



National Quality Partners™ (NQP™) provides an active forum for NQF members to connect, collaborate, and provide thought leadership on quality improvement strategies to achieve national health and healthcare quality goals. The NQP Leadership Consortium has released three priorities for action to guide NQP's 2019 initiatives.

1 PRIORITY FOR ACTION: INTEGRATED CARE COORDINATION

Problem: Today's care coordination practices insufficiently address the complex medical and social needs of patients.

Over the past decade, our nation's healthcare system has emphasized care coordination, catalyzed by incentives to reduce costly hospital readmissions and the drive to improve patient outcomes. Although hospital readmissions have decreased, particularly among older adults and those with disabilities, studies suggest that race, ethnicity, and income may disproportionately impact readmissions.^{1,2} As the U.S. increasingly moves to tackle social determinants of health to reduce disparities and variation in healthcare outcomes, care coordination will need to extend beyond traditional healthcare services to meet the needs of all patients.

NQP Opportunity for Action: Support data-driven, comprehensive care coordination that integrates medical, behavioral, social, and community-based services.

Care coordination ensures that a patient's needs and preferences for health services and information sharing across people, functions, and sites are met over time.³ With an increased awareness that social determinants of health significantly impact healthcare quality and health outcomes, the NQP Leadership Consortium recommends an effort to expand care coordination to integrate a breadth of services that support patients in meeting their health goals. This work will require the use of data and metrics, the exchange of best practices, and the identification of innovative solutions to improve care coordination. Improving care coordination aims to reduce disparities, preventable admissions and readmissions, and variation in care. Potential deliverables from this effort could include an implementation guide for healthcare providers on data-driven, integrated care coordination or resources developed in partnership with patients, families, and caregivers.

2 PRIORITY FOR ACTION: PATIENT-CENTERED HEALTH SYSTEM CO-DESIGN

Problem: Healthcare organizations have not engaged patients and families consistently as strategic partners for health system design and improvement.

Patients, families, and caregivers are often missing from key conversations and decisions around healthcare delivery and quality initiatives. While many healthcare organizations have emphasized improving patient and family engagement in direct care experiences, involving patients and families in partnership and shared leadership for health system co-design remains an ongoing effort. Patients, families, caregivers, and health professionals must partner at various levels across the healthcare system, including in care delivery, organizational design, governance, policy making, and quality improvement.⁴

NQP Opportunity for Action: Strengthen authentic patient and family engagement in organizational design and improvement efforts, particularly targeted toward patient safety and quality.

Engaging patients, families, and caregivers is critical to achieving patient-centered healthcare. The NQP Leadership Consortium recommends launching an initiative to advance strategies that engage patients and families in health system co-design, particularly in areas focused on patient safety and quality. Patient and family engagement occurs on a continuum from consultation to involvement to partnership and shared leadership.⁴ NQP should explore how best to engage patients and families along this continuum. Potential deliverables could include strategies and tools to engage patients and families in the co-design of health systems and in achieving quality improvement goals.

3 PRIORITY FOR ACTION: PREVENTING HEALTHCARE WORKPLACE VIOLENCE

Problem: Healthcare workplace violence—both physical and emotional—jeopardizes the health and well-being of staff and patients.

Healthcare workers are at an increased risk of workplace violence, with incidents of serious violence occurring four times more often in healthcare than in private industry.⁵ Over 20 percent of registered nurses and nursing students reported being physically assaulted, and over 50 percent reported being verbally abused.⁵ Healthcare workplace violence can stem from encounters between staff and patients and/or their families, aggression or harassment from co-workers, or the intrusion of community violence into the workplace. As healthcare workers increasingly face physical and emotional threats, healthcare organizations must protect them from the sources of harm that infringe upon the stability and sustainability of this critical workforce.

NQP Opportunity for Action: Stimulate shared learning to identify practices that strengthen safety, security, and civility in the healthcare workplace.

NQP is uniquely positioned to elevate national awareness of the need to improve healthcare workplace safety and promote a culture of respect in healthcare environments. The NQP Leadership Consortium recommends the exploration of innovative programs that support safe healthcare work environments. Programs should include strategies that protect staff, patients, and families from community threats, as well as those that address workplace harassment, bullying, and incivility. Best practices that promote physical and emotional safety, and processes for reporting and rooting out these safety issues, may be helpful in promoting better work environments. Additional opportunities exist for exploring state-level efforts to protect the healthcare workforce from unnecessary workplace violence. Potential deliverables for sharing these programs and best practices could include a learning collaborative or a webinar series.

- 1 Li Y, Cai X, Thirukumaran CP, et al. Medicare advantage associated with more racial disparity than traditional medicare for hospital readmissions. *Health Aff.* 2017;36(7):1328-1335.
- 2 White RS, Sastow DL, Gaber-Baylis LK, et al. Readmission rates and diagnoses following total hip replacement in relation to insurance payer status, race and ethnicity, and income status. *J. Racial and Ethnic Health Disparities.* 2018.
- 3 Carman KL, Dardess P, Maurer M, et al. Patient and Family Engagement: A Framework for Understanding the Elements and Developing Interventions and Policies. *Health Affairs.* 2013;32(2):223-231.
- 4 National Quality Forum (NQF). *Care Coordination Measures: 2016-2017 Technical Report.* Washington, DC: NQF; 2017. http://www.qualityforum.org/Publications/2017/08/Care_Coordination_Measures_Technical_Report.aspx. Last accessed October 2018.
- 5 Occupational Safety and Health Administration (OSHA). *Workplace Violence in Healthcare.* Washington, DC; 2015. <https://www.osha.gov/Publications/OSHA3826.pdf>. Last accessed October 2018.

For more information, please contact us at nationalqualitypartners@qualityforum.org.

2018 NATIONAL QUALITY FORUM LEADERSHIP CONSORTIUM

The National Quality Forum convenes the National Quality Partners™ Leadership Consortium to identify national health and healthcare priorities for collaboration and coordination.

- Agency for Healthcare Research and Quality
- American Association for Physician Leadership
- American Case Management Association
- American Hospital Association
- Association of Rehabilitation Nurses
- Blue Cross Blue Shield Association
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Coalition to Transform Advanced Care
- Council of Medical Specialty Societies
- HCA
- Henry Ford Health System
- Homewatch CareGivers, LLC
- IBM Watson Health
- IPRO
- Johnson & Johnson Health Care Systems, Inc.
- Magellan Health, Inc.
- Merck & Co., Inc.
- Network for Regional Healthcare Improvement
- Nursing Alliance for Quality Care
- Partners Behavioral Health Management
- Patient & Family Centered Care Partners
- Planetree International
- Quality Insights
- The Joint Commission
- Trinity Health
- University of Texas-MD Anderson Cancer Center
- URAC
- Veterans Health Administration
- Vizient, Inc.