

**INPUT TO THE SECRETARY OF
HEALTH AND HUMAN SERVICES
ON
PRIORITIES FOR THE 2011 NATIONAL QUALITY STRATEGY**



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OCTOBER 14, 2010

Why the National Priorities Partnership Submitted this Report

The Affordable Care Act (ACA) requires the Secretary of Health and Human Services (HHS) to “establish a National Strategy to improve the delivery of healthcare services, patient health outcomes, and population health,” and to consult with the consensus-based entity with a contract under section 1890(a) of the Social Security Act (SSA) to obtain input on priorities for this National Quality Strategy, due to Congress by January 1, 2011.

HHS contracted with the National Quality Forum (NQF) to convene the National Priorities Partnership (NPP)—a multistakeholder group including organizations representing the interests of consumers, purchasers, healthcare providers and professionals, state-based associations, community collaborative and regional alliances, government agencies, health plans, accreditation and certification bodies, and supplier and industry groups—to provide input on a proposed framework for the National Quality Strategy and recommendations for a set of national priorities and goals.

HHS’s proposed framework includes three pillars—better care, affordable care, and healthy people/healthy communities—that a set of national priorities and goals should address. Additionally, HHS has identified four core principles to serve as a foundation for the National Quality Strategy and that identified priorities and goals also should aim to improve: person-centeredness and family engagement; care for patients of all ages, populations, service locations, and sources of coverage; elimination of disparities in care; and opportunities for the alignment of public and private sectors.

NATIONAL PRIORITIES PARTNERSHIP REPORT: RECOMMENDATIONS TO THE SECRETARY OF HEALTH AND HUMAN SERVICES ON PRIORITIES FOR THE 2011 NATIONAL QUALITY STRATEGY

Aligning Efforts around National Priorities and Goals

To address the framework and pillars identified by HHS, the National Priorities Partnership (NPP) recommends eight priority areas. NPP proposes the inclusion of its original six priority areas—patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, and elimination of overuse—as a set of inextricably linked priorities to reinforce and amplify the framework and National Quality Strategy. NPP recommends augmenting these six priorities with two additional areas of focus particularly relevant in this era of health reform: equitable access to ensure that all patients have access to affordable, timely, and high-quality care; and infrastructure supports (e.g., health information technology) to address underlying system changes that will be necessary to attain the goals of the other priority areas. The chart below provides a summary of NPP’s recommended eight priorities. NPP believes that this set of priorities—individually and collectively—offers significant opportunity for improving quality of care, affordability, and health. In its full report to HHS, NPP also offers aspirational and actionable goals to be achieved over the next three to five years for each priority area.

HHS Pillars	Better Care	Affordable Care	Healthy People/ Healthy Communities
NPP’s Recommended Priorities	Patient and Family Engagement Safety Care Coordination Palliative and End-of-Life Care Equitable Access	Elimination of Overuse	Population Health
	Infrastructure Supports		

The Path Forward

NPP believes that a strategy building on existing work that has gained traction in the public and private sectors—such as its previously identified priorities and goals—will enable rapid adoption of the Secretary’s plan. As HHS develops the National Quality Strategy, NPP strongly encourages that the proposed framework—including the pillars of better care, affordable care, and healthy people/healthy communities—is consistently framed and implemented as a set of interrelated aims and that strategies for improvement are developed in an integrated fashion. The approach to the National Quality Strategy should not focus on any of these areas in isolation, but rather should encourage and support interventions and actions that improve the three areas collectively and comprehensively.

NPP’s recommendations reflect a multistakeholder group approach to reaching consensus around common priorities and goals—an approach foundational for shared ownership and shared accountability to result in successful implementation through public-private partnership. NPP’s unified effort is poised to contribute to refining the priorities on an annual basis as the Secretary looks to the development of the National Quality Strategy for 2012 and beyond. NPP believes that ongoing partnership and collaboration between public sector policymakers and private sector implementers will allow for the spread of successful efforts to promote ongoing and rapid transformation of the health system.

