream, pre-rulemaking input to the federal government on measure selection.

Member input is critical for achieving optimal recommendations during the MAP pre-rulemaking process. The MAP Coordinating Committee will meet on January 8-9 to review the recommendations made by the MAP workgroups in December before the report is posted for public comment. The public commenting period will be open January 14-28.

If you have any questions about MAP or the pre-rulemaking process, you can contact NQF staff at measureapplications@qualityforum.org. To learn more about MAP, please visit www.qualityforum.org/MAP.

KEY DATES FOR MAP 2013 PRE-RULEMAKING

DATE		ACTIONS	RESOURCES
DECEMBER	1	List of Measures Under Consideration posted to NQF Website	> Measure Selection Criteria and Interpretive Guide
	4	All MAP Web Meeting	
	10/11	MAP Clinician Workgroup In-person Meeting	
	12/13	MAP Hospital Workgroup In-person Meeting	> 2012 Pre-rulemaking Report
	18	MAP PAC/LTC Workgroup In-person Meeting	> MAP Reports Page
	19	MAP Dual Eligible Beneficiaries Workgroup Web Meeting	
JANUARY	8/9	MAP Coordinating Committee In-person Meeting	> FAQ
	14-28	Public Comment	
FEB	1	2013 Pre-rulemaking Report due to HHS	

An Update on NQF's eMeasures Work

In 2012, NQF's efforts in the health IT space have been instrumental in facilitating the transition to measures built off an electronic platform. Successful development and implementation of electronic measures—or eMeasures – is a critical step in advancing the next generation of performance measurement, where important care-related, patient-centered data are captured at the point of care and routinely and easily shared across electronic systems and care settings. NQF's specific endeavors include the formation of the eMeasure Learning Collaborative, and providing technical support to contractors responsible for producing Meaningful Use 2 measures.

The **eMeasure Learning Collaborative** was the first ever convening of healthcare stakeholders—including measure developers, federal agencies, health IT vendors, providers, and payers—dedicated to advancing the adoption, implementation, and use of eMeasures. Led by a diverse **planning committee**, the Collaborative engaged with more than 875 interested parties via two in-person meetings and three webinars to discuss the challenges

of using data in electronic performance measurement and how data could be used more efficiently and effectively in such measurement. NQF recently submitted a final report to the Department of Health and Human Services (HHS) that summarizes the findings of the Collaborative. The report addresses three major themes that will influence eMeasure adoption, including the intersection of management and clinical and technical leadership; standardized representation of data within quality measures and clinical workflow; and “learning health systems,” or factors associated with using eMeasures that drive learning and advance evidence-based care as a natural outgrowth of patient care. **Read the full report.**

NQF also provided hands-on, technical support to contractors directly involved in HHS' **Meaningful Use 2 (MU) program**. The MU program is part of the **Medicare and Medicaid EHR Incentive Programs**, and is intended to provide a financial incentive to eligible providers and hospitals who achieve “meaningful use”—using certified EHR technology to achieve

health and efficiency goals. The clinical quality measures that were included in the MU program were all produced with the help of the Measure Authoring Tool (MAT), a web-based tool for creating eMeasures. The MAT used NQF's **Quality Data Model (QDM)**—an information model that clearly defines concepts used in performance measurement and clinical care—to help build these measures, ensuring that all measures express the same concept, regardless of what EHR they run off of. NQF, under the direction of HHS, offered important expertise to the software development team that built the MAT, and was in turn able to offer guidance and support to those preparing measures for inclusion in the program.

In the year ahead, NQF will continue its work to advance electronic measurement, including building off of previous work from the **2010 Measure Testing Task Force** that offered guidance on assessing eMeasures for reliability and validity. A new project will now focus on **assessing feasibility testing for eMeasures**.

