



QReport

OCTOBER Quarterly Member Update from NQF

The Year Ahead

NQF's varied but related projects for the year ahead support our ultimate goal—catalyzing healthcare improvement through measurement. We are launching this work against the backdrop of new leadership under Dr. Christine Cassel, and with a focus on engaging our members in a collective journey to improve health and healthcare for patients and their families.

Much of this new work is familiar territory for NQF: we will continue reviewing and endorsing measures across a range of clinical and cross-cutting areas, and we will again provide input to HHS on performance measures that can be used in 20 public reporting and payment programs. We are also fortunate to delve into several new and emerging areas that will help lay a foundation for the future of quality measurement and improvement. For example, we will create a framework that outlines strategies for how communities can improve population health, and we will provide input on measures for the Health Insurance Exchange Quality Rating System, to help consumers select health plans through the exchanges created by the Affordable Care Act.

As you will see in this issue of the Q Report, we have a busy year ahead of us. To fully realize the promise of these projects, we are implementing some significant changes to help us better respond to the needs of our healthcare partners. Specifically, we are committed to:

Making measure development and endorsement more efficient by moving forward with improvements to our review process based on the outcomes from September's [Kaizen improvement event](#) with CMS, ONC, measure developers, and other stakeholders.

Getting to better measures more rapidly via a “measure incubator” that promotes information-sharing and collaboration among developers and funders, and helps facilitate accelerated measure development that better meets the needs of patients, purchasers, and providers.

Creating a forum for NQF members and quality leaders to define new frontiers that will address difficult issues and barriers to achieving the National Quality Strategy's aims, and will first focus on understanding the type of information consumers want and need.

Engaging the National Priorities Partnership and the broader NQF membership via additional Action Teams that take a deeper dive into efforts to advance the National Quality Strategy.

NQF is above all a forum. Our members are absolutely critical to our success. We invite you to learn more about the work ahead of us in the following pages, and partner with us in the year ahead.

New Work: An Overview

INPUT TO FEDERAL PROGRAMS THAT USE MEASURES

NQF's Measure Applications Partnership (MAP) seeks to align measures of quality and cost across public and private programs in order to reduce reporting burden and accelerate improvement. HHS has contracted with NQF to have MAP review and provide input on measures through two separate projects.

- **MAP Pre-rulemaking:** For the third consecutive year, MAP will be providing recommendations on performance measures that HHS may use in 20 public reporting and payment programs. These programs apply to providers across the continuum of care, including hospitals, clinicians, and post-acute care providers.
- **Quality Rating System:** MAP will review and provide input on the core measures and organization of information for the Health Insurance Exchange Quality Rating System (QRS). These measures will help consumers select plans through the new Health Insurance Exchanges established by the Affordable Care Act.

WHY NOW?

The measures MAP will review are crucial to federal programs that spur quality improvement and inform consumer choice. MAP's composition as a public-private partnership of provider, purchaser, and patient organizations gives HHS multi-stakeholder input into the measures being considered or already in use in these programs. Given the involvement of top leadership across all healthcare stakeholders, MAP also fosters consensus about using the same measures in the public and private sectors.

MAP conducts its work through a series of public web and in-person meetings. NQF members are invited to attend these meetings, and to comment on MAP's reports.

[Learn more about MAP's work.](#)

FAMILIES OF MEASURES: AFFORDABILITY, PERSON- AND FAMILY-CENTERED CARE, AND POPULATION HEALTH

HHS has contracted with NQF to have MAP identify families of measures—sets of related measures that span programs, care settings, levels of analysis, and populations—that address three National Quality Strategy priorities: affordability, person- and family-centered care, and population health. Families of measures define the highest priorities for measurement (what needs to be measured); best available measures for public reporting and payment programs (what measures should be used now); and critical measure gaps that would allow for a more complete picture of quality (what new measures need to be developed).

WHY NOW?

Payers selecting measures to drive improvement are faced with a dizzying array of choices and little guidance. MAP's work to define a set of related, high leverage measures in a given area can facilitate measure alignment across public and private programs, contribute to more understandable quality information being reported, and reduce measurement reporting burden.

