2021 Priorities for Action

The Leadership Consortium is an active forum exclusively for National Quality Forum (NQF) members to connect, collaborate, and share insights on quality measurement and improvement strategies to achieve national health and healthcare quality goals. This group of experts and thought leaders convene each year to identify practical, action-oriented initiatives to drive meaningful and lasting change for patients and their families. The Leadership Consortium has released three priorities for action to help guide NQF's work in 2021.

1 PRIORITY FOR ACTION: VIRTUAL HEALTHCARE QUALITY

Problem: The massive and rapid expansion of virtual healthcare* in recent years has spurred a need to ensure virtual healthcare delivery is high quality

Over the past two decades, virtual healthcare has grown significantly due to a variety of factors, including increasing consumer demand, ongoing physician shortages, advances in enabling technology, and changes to federal and state policies favorable to virtual health.[1] In the past year especially, the COVID-19 public health emergency has spurred a dramatic expansion and proliferation of virtual healthcare as the pandemic has severely limited in-person medical visits. Telehealth claims have already increased by approximately 3,000 percent from September 2019 to September 2020, and data suggest that $250 billion in healthcare spending could shift to virtual care models in the wake of the pandemic.[2,3] While virtual healthcare offers tremendous potential to overcome geographic distance, enhance access to care, and build efficiencies, these promises are often unproven or difficult to assess. The healthcare quality enterprise has not sufficiently kept up with virtual care's expansion and evolution. Existing quality measures require revision to address virtual care delivery and new quality measures need to be explored and developed. Best practices need to be identified and disseminated, and healthcare organizations need to better integrate virtual healthcare modalities in tandem with in-person care. Understanding how to assess and ensure virtual healthcare quality will require input from all healthcare stakeholders, including clinicians, patients and patient safety advocates, payers, hospital and health system administrators, technology leaders, policy makers, measure developers, quality experts, and others.

Opportunity for Action: Develop a resource highlighting exemplars of quality virtual care and outlining opportunities and challenges to measuring virtual healthcare quality

The Leadership Consortium recommends convening multistakeholder experts to learn from each other to advance virtual healthcare quality and quality measurement. Opportunities include bringing together diverse stakeholders to discuss and define what constitutes quality virtual care, pinpoint existing challenges in delivering this care, and identify solutions and promising practices to achieving quality virtual care. As care continually shifts to the virtual setting, there is a need to refine and build on foundational work, like NQF's **2017 Framework to Support Measure Development for Telehealth**. Stakeholders can also explore identifying and promoting standardized practices or competencies for virtual care delivery, similar to those in place for in-person visits—or potential development of these resources if they are not readily available. There is also an opportunity to identify exemplars by showcasing organizations that have implemented virtual healthcare modalities as a component of their overall care delivery while ensuring safe and appropriate outcomes for their patients. Potential deliverables could include an updated measurement framework, new measure concepts, an issue brief outlining challenges, exemplars and recommendations, an implementation guide, or educational materials and resources.

*   We use the term "virtual healthcare" here to include live videoconferencing, store-and-forward, remote patient monitoring, and mobile health.

2 PRIORITY FOR ACTION: PATIENT ACCESS TO CARE

Problem: In today's healthcare system, barriers to accessing high quality care exist for far too many individuals.

Access to comprehensive, high quality healthcare is critical for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.[4] Access remains a complex issue, however, and there are various definitions of what constitutes access, and multifaceted challenges that affect how people obtain and experience care. Important factors impacting access to care include coverage and affordability, physical accessibility, timeliness, adequate supply of services, and acceptability of services. While progress has been made in identifying and defining these domains, there is opportunity to better link elements like coverage, services, timeliness, and workforce to quality measurement. As the U.S. increasingly moves to improve access to quality healthcare, it will be important to consider and address social determinants of health like sex, age, race, ethnicity, education, income, and location.

Opportunity for Action: Convene multistakeholder experts to advance measurement and accessibility of quality healthcare

The Leadership Consortium recommends convening multistakeholder experts to advance quality measurement-related to healthcare access. This work may require identifying currently available measures that address important components of access, like coverage, services, timeliness, and workforce, or developing and recommending new measure concepts. An initiative could also facilitate the exchange of best practices and identification of innovative solutions to improve access to quality healthcare. There is opportunity for organizations to learn from each other and for exemplars to share successful approaches that can be replicated. There is also opportunity to better engage patients in understanding the most pressing access issues to address. Potential deliverables could include an issue brief outlining different domains of access along with common challenges and recommended solutions, exemplars, and quality measurement approaches. Additional opportunities exist to identify and develop new quality measures that address known measurement gaps.