Helping NQF Members Connect

For the past several months, NQF has been working on a range of initiatives designed to improve our website and help our members better connect with our organization and each other. Some of these enhancements are more visible than others, but all are equally important in making our website a more effective tool for you. Highlights include:

LAUNCHING QPS VERSION 1.0

NQF's **Quality Positioning System (QPS)** Version 1.0 is a more user-friendly tool for finding NQF-endorsed measures. New features in QPS allow you to search for measures with greater speed, find more relevant results, organize measures you are interested in, compare measures or portfolios, and share your work. Learn more about QPS at www.qualityforum.org/QPS.

CREATING THE NPP ACTION REGISTRY

The National Priorities Partnership's (NPP) **Action Registry** is an online collaboration space for organizations to share their patient safety improvement activities—or “actions”—and make connections

with each other. The goal is to help spread proven patient safety approaches via this virtual networking space. To access the Action Registry, visit www.qualityforum.org/action.registry.

IMPROVING THE WEBSITE SPEED

The NQF website has been stripped of substantial amounts of old, outdated content to help improve speed. With this content removed, users will have an easier time finding the most up-to-date and relevant information on the site.

MAKING WEB CONTENT EASIER TO FIND

The website features a new search tool designed to help users find the information they are looking for

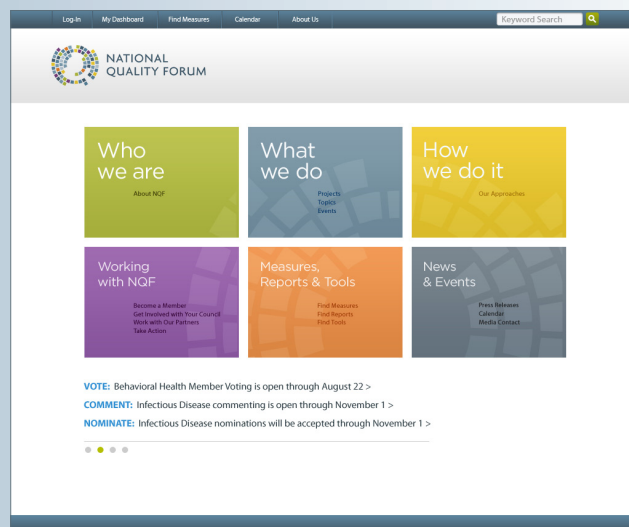
faster. When searching for content, users now have the option to filter results by events, reports, and projects. Content can also be filtered by action item, including nominating, measure submission, commenting, or voting periods. Results also provide specific endorsed-measures related to search terms.

RESTRUCTURING NQF'S REPORT DIRECTORY

The new NQF **Reports Directory** helps users quickly find reports they are most interested in. The streamlined directory sorts reports by publication date, title, and type of report. Users can also still sort for reports by name and topic in the report-specific search box.

REVAMPING THE NQF HOME PAGE

You've told us that you rely on our website as a primary source of NQF-related information. You've also asked for a quicker way to be routed to information, projects, actions, and tools—using language you recognize. As a result, we have developed a new website home page. The page now provides a clear, easy-to-follow ‘gateway’ to help users find what they are looking for. This new gateway is not a full-scale website redesign. Rather, the new home page creates a more streamlined set of doors to enter into our site, helping users more quickly and easily navigate through the original site. The new beta home page goes live in late January, and includes several ways for you to give us feedback. We will offer education on the website changes via your councils.



Federal Corner

RULES

The final 2013 Medicare Physician Fee Schedule rule was released on November 1, 2012 and contains programs related to physician payment for services under Medicare including the Physician Quality Reporting System (PQRS), the Value-Based Modifier, and the Physician Compare website.

The NQF-convened Measure Applications Partnership (MAP) has provided guidance over the past year on which NQF-endorsed measures should be recommended for inclusion in future rule iterations, including the PQRS and the Value-Based Modifier programs. There was a 79 percent concordance rate between MAP recommended measures and measures included in the final 2013 Physician Fee Schedule rule.

