

NATIONAL PRIORITIES PARTNERSHIP

Convened by the National Quality Forum

GUIDANCE FOR RESPONDING TO REQUEST FOR PUBLIC FEEDBACK ON HHS SECRETARY'S PROPOSED NATIONAL QUALITY STRATEGY AND PLAN

This document offers guidance for responding to the Department of Health and Human Services' (HHS) request for public feedback on the HHS Secretary's proposed [National Quality Strategy and Plan](#). It was prepared in response to the request of many stakeholders interested in aligning their input with that of the National Priorities Partnership (NPP). NPP's final input will be submitted in a report to HHS on October 15, 2010. The following responses are based on content of the final report and offer NPP's general approach to the 10 questions posted by HHS for public feedback on September 9, 2010.

THE NATIONAL HEALTHCARE QUALITY STRATEGY AND PLAN

Principles Guiding the Proposed National Quality Strategy

Question #1: Are the proposed Principles for the National Strategy appropriate? What is missing or how could the principles be better guides for the Framework, Priorities and Goals?

The proposed Principles offer solid guideposts to drive toward better care, affordable care, and healthy people/healthy communities. Emphasizing person-centeredness and patient and family engagement will drive us toward a health system that places patients' needs before all others and values the patient's perception of the quality of care delivered. The emphasis on access to care for all populations regardless of age, location, and coverage – while specifically targeting the elimination of disparities – is central to improving the health of the entire population. Reinforcing the need for public-private sector alignment around a core set of national priorities and goals recognizes the need for partnerships to accelerate improvement in healthcare quality and to fully eradicate disparities. These Principles fully align with the work of NPP to date, and remain critical to achieving quality care for all Americans.

Framework for the National Quality Strategy

Question #2: Is the proposed Framework for the National Strategy sound and easily understood? Does the Framework set the right initial direction for the National Health Care Quality Strategy and Plan? How can it be improved?

The Framework offers a clear direction and actionable approach that builds on prior work, including the Institute of Medicine's *Crossing the Quality Chasm*, HHS' Healthy People 2020, the Institute for Healthcare Improvement's Triple Aim, and the National Priority Partnership's National Priorities and Goals. By building on the momentum and successes of these and other public and private sector initiatives, the National Quality Strategy sets a good direction and focus for moving forward that takes advantage of prior foundational efforts.

The three pillars – *Better Care, Affordable Care, and Healthy People and Communities* – acknowledge the important aspects of quality, cost, and health, and address critical linkages between the healthcare delivery and public health systems. Additionally, they support an approach to affordability of care that addresses the needs of patients and families as well as those of the broader health system. NPP supports this approach and emphasizes the multidimensionality of

the framework that does not emphasize any one pillar over another, but rather supports a balanced approach to addressing the three pillars collectively and comprehensively.

While the overall approach to the National Quality Strategy is appropriate, one important recommendation would be to ensure alignment between this strategy and the parallel development of the National Prevention Strategy. Since many state and community-based agencies will be responsible for implementation of one or both strategies, it will be important to avoid duplicative efforts and prevent undue burden.

Priorities of the National Quality Strategy

Question #3: Using the legislative criteria for establishing national priorities, what national priorities do you think should be addressed in the initial National Health Care Quality Strategy and Plan in each of the following areas:

- a. Better Care: Person-centered care that works for patients and providers. Better care should expressly address the quality, safety, access, and reliability of how care is delivered and how patients rate their experience in receiving such care;*
- b. Affordable Care: Care that reins in unsustainable costs for families, government, and the private sector to make it more affordable; and*
- c. Healthy People/Healthy Communities: The promotion of health and wellness at all levels.*

NPP supports the proposed pillars as an organizing framework and has identified eight priorities – **Patient & Family Engagement, Safety, Care Coordination, Palliative & End-of-Life Care, Equitable Access, Elimination of Overuse, Population Health, and Infrastructure Supports**¹ – and corresponding goals for national action that map to these three pillars.

