

Quality Measurement Delivers:

RESULTS FROM THE FIELD



NATIONAL
QUALITY FORUM

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A MESSAGE FROM CHRISTINE CASSEL, MD,
PRESIDENT AND CEO, NATIONAL QUALITY FORUM

We have experienced tremendous growth and evolution in healthcare quality measurement since the formation of the National Quality Forum (NQF) 15 years ago. The case studies featured here highlight some important accomplishments on the part of the quality community and demonstrate notable results, just a decade after the endorsement of the first quality measures.

When NQF began its work in 1999, there were few standardized quality measures, and those were largely used only by health plans. Today, in just 15 years, public and private payers are using a broad array of NQF-endorsed measures that are positively impacting the way patients receive and experience healthcare, most visibly in the hospital setting.

From reductions in the infections that patients develop in hospitals to decreased hospital readmissions, to measurement-driven, nurse-led hospital improvement programs with impressive results in areas such as cutting down on patient falls and pressure ulcers, to improved health for infants, much progress has occurred.

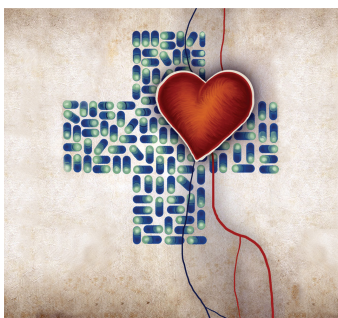
NQF works as a cooperative, multi-stakeholder organization that convenes working groups to foster quality improvement in both the public and private sectors while listening to and meeting the needs of our diverse healthcare partners. Together, we have made enormous

strides, and we must continue—in a fast-changing world—to build consensus around measures and interventions that improve both patient care and the health of all Americans.

NQF is uniquely positioned to bring everyone to the table focused on the value of better care and better health at lower cost. NQF is working with others to set the national agenda for the future of healthcare quality, to tackle tough issues in order to advance measurement science, and to be the driving force behind the nation's ability to measure what matters most.

There are challenges ahead, but we also are confident that much more can be accomplished if we work together. Our optimism is fueled by the knowledge that a common investment in getting more performance out of measurement ultimately will lead to the care improvements that patients need and deserve.





Timely Cardiac Care

FOR CLINICIANS TREATING PATIENTS AFTER HEART ATTACKS, minimizing the time between patients' arrival in a clinical setting and the time they receive a Percutaneous Coronary Intervention (PCI) is critical to their survival. A 2014 *Lancet* article noted a link between shorter "door-to-balloon" time, as the interval is known, and lower mortality rates for specific patients. As a result, door-to-balloon time has been the focal point of widespread provider attention over the last decade, aided by NQF-endorsed measures.

In 2006, the national Door to Balloon (D2B) initiative was launched, with the goal of helping hospitals improve their timely treatment for heart attacks, building on guidelines developed by the American College of Cardiology. Over time, more than 1,000 hospitals, along with 30 partner organizations, were involved in the effort.

In 2007, NQF first endorsed a measure quantifying the percentage of heart attack patients that receive a PCI within 90 minutes of arrival in an emergency room. The measure was re-endorsed multiple times, and the NQF-convened Measure Applications Partnership (MAP) recommended its inclusion in the Centers for Medicare & Medicaid Services Value-Based Purchasing program. CMS included the measure for the first time in 2013, and it remains in the program as of 2015.

Over the last decade, hospitals and other providers have made great strides in working to reduce door-to-balloon time, as the national D2B initiative and other provider programs worked to develop evidence-based best practices.

IN 2015, CMS reported that the percentage of patients receiving a PCI within 90 minutes of arrival in a hospital improved from:

67.3%
IN 2006



95.1%
IN 2012



Safer Hospital Care

OVER THE PAST 15 YEARS, standardized quality measures and surveys have had a positive impact on the way patients receive and experience healthcare, most visibly in the hospital setting. Reductions in infections that patients get in hospitals are one key indicator of this success.

In 2002, the National Quality Forum (NQF) first identified 27 adverse events that can take place in the healthcare setting that are serious and largely preventable. Starting in 2008, the Centers for Medicare & Medicaid Services (CMS) began withholding payment for many of these conditions, also known as Healthcare Acquired Conditions (HAC). Following the passage of the Affordable Care Act (ACA), the federally mandated HAC Reduction program began reducing payments to hospitals with the highest rates of these conditions. At the same time, the CMS-led Partnership for Patients partnered with hospitals, community providers, and patients to reduce HACs in a variety of settings. NQF helped to facilitate the work of the Partnership for Patients.

The efforts have borne fruit. In late 2014, the Department of Health and Human Services projected that roughly 50,000 fewer patients died in hospitals from HACs between 2010 and 2013, saving roughly \$12 billion nationwide. The HACs include adverse drug events, catheter-associated urinary tract infections, central-line associated bloodstream infections, pressure ulcers, and surgical site infections, among others.