LEGISLATION

Congress approved a plan to avert the fiscal cliff on January 1, 2013 which included an extension of funding for NQF's contract work with the Center for Medicare & Medicaid Services (CMS). The extension maintains funding from the Medicare Improvements for Patients and Providers Act (MIPPA) at \$10 million for fiscal year 2013 and will allow NQF to continue its essential function of reviewing and endorsing measures. The bill also struck a section of MIPPA that charged NQF with promoting the development and use of electronic health records (EHR). The initial assumption is that NQF can continue its efforts that help accelerate the adoption of eMeasures and support performance measurement moving into the 21st century. Finally, the bill cancels the effect of the Sustainable Growth Rate (SGR) formula for 2013—averting an approximate 27 percent cut in physician payments for Medicare services.

CAPITOL HILL ACTIVITIES

The fourth quarter was very active on Capitol Hill with NQF's inaugural Capitol Hill day for NQF board members, as well as major outreach efforts undertaken by Stand for Quality (SFQ), a coalition of over 70 private sector organizations who support quality performance measurement and improvement efforts.

The Capitol Hill day was held in September, and was designed as a way to educate Members of Congress and their staff about NQF and its work. In total, 10 NQF board members visited with nine Members of Congress and eleven offices on both the House and Senate side, and had constructive conversations regarding NQF's role in reviewing and endorsing measures and helping to align the public and private sectors around measure use and quality improvement priorities.

As a result of this outreach work, Senator Begich's office graciously wrote a letter to the Senate Finance Committee leadership expressing support for continued funding of measure endorsement work done by NQF, as well as funds for measure development for other organizations. Senators Wyden, Bennet and Klobuchar also signed onto the Senator Begich letter.

Reports

NQF publishes a variety of reports, covering a range of topics most critical to healthcare quality improvement. Check out our most recent additions, or explore our **Reports Directory** to access our full collection:

- Critical Paths for Creating Data Platforms: Patient Safety: Intravenous Infusion Pump Devices
- Critical Paths for Creating Data Platforms: Care Coordination
- Healthcare Disparities and Cultural Competency Consensus Standards: Disparities-Sensitive Measure Assessment
- eMeasure Learning Collaborative: Advancing the Adoption, Implementation, and Use of eMeasures
- HHS-Sponsored Measure Registry Needs Assessment Final Report
- Patient-Reported Outcomes in Performance Measurement
- Dual Eligible Beneficiary Population Interim Report 2012

Recent Meetings

OCTOBER
11/12

MAP DUAL ELIGIBLE BENEFICIARIES WORKGROUP IN-PERSON MEETING

The Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup met to review measure sets related to the dual eligible beneficiary population and issues related to measure use and measure gaps. Additionally, a portion of the meeting was focused on measures to address the unique characteristics of high-need, high-cost beneficiaries.

[Access the meeting materials and recordings.](#)

NOV
13

CONSENSUS TASK FORCE MEETING

NQF's Board of Directors recently established the Consensus Task Force to review and recommend options for defining and achieving consensus within the consensus development process (CDP). The Task Force developed two categories of recommendations which were presented to the Board of Directors of November 29: 1.) Those that do not require changes to the CDP and could be implemented in the next three months; and 2.) Those that require additional work and may require CDP revisions.

[Read the full set of preliminary recommendations.](#)

NOV
14/15

MEASURE DEVELOPER WORKSHOP

NQF hosted representatives from the measure developer community for a two-day workshop focused on two objectives: identifying potential collaboration opportunities among developers, and sharing information on NQF processes that have potential to impact future measure development. This was the first in-person meeting of measure developers and NQF.

[Access the meeting materials.](#)

NOV
30

PARTNERSHIP FOR PATIENTS—NATIONAL PRIORITIES PARTNERSHIP 6TH QUARTERLY MEETING

Titled "Engaging Patients for Amplify, Augment, and Accelerate Progress," this meeting focused on identifying opportunities to authentically engage patients at all levels to accelerate the attainment of the Partnership for Patients goals. Representatives from the policy, governance, systems and practice redesign, patient and family engagement, and community levels gave presentations outlining their approaches to achieving greater engagement with patients and families.