NATIONAL PRIORITIES PARTNERSHIP

Convened by the National Quality Forum

INPUT TO THE SECRETARY OF HEALTH AND HUMAN SERVICES ON PRIORITIES FOR THE 2011 NATIONAL QUALITY STRATEGY

The Affordable Care Act (ACA) requires the Secretary of Health and Human Services (HHS) to “establish a National Strategy to improve the delivery of healthcare services, patient health outcomes, and population health,”¹ and to consult with the consensus-based entity with a contract under section 1890(a) of the Social Security Act (SSA) and others to obtain input on priorities for the National Quality Strategy. Subsequently, the Secretary is directed to submit the initial National Strategy to Congress by January 1, 2011.

In preparing for the development of the National Strategy, HHS has proposed a framework that includes three pillars – better care, affordable care, and healthy people/healthy communities – which a set of national priorities and goals should address. Furthermore, HHS has put forth the following four core principles that will serve as a foundation for the National Strategy and that priorities and goals also should emphasize:

- person-centeredness and family engagement;
- care for patients of all ages, populations, service locations, and sources of coverage;
- the elimination of disparities in care; and
- opportunities for the alignment of public and private sectors.

In developing the National Strategy, HHS is seeking input on priorities and goals that align with the above pillars and principles, but that are also aspirational, actionable, and aligned nationally. Ideally, this approach will ensure a National Strategy co-developed by the public and private sectors that promotes shared ownership and accountability.

In response to HHS’s request of the National Priorities Partnership (NPP) to provide input regarding the proposed framework, this report outlines NPP’s recommendations on priorities and goals for the Secretary’s National Quality Strategy. NPP believes that a strategy building on existing work that has gained traction in the public and private sectors – such as NPP’s previously identified priorities and goals – will enable rapid adoption of the Secretary’s plan. Furthermore,

National Priorities Partnership Organizations

AARP
AFL-CIO
Agency for Healthcare Research and Quality*
Aligning Forces for Quality
Alliance for Home Health Quality and Innovation
Alliance for Pediatric Quality
America’s Health Insurance Plans
American Board of Medical Specialties
American Health Care Association
American Medical Association
American Medical Informatics Association
American Nurses Association
AQA
Association of State and Territorial Health Officials
Certification Commission for Health Information
Technology
Centers for Disease Control and Prevention*
Centers for Medicare & Medicaid Services*
Consumers Union
Health Resources and Services Administration*
Health Information & Management Systems Society
Hospice and Palliative Care Coalition
Hospital Quality Alliance
Institute for Healthcare Improvement
Institute of Medicine
Johnson & Johnson Health Care Systems
The Joint Commission
Leapfrog Group
National Association of Community Health Centers
National Association of State Medicaid Directors
National Business Group on Health
National Committee for Quality Assurance
National Governors Association
National Hispanic Medical Association
National Initiative for Children’s Healthcare Quality
National Institutes of Health*
National Partnership for Women & Families
National Quality Forum
Network for Regional Healthcare Improvement
Nursing Alliance for Quality Care
Pacific Business Group on Health
Partnership for Prevention
Patient Centered Primary Care Collaborative
Pharmacy Quality Alliance
Physician Consortium for Performance Improvement
Planetree
Quality Alliance Steering Committee
U.S. Chamber of Commerce
Veterans Health Administration*
**Ex-officio, non-voting*

¹ HR 3590 §3011, amending the Public Health Service Act (PHSA) by adding §399HH (a)(1).

NPP’s recommendations reflect a multistakeholder group approach that built consensus around common priorities and goals – an approach that will be foundational for successful implementation.

I. National Priorities, Goals, and Measures to Support the National Strategy

NPP member organizations offer their support of HHS’s three pillars and four principles as a framework with an easily understood yet comprehensive approach for improving health and healthcare. As HHS develops the National Strategy, however, NPP strongly recommends that the proposed framework – including the pillars of better care, affordable care, and healthy people/healthy communities – is consistently framed and implemented a interrelated aims and that strategies for improvement are developed in an integrated fashion. The approach to the National Strategy should not focus on any of these areas in isolation, but rather should encourage and support interventions or actions that improve the three areas collectively and comprehensively.

