The Care We Need

Driving Better Health Outcomes for People and Communities
Modern Quality Movement: Drivers for Action in 1999

6 Key Challenges (1999)
- Medical Error Rates
- Limited Culture of Quality and Safety
- Rising Healthcare Costs
- Health Disparities
- Lack of Transparency
- Limited Data

Institute of Medicine (IOM) Aims for Quality Improvement
- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable
Institute of Medicine Rules for Redesign

- Care is based on continuous healing relationships
- Care is customized according to patient needs and values
- The patient is the source of control
- Knowledge is shared and info flows freely
- Decision making is evidence-based
- Safety is a system property
- Transparency is necessary
- Needs are anticipated
- Waste is continuously decreased
- Cooperation among clinicians is a priority
Stages of and Selected Milestones in the Modern Quality Movement

First stage: Defining the problem

- The National Roundtable on Health Care Quality convened by the Institute of Medicine (IOM) in 1996.
- In 1998, a Presidential Commission Report proposed the creation of a body that later became the National Quality Forum (NQF).
- The IOM published the landmark report *To Err Is Human* in 1999.
- The NQF established in 1999 and tasked by the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) to specify “never events” and “safe practices.”
- In 2001, the IOM published *Crossing the Quality Chasm*, specifying six goals of quality improvement: safety, effectiveness, patient-centered, timeliness, efficiency, and equity.
- NQF published a national quality improvement framework based on these principles in 2002.

Second Stage: Measuring to improve

- AHRQ and CMS facilitated development of quality measures building on The Joint Commission’s work and the National Committee for Quality Assurance’s Healthcare Effectiveness Data and Information Set (HEDIS), among other efforts.
- NQF established a performance measure endorsement process to assess measures for scientific rigor and consensus, and endorsed national performance measures to close gaps in multiple priority areas, including cardiac surgery, kidney disease, myocardial infarction, and opioid usage.
- Institute for Healthcare Improvement developed and deploys programs to build quality improvement practices.
- CMS restructured its Peer Review Organizations to build multi-disciplinary quality improvement capacity, known today as Quality Improvement Organization (QIOs)
Stages of and Selected Milestones in the Modern Quality Movement

Third stage: Reporting and transparency
- In 2005, building on its earlier efforts, CMS launched the first Hospital Compare website with performance data.
  (Yet research continues to demonstrate that such data are seldom used by patients and caregivers for health care decision-making, with some estimates as low as 14%.)
- Employers and purchasers begin using data-driven approaches to successfully improve outcomes for some conditions (e.g. diabetes and asthma).

Fourth stage: Paying for value
- Provisions in the 2010 Patient Protection and Affordable Care Act (PPACA) endeavored to increase the value of health care through the Hospital Readmissions Reduction Program (HRRP) and the creation of the CMS Innovation Center (CMMI).
- The momentum toward value-based care as a broader goal was further strengthened by implementation of The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
- While the public and private sectors shift to value, the quality movement is inextricably linked to this transition since quality performance assessment is at the core of value-driving efforts.
2020: New and Persisting Challenges

9 Key Challenges
- Medical Error Rates
- Inconsistent Culture of Safety and Quality
- Rising Healthcare Costs
- Health Disparities
- Ineffective Transparency
- Data Silos
- Healthcare Professional Burnout
- Measure Proliferation and Burden
- Increasing Consumer Share of Spend

2020: Solve for issues highlighted by the current pandemic

Aims for post-COVID world
- Continue improvements made during the pandemic:
  - Spread of telehealth
  - Licensure flexibility
- Continue to solve for:
  - Health equity
  - Changing payment and business models
  - At-risk consumers and healthcare professionals
  - Technological innovation
National Quality Task Force Launched to Address These Challenges

VISION:
Every person in every community can expect to consistently and predictably receive high quality care by 2030.

MISSION:
Identify actionable opportunities to improve alignment across the delivery system to achieve better health outcomes and value for every person.
The Promotion & System Change subcommittee aimed to define critical system changes to support the implementation and uptake of successful population health management capabilities which include promoting and embedding structural, cultural, and behavioral change necessary to drive an aligned, high quality learning system.

The Consumer & Community-Driven Care subcommittee focused on advancing quality of life measures for person-centered and consumer-defined outcomes as well as driving transparency of care decisions and improving performance data (validity, impact, and integration).
The Technology & Transformation subcommittee considered opportunities in which to focus advancements in the next generation of healthcare delivery and medical technologies including artificial intelligence, robotics, wearables, seamless EHR integration, new pharmaceuticals, and devices.

The Payment & Policy subcommittee focused on creating aligned performance incentives and penalties throughout the delivery system and weighing key considerations, e.g., performance reporting, risk, and social determinants of health (SDOH).

The Clinical & Quality Alignment subcommittee concentrated on establishing clinical priorities and aligning measurement, workflow, and improvement efforts to produce better outcomes and reduce burden.
### National Quality Task Force Preserved
IOM Aims and Updated Two

#### Appropriateness
- Care must be appropriate as well as effective considering:
  - Clinical and nonclinical interventions
  - Setting
  - Unique considerations and goals of the individual

#### Person-Centered
- Care must encourage and enable consumers to pursue better health outcomes before they become patients requiring treatment considering the whole persons’:
  - Physical and mental health
  - SDOH and health disparities
  - Comprehensive well-care

#### National Quality Task Force Aims
- Safe
- Appropriate
- Person-Centered
- Timely
- Efficient
- Equitable
National Quality Task Force: Strategic Objectives

Five Strategic Objectives

- Ensuring Appropriate, Safe, Accessible Care
- Implementing seamless flow of reliable data
- Supporting Activated Consumers
- Achieving Actionable Transparency
- Paying for Person-Centered Care and Healthy Communities
1. Ensuring Appropriate, Safe, Accessible Care

- Cultivate a culturally aligned, value-driven workforce by fostering competencies in safe, appropriate, person-centered care

- Ensure advanced technologies improve safe and appropriate outcomes through the use of a Technology Evaluation Framework

- Accelerate adoption of leading practices by highlighting exemplar performers
2. Implementing Seamless Flow of Reliable Data

- Ensure people are consistently and accurately matched to health records across clinicians and settings by implementing a single-person identifier.

- Improve access to optimal care anywhere by creating pathways to recognize clinical licenses across the country.
3. Supporting Activated Consumers

- Expand use of high value care settings by integrating virtual and innovative care modalities throughout the delivery system

- Create actionable intelligence for consumers by increasing requirements to educate and engage people in healthcare decisions
4. Achieving Actionable Transparency

- Align the quality enterprise and enable reliable improvement and outcomes analysis by standardizing quality data
5. Paying for Person-Centered Care and Healthy Communities

- Normalize high value care by adopting population health-based Alternative Payment Models (APMs) as the primary payment model

- Reduce disparities and achieve health equity by developing standard data and interventions to build the evidence base to address social determinants of health (SDOH)
Together We Can Make Care Better

Learn more about the recommendations and efforts you can support to drive better outcomes for people and communities.

www.thecareweneed.org
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THANK YOU.

NATIONAL QUALITY FORUM
http://www.qualityforum.org