



# QReport

**OCTOBER** Quarterly Member Update from NQF

NQF's diverse membership gives generously of time and expertise, resulting in work that is enriched by a wide range of perspectives. This issue of the **Q Report** highlights progress across a number of priority areas.

Our work reflects the strong desire in healthcare, and in the public at-large, for a more patient-centric healthcare system. You'll find newly endorsed patient safety measures; a summary of NQF's first-ever workshop designed to accelerate progress in developing patient-reported outcomes measures; events geared toward authentically engaging patients in achieving national patient safety goals; and a strategic planning report from the Measure Applications Partnership reinforcing that the patient should be at the center of measure use strategies.

About 69% of measures submitted to NQF for endorsement consideration in the third quarter actually received endorsement. Many of these newly endorsed measures meet important measurement needs, such as care coordination and healthcare disparities. The endorsement rate shows that NQF's standards are rigorous, and that our expert committees are highly attuned to facilitating critical measurement needs while being sensitive to providers' reporting burden. This is a continued goal of NQF as it embarks on new endorsement projects.

Lastly, you'll see a wrap-up of NQF-convened meetings over the last quarter. Members and others in healthcare find these invaluable settings for exchange of ideas and perspectives—within and across industries and sectors. We are grateful for the depth of our participants' contributions in these forums. Like NQF's logo demonstrates, there is always room at the NQF table for participation. Please use the calendar on the last page of the Q Report to plan ahead for future events.

## EDITOR'S NOTE

This inaugural issue of the *Q Report* offers you a centralized place that captures recent NQF accomplishments. You'll find measures we've endorsed, reports we've finalized, and summaries of meetings we've hosted. We also present federal updates related to our work. Links to all relevant material

are within to help you stay connected.

As we enter the final quarter of 2012, the NQF plate is full. The last section provides you with a snapshot of what to plan for. More comprehensive information is always available on the NQF website.

The Q signals both our focus—*quality*—and when to anticipate this—*quarterly*. We are eager to meet your needs.

Please email us at [nqfquarterly@qualityforum.org](mailto:nqfquarterly@qualityforum.org) with your ideas for future issues.

# Performance Measures Endorsement Work

## QUICK LINKS

### PATIENT SAFETY: COMPLICATIONS MEASURES

Medical errors and unsafe care kill tens of thousands of Americans each year. Estimates show that two million healthcare-associated infections occur annually, accounting for approximately 90,000 deaths and adding up to \$5.7 billion in healthcare costs. As a result, NQF has endorsed 16 measures focused on complications in care.

- > [Endorsement Summary](#)
- > [Press Release](#)
- > [Project Information](#)
- > [Find patient safety measures](#)

### PULMONARY AND CRITICAL CARE MEASURES

Chronic lung disease—asthma, chronic obstructive pulmonary disease (COPD), and pneumonia—affects some 33 million Americans and is the third leading cause of death in the United States. Critical care units often bear the burden of treating people with these and other conditions; each year, more than five million people are admitted to intensive care units (ICUs) suffering from respiratory distress, sepsis, and heart disease or failure. NQF has now endorsed 19 pulmonary and critical care measures.

- > [Endorsement Summary](#)
- > [Press Release](#)
- > [Project Information](#)
- > [Find pulmonary and critical care measures](#)

### CANCER MEASURES

Cancer is the second leading cause of death in the United States, with diagnosis and treatment costing more than \$260 billion per year. Despite progress in both prevention and treatment, cancer care is still often inconsistent or inappropriate. Significant socioeconomic disparities in treatment and survival across a range of cancers also exist. To address these concerns, NQF endorsed 22 measures focused on conditions such as leukemia, prostate cancer, and issues affecting care delivery.

- > [Press Release](#)
- > [Project Information](#)
- > [Find cancer measures](#)

### CARE COORDINATION MEASURES

The U.S. healthcare system is fragmented, with patients, families, and caregivers forced to navigate an increasingly complex system filled with inefficiencies. Lack of care coordination can lead to serious complications, including medication errors, preventable hospital readmissions, and unnecessary pain and suffering for patients. Higher costs are also a concern; the Institute of Medicine has estimated that care coordination efforts could result in \$240 billion in healthcare savings. Accordingly, NQF endorsed 12 measures assessing coordination of care.