To address the three pillars, NPP proposes eight priority areas. First, NPP recommends the inclusion of its original six priority areas – patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, and elimination of overuse – to reinforce and amplify HHS’s framework and the National Strategy. As a set of inextricably linked priorities, NPP strongly believes that these areas address the framework in an inclusive manner. Additionally, although the proposed priorities are categorized by HHS pillar as an organizing framework, NPP believes that each of these priorities offers opportunities for improving quality, affordability, and health. Thus the relationship among better care, affordability, and healthy communities is multidirectional and mutually reinforcing. Improving care coordination, for example, can lead to better patient outcomes by improving handoffs, particularly during transitions between different healthcare settings. In addition to reducing burden on patients and their families as they navigate a fragmented healthcare system, care coordination also has the potential to impact overall affordability by avoiding duplicative services, and by preventing costly readmissions and potentially avoidable emergency department visits.

Finally, NPP recommends augmenting its original six priorities with two additional areas of focus particularly relevant in this era of health reform – equitable access to ensure that all patients have access to affordable, timely, and high-quality care; and infrastructure supports to address the underlying system changes necessary to attain the goals of the other priority areas. In the sections that follow, NPP outlines each priority area and offers aspirational and actionable goals to be achieved over the next three to five years.

*National Priorities
Partnership's Recommended
Priorities for National
Action*

Patient and Family Engagement
Safety
Care Coordination
Palliative and End-of-Life Care
Equitable Access
Elimination of Overuse
Population Health
Infrastructure Supports

BETTER CARE

HHS’s National Strategy framework identifies better care as “person-centered care that works for patients and providers, [which] should expressly address how the quality, safety, access, and reliability of care is delivered, as well as the experience of individuals in receiving that care; active

engagement of patients and families; and the best possible care at all stages of health and disease.” NPP recommends including five priority areas and nine corresponding goals under the better care pillar, once again acknowledging the interface of these priorities with both the affordable care and healthy people/healthy communities pillars.

Patient and Family Engagement

Healthcare should honor each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and should adapt readily to individual and family circumstances, as well as differing cultures, languages and social backgrounds.

- ✧ **Patient Experience of Care** – All patients, their families, and their caregivers will be asked for feedback on their experience of care, which healthcare organizations and their staff will then use to inform patients and improve care across all settings.
- ✧ **Patient Self-Management** – All patients, their families, and their caregivers will have access to tools and support systems that enable them to navigate, coordinate, and manage their care effectively.
- ✧ **Shared Decisionmaking** – All patients, their families, and their caregivers will have access to information and assistance that enables them to make shared and informed decisions about their treatment options.

Patient and family engagement is central to creating a National Strategy that is truly patient-centered since the patient is the only common thread in the health system. Therefore, patient experience data will be critical in evaluating how the health system as a whole is meeting its goals. Additionally, assisting patients in self-managing their chronic conditions as well as engaging them in shared decisionmaking around evidence-based options for their care has been linked to improved outcomes and the potential to lower costs. Ensuring that all patients and their families and caregivers receive this information in a way that considers language and cultural barriers will be important in addressing continued disparities in care.

Safety

Healthcare should be relentless in continually reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible – a system that promises absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science. Healthcare leaders and healthcare professionals should be intolerant of defects or errors in care, and should constantly seek to improve, regardless of their current levels of safety and reliability.

- ✧ **HAI and SRE** – All healthcare organizations and their staff will strive to ensure a culture of safety while driving to lower the incidence of healthcare-induced harm, disability or death toward zero. They will focus relentlessly on reducing and seeking to eliminate all healthcare-associated infections (HAIs) and serious adverse events.
- ✧ **Mortality Rates** – All hospitals and their community partners will improve 30-day mortality rates following hospitalization for select conditions (acute myocardial infarction, heart failure, and pneumonia) to best-in-class.

