Editorial

The National Quality Forum enters the game

Health care quality in the USA is a paradox. On the one hand, the rapid dissemination of new biomedical knowledge and the widespread availability of state-of-the-art technology have brought sophisticated and often life-saving treatments to more people than ever before. On the other hand, serious problems of overuse, under-use and misuse of medical care have been found to exist in all types of health care delivery systems and financing mechanisms [1–6]. Further, the prevalence of errors and mishaps related to medical care is unacceptably high [7–11]. While tens of millions of Americans reap the benefits of modern medicine each year, other millions are exposed to unnecessary risks or are denied opportunities for improved health, and too many patients are injured or killed as a result of quality deficiencies.

Interest in determining the quality of health care in America is only of recent vintage, arising largely in response to the managed care revolution and concern that the new health care organizational structures and reimbursement strategies might be creating incentives that were deleteriously affecting the quality of care. In evaluating the situation, however, the most striking finding is how little is really known about the quality of health care in America. (Not that for any place else it is known any better.) There is no mandatory national reporting or surveillance system, nor any regular systematic review of the state of health care quality to determine whether it is getting better or worse. Likewise, few health care systems or provider organizations have even rudimentary organized data systems that routinely inform them about the quality of care they provide. Overall, it is highly ironic that we know much more about the quality of airlines, automobiles, televisions and toasters than we do about the nation's largest enterprise – an enterprise exceeding $US1 trillion in annual expenditures and accounting for some 15% of the gross national product.

In recognition of these problems and in response to growing consumer and purchaser demands for greater health care accountability, numerous efforts have been made in the last two decades to promote quality improvement in American health care. It is beyond the scope of this short article to review these myriad efforts and their individual successes, or lack thereof. Suffice it to say that in the aggregate, despite the good work of many dedicated individuals and organizations, there is widespread sentiment that health care quality improvement has not progressed as far or as fast as it should have. There exists a collective feeling that there are large gaps between the care people should receive and the care that they actually do receive.

The above sentiment was clearly expressed in three independent reports published in 1998 – i.e. reports by the Institute of Medicine's National Roundtable on Health Care Quality [3], by investigators at RAND after an extensive review of the literature [4], and by President Clinton's Advisory Commission on Consumer Protection and Quality in the Health Care Industry [5]. Because of these reports and the action they spawned, 1998 will probably go down as a watershed year in the quest for health care quality improvement in the USA.

One of the most notable sequels of such action was the establishment of the National Quality Forum (NQF), a private, non-profit, membership organization proposed by the Advisory Commission on Consumer Protection and Quality in the Health Care Industry [5]. While some may see the Forum as just the latest in a series of organizations that have tried to move the health care quality agenda, it differs from other existing entities most notably in its public–private nature, its consumer/purchaser bias, and the broad representation of stakeholders on its Board of Directors, including key government agencies.

The concept of the NQF arose as part of the Commission's articulated national strategy to improve health care quality [5,12]. Recognizing the strong American sentiment against government regulation and control of health care, the Commission proposed a public–private partnership involving two new organizations – a private-sector entity they called the National Forum on Health Care Quality Measurement and Reporting (better known now as the NQF) and a public entity they called the Advisory Council for Health Care Quality. The Commission's original vision was that the Advisory Council would identify national goals for quality improvement and provide oversight of the accomplishment of those goals, while the NQF would devise a national strategy for measuring and reporting health care quality that would advance the identified national aims for improvement. The paired public–private relationship seemed to reasonably balance the doubts about the capacity of a private organization to meet important public-interest needs with the negative sentiment towards vesting health care quality control with the government.

Vice President Al Gore launched the Commission's recommendation by convening the Quality Forum Planning Committee in June 1999. With in-kind support from the United Hospital Fund of New York City, the Planning Committee drafted an initial mission statement for the Forum, proposed a governance structure and sought funding from selected foundations. Start-up funds were subsequently obtained from the Robert Wood Johnson, California HealthCare and Horace W. Goldsmith Foundations and the Commonwealth Fund. A president and chief executive officer was
hired in the fall of 1999, and the NQF started to operate in late 1999, with an initial tasking from the Health Care Financing Administration to standardize performance measures for the nation’s 5000 general acute care hospitals.