- > [Endorsement Summary](#)
- > [Press Release](#)
- > [Project Information](#)
- > [Find care coordination measures](#)

### HEALTHCARE DISPARITIES AND CULTURAL COMPETENCY MEASURES

Research from the Institute of Medicine shows that racial and ethnic minorities often receive lower-quality care than their white counterparts, even after controlling for factors such as insurance coverage, socioeconomic status, and comorbidities. Such disparities are exacerbated by several factors; racial and ethnic minorities have poorer health status in general, face more barriers to care, and are more likely to have poor health literacy. To help address this problem, NQF endorsed 12 measures focused on healthcare disparities and cultural competent care for racial and ethnic minority populations.

- > [Endorsement Summary](#)
- > [Press Release](#)
- > [Project Information](#)
- > [Find healthcare disparities and cultural competency measures](#)

	Endorsed/Total Evaluated	Measures Maintaining Endorsement	Percentage of Reviewed Measures Endorsed
PATIENT SAFETY: COMPLICATIONS MEASURES	16/27	16	59%
PULMONARY AND CRITICAL CARE MEASURES	19/43	15	44%
CANCER MEASURES	22/27	18	81%
CARE COORDINATION MEASURES	12/15	12	90%
HEALTHCARE DISPARITIES AND CULTURAL COMPETENCY MEASURES	12/16	0	75%

**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](http://www.qualityforum.org/QPS)**

# Recent Meetings

JULY 30  
SEPT 11

## PATIENT-REPORTED OUTCOMES WORKSHOPS

NQF convened two expert workshops focused on methodological issues surrounding use of patient-reported outcomes (PROs) data in performance measurement.

### KEY MEETING TAKEAWAYS

**Person-Centeredness:** the resounding overarching theme that arose from the workshop discussions was “person-centeredness.” In this context, PROs are seen as an important step towards engaging patients and providers in creating a person-centered health system.

**Accountability:** What is the state of readiness of using PROs for accountability purposes? Outcomes are influenced by multiple factors, including some outside the control of providers; questioning whether there is clear evidence that the outcome

is influenced by healthcare; and outcome measures do not provide the level of detail needed so providers know what to target to improve. Conversely, outcomes are what people receiving services care about the most and are the goal of providing services.

#### Key Considerations in Selecting PROs:

- They must be meaningful to patients, families, caregivers, and health professionals.
- They must be actionable, and there must be evidence or strong agreement that

gathered data will lead to improved health outcomes and care quality.

- They must encourage shared decision-making between providers and patients, where patients are actively engaged in managing their care.
- They must be usable—providers should be able to successfully integrate them into clinical practice and patient lives; they should limit unintended consequences; and they must be adaptable to electronic environments.

> [Learn about the PROs project](#) | [Commissioned Paper #1](#) | [Commissioned Paper #2](#)

AUG 8

## NATIONAL PRIORITIES PARTNERSHIP (NPP) MEETING

Specialized groups within the NPP met to identify concrete tactics and next steps to accelerate change in two important areas of patient safety: maternity care and avoidable admissions and readmissions.

### KEY MEETING TAKEAWAYS

The NPP has two specialized efforts focused on improving maternity care and reducing preventable readmissions. The maternity group identified specific tactics around pulling in the same direction by aligning around the use of a perinatal core measure set, and supporting and amplifying existing efforts such as the American Congress of Obstetricians and Gynecologists’ work to standardize perinatal data definitions, the

Partnership for Patients’ Hospital Engagement Networks, and the Health Resources and Services Administration’s collaborative effort with southern states to reduce infant mortality.

The readmissions team discussed specific tools and strategies that support the increased implementation of palliative- or advanced illness-based models of care with demonstrated success in safely reducing avoidable

readmissions across settings, such as Sutter Health System’s Advanced Illness Management program. The group identified opportunities for achieving results through rewards and recognition for high-performing providers, transparency of health plan preferred provider network status, and further development and spread of education and certification curricula that support high-quality, patient-centered care.