A full 10 years after the release of the Institute of Medicine’s *To Err is Human*, much work remains to be done in the area of patient safety. NPP supports continued efforts to drive the incidence of healthcare-associated infections and serious adverse events to zero to provide a health system in which patients and their families will not suffer from preventable harms. In addition to providing a safer environment for patients, driving out unsafe practices can also contribute to more affordable care by eliminating associated and avoidable costs, such as longer hospital stays.

Care Coordination

Healthcare should guide patients and families through their healthcare experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships among patients and the healthcare professionals accountable for their care.

- ✧ **Care Transitions** – Healthcare organizations and their staff will continually strive to improve care by soliciting and carefully considering feedback from all patients and their families, when appropriate, regarding coordination of their care during transitions between healthcare systems and services, and between the health system and communities.
- ✧ **Preventable Readmissions** – All healthcare organizations and their staff will work collaboratively with patients to reduce preventable 30-day readmission rates.

It is widely acknowledged that the healthcare system is excessively fragmented, and that major improvements in care coordination are needed to increase quality. As patients and their families navigate an increasingly complex healthcare system, better coordination is needed to alleviate unnecessary burden and to improve the affordability of our excessively costly system by eliminating wasteful practices and reducing avoidable hospitalizations and emergency department visits. Efforts to improve care coordination should target populations across the lifespan and lead to improved care within the health system, while also addressing links between the health system and available community resources.

Palliative and End-of-Life Care

Healthcare should promise dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends, and family can bring to bear during advanced, chronic, or terminal illness.

- ✧ **Management of Physical Symptoms and Psychosocial Needs** – All patients with serious advanced illness will have access to effective treatment for relief of suffering from symptoms such as pain, shortness of breath, weight loss, weakness, nausea, serious bowel problems, delirium, and depression, and they and their families will have access to help for their psychological, social, and spiritual needs.

Facing an aging population and increasingly complex patient populations, palliative care will continue to be an important priority, particularly as evidence grows that palliative care programs improve family satisfaction and are associated with cost savings by avoiding overly aggressive care that offers minimal benefit. In addition, emerging research suggests that while patients receiving early palliative care receive less aggressive care at the end of life, they may actually experience longer survival. By emphasizing quality of life for patients with advanced chronic illness or terminal illness, hospice and palliative care offers patients and their families help in managing physical symptoms as well as important psychosocial and spiritual needs.

Equitable Access

Healthcare should promise all patients access to affordable, timely, and high-quality care that is delivered in a culturally and linguistically appropriate manner.

Access to care through expanded coverage – although an essential first step – will not guarantee equitable access to high-quality care. Care that remains inaccessible because of a dearth of healthcare providers in underserved areas, or because convenient appointment times are not available, will result in the persistence of disparities. In a health system absent an infrastructure to support the provision of safe, effective, and affordable care for the entire population, the

realization of equitable access to high-quality care will continue to evade the nation despite best efforts. Access to a poorly functioning, uncoordinated system will not meet the needs of the current patient population, particularly those with multiple chronic conditions and complex medical needs, and the increasing number of patients who will now be entering the system as a result of expanded coverage.

AFFORDABLE CARE

HHS's National Strategy framework identifies affordable care as "care that reins in unsustainable costs for families, government, and the private sector to make it more affordable." For this pillar, NPP recommends focusing on eliminating overuse with a menu of options to improve affordability of care, while acknowledging that *all* of the priorities identified for the better care and healthy people/healthy communities pillars also contribute to improved affordability.

Elimination of Overuse

Healthcare should promote better health and more affordable care by continually and safely reducing the burden of unscientific, inappropriate, and excessive care, including tests, drugs, procedures, visits, and hospital stays.

- ✧ All healthcare organizations will continually strive to improve the delivery of appropriate patient care and substantially and measurably reduce extraneous services and/or treatments. NPP offers the following menu of potential areas to address:
 - 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; and
 - potentially harmful preventive services with no benefit.