[Get involved in the MAP Families of Measures work.](#)

MAP INPUT ON MEASURES FOR VULNERABLE POPULATIONS

HHS has asked NQF to build on its previous work of providing input to CMS on measures for low-income and vulnerable populations. Specifically:

- MAP will provide annual input on the Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid. This work will be informed by direct feedback from state Medicaid programs and other stakeholders.
- MAP will also continue to address measurement topics related to high-need groups of Medicare-Medicaid dual eligible beneficiaries and make annual refinements to a previously published “Family of Measures” (see definition on page 2) for this population. NQF will also evaluate opportunities to improve alignment and reduce burden associated with overlapping state and federal measurement requirements.

WHY NOW?

Medicaid provides critical health insurance for more than 30 million American adults, with annual expenditures exceeding \$380 billion. 2014 is the first year in which states will be voluntarily reporting information to HHS about the quality of Medicaid-funded services. In addition, nearly 10 million Americans qualify for Medicare and Medicaid simultaneously, incurring annual expenses close to \$270 billion. Efforts to better integrate and improve care for these dual eligible beneficiaries can improve the health of these vulnerable Americans while reducing costs to both the Medicare and Medicaid programs.

[Get involved with MAP’s work on vulnerable populations.](#)

9-10 million

Medicare-Medicaid dual eligible beneficiaries in the U.S. health system.

15%

of Medicaid enrollees account for

39%

of total Medicaid spending.

21%

of Medicare enrollees account for

36%

of total Medicare expenditures.

MEASURE ENDORSEMENT

HHS has contracted with NQF to review and endorse measures, as well as consider existing measures for re-endorsement (maintenance), across a range of topics, including:

- **Admissions and Readmissions:** NQF will review measures—via a single steering committee—addressing all-cause admissions and hospital readmissions from applicable settings, such as skilled nursing facilities and inpatient rehabilitation facilities. This project will include the ad-hoc review of measure **#1789 Hospital-Wide, All-Cause Unplanned Readmissions**, which will focus on the results of the CMS dry run, updates to the planned readmission exclusion, and harmonization with **#1768 Planned All-Cause Readmissions**. The project will also consider unplanned admission-related measures from other settings, such as hospitalization for patients on dialysis and measures of risk-adjusted length of stay in this project.
- **Endocrine:** This project will endorse measures that address endocrine-specific conditions, including diabetes, thyroid disease, osteoporosis, and metabolic syndrome. This project will pilot a Standing Steering Committee and a more streamlined process for submitting and evaluating measures.
- **Cost and Resource Use—Cardiovascular and Pulmonary Conditions:** Currently, NQF is reviewing non-condition specific measures of total cost, using both per-capita or per-hospitalization approaches. Later this year, NQF will review performance measures focused on cost and resource use for cardiovascular and pulmonary conditions.
- **Cardiovascular:** In this project, NQF will review 38 measures due for maintenance. The project will also solicit new measures on any cardiovascular condition or treatment at any level of analysis or care setting.
- **Behavioral Health:** NQF will continue work on an existing project assessing 24 measures focused on a range of behavioral health conditions, including depression and alcohol and drug use. The project will also include harmonization of NQF-endorsed behavioral health measures.
- **Health and Well-Being:** This project is an extension of NQF's previous work in population health, and will focus on endorsing measures that can be used to assess health and well-being across all units of analysis. NQF will look for measures that assess health-related behaviors—such as smoking, diet, exercise, and substance use—and community-level indicators of health and disease, such as disease incidence and prevalence. Other measures may address primary prevention and screening, practices to promote healthy living, and community interventions.
- **Patient Safety:** NQF will look for ways to expand available patient safety measures beyond the hospital setting and harmonize safety measures across sites and settings of care.
- **Care Coordination:** This project will seek new care coordination measures that focus on outcomes, patient and/or family engagement, shared accountability, and patient plans of care. Ideally, submitted measures will not be limited by condition or setting and will reflect the complexity of care coordination, such as composite measures or longitudinal measures that evaluate care over time.

IMPROVING OUR PROCESSES

NQF's endocrine project will appoint a multi-stakeholder **Standing Steering Committee** with staggered terms of two to three years to facilitate ongoing review of measures.

The Standing Committee will meet every three to six months, with opportunities to

submit measures for review on a quarterly or biannual basis, thus allowing for more frequent submissions. At each submission period, measures will immediately move through the full endorsement process.