> [Learn about the NPP Maternity and Readmissions Efforts](#)

AUG 9

## NPP/PARTNERSHIP FOR PATIENTS SUMMIT

Representatives from over 100 healthcare organizations came together for the fifth full convening of the NPP/Partnership for Patients.

### KEY MEETING TAKEAWAYS

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Patient and family engagement at all levels of care, including the governance and policy levels, is necessary to achieve results in patient safety.

Augmenting, accelerating and amplifying success through multi-stakeholder, collaborative action across the continuum of care is critical to success.

Partners from both the public and private sectors are in action to achieve results, particularly around hospital readmissions and medication safety.

> [Access the meeting materials, including a complete recording, slides, and meeting synopsis](#)

AUG 14/15

## MEASURE APPLICATIONS PARTNERSHIP (MAP) COORDINATING COMMITTEE

The MAP Coordinating Committee met to review the next set of deliverables for HHS, including the MAP Strategic Plan: 2012-2015, and the MAP 2012 Families of Measures recommendations.

### KEY MEETING TAKEAWAYS

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The three-year strategic plan details a number of strategies and tactics for enhancing MAP’s work, including but not limited to:

- Promoting alignment of performance measurement across HHS programs and between public- and private-sector initiatives;
- Ensuring recommended performance measures are high-impact, relevant, actionable, and drive toward realization of the National Quality Strategy (NQS);
- Stimulating gap-filling for

high-priority measure gaps and identifying solutions to performance measurement implementation barriers; and

- Determining whether MAP’s recommendations are meeting stakeholder needs and are relevant to public and private implementers.

MAP has begun to develop “families of measures”—sets of related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to NQS priorities and high-impact conditions. Families

indicate the highest priorities for measurement and best available measures within a particular topic, as well as critical measure gaps that need to be filled to enable a more complete assessment of quality. MAP has developed four initial families of measures: making care safer by reducing harm caused in the delivery of care; promoting effective communication and coordination of care; and promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease and diabetes.

> [Access the meeting materials](#) | [MAP Strategic Plan](#) | [MAP Families of Measures Report](#)

## MEASURE REGISTRY NEEDS ASSESSMENT WORKSHOP

NQF convened key stakeholders to explore issues and considerations regarding the development of a consistent approach or system for gathering, storing, and accessing information on quality measures. Participants identified top-priority measure information needs; explored technical and non-technical requirements to meet those needs; and discussed potential system-based approaches and related trade-offs to address the needs and requirements.

SEPT 5

## KEY MEETING TAKEAWAYS

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Immediate next steps recommended by the workshop participants included:

- Developing a vision for meeting measure information needs, including identification of the primary audiences and a business case for a potential measure registry;
- Convening follow-up meetings to specify design elements of a potential measure registry;
- Proposing methods and definitions for standardizing metadata and measure versioning; and
- Working across HHS agencies to align approaches to measure information management and engaging the private sector in those efforts.

> [Learn about the Measure Registry Needs Assessment project](#)

## SEPTEMBER 19: STAND FOR QUALITY HILL DAY

Ten NQF Board members participated in the Stand for Quality (SFQ) Hill Day on September 19. SFQ is a broad, multi-stakeholder coalition that was a significant force in getting provisions in The Affordable Care Act, including federal funding for public and private sector policy efforts to improve measurement in the healthcare system. NQF is a central part of this effort.

## KEY MEETING TAKEAWAYS

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- Board members met with numerous Senators and Representatives from both sides of the aisle to discuss ongoing efforts to enhance the value of healthcare and the contribution of performance measures.
- They also discussed a five-year legislative proposal to support measure development; measure review and endorsement; measure selection and user feedback.

> [Learn more about SFQ at www.standforquality.org](http://www.standforquality.org)

## ADVANCING SOLUTIONS FOR eMEASURE IMPLEMENTATION

NQF hosted the second in-person meeting of the eMeasure Learning Collaborative, where more than 150 participants gathered to discuss solutions for advancing eMeasure implementation across the healthcare system.