Table 1 (presented in the appendix) offers a snapshot of HHS’ three pillars with a mapping of NPP’s proposed eight priorities and corresponding goals. Additionally, it identifies a starter set of performance measures that are currently ready for benchmarking and improvement purposes for these priorities and goals. Chart 1 below provides an excerpt of Table 1 and maps NPP’s eight proposed priorities to the HHS pillars. Further details on each priority area follow.

Chart 1: HHS Pillars and NPP’s Eight Proposed Priorities

HHS Pillars	<i>I. Better Care</i>	<i>II. Affordable Care</i>	<i>III. Healthy People/Healthy Communities</i>
NPP Priority	Patient and Family Engagement Safety Care Coordination Palliative and End-of-Life Care Equitable Access	Elimination of Overuse	Population Health
	Infrastructure Supports		

¹ The original six NPP Priorities are presented in detail in the National Priorities Partnership’s report *National Priorities and Goals: Aligning Our Efforts to Transform America’s Healthcare*, Washington, DC: National Quality Forum; 2008. Two additional priorities – equitable access and infrastructure supports – were subsequently added in 2010.

NPP RECOMMENDED PRIORITIES

I. BETTER CARE

Patient and Family Engagement ~ Healthcare that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that adapts readily to individual and family circumstances, as well as differing cultures, languages and social backgrounds.

Safety ~ Healthcare that is relentless in continually reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible; a system that promises absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science; and healthcare leaders and healthcare professionals who are intolerant of defects or errors in care, and who constantly seek to improve, regardless of their current levels of safety and reliability.

Care Coordination ~ Healthcare that guides patients and families through their healthcare experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships among patients and the healthcare professionals accountable for their care.

Palliative and End-of-Life Care ~ Healthcare that promises dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends, and family can bring to bear during advanced, chronic or terminal illness.

Equitable Access ~ Healthcare that ensures that all patients have access to affordable, timely, and high-quality care that is delivered in a culturally and linguistically appropriate manner.

II. AFFORDABLE CARE

Elimination of Overuse ~ Healthcare that promotes better health and more affordable care by continually and safely reducing the burden of unscientific, inappropriate, and excessive care, including tests, drugs, procedures, visits, and hospital stays.

III. HEALTHY PEOPLE/HEALTHY COMMUNITIES

Population Health ~ Communities that foster health and wellness as well as national, state, and local systems of care that are fully invested in the prevention of disease, injury, and disability – reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