Of note, no action has been taken by the US Congress, so far, to establish the proposed Advisory Council for Health Care Quality, and so some of its envisioned functions are now being reviewed by the NQF for implementation.

The NQF sees its fundamental mission or primary goal as being to improve the quality of health care – e.g. to promote delivery of care known to be effective; to achieve better health outcomes, greater patient functionality, or a higher level of patient safety; or to make care easier to access or a more satisfying experience. The primary strategy the Forum will employ to accomplish its mission is to improve quality measurement and reporting mechanisms – i.e. to improve the technology for measuring and reporting quality. In doing so, however, the Forum does not envision itself developing quality indicators or measures de novo. There are more than enough entities already involved with developing measures.

The Forum has further identified five key enabling objectives; these include: (i) developing a national strategy for measuring and reporting quality for the USA that is consistent with identified national goals for quality improvement; (ii) standardizing the measures of and processes for reporting quality-related data so that data collection is consistent and less arduous for health care providers, and so that the data are of greater value; (iii) promoting consumer choice by building consumer competence in the use of quality measures; (iv) enlarging the health care system’s capacity to evaluate and report on the quality of care; and (v) increasing the overall demand for health care quality data. While there is much that needs to be done in each of these areas, the Forum sees a particularly acute need to reduce the burden and increase the value of quality reporting methods.

The NQF has convened a group of highly respected quality improvement and health policy experts to help craft a strategic framework for health care quality measurement and reporting. This group is known as the Strategic Framework Board (SFB). The SFB’s essential mission is to determine the principles, intellectual framework and criteria for quality measurement and reporting. More specifically, they have been tasked with: (i) providing the NQF with general advice about improving health care quality, including possible national goals for quality improvement; (ii) proposing quality indicators or core measures, reporting health care quality data, promoting the use of health care quality information, and proposing a national research agenda to advance health care quality improvement in general and the measurement and reporting of health care quality data in particular.

In pursuing its mission, the NQF will seek to provide a clear, coordinated and coherent over-arching strategy and a set of guiding principles to inform the choice of measures that it will ultimately endorse. The Forum will strive to endorse measures that are compelling and causally related to better outcomes, and especially outcomes related to processes or activities that improve something that actually happens to patients. Indeed, the Forum believes that the true test of a quality indicator or measure is how well, and for what cost, the measure and its reporting actually help care improvements to occur. The more ways that a measure helps patients to have better outcomes, the better.

The NQF will also strive to ensure that its over-arching strategy has a sound theoretical framework that will inform and guide a strategic and proactive research agenda.

In approaching its work, the NQF will be looking at issues of quality across the entire spectrum of health care and seeking to coordinate quality measurement between and among the various levels or elements of the system – e.g. health plan, hospital, medical group, nursing home, individual practitioner, home care, etc.

Likewise, the NQF believes that it must always ensure that the consumer’s perspective is heard during the discussion of quality measures. Indeed, the Forum’s Board of Directors is designed to have a majority of its members representing consumers and purchasers. This is an important structural precept that should facilitate keeping the consumer’s perspective ever present.

As it enters the game, the NQF is very cognizant of the many challenges that lie ahead – e.g. how to find common ground among organizations that are more used to conflict than collaboration, how to bring together and build upon numerous related but too often competing activities, how to coordinate and systematize quality improvement in a milieu of highly variable and largely immature clinical information systems, and how to build the business case for quality and get purchasers truly committed to and demanding of better health care quality, to name some of the issues. While the challenges are daunting, they are over-shadowed by the need for success. Perhaps by working together as a public–private partnership the NQF can find the success that has been so elusive to date.

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References