## KEY MEETING TAKEAWAYS

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- Discussion focused on three areas—condition/problem management, medication management, and data visibility—and the opportunities, challenges, and best practices in collecting information within these domains. Participants also discussed recommendations for future use of health IT, and how the healthcare community can more effectively advance electronic measurement.
- Participants agreed the healthcare community must collaborate across sectors when developing measures that impact patient outcomes.
- Participants noted that eMeasure development must focus on healthcare in the future, not healthcare as we know it today.

> [Learn about the eMeasure Learning Collaborative](#)

SEPT 19

SEPT 21

## LEGISLATION

The Sustainable Growth Rate (SGR), the formula which adjusts Medicare physician payment rates by inflation, is set to be enacted if Congress does not act before the end of the year. Legislation has repeatedly overridden the formula being implemented beginning in 2003; if there is no legislative update physician payment rates will be cut by 32% in 2013. These cuts could have an impact on providers' ability to pursue quality aims. Legislation to prevent these cuts from happening is expected by the end of the year; however, a vehicle for doing so has not yet been identified.

## RULES

This was an active quarter with two major federal rules relevant to NQF's work issued. The Hospital Inpatient Prospective Payment System (IPPS) final rule was released in August and the proposed FY13 Physician Fee Schedule rule was released in July. The hospital IPPS rule contains programs related to hospital payment under Medicare Part A, including the Hospital Inpatient Quality Reporting (IQR) Program, and the Hospital Value-Based Purchasing Program (HVBP). The Physician Fee Schedule rule contains programs related to physician payment for services

rendered under Medicare including the Physician Quality Reporting System (PQRS), the Value-Based Modifier, and the Physician Compare website. NQF-endorsed measures are strongly represented in the hospital related programs, with 98% of new measures to be included in the IQR and HVBP 2013 programs NQF-endorsed; slightly more than half of all PQRS measures proposed for 2013 are NQF-endorsed. The NQF-convened Measure Applications Partnership (MAP) has provided guidance over the past year about which measures they would recommend for inclusion in future rule iterations. For the hospital rules, there was approximately 80% concordance with what MAP recommended and the final rule. Concordance with the physician rule will be reported when that rule is final.

The most notable recent change reflected in rulemaking is the enactment of the HVBP program, which pays hospitals for performance and penalizes those who do not improve quality of care or meet a standard threshold of performance. The first reporting period for hospitals was from July 1, 2011 to March 31st, 2012 and payments for performance on this reporting period will begin in October of 2012.

## 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:

- Oral Health Performance Measurement: Environmental Scan, Gap Analysis, and Measure Topics Prioritization
- Measuring Healthcare Quality for the Dual Eligible Beneficiary Population
- Performance Measurement Coordination Strategy for Hospice and Palliative Care
- Performance Measurement Coordination Strategy for PPS-Exempt Cancer Hospitals
- Multiple Chronic Conditions Measurement Framework
- MAP Strategic Plan: 2012–2015
- MAP Families of Measures: Safety, Care Coordination, Cardiovascular Conditions, Diabetes

## WELCOME NEW NQF MEMBERS

- American College of Mohs Surgery: Health Professionals Council
- Association for the Advancement of Medical Instrumentation Foundation: Health Professionals Council
- Capital Blue Cross: Health Plans Council
- Champaign County Medical Society: Health Professionals Council
- Memphis Business Group on Health: Purchaser Council
- Mercy Health: Provider Organizations Council
- Salina Fire Department: Public-Community Health Agency Council
- Society of Chest Pain Centers: Quality Measurement, Research and Improvement Council
- Western Psychiatric Institute & Clinic of UPMC: Provider Organizations Council

## A Look Ahead

There are many opportunities to engage in the next few months. Here are a few notable items to plan for:

OCTOBER	MON 22	All-Member Call
	FRI 26	Webinar: Findings from the Measure Registry Needs Assessment Project
	WED 31	Launch of QPS version 1.0 Anticipated endorsement of behavioral health, cancer, population health, neurology measures
NOVEMBER	MON 19	All-Member Call
	THUR 29	NQF Board of Directors Meeting
DECEMBER	TUES 4	All-MAP Web meeting
	MON 17	All-Member Call
	FRI 28	Measure Gaps and Inadequacies report