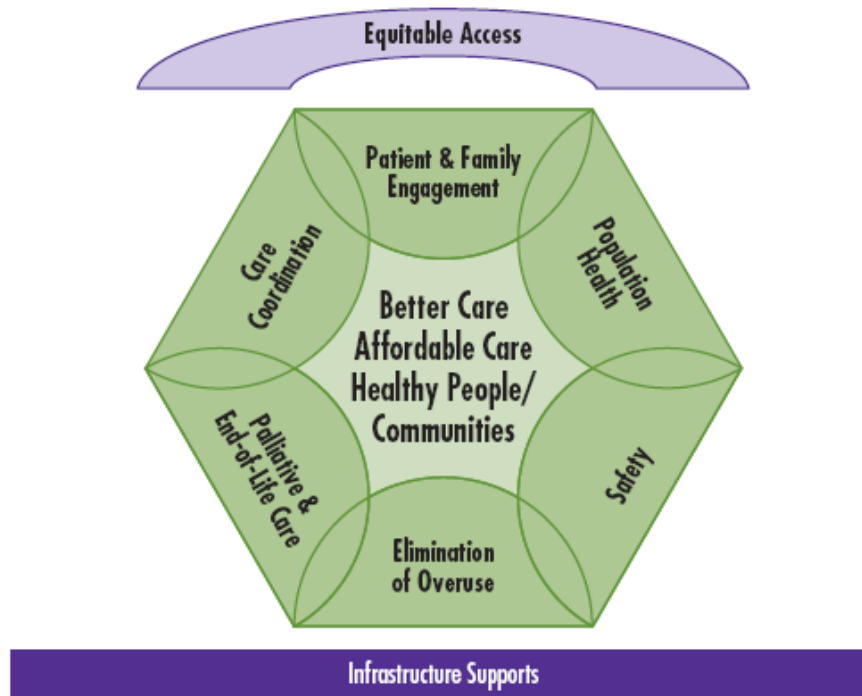
INFRASTRUCTURE SUPPORTS

NPP recommends the inclusion of Infrastructure Supports as an eighth priority area to address the underlying system changes that will be necessary to attain the goals of the other priority areas and ultimately achieve the aims of better care, affordable care, and healthy people/healthy communities.

Infrastructure Supports ~ Systems that support workforce development; health information technology; system and community capacity; performance measure development and application; research to build the evidence base; and quality improvement.

Exhibit 1 presents a conceptual model for the eight national priorities with equitable access as an overarching priority; the six NPP priorities as high-leverage areas on which to focus public and private improvement efforts; and infrastructure supports as an underpinning priority essential to the attainment of the others.

Exhibit 1: Proposed Priorities for the National Strategy



Goals of the National Quality Strategy

Question #4: *What aspirational goals should be set for the next 5 years, and to what extent should achievable goals be identified for a shorter timeframe?*

NPP offers aspirational goals for each priority area (excluding Infrastructure Supports) to target over the next three to five years:

Patient and Family Engagement:

- ✧ **Patient Experience of Care** ~ All patients, their families, and their caregivers will be asked for feedback on their *experience of care*, which healthcare organizations and their staff then will use to inform patients and improve care across all settings.
- ✧ **Patient Self-Management** ~ All patients, their families, and their caregivers will have access to tools and support systems that enable them to effectively *navigate, coordinate, and manage their care*.
- ✧ **Shared Decisionmaking** ~ All patients, their families, and their caregivers will have access to information and assistance that enables them to make *informed decisions* about their treatment options.

Safety:

- ✧ **HAI and SRE** ~ All healthcare organizations and their staff will strive to ensure a culture of safety while driving to lower the incidence of healthcare-induced harm, disability or

death toward zero. They will focus relentlessly on continually reducing and seeking to eliminate all healthcare-associated infections (*HAIs*) and *serious adverse events*.

- ✧ **Mortality Rates** ~ All hospitals and their community partners will improve 30-day *mortality rates* following hospitalization for select conditions (acute myocardial infarction, heart failure, and pneumonia) to best-in-class.

Care Coordination:

- ✧ **Care Transitions** ~ Healthcare organizations and their staff will strive continually to improve care by soliciting and carefully considering feedback from all patients (and their families, when appropriate) regarding coordination of their *care during transitions* between healthcare systems and services, and between the healthcare delivery system and communities.
- ✧ **Preventable Readmissions** ~ All healthcare organizations and their staff will work collaboratively with patients to reduce *preventable 30-day readmission rates*.

Palliative and End-of-Life Care:

- ✧ **Management of Physical Symptoms and Psychosocial Needs** ~ All patients with life-limiting illnesses will have access to effective treatment for *relief of suffering from symptoms* such as pain, shortness of breath, weight loss, weakness, nausea, serious bowel problems, delirium, and depression, and access to help with *psychological, social, and spiritual needs*.

Equitable Access:

- ✧ **Affordable and Timely Access to Care** ~ All patients will have *access to affordable, timely, and high-quality care* that is delivered in a culturally and linguistically appropriate manner.

Elimination of Overuse:

- ✧ All healthcare organizations will strive continually to *improve the delivery of appropriate patient care*, and substantially and measurably *reduce extraneous services and/or treatments*.