3 PRIORITY FOR ACTION: PATIENT-REPORTED OUTCOMES

Problem: Although proven to be an extremely valuable driver in care improvement, patient-reported outcomes are not yet implemented and utilized across all healthcare settings.

Patient-reported outcomes (PROs) are particularly valuable measures to improve care because they allow patients to directly provide information on issues important to them, including their symptoms, functional status, patient experience, treatment side effects, engagement in shared decision making, and goals of care. The implementation of PROs is limited in clinical practice, however, due to ongoing challenges related to reporting and workflow burdens, data quality, complications regarding integration and interoperability of electronic health records, competing clinician and patient priorities, and lack of stakeholder support.[5] Solutions and guidance to overcome many of these challenges have been identified and some organizations have successfully implemented PROs into their practice. There is a prime opportunity to learn from these organizations and to promote and disseminate best and promising practices to the field through educational activities and resources.

Opportunity for Action: Lead initiatives to disseminate education on best practices for implementing PROs in all care settings and specialties

Best practices and guidance for advancing selection and use of PROs have been identified and recommended by multistakeholder experts. NQF recently released a **report** offering guidance to clinicians and organizations about how to address some of the barriers that affect the selection and implementation of PROs and patient-reported outcome measures (PROMs). Important aspects of this guidance address securing buy-in from key stakeholders, minimizing data collection burden, improving workflow implementation, addressing interpretation and communication of PROM results, and more. The Leadership Consortium recommends building on this work by launching a series of educational workshops, webinars, and/or similar activities and resources. This effort would highlight real-world use cases and promote and disseminate insights and recommendations from multistakeholder experts in a practical and engaging format. Other potential deliverables to address PRO implementation could include clinician- and patient-focused resources designed to raise awareness of the value of PROs as a key driver of healthcare quality improvement.

2020 Leadership Consortium

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

- AdventHealth
- Agency for Healthcare Research and Quality
- American Association for Physician Leadership
- American College of Medical Quality
- American Heart Association
- American Physical Therapy Association
- America's Physician Groups
- Association of American Medical Colleges
- BlueCross BlueShield Association
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Coalition to Transform Advanced Care (C-TAC)
- Council of Medical Specialty Societies
- CVP
- Encompass Health Corporation
- General Dynamics Information Technology
- Health Resources and Services Administration
- Heron Therapeutics
- Homewatch CareGivers, LLC
- Humana, Inc.
- IBM Watson Health
- Intermountain Healthcare
- National Hospice and Palliative Care Organization
- Nursing Alliance for Quality Care
- Optum
- Partners Behavioral Health Management
- Pharmacy Quality Alliance
- Teladoc Health, Inc.
- Telligen
- UPMC Health Plan
- University of Texas-MD Anderson Cancer Center
- URAC
- Veterans Health Administration
- Vizient, Inc.

ENDNOTES

1   Josh Nelson, Bryan Sung, Sunil Venkataram, and Jennifer Moore, Transforming care delivery through virtual health, Deloitte, 2017

2   Bestsennyy O, Gilbert G, Harris A. Telehealth: A quarter-trillion-dollar post-COVID-19 reality? McKinsey & Company; 2020. https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealtha-quarter-trillion-dollar-post-covid-19-reality. Last accessed September 2020

3   Lagasse J. Telehealth claim lines increased more than 4,000% in the past year. Healthcare Finance; 2020. https://www.healthcarefinancenews.com/news/telehealth-claim-lines-increased-more-4000-past-year. Last accessed September 2020

4   U.S. Department of Health and Human Services (HHS) Office of Disease Prevention and Health Promotion (ODPHP) Healthy People 2020 website. https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Last accessed September 2020.

5   National Quality Forum (NQF). Patient-Reported Outcomes: Best Practices on Selection and Data Collection—Final Technical Report. Washington, DC: NQF; 2020. https://www.qualityforum.org/Publications/2020/09/Patient-Reported_Outcomes__Best_Practices_on_Selection_and_Data_Collection_-_Final_Technical_Report.aspx. Last accessed September 2020.