- **Musculoskeletal:** In this project, NQF will look for new measures focused on all aspects of musculoskeletal health, with an emphasis on disparate and vulnerable populations.
- **Person- and Family-Centered Care:** This two-phase project will look for measures that address patient and family engagement, including shared decision-making and self-care management, as well as patient outcomes, such as health-related quality of life, functional status, symptoms and symptom burden, and experience with care. The project's primary focus

will be on patient-reported outcomes (PROs), but also may include some clinician-assessed functional status measures.

- **Surgery:** This project will endorse surgical measures in areas such as pre- and post-surgical care, timing of prophylactic antibiotic, and adverse surgical outcomes.

[Learn more about NQF's measure endorsement work.](#)

EPISODE GROUPERS

NQF will begin a project on episode groupers, which create condition-specific episodes of care from administrative claims data. Specifically, this project seeks to:

- Define the characteristics of an episode grouper in comparison to other systems, including classification or risk adjustment systems;
- Review and modify as needed existing NQF

endorsement criteria and guidance and/or provide additional recommendations for the evaluation of an episode grouper;

- Examine the necessary submission elements for the evaluation of an episode grouper; and
- Review the best practices for the construction of an episode grouper.

Stay tuned for more on this work.

FILLING MEASURE GAPS IN PRIORITY AREAS

NQF will recommend priorities for performance measurement for five topic areas specified by HHS:

- **Adult Immunization**— identifying critical areas for performance measurement to optimize vaccination rates and outcomes across adult populations;
- **Alzheimer's Disease and Related Dementias**— targeting a high-impact condition with complex medical and social implications that impact patients, their family members, and their caregivers;
- **Care Coordination**—focusing on team-based care and coordination between providers of primary care and community-based services in the context of the "health neighborhood";
- **Health Workforce**—emphasizing the role of the workforce in prevention and care coordination, linkages between healthcare and community-based services, and workforce deployment; and

- **Person-Centered Care and Outcomes**—considering measures that are most important to patients—particularly patient-reported outcomes—and how to advance them through health information technology.

Topic-specific committees will review the evidence base and existing measures to identify opportunities for using performance measurement to improve health and healthcare, and to reduce disparities, costs, and measurement burden.

WHY NOW?

Given limited resources, decision makers—including policy makers and measure developers—need actionable recommendations to inform new measure development and drive implementation of existing measures that can help achieve the three National Quality Strategy aims: better care, affordable care, and healthy communities.

[Get involved with the Measure Gaps projects.](#)

A POPULATION HEALTH FRAMEWORK FOR COMMUNITIES

Efforts to improve population health are gaining momentum, in part because of the three part aim of the National Quality Strategy (NQS). However, many questions remain as to how to best approach this challenging area. Under contract with HHS, this project will allow NQF—through a multi-stakeholder, collaborative process—to develop a **common framework for communities** that will offer practical guidance on questions such as:

- How can multi-stakeholder groups come together to address community health improvement?
- Which individuals and organizations should be at the table?
- What processes and methods should communities use to assess their health?
- What data are available to assess, analyze, and address community health needs, and measure improvement?

\$19B

OVER 10 YEARS

Estimated savings from implementing programs and policies that improve wellness and healthy behaviors.

- What incentives exist that can drive alignment and coordination to improve community health?
- How can communities advance more affordable care by achieving greater alignment, efficiency, and cost savings?

This framework will identify key drivers of population health across communities; opportunities to align public- and private-sector programs as well as federal programs to reduce measurement burden; and measures to drive improvement in health.

WHY NOW?

The NQS prioritizes community efforts and interventions to improve social, economic, and environmental factors that impact health, yet quality improvement and measurement have been overwhelmingly focused on clinical care and healthcare delivery.

It has never been more important to understand how communities can work with the public health and clinical care systems to collaboratively improve population health. Shared definitions and a common conceptual framework are needed to promote better coordination and advance community partnerships.

Get involved in NQF's population health work.

ACTION TEAMS IN SUPPORT OF THE PARTNERSHIP FOR PATIENTS INITIATIVE

NQF believes its greatest asset and contribution to the HHS Partnership for Patients initiative is its relationships with stakeholders across the healthcare industry. NQF will now look to leverage its membership and relationships with key stakeholders across the field to further mobilize private sector action in support of Partnership for

Patients goals. Specifically, NQF will convene, support, and manage three Action Teams focused on select topical areas in support of Partnership for Patients goals, including maternity care, avoidable admissions and readmissions, and person-centered care.

Stay tuned for more on this work.

