National Priorities Partnership©

Setting a National Agenda for Healthcare Quality and Safety

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Why now?

- Costs skyrocketing
- Value questionable
- Quality agenda will benefit all and reduce disparities
- Focus and goals to guide health reform

“Last year, health care accounted for about one-quarter of total federal spending ... health spending will account for almost one-half of all federal non-interest outlays by 2050.”

-Federal Reserve Chairman Ben S. Bernanke
Senate Finance Committee Health Reform Summit, Washington, D.C., June 16, 2008
Why national priorities?

- **FOCUS**: Center on high-leverage areas to achieve high return on investment.

- **ALIGN**: Harmonize efforts of “multiple groups” around common goals for improvement.

- **ACCELERATE**: Emphasize the urgent need to drive fundamental change in delivery system.
The National Priorities Partnership (NPP) was convened by the National Quality Forum. NQF’s mission is to improve the quality of American healthcare by:

- setting national priorities and goals for performance improvement,
- endorsing national consensus standards for measuring and publicly reporting on performance, and
- promoting the attainment of national goals through education and outreach programs.
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28 multi-stakeholder organizations

- Consumers
- Purchasers
- Quality alliances
- Health professionals/providers
- Public sector: CMS, NGA, CDC, AHRQ, NIH
- Accreditation/certification groups
- Health plans

Co-Chairs:

Donald Berwick
Institute for Healthcare Improvement

Margaret O'Kane
National Committee for Quality Assurance

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Building on Prior Efforts

- Institute of Medicine
  - Crossing the Quality Chasm: A New Health System for the 21st Century (2001)
- Many other public and private initiatives
National Goals: Characteristics

- Would emphasize desired patient outcomes more commonly than desired care processes
- Would include direct measures of patient’s voices in regards to their experiences
- Would include priorities involving the continuum of care
National Goals: Characteristics

- Would be important to every provider regardless of current level of achievement
- Would incorporate measures of efficiency, outcomes and experiences of care
- Would be useful and be used for local improvement as well as external assessment
Selecting the Priorities: Criteria

- Remove Waste
- Eradicate Disparities
- Eliminate Harm
- Reduce Disease Burden

High Impact Areas
National Priorities

- Patient and family engagement
- Population health
- Safety
- Care coordination
- Palliative and end-of-life care
- Overuse
Patient and family engagement

- Engage patients and their families in managing their health and making decisions about their care

Areas of focus:
- Patient experience of care
- Patient self-management
- Informed decision-making
Population health

- Improve the health of the population
- Areas of focus:
  - Preventive services
  - Healthy lifestyle behaviors
  - National index to assess health status
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Safety

- Improve the safety and reliability of America’s healthcare system
- Areas of focus:
  - Healthcare-associated infections
  - Serious adverse events
  - Mortality
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Care coordination

Ensure patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care.

Areas of focus:
- Medication reconciliation
- Preventable hospital readmissions
- Preventable emergency department visits
NATIONAL PRIORITY

Palliative and end-of-life care

- Guarantee appropriate and compassionate care for patients with life-limiting illnesses

Areas of focus:
- Relief of physical symptoms
- Help with psychological, social and spiritual needs
- Effective communication regarding treatment options, prognosis
- Access to high-quality palliative care and hospice services

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Overuse

- Eliminate overuse while ensuring the delivery of appropriate care

- Areas of focus:
  - 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
NQF Comprehensive Measurement Framework

- Measurement framework for evaluating efficiency—defined as quality and costs—across patient-focused episodes of care
- NQF work underway:
  - Mapping existing endorsed measures to the framework for an initial set of high impact conditions
    - AMI, Colorectal Cancer, CHF, Diabetes, Low Back Pain
  - Identifying measure gaps that crosswalk to the national priorities & goals
  - Laying out a strategy to fill these measure gaps
NQF Measures and Practices (MAPs for Quality): Acute Myocardial Infarction
Crosswalk to National Priorities & Goals

Post AMI Trajectory 1 (T1)
Relatively healthy adult
Focus on:
- Secondary prevention
- Quality of Life
- Functional Status
Advanced care planning

Post AMI Trajectory 2
Adult with multiple co-morbidities
Focus on:
- Palliative Care
- Functional Status
Advanced Care Planning

