

2020 NQP™ Priorities for Action

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 2020 NQP initiatives.

1 PRIORITY FOR ACTION: IMPROVING MEDICATION SAFETY

Problem: Today's healthcare system inadequately addresses adverse drug events, resulting in serious and often preventable harm to the public.

Each year in the U.S., adverse drug events (ADE) cause approximately 1.3 million emergency department visits and 350,000 hospitalizations.¹ And the number of ADEs is likely to grow due to several factors: development of new medicines, discovery of new uses for older medicines, an aging American population, increased uses of medicines for disease treatment and prevention, and expansion of insurance coverage for prescription medicines.¹ While the occurrence of an ADE does not necessarily indicate an error or poor quality of care, it is estimated that about half of ADEs are preventable.² Polypharmacy, inadequate medication reconciliation during transitions of care, and patient-specific risk factors like limited English language proficiency and health literacy are topics that, if properly addressed, can improve medication safety.

NQP Opportunity for Action: Improve medication safety through person-centered approaches that address health literacy and numeracy.

The NQP Leadership Consortium recommends advancing strategies that promote medication safety across the continuum of care. Engaging stakeholders across disciplines—including physicians, pharmacists, nurses, community health workers, and especially patients and caregivers—is essential. Recognizing that a few commonly used medications account for more than half of ADE-related emergency department visits,³ the NQP Leadership Consortium places great importance on addressing prescription safety for these useful but higher-risk medications.

Top-down approaches to reduce ADEs and unplanned admissions have shown limited effectiveness.³ A bottom-up approach that explores person-centered modifiable determinants might do better. An effective approach may be improving individuals' capacity to obtain, process, and understand basic health information and services, including improved knowledge about medications, how and when to take them, the importance of adherence, and better understanding of treatment aims. Potential deliverables could include a learning collaborative or strategies and tools to engage patients and caregivers in improving knowledge and practice around medication safety.

2 PRIORITY FOR ACTION: PROMOTING HIGH-QUALITY HOME-BASED HEALTHCARE

Problem: Home-based care for older adults and those with functional limitations has not met patients' expectations, preferences, and care needs.

The U.S. is experiencing a dramatic demographic shift, with people older than 65 now estimated to outnumber those younger than five. Right now, there are 6.3 million adults over the age of 85. That number is expected to more than triple to 19 million by 2050. And as Americans age, increasing numbers will live with chronic conditions and functional impairments, meaning they can't live entirely on their own.⁴ Ensuring that these older adults can

remain as independent as possible and age in place is critically important. Home-based care has the potential to decrease costs, improve health outcomes, and reduce hospital stays, but ensuring quality of care is challenging considering the wide array of different types of care provided in the home by a wide range of parties. Family caregivers especially are crucial partners in home-based care and often face physical and psychological demands that strain their well-being. Providers of care at home, including family caregivers, need better support and access to resources that promote consistently high-quality healthcare.

NQP Opportunity for Action: Convene diverse stakeholders to promote practices that drive quality of care at home and improve patient and family satisfaction.

The NQP Leadership Consortium recommends taking action to promote practices that drive better outcomes, reduce costs, and improve patient and family satisfaction. Providing needed support to vulnerable family caregivers reduces their risk of negative health outcomes and enables them to provide better care. Identifying and supporting these critical partners in home-based healthcare will require a well-defined and systematic approach. Factors to address will include social determinants of health and the roles of technology and data collection. The impact of telehealth and how it is helping to facilitate patient care in different settings also will be important to consider. Potential deliverables from this effort could include an implementation guide for healthcare stakeholders or resources developed in partnership with and for patients and family caregivers. A patient-focused resource could include information about how to navigate the healthcare system or how to access various types of assistance when needed.

3 PRIORITY FOR ACTION: PREVENTING MATERNAL MORTALITY

Problem: Maternal mortality is a pervasive, and mostly preventable, public health problem in the U.S.