NPP offers the following menu of potential areas to address:

- Inappropriate medication use
- Unnecessary lab tests
- Unwarranted maternity care interventions
- Unwarranted diagnostic procedures
- Unwarranted procedures
- Unnecessary consultations
- Preventable emergency department visits and hospitalizations
- Inappropriate nonpalliative services at end of life
- Potentially harmful preventive services with no benefit

Population Health:

- ✧ **Clinical Preventive Services** ~ All Americans will receive the most effective preventive services recommended by the U.S. Preventive Services Task Force.
- ✧ **Healthy Lifestyle Behaviors** ~ All Americans will adopt the most important healthy lifestyle behaviors known to promote health.
- ✧ **Community Health Index** ~ The health of American communities will be improved according to a national/community index of health.

Setting interim achievable goals based on a strong evidence base and existing performance measures may offer an opportunity to set goals for the shorter term. While some of the goals

offer opportunities for immediate action, others may need to be phased in over time and may require ongoing analysis of critical measure gaps.

Measures of Progress to Priorities and Goals

Question #5: Are there existing, well-established, and widely used measures that can be used or adapted to assess progress towards these goals? What measures would best guide public and private sector action, as well as support assessing the nation's progress to meeting the goals in the National Quality Strategy?

In its input to the Secretary's National Quality Strategy, NPP has identified a preliminary set of measures for assessing and monitoring progress on the recommended priorities and goals. Table 1 captures this set of performance measures that could offer a starting point for benchmarking and improvement purposes – with the caveat that further consideration is required, and immediate and future measurement needs should be determined as part of ongoing strategic consultation with HHS.

STAKEHOLDER ENGAGEMENT/PUBLIC COMMENT

Additional Feedback Issues

Question #6: The success of the National Health Care Quality Strategy and Plan is, in large part, dependent on the ability of diverse stakeholders across both the public and private sectors to work together. Do you have recommendations on how key entities, sectors, or stakeholders can best be engaged to drive progress based on the National Health Care Quality Strategy and Plan?

Improving the quality of healthcare requires the explicit engagement of a diverse set of both public and private stakeholders, including, but not limited to, consumers, purchasers, healthcare providers and professionals, state-based associations, community collaboratives and regional alliances, government agencies, health plans, accreditation and certification bodies, and supplier and industry groups.

Over the past several years, NPP has successfully engaged in a multistakeholder process with the aforementioned groups to develop action plans for NPP's priorities and goals. This was accomplished by establishing workgroups and involving over 100 stakeholder groups beyond NPP member organizations to work collaboratively on the six priorities and their corresponding goals. Through this structure, NPP has engaged leading experts in the topic areas, as well as experts representing federal, state, community, and private sector perspectives – all working on implementation – to engender a broad commitment to achieving NPP's priorities. NPP strongly encourages DHHS to take advantage of this established structure that has resulted in a strong public-private partnership with a track record of success, and which is now prepared to lay out specific action plans to guide private alignment around the National Quality Strategy.

Multi-stakeholder/State Questions

NPP recognizes the ascendant role of States in the post-reform era and has addressed this in part by reconstituting NPP membership to increase state and regional stakeholder representation. Looking ahead to the release of the 2011 National Quality Strategy, NPP will look to these members to assume a leadership role in guiding NPP in its support of state, community, and local efforts. In discussing the National Quality Strategy at NPP's September 21, 2010 meeting, the central role that communities and states will play in implementing many of the provisions under the Affordable Care Act – including the National Prevention Strategy –

was acknowledged. Harmonization across these two strategies will be important to ensure a coordinated approach that does not cross purposes or unintentionally increase burden. Additionally, it was cautioned that to address the needs of a wide range of populations, the National Quality Strategy and National Prevention Strategy will need to afford a level of flexibility to allow adaptation based on state and community needs, particularly as they deal with the challenges of rapidly expanding enrollments and other public health demands.

Question #7: Given the role that States can play in organizing health care delivery for vulnerable populations, do the Principles and Framework address the needs and issues of these populations?

The Principles and Framework suggested are intended to address the needs of all populations, and reduce disparities in care across settings and communities, but could more explicitly stress the importance of assuring that the needs of vulnerable populations are met. NPP stresses the importance of addressing “disparities in everything we do”, and from the beginning has emphasized the elimination of disparities both as a criterion for selecting priority areas and also a specific lens through which to assess progress.