[Access the meeting materials and recordings.](#)

DEC
4, 10/13,
18/19

MAP PRE-RULEMAKING REPORT MEETINGS

NQF hosted a number of meetings with various MAP committees in preparation for the upcoming MAP Pre-Rulemaking exercise. Each committee reviewed a set of measures from a list of over 700 measures under consideration for pre-rulemaking relevant to the population they represent. Much focus was placed on programmatic concerns, ensuring that the measures under consideration for both public reporting and payment-based programs were appropriate to their respective setting. The workgroups' input will be considered by the MAP Coordinating Committee, next scheduled to meet January 8-9. The final MAP report, which is due to HHS on February 1, will be posted for public comment January 14-28.

MEETING MATERIALS:

December 10-11
MAP Clinician Workgroup materials and recordings

December 12-13
MAP Hospital Workgroup materials and recordings

December 18
MAP Post-Acute Care/Long Term Care Workgroup materials and recordings

December 19
MAP Dual-Eligible Beneficiaries Workgroup materials and recordings

WELCOME NEW NQF MEMBERS

- Allergan, Washington, DC Member Council: Supplier & Industry
- American Board of Family Medicine, Lexington, KY Member Council: Health Professionals
- Armstrong Institute for Patient Safety and Quality at Johns Hopkins University, Baltimore, MD Member Council: QMRI
- Compassion & Choices, Washington, DC Member Council: Consumer
- Heritage Valley Health System, Beaver, PA Member Council: Provider
- National Alliance for Caregiving, Bethesda, MD Member Council: Consumer
- Partnership for Quality Care New York, NY Member Council: QMRI
- SunCoast RHIO, Inc North Point, FL Member Council: Public/Community Health Agency
- Western Health Advantage Sacramento, California Member Council: Health Plans

A Look Ahead: NQF's Annual Conference

THE NEXT DECADE OF PERFORMANCE MEASUREMENT:
MEETING THE NEEDS OF A RAPIDLY CHANGING HEALTHCARE SYSTEM
MARCH 7-8, 2013

Ten years ago, NQF endorsed its first voluntary, national consensus performance measures to answer the call for standardized measurement of healthcare services. This was a stepping-stone for creating a consensus-driven effort that bridged nearly every interested party in healthcare. The ten-year result of this national experiment is a portfolio of over 700 NQF-endorsed measures—most of which are in use; a more information-rich health care system; and an enormous emerging body of knowledge about measure development, measure use, and quality improvement.

Healthcare policy and delivery have changed considerably in these ten years, and the American healthcare system is at a crossroads. The broader quality community is adapting to these new realities, acknowledging challenges we need to address together:

- The NQF measures portfolio needs new measures that address the health care issues of tomorrow: new payment models, patient-reported outcomes, achieving affordability and value. **We need to redouble efforts to fill key measurement gaps rather than just identifying them, using an open and collaborative process between those who develop, test, endorse, and use measures.**
- As measure use has proliferated, providers now face a tsunami of misaligned measurement demands from the public and private sectors. **We need to use the same measures across and within sectors whenever possible**
- Those who use measures lack a coordinated space to provide their input and knowledge into, hindering national efforts to understand the full impact of the measures we already have in place. **We need the insight and leadership of all organizations that use measures in the field to help develop 'feedback loops' that will capture actual experience data to enrich future measure development, endorsement, and use.**
- Consumers and purchasers who want to make decisions based on value lack consistent and comprehensible measure information. **We need comparable measurement results in language and formats that everyone can access and understand.**
- Electronic measurement holds great promise to help with all of the above, but is complex and difficult to implement. **We need to accelerate initial efforts to support the transition to e-measures and build a dynamic learning network between electronic health record experts and the performance measure community as a way to advance the development and deployment of e-measures.**

The 2013 NQF Annual Conference will focus on the future of performance measurement, capturing the experiences of those who contribute to each domain. Our CEO-elect, Dr. Christine Cassel, will be attending the event, and we hope to see you there.

REGISTRATION IS OPEN. EARLY BIRD RATES ARE IN EFFECT UNTIL JANUARY 25, 2013.