Population Health
1st Prevention
2nd Prevention (CAD with prior AMI)

Staying Healthy
Population Health

Acute Phase
Post Acute/Rehabilitation Phase
2nd Prevention

Patient & Family Engagement: Patient Preferences
Care Coordination

Overuse: Cardiac Imaging/Procedures

Cost & Resource Use

Episode begins – onset of symptoms
Episode ends – 1 year post AMI
Primary Prevention measures:
Avoidable hospitalizations (e.g., HTN)
BP control
Lipid management
Weight assess/follow-up
Smoking cessation

Population Health

1º Prevention

2º Prevention
(CAD with prior AMI)

PHASE 1

PHASE 2

PHASE 3

PHASE 4

Acute Phase

Post Acute/Rehabilitation Phase

2º Prevention

Post AMI Trajectory 1 (T1)
Relatively healthy adult

Post AMI Trajectory 2
Adult with multiple co-morbidities

Getting Better
Coping w/ End of Life (T2)

Episode begins – onset of symptoms

Episode ends – 1 year post AMI

Cost & Resource Use

NQF Measures and Practices (MAPs for Quality): Acute Myocardial Infarction
Primary Prevention Measures
NQF Measures and Practices (MAPs for Quality): Acute Myocardial Infarction
Acute Care Measures

Population Health

1\textsuperscript{st} Prevention

2\textsuperscript{nd} Prevention (CAD with prior AMI)

PHASE 1

Acute Phase

PHASE 2

Post Acute/Rehabilitation Phase

PHASE 3

2\textsuperscript{nd} Prevention

PHASE 4

Population Health

Acute measures:
Aspirin at arrival
Median time to EKG
Time to PCI
AMI mortality

Post AMI Trajectory 1 (T1)
Relatively healthy adult

Post AMI Trajectory 2
Adult with multiple co-morbidities

Getting Better

Living w/ Illness/Disability (T1)
Coping w/ End of Life (T2)

Cost & Resource Use

Episode begins – onset of symptoms

Episode ends – 1 year post AMI
Population Health

1° Prevention

2° Prevention (CAD with prior AMI)

Acute Phase

Post Acute/Rehabilitation Phase

2° Prevention

Transition measures:
30 day readmission rate
3-item Care Transition Measure
H-CAHPS

Post AMI Trajectory 1 (T1)
Relatively healthy adult

Post AMI Trajectory 2
Adult with multiple co-morbidities

Getting Better

Living w/ Illness/Disability (T1)
Coping w/ End of Life (T2)

Episode begins – onset of symptoms
Episode ends – 1 year post AMI

Cost & Resource Use

NQF Measures and Practices (MAPs for Quality): Acute Myocardial Infarction Transition Measures
NQF Measures and Practices (MAPs for Quality): Acute Myocardial Infarction Secondary Prevention Measures

**Post AMI Trajectory 1 (T1)**
*Relatively healthy adult*

- Prevention measures:
  - Persistence beta blockers
  - BP control
  - LDL < 100
  - ACE/ARB for LVSD
  - Optimally modified CAD risk
  - Smoking cessation

**Post AMI Trajectory 2**
*Adult with multiple co-morbidities*

- Prevention measures:
  - Persistence beta blockers
  - BP control
  - LDL < 100
  - ACE/ARB for LVSD
  - Optimally modified CAD risk
  - Smoking cessation

**Population Health**

- **1st Prevention**
  - (CAD with prior AMI)

- **2nd Prevention**
  - (CAD with prior AMI)

**Episode begins – onset of symptoms**

**Cost & Resource Use**

**Episode ends – 1 year post AMI**

**PHASE 1**

**PHASE 2**

**PHASE 3**

**PHASE 4**

**Acute Phase**

**Post Acute/Rehabilitation Phase**

**Getting Better**

**Coping w/ End of Life (T2)**

**Living w/ Illness/Disability (T1)**

**Adult with multiple co-morbidities**

**Getting Better**

**Coping w/ End of Life (T2)**
Considerations & Next Steps

- Develop “gap” measures to support tracking the national priorities and goals
- Map to the NHQR and NHDR to provide a barometer of our progress
- Map to regional reporting efforts recognizing that communities across the nation will be at different starting points
For more information …

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