Question #8: Are there priorities and goals that should be considered to specifically address State needs?

The priorities and goals recommended by NPP are comprehensive enough to address State needs. Given considerable variation between States, however, individual States may desire the flexibility to tailor strategies to issues specific to their populations and to areas in greatest need of improvement. It will be important to offer such flexibility to States perhaps by allowing States to focus initially on particular areas or by allowing them to pursue additional priorities and goals under one or more of the three pillar areas.

Question #9: What measures or measure sets should be considered to reflect States’ activities, priorities, and concerns?

NPP has identified a preliminary set of measures as a starting point for capturing performance data that is applicable at the state and community level, but recognizes that States will need to be able to drill down to specific areas in need of improvement. Therefore, to the greatest extent possible, measurement will need to be sensitive to disparities and offer stratification to target interventions to subpopulations with the highest need, whether by age, race, ethnicity or coverage source.

Question #10: What are some key recommendations on how to engage with States and ensure continued alignment with the National Quality Strategy?

The key to State involvement will be flexibility in adoption and the recognition that one size does not and cannot fit all. It will be critical to have established channels for ongoing communication, and NPP is prepared to take a leadership role in this regard. NPP was recently reconstituted to better reflect the critical role that States and communities play, and recognizes the centrality of these members in healthcare quality and improvement efforts. NPP will look to such groups – particularly those that have integrated the NPP framework into their work, such as Maine’s Aligning Forces for Quality Community – to guide efforts that support state, community, and local implementation. States and communities must continue to be explicitly engaged in organizing, supporting, and developing strategies to improve health and healthcare, and in establishing local and national partnerships to carry them out.

NATIONAL PRIORITIES PARTNERSHIP

Convened by the National Quality Forum

Appendix

Table 1: HHS Pillars and NPP's Proposed Priorities, Goals and Sample Measures

HHS Pillar	I. Better Care							II. Affordable Care	III. Healthy People/ Healthy Communities				
Priority	1. Patient & Family Engagement			2. Safety		3. Care Coordination		4. Palliative & EOL Care	5. Equitable Access	6. Elimination of Overuse	7. Population Health		
Goal	Experience of Care	Self-Management	Shared Decision Making	HAI & SRE	Mortality Rates	Care Transitions	Preventable Readmissions	Physical Symptom / Psychosocial Needs E&M	Affordable & Timely Access to Care	NPP's Identified Overuse Areas	Clinical Preventive Services**	Healthy Lifestyle Behaviors**	Community Health Index
Sample Measures & Practices	CAHPS* Family Evaluation of Hospice Care (FEHC)*	Medical Home System Survey*	LBP*	SSI* CLABSI* CAUTI* SRE* Drugs to be Avoided in the Elderly*	30-day Mortality Rates for: AMI* Heart Failure* Pneumonia* PCI*	CTM-3* Timely Transmission of Transition Record* Transition Record with Specified Elements Received by Discharged Patients* Follow-Up After Hospitalization for Mental Illness*	30-day Readmission Rates for: AMI* Heart Failure* Pneumonia*	Comfortable Dying*	Timely Access to Physician (CWF) Lack of Follow-up Care Prevented Due to Cost (CWF) Late Entry into Prenatal Care (HRSA)	Antibiotics* LBP Imaging* C-Section*	Breast, Cervical, Colorectal Screenings* Child & Adult Pneumonia Influenza Immunizations* Health Partners Composite	Smoking Cessation Counseling* BMI* Young Adult Health Care Survey (YAHCS)* Promoting Healthy Development Survey (PHDS)* Health Partners Composite	MATCH (Univ. of Wisconsin) Prevention Quality Indicators (PQI)*
NQF Endorsed				NQF Safe Practices for Better Healthcare		NQF Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination (awaiting NQF Board ratification)		NQF Preferred Practices for Palliative and Hospice Care Quality*			** Need to address aspirin, blood pressure, cholesterol, smoking counseling	** Need to address smoking, nutrition, physical activity, risky alcohol use	