In addition, many statewide initiatives, including Patient Safety First...a California Partnership for Health (PSF) initiative, have made progress in reducing infections. PSF was launched in 2010, with the support of Anthem Blue Cross, National Health Foundation, Hospital Association of Southern California, Hospital Association of San Diego & Imperial Counties, and the Hospital Council of Northern & Central California. In its first phase, 182 hospitals were engaged and more than 3,500 lives and \$63 million were saved by achieving significant decreases in sepsis deaths, cases of ventilator-associated pneumonia, central-line associated bloodstream infections, and catheter-associated urinary tract infection. In 2013, PSF received the John M. Eisenberg Patient Safety and Quality Award, sponsored jointly by NQF and The Joint Commission.

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50,000 
FEWER DEATHS

\$12B
SAVINGS



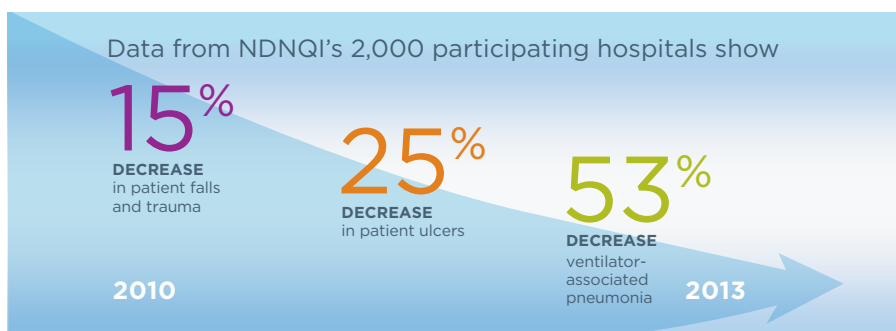
Nurses Leading the Way to Improvement

NURSES ARE INTEGRAL TO ENHANCING THE CARE AND SAFETY OF HOSPITALIZED PATIENTS, and play a leading role in the design and leadership of hospital quality improvement programs. In particular, nursing-led initiatives have grown tremendously in the decade since the Institute of Medicine's 2004 call for fundamental changes in the nursing work environment to improve patient safety.

These nursing initiatives, often grounded by NQF's seminal *National Voluntary Consensus Standards for Nursing-Sensitive Care*, are designed to reduce patient falls, infections, and pressure ulcers, while improving the work environment for nurses.

The American Nurses Association's National Database of Nursing Quality Indicators (NDNQI) includes NQF's nursing-sensitive measures and tracks the impact of key efforts to improve patient safety. Numerous nursing initiatives have contributed to these impressive results and others in U.S. hospitals, including the Institute for Healthcare Improvement/Robert Wood Johnson Foundation's Transforming Care at the Bedside program.

"These initiatives and results are a part of the national mosaic of ongoing nursing-led initiatives to improve the healing environment for patients and the nurses who care for them," said Mary Naylor, PhD, RN, gerontology professor and director of the New Courtland Center for Transitions and Health at the University of Pennsylvania School of Nursing and NQF board member. "A key outcome of our collective work is a much greater understanding of the powerful interconnectedness of nursing, the care environment, and patient safety."





NQF's nine endorsed "resource use" measures monitor the sources of healthcare costs, but only reveal a part of the "value" picture on their own. The full picture comes into focus when resource-use measures are used in concert with quality measures. Together, these two powerful sets of measures help providers, health plans, employers, government agencies, and community collaboratives identify opportunities for creating a higher value healthcare system.

But their efforts did not stop there. HealthPartners subsequently developed a Total Cost of Care (TCOC) measure, which was designed to help the Alliance chart the effects of its quality efforts on costs and benchmark their progress against other entities. In 2012, NQF gave the measure its first endorsement for a TCOC measure.



Measuring and Reducing Hospital Readmissions

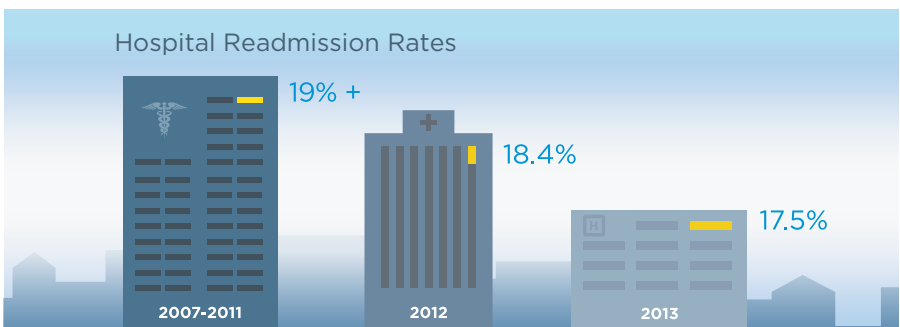
UNTIL RECENTLY, the nation's healthcare leaders and policymakers as well as patients and families struggled with high hospital readmission rates. At that time, an estimated one in five Medicare beneficiaries returned to the hospital within a month, causing stress and hardship on patients and costing the federal program \$26 billion annually. Readmissions also take a significant toll on patients and their families, often resulting in prolonged illness or pain, emotional distress, and lost days at work.