More women in the U.S. are dying of pregnancy-related complications than in any other developed country.⁵ Only in the U.S. has the rate of maternal deaths been rising, from 17.5 per 100,000 live births in 2000 to 26.4 in 2015.⁶ While maternal mortality is significantly more common among African Americans, low-income women, and those in rural areas, inadequate perinatal care kills women of every race and ethnicity, education, and income level, in every part of the U.S. Additionally, the vulnerable time between birth and 12 weeks postpartum is too often ignored, despite the reality that many women and their families experience substantial physiological, social, and emotional changes during this “fourth trimester.” The goals of pregnancy care should go beyond achieving a healthy pregnancy and a healthy baby to include a healthy mother. Important factors to explore include the role of quality measurement, a changing care environment, social determinant drivers, provider behaviors, institutional bias, and disparities in access to care. Healthcare organizations must combat preventable maternal mortality.

NQP Opportunity for Action: Stimulate shared learning to address preventable maternal mortality in the postpartum period.

The NQP Leadership Consortium recommends advancing strategies that improve the health and safety of mothers. This issue is prime for quality improvement: A recent CDC Foundation analysis found that nearly 60 percent of maternal deaths in the U.S. are preventable.⁷ There are multiple efforts currently underway, which largely focus on improving the care of patients while in the hospital. NQP can add to these efforts by bringing its diverse membership together with stakeholders across the care continuum to address preventable maternal mortality in the postpartum period. The NQP Leadership Consortium recommends the exploration of innovative programs and promising practices to support high-quality postpartum care. Potential deliverables for this priority could include a learning collaborative, toolkit of best practices, or identification of measure gaps.

2019 National Quality Partners Leadership Consortium

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

- Advanced Medical Technology Association (AdvaMed)
- American Association for Physician Leadership
- American Case Management Association
- American Hospital Association
- America's Physician Groups
- Association of Rehabilitation Nurses
- Blue Cross Blue Shield Association
- Bristol-Myers Squibb Company
- Centers for Disease Control and Prevention
- Coalition to Transform Advanced Care
- Council of Medical Specialty Societies
- Henry Ford Health System
- Homewatch CareGivers, LLC
- Horizon Blue Cross Blue Shield of New Jersey
- HCA Healthcare
- Humana, Inc.
- IBM Watson Health
- Intermountain Healthcare
- IPRO
- Nursing Alliance for Quality Care
- Otsuka Pharmaceutical Development and Commercialization, Inc.
- Partners Behavioral Health Management
- Patient & Family Centered Care Partners
- Telligen
- The Joint Commission
- Trinity Health
- University of Texas-MD Anderson Cancer Center
- URAC
- Veterans Health Administration
- Vizient, Inc.

The National Quality Partners 2019 Leadership Consortium is made possible in part by the generous support of Bristol-Myers Squibb.

ENDNOTES

- 1 Centers for Disease Control and Prevention (CDC). Medication safety program website. <https://www.cdc.gov/medicationsafety/basics.html>. Last accessed November 2019.
- 2 Agency for Healthcare Research and Quality (AHRQ). Medication errors and adverse drug events website. <https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events>. Last accessed November 2019.
- 3 Parekh N, Ali K, Davies K, Rajkumar C. Can supporting health literacy reduce medication-related harm in older adults? *Ther Adv Drug Saf*. 2018;9(3):167-170.
- 4 Landers S, Madigan E, Leff B, et al. The future of home health care: a strategic framework for optimizing value. *Home Health Care Manag Pract*. 2016;28(4):262-278.
- 5 Shennan AH, Green M, Chappell LC. 2017. Maternal deaths in the UK: pre-eclampsia deaths are avoidable. *Lancet*. 2017;389(10069):582-584.. UK MMR is lower than age-matched male death rates.
- 6 GBD 2015 Maternal Mortality Collaborators. Global, regional, and national levels of maternal mortality, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet*. 2016;388(10053):1775-1812.
- 7 CDC Foundation. Building U.S. capacity to review and prevent maternal deaths website. <https://www.cdcfoundation.org/building-us-capacity-review-and-prevent-maternal-deaths>. Last accessed November 2019.