National Quality Forum Leadership Consortium 2022 Priorities for Action

The Leadership Consortium is an active forum exclusively for National Quality Forum (NQF) members to connect, collaborate, and share insights on the nation's most complex healthcare issues. The Leadership Consortium is committed to identifying quality measurement and improvement strategies to achieve national health and healthcare quality goals. This group of thought leaders convenes each year to identify practical, action-oriented initiatives to drive meaningful and lasting change for every person who interacts with the American healthcare system.

The coronavirus disease 2019 (COVID-19) pandemic has amplified the urgent need for healthcare organizations to drive improvements in equity, quality, and safety on a national level. The Leadership Consortium recognized the importance of setting quality priorities on a broad scale and subsequently identified three foundational elements of addressing the nation's most pressing healthcare priorities: **(1) health equity, (2) clinician experience, and (3) patient and caregiver experience.** To drive meaningful change, the Leadership Consortium identified three short-term priorities for action that are grounded in these foundational areas and built upon NQF's **The Care We Need** report.

The three priorities for action—rooted in health equity, clinician experience, and patient and caregiver experience—create achievable opportunities for NQF and other key stakeholders to improve care for every person.

SOCIAL DETERMINANTS OF HEALTH (SDOH) DATA COLLECTION

PROBLEM: Today's delivery of healthcare inadequately addresses SDOH and social needs for patients and communities.

SDOH are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect health, functioning, and quality of life.[1] SDOH data can be collected, evaluated, and integrated into clinical systems to provide insights about a person's immediate needs and offer opportunities for healthcare providers to enhance resources and services that promote person-centered care. While health systems do recognize the importance of capturing factors that influence health, studies show a low uptake of SDOH coding in electronic health records (EHRs) and claims data.[2] Challenges such as the lack of interoperability,[3] complex privacy laws,[4] and insufficient incentives[5] prevent healthcare organizations from collecting and using SDOH data in a meaningful way. In addition, the COVID-19 pandemic heightened awareness of disparities in care for vulnerable populations. There is a need for guidance and standards on the collection of data elements, such as SDOH, race, ethnicity, sexual orientation, and gender identity, which all contribute and have an impact on a person's ability to successfully manage their health. To improve health outcomes and reduce disparities, healthcare organizations can utilize advancements in SDOH data collection to identify vulnerable patients and deliver targeted services.[6]

OPPORTUNITY FOR ACTION: Convene multistakeholder experts to promote the efforts of organizations that are successfully collecting and using SDOH data.

The Leadership Consortium recommends convening multistakeholder experts in a learning collaborative or Action Team to advance the collection and use of SDOH data through the dissemination of best and promising practices. Opportunities include bringing together exemplars from organizations that are successfully collecting

and using SDOH data to inform and individualize the care of patients. The findings of a learning collaborative could be foundational to other NQF convenings, such as a strategy session or summit, to inform a national strategy on the collection and use of SDOH data to support equitable outcomes for all. This future work would build on NQF's extensive efforts on eliminating disparities, which include the **Roadmap to Health Equity**, which highlights recommendations to use measurement and associated policy levers to proactively eliminate disparities, and the **National Quality Partners (NQP) Social Determinants of Health Action Team**, which suggested approaches to integrate SDOH data to improve health equity. Potential deliverables could include an action plan with strategies for stakeholders to collect SDOH data in a meaningful and efficient way as part of their current workflow or an implementation guide highlighting solutions and promising practices that healthcare entities can implement in their clinical settings to improve the health outcomes of their patient populations.

PROMOTING CLINICIAN AND CARE TEAM WELL-BEING

PROBLEM: Clinician and care team burnout has been a growing problem in recent decades, and the COVID-19 pandemic has intensified the physical and mental exhaustion of healthcare workers.

Burnout among clinicians and care teams can have a significant impact on their well-being, morale, and the quality of care being delivered.[7] The clinician and care team includes a wide range of both clinical and nonclinical staff. Challenges related to working hours, productivity goals, administrative duties, and psychological burden all contribute to clinician burnout.[8,9] The COVID-19 pandemic has intensified the physical and mental impacts of providing patient care, and nearly half of healthcare workers have reported burnout amid the pandemic.[10] This growing sense of burnout has led to healthcare workers leaving the workforce and has resulted in an unprecedented nursing shortage, subsequently increasing the burden on those who remain working in healthcare settings.[10,11] While many healthcare organizations do have existing efforts to promote well-being and prevent burnout, few of them know how to best measure clinician wellness. This lack of understanding is a notable gap area that affects the experience of every person who interacts with the healthcare system, as clinician experience is closely interwoven with patient experience and safety.[12] As healthcare organizations prioritize the well-being of their workforce, they must identify how to accurately measure clinician well-being and burnout in a consistent manner without increasing the administrative workload. By measuring and assessing clinician well-being, healthcare stakeholders will be better equipped to identify opportunities to implement viable interventions, measure meaningful change, and improve clinician well-being and retention.