RISK ADJUSTMENT AND SOCIOECONOMIC STATUS

Under contract with HHS, NQF will bring together expert stakeholders to develop a set of recommendations focused on risk adjustment for performance measures—the process of controlling for intrinsic patient factors that could influence outcomes. The recommendations will specifically address if, when, and how outcome and

resource use performance measures should be adjusted for socioeconomic status (SES), race, and ethnicity. The recommendations will also address whether NQF's measure evaluation criteria—which currently indicate that such measures only be stratified for factors related to disparities in care—should be revised.

WHY NOW?

As demand for outcome and resource use performance measures continues to grow, the healthcare community is increasingly concerned with the use, effects, and impact of including SES in risk models. There are at least two divergent views on adjusting for these differences, including: 1) adjustment obscures potential problems in delivering equitable care and skews outcomes, and

2) adjustment is essential for fair comparisons among providers of healthcare services when factors beyond their control influence patient outcomes. This work aims to resolve these concerns and will build on NQF's prior work on disparities.

Get involved in our Risk Adjustment and Socioeconomic Status work.

AFFORDABILITY INITIATIVE

This project, funded by the Robert Wood Johnson Foundation, will expedite the development and eventual use of measures to assess efficiency in accountability programs, including value-based payment and public-reporting initiatives. NQF will commission an environmental scan of existing measures and their methodological challenges, and an additional scan to

assess costs that matter most to patients. These will inform the work of a multi-stakeholder expert panel, charged with recommending principles for future development, testing, and reporting of efficiency measures and laying out a pathway for the development of more patient-oriented cost measures.

Stay tuned for more on this work.

COMMON FORMATS FOR PATIENT SAFETY EVENT REPORTING

The Patient Safety Act and Patient Safety Rule established a framework by which doctors, hospitals, and other healthcare providers may voluntarily report information regarding patient safety events and quality of care. In addition, their regulations require Patient Safety Organizations (PSOs) to collect patient safety work product from providers in order to identify and address underlying causal factors of patient safety problems.

To facilitate standardized data collection of patient safety events, the Secretary of HHS authorized AHRQ to develop and maintain the Common Formats to

improve the safety and quality of healthcare delivery. The Common Formats are informed by an interagency Federal Patient Safety Work Group (PSWG) that assures consistency between agency definitions of patient safety, and are also aligned with World Health Organization concepts and definitions for patient safety.

To allow for greater participation by the private sector, NQF will solicit comments and advice to refine additional modules for the Common Formats.

Get involved in our Common Formats work.

QUALITY DATA MODEL TRANSITION

The Quality Data Model (QDM) is an information model that provides a way to describe clinical concepts in a structured and standard format that can be interpreted by clinical information systems. The QDM is also a key component in the development of electronic clinical quality measures, in that it provides the basic logic to articulate quality measure criteria. For several years, NQF's eMeasurement portfolio has included working with HHS to further develop and refine the QDM. Now,

NQF will work with QDM stakeholders to transition the development and maintenance of the QDM to the MITRE Corporation, the CMS federally-funded research development center. In preparation, NQF will host four webinars that provide guidance and updates throughout the transition, while remaining active in the eMeasurement space.

Learn more about the QDM.

A Look Ahead at NQF

There are many opportunities to engage with NQF in the weeks ahead.

We encourage all members to get involved:

COMMENT	All-Cause Admissions and Readmissions Comment— <i>Open Comment Process</i> MAP Affordability Task Force: Affordability Definition— <i>through November 5</i>
NOMINATE	Cost and Resource Use Phase 2— <i>through November 12</i> Endocrine Endorsement Maintenance— <i>through November 12</i> All-Cause Admissions and Readmissions— <i>through January 10</i>
CALL FOR MEASURES	Endocrine Endorsement Maintenance— <i>through December 6</i> All-Cause Admissions and Readmissions— <i>through December 6</i> Cost and Resource Use Call for Measures Phase 2— <i>through December 9</i> Submit measures for any topic— <i>Open Submission Process</i>
REGISTER TO ATTEND	MAP PAC/LTC Web Meeting— <i>November 4</i> CSAC In-person Meeting— <i>November 6-7</i>

SAVE THE DATE

2014 Annual Conference and Membership Meeting

Making Sense of Quality Data for Patients, Providers, and Payers

February 13-14, 2014

Washington DC