

***THE
NATIONAL QUALITY FORUM
AND HEALTHCARE
CONSUMERISM***

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The Paradox of American Healthcare 2003

- **Highly trained practitioners; widespread diffusion of state-of-the-art technology; unparalleled biomedical research; dramatic technological advances in treatment; unequaled expenditures; excellent care for some individuals**
- **Care fragmented and difficult to access; too many people not assured access; uncertain value of expenditures; growing disenchantment with care process by patients, practitioners and payers alike; serious and systemic quality problems**

Presentation Overview

➤ Will not discuss:

- ✓ **The state of American healthcare quality**
- ✓ **The absence of consumer and purchaser information that are necessary for a real “market”**
- ✓ **Barriers to healthcare quality improvement**

➤ Will discuss:

- ✓ **The genesis and evolution of the NQF**
- ✓ **Current NQF activities**
- ✓ **Challenges to NQF functioning**

*What is the role of the
NATIONAL QUALITY FORUM?*

WHAT IS THE NQF?

**The National Quality Forum is
a private, non-profit
voluntary consensus standards
setting organization.**

WHAT DOES THE NQF DO?

The NQF was established to improve the quality of U.S. health care by:

- standardizing health care performance measurement and reporting;**
- designing an overall strategy and framework for a National Healthcare Quality Measurement and Reporting System; and**
- otherwise promoting, guiding and leading health care quality improvement.**

HISTORY

- **Presidential Advisory Commission on Consumer Protection and Quality in the Health Care Industry established (1996)**
- **Commission recommended the creation of a private sector entity (“Quality Forum”) that would bring healthcare stakeholder sectors together to standardize health care performance measures and standards (1998)**
- **Quality Forum Planning Committee convened by White House (1998)**
- **NQF incorporated in District of Columbia (1999)**
- **NQF operational (2000)**

THE NQF-QI NEXUS

- **Quality improvement requires a systematic approach**
- **A systematic approach requires a strategy, goals, performance measurement and reporting**
- **Performance measures must be standardized, reliable and meaningful**
- **Structure, process, goals and rewards must be aligned; accountability has to be built in**

NQF Membership

- **Broad membership (nearly 200 organizations as of May 2003)**
- **An “organization of organizations”**
- **4 Member Councils**
 - **Consumers**
 - **Health care providers and health plans**
 - **Purchasers**
 - **Research and quality improvement organizations**

Board of Directors

- **Board of Directors composed of 23 voting members**
 - ✓ **The CEOs of 3 federal agencies (CMS, OPM and AHRQ)**
 - ✓ **Representatives of state health officers and Medicaid**
 - ✓ **Private sector representatives**
 - ✓ **An elected chairperson from each Member Council**
- **6 liaison members (JCAHO, NCQA, IOM, NIH, FACCT and PCPI-AMA)**
- **Consumers and purchasers constitute a majority**

UNIQUE FEATURES

- **Open membership**
- **Public and private sector representation on governing board**
- **Equitable status of stakeholder sectors (member councils)**
- **Attention to overall strategy for measuring and reporting healthcare quality, including establishing national goals**
- **Focus is on the entire continuum of healthcare**
- **Formal consensus process (“voluntary consensus standards”)**

National Technology and Transfer Advancement of Act of 1995 (NTTAA)

- **Defines the 5 key standards body” (i.e., openness, balance of interest attributes of a “voluntary consensus, due process, consensus, and an appeals process)**
- **Obligates federal government to adopt voluntary consensus standards (when the government is adopting standards)**
- **Encourages federal government to participate in setting voluntary consensus standards**

SELECTED PROJECTS

- **Serious Reportable Adverse Events (the “Never Events”)**
- **Safe Practices**
- **Hospital Care National Performance Measures**
- **Diabetes Management National Consensus Standards**
- **Nursing Home Care Performance Measures**
- **Home Health Care Performance Measures**

SELECTED PROJECTS

- **Cancer Care Quality Measures**
- **Mammography Standards for Consumers**
- **Cardiac Surgery Performance Measures**
- **Nursing Care Performance Measures**
- **Behavioral Health Care Performance Measures**
- **Standardizing Credentialing**

CHALLENGES & STRATEGIC ISSUES

- **Financial support**
- **Coordination with other standard setting organizations**
- **Role of NQF in establishing national priorities for healthcare quality improvement**
- **Role of NQF in the implementation of performance measures/standards**
- **Role of NQF in the collection and reporting of performance measure data**
- **Defining a coherent, coordinated and consistent approach to healthcare quality improvement**

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Conclusion

The American health care delivery system is in need of fundamental change. The current care systems cannot to the job. Trying harder will not work. Changing systems of care will.

IOM Quality of Care Committee