OPPORTUNITY FOR ACTION: Convene multistakeholder experts to identify measure concepts to assess and improve clinician and care team well-being.

The Leadership Consortium recommends convening a strategy session with a multistakeholder Expert Panel to identify measure concepts to evaluate and improve clinician and care team well-being. The resulting measure concepts can serve as a starting point for measure developers to develop and test future quality measures. The strategy session could be followed by an Action Team in which stakeholders could share best practices focused on integrating workforce wellness into the fabric of broader healthcare quality initiatives. The new Action Team would build upon the strategies shared during the **NQP Action Team to Prevent Healthcare Workplace Violence,** which focused on creating a shared vision to support clinician well-being by preventing healthcare workplace violence. Understanding how to best assess burnout and improve well-being will require input from a variety of stakeholders, including health plans, hospitals, clinicians, measure developers, quality experts, and consumers. It is essential that measure concepts to improve clinician and care team well-being do not further exacerbate the existing administrative burden with additional assessments and surveys. Potential deliverables could include an issue brief outlining the new measure concepts identified at the strategy session and the promising practices identified by the Action Team to evaluate and improve clinician and care team well-being.

MEASUREMENT OF PERSON-CENTERED CARE

PROBLEM: There is no national standard to measure the success of person-centered care.

Person-centered care is an approach to the planning and delivery of care focused on collaborative partnerships among individuals, caregivers, and clinicians who respect the individual's aspirations, needs, preferences, and values.[13,14] Recent shifts in healthcare delivery have highlighted the importance of measuring the success of high quality care from the perspective of the patient, with the goal of improving outcomes, experience of care, and population health. Communication, coordination, and co-creation are key facets of person-centered care, and studies increasingly show that when healthcare administrators, clinicians, patients, and families work in partnership, the quality and safety of healthcare rises, costs decrease, and patient and clinician satisfaction increases.[15,16] Families and caregivers play a critical role in assisting with transitions and ongoing care for patients of all ages, and strengthening the coordination and measurement of their involvement is an essential component to improved patient outcomes.[13] Notably, there is currently no national quality standard for healthcare organizations and clinicians to measure the success of person-centered care.[12] Existing quality measures have focused on patient experience, and there is a need to explore how to best measure the success of person-centered care.

OPPORTUNITY FOR ACTION: Convene multistakeholder experts to identify opportunities to assess the success of person-centered care.

The Leadership Consortium recommends convening multistakeholder experts to identify and evaluate measures and measure concepts that support the delivery of person-centered care. As strategies to implement person-centered care continue to evolve, healthcare leaders should identify measures and measure concepts that incorporate communication, coordination, and shared decision making as key facets to the success of person-centered care. The Leadership Consortium recommends convening a learning collaborative or strategy session to evaluate current measures of patient communication, shared decision making, and person-centered care and to identify opportunities to confirm that what we are measuring is meaningful to patients. The efforts of the multistakeholder convening would align with NQF's commitment to advance person-centered care and could build on current NQF initiatives, such as the strategic input obtained through the **Patient and Caregiver Advisory Committee** and the measurement opportunities highlighted in the **Patient-Reported Outcomes: Best Practices on Selection and Data Collection Final Technical Report.** A potential deliverable for the 2022 initiative could include an issue brief outlining existing measures, as well as new measure concepts, to assess the success of person-centered care.

2021 LEADERSHIP CONSORTIUM ROSTER

NQF convenes the Leadership Consortium to identify national health and healthcare priorities for collaboration and coordination. The role of the Leadership Consortium is vital to the success of NQF's mission as the trusted voice driving measurable health improvements. NQF is grateful to the following organizations that served as members of the 2021 Leadership Consortium.

- American Association for Physician Leadership
- American College of Physicians
- Agency for Healthcare Research and Quality*
- American College of Lifestyle Medicine
- American College of Medical Quality
- American College of Midwives
- American Heart Association
- Battelle
- BlueCross BlueShield Association
- Cleveland Clinic
- Centers for Medicare & Medicaid Services*
- Coalition to Transform Advanced Care (C-TAC)
- Covered California
- Encompass Health Corporation
- Geisinger
- General Dynamics Information Technology
- Health Resources and Services Administration*
- Humana, Inc.
- Intermountain Healthcare
- Mayo Clinic
- National Coalition for Cancer Survivorship
- National Hospice and Palliative Care Organization
- Novartis
- Nursing Alliance for Quality Care
- Optum
- Society to Improve Diagnosis in Medicine
- Teladoc Health, Inc.
- Telligen
- Texas Health and Human Services Commission
- University of Texas-MD Anderson Cancer Center
- URAC

ex-officio, non-voting members

ENDNOTES

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