In October 2011, NQF reviewed and endorsed quality measures related to all-cause readmissions at the hospital and health plan levels. Though endorsement was controversial, these measures provide an important opportunity to understand and ultimately reduce unplanned hospital readmission rates across the country.

"This effort was truly groundbreaking, difficult, and challenging both technically and politically," said Cristie Upshaw Travis, CEO of the Memphis Business Group on Health, a member of the NQF 2011 All Cause Readmissions Committee and the current chair of the NQF Consensus Standards Advisory Committee. "We learned a lot through our work on readmissions and that experience informed how NQF approaches other controversial topics."

The endorsed measures that resulted from the All Cause Readmissions Committee were recommended by the NQF-convened Measure Applications Partnership for use in the CMS Readmissions Reduction Program, launched in October 2012. Over a two year period, the program, which measures Medicare beneficiary readmission rates for heart attack, heart failure, and pneumonia, resulted in readmissions dropping from 19 percent to 17.5 percent. Nearly 150,000 more Medicare beneficiaries were staying home to heal rather than returning to the hospital.

In October 2014, the CMS readmissions program expanded to include chronic obstructive pulmonary disease, and knee and hip replacements in 2015. In 2017, CMS plans to add coronary artery bypass graft surgery to the list. Simultaneously, NQF has been adding to its portfolio of admissions/readmissions measures both to include more conditions and to address many more settings of care. Its portfolio now numbers 29 such measures.





A Better Start for Moms and Babies

THE DRAMATIC REDUCTION IN THE RATE OF EARLY ELECTIVE DELIVERIES (EEDS) is one of the most compelling examples of how an agreed-upon improvement intervention and standardized quality measure can reverse an alarming trend.

Mounting evidence showed that early elective deliveries prior to 39 weeks gestation can cause newborns serious harm—including problems with breathing, feeding, and development—or even death. EEDs can also result in NICU admissions, increased length of stay, and higher costs to patients and payers. The American College of Obstetricians and Gynecologists (ACOG) has advised against these deliveries for over 30 years, but until recently the proportion of healthy pregnant women undergoing EEDs was on the rise.

NQF initially examined the issue when it endorsed an EED measure as part of the nation's first set of perinatal measures in 2008. The NQF Maternity Action Team—which includes consumer organizations, health insurers, hospitals, obstetricians and other providers, public-private quality collaboratives, the National Priorities Partnership, and the federal government—was formed to collectively reduce EED rates.

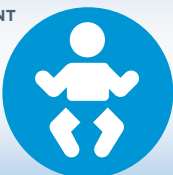
The results were dramatic. The Leapfrog Hospital Survey first collected EED rates in 2010, revealing a national average of early elective deliveries of 17 percent. By 2013, that rate had dropped drastically to 4.6 percent. Further, by 2013, 71 percent of the nearly 1,000 reporting hospitals met Leapfrog's early elective deliveries target rate of less than 5 percent, compared to 46 percent of hospitals participating in the 2012 survey. The NQF Maternity Action team recently distributed its *Playbook for Successful Elimination of Early Elective Deliveries* nationally to assist hospitals and other providers across the country in their efforts to achieve equal success in reducing their EED rates.

On the local level, the 2012 John M. Eisenberg Patient Safety and Quality Award winner Memorial Hermann, a hospital system in the greater Houston area that delivers approximately 25,000 babies a year, utilizes the NQF-endorsed Early Elective Delivery measure, which has been adopted by The Joint Commission in its accreditation program. In June 2013, the system achieved zero EEDs in eight of nine delivering hospitals.

73%

IMPROVEMENT

2014 LEAPFROG SURVEY shows that early elective deliveries (EED) dropped from 17% to 4.6% between 2010 and 2013.



...AND RESEARCH SHOWS THAT REDUCING EEDS to less than 2% will avoid approximately

500k
NICU DAYS

\$1B
ANNUAL HEALTHCARE COSTS



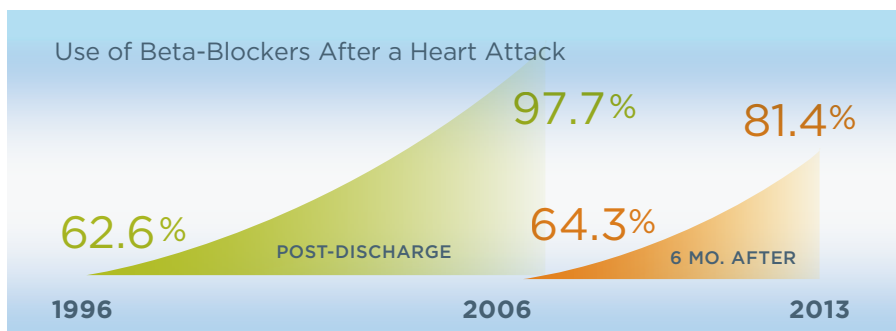
Good Measures Improve Clinical Care

PRESCRIBING BETA-BLOCKERS TO SLOW THE HEARTS OF PATIENTS RECOVERING FROM HEART ATTACKS was counterintuitive to medical practice more than a decade ago until medical research and metrics demonstrated otherwise. The result is an important example of healthcare advances that can result from evidence-based, quality measurement.

The story of how beta-blockers came to be prescribed for heart attack patients began more than 32 years ago, with the publication of the Beta-Blocker Heart Attack Trial in 1982 in the *Journal of the American Medical Association*. The study detailed the results of a randomized trial that was curtailed nine months early because mortality rates were so clearly lower for heart attack patients receiving beta-blockers than for patients in the control group (7.2 percent versus 9.8 percent).

Clinical guidelines followed, as did a related quality measure focused on prescribing beta-blockers post-discharge. The National Committee for Quality Assurance (NCQA) developed this measure, which NQF later endorsed. Five years later, the use of beta-blockers was so profoundly positive for patients and so widely adopted in clinical practice that NQF retired the measure and endorsed a new measure that reflects persistent beta-blocker treatment six months after discharge.

“The use of beta-blockers among patients who have suffered heart attacks stands as one of the early victories of the quality movement and has benefited hundreds of thousands of people,” said Margaret E. O’Kane, president of the National Committee for Quality Assurance. “Quality measurement was an essential tool that helped drive this clinical change and is vital to future advances in care.”





Providing a Road MAP for Better Care

THE MEASURE APPLICATIONS PARTNERSHIP (MAP) is a transparent, multi-stakeholder partnership convened by NQF that guides the U.S. Department of Health and Human Services (HHS) each year on the selection and alignment of standardized performance measures across federal health programs covering more than 100 million Americans.

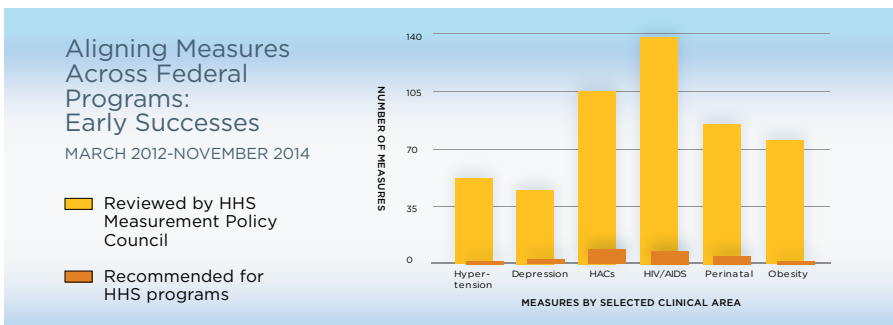
With the support of Congress, MAP first began its work in 2011, bringing together consumers, purchasers, labor, health plans, clinicians and providers, communities and states, and suppliers to discuss measures being considered by HHS for more than 20 federal programs. More than 150 experts from nearly 90 private-sector organizations and liaisons from seven federal agencies participate in MAP committees and their work. MAP also provides input to HHS on assessing quality of care for some of the nation's most vulnerable populations, including children and adults covered by Medicaid and the 10 million Americans who are eligible for both Medicare and Medicaid.

MAP provides a coordinated look across federal programs at measures under consideration. Ultimately, that helps foster use of a more uniform set of measures, which helps providers better identify key areas in which to improve quality. In turn, that work can help reduce wasteful data collection of look-alike measures for hospitals, physicians, and nurses and curb the proliferation of redundant measures that can confuse patients and payers.

In addition, the HHS Measures Policy Council uses MAP's Measure Selection Criteria and considers NQF endorsement in its effort to identify core healthcare quality measures for use across HHS programs (see chart below). For example, there were once close to 50 hypertension measures in use across all HHS agencies and programs. The Council has agreed to reduce the number to two hypertension measures.

"MAP's success is its ability to achieve broad consensus on recommended, streamlined sets of measures for use in government programs—that's good for patients, providers, and the entire healthcare system," said Christine Cassel, MD, president and CEO of NQF.

MAP submitted its annual recommendations to HHS in February 2015 for approximately 200 performance measures under consideration for use in federal value-based and purchasing programs. During this process, MAP received 1,100 public comments.





For more information,
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