Although the elimination of overuse has been selected as a primary strategy for addressing affordability, it is important to note that the issues of access and coverage addressed above also contribute to affordability problems for many Americans. Other NPP goals (e.g., engaging in shared decisionmaking, reducing healthcare-associated infections, preventing potentially avoidable readmissions, and adopting healthy lifestyle behaviors) also may contribute to reducing cost, while simultaneously supporting better care and improved outcomes and affordability. This demonstrates the cross-cutting nature of NPP's priorities and goals and how as a set they address the aims of better care, affordable care, and healthy people/healthy communities.

HEALTHY PEOPLE/HEALTHY COMMUNITIES

HHS's National Strategy framework identifies healthy people/healthy communities as a pillar "important for improving health and wellness at all levels through strong partnerships between healthcare providers, individuals, and community resources." NPP recommends including the population health priority area and three goals to improve the health of people and communities. Improving population health also offers opportunities to address affordability, primarily by

addressing contributors to poor health upstream and preventing the development of chronic conditions that are costly drivers of healthcare.

Population Health

Communities should foster health and wellness as well as national, state, and local systems of care that are fully invested in preventing disease, injury, and disability – and that are reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

- ✧ **Clinical Preventive Services** – All Americans will receive the most effective preventive services recommended by the U.S. Preventive Services Task Force.
- ✧ **Healthy Lifestyle Behaviors** – All Americans will adopt the most important healthy lifestyle behaviors known to promote health.
- ✧ **Community Health Index** – The health of American communities will be improved according to a national/community index of health.

While the parallel development of a National Prevention Strategy offers great promise to address further the needs of the U.S. population, concerns arise about concurrent strategies that may inadvertently foster the continued silos between the healthcare delivery and public health systems. NPP recommends deliberate efforts to harmonize these two efforts to ensure a coordinated and mutually reinforcing approach.

INFRASTRUCTURE SUPPORTS

NPP recommends including infrastructure supports as an eighth priority area to address the underlying system changes that will be needed to achieve all of the priority areas and make progress in all three pillar areas.

Infrastructure Supports

Stakeholders should foster public-private partnerships to promote systems that support workforce development, health information technology, system and community capacity, performance measure development and application, research to build the evidence base, and quality improvement.

Investments in national infrastructure and systems solutions will be needed to remove barriers to progress. Doing so will include major efforts such as building a national health information network, developing a strong and balanced workforce, establishing a solid evidence base through research, and offering tools and technical assistance to providers for quality improvement purposes. It also will include mechanisms that promote transparency and accountability, and that engage the patient and family to provide input on experience of care for the redesign of care processes.

Summary of HHS's Pillars, and NPP's Proposed Priorities and Goals

Table 1 provides a snapshot of HHS's three pillars, and NPP's proposed priorities and corresponding goals. Additionally, it preliminarily identifies performance measures available for benchmarking and improvement purposes to indicate that these priorities and goals provide opportunities for immediate action and measurement – with the caveat that further consideration is required and immediate and future measurement needs should be determined as part of ongoing strategic consultation with HHS.

NATIONAL PRIORITIES PARTNERSHIP

Convened by the National Quality Forum

Table 1: HHS Pillars and NPP’s Proposed Priorities, Goals and Sample Measures

HHS Pillar	Better Care									Affordable Care	Healthy People/ Healthy Communities		
Priority	Patient and Family Engagement			Safety		Care Coordination		Palliative and EOL Care	Equitable Access	Elimination of Overuse	Population Health		
Goal	Experience of Care	Self-Management	Shared Decision Making	HAI & SRE	Mortality Rates	Care Transitions	Preventable Readmissions	Physical Symptom / Psychosocial Needs E&M	Affordable and Timely Access to Care	NPP’s Identified Overuse Areas	Clinical Preventive Services**	Healthy Lifestyle Behaviors**	Community Health Index
Sample Measures and Practices	CAHPS* Family Evaluation of Hospice Care (FEHC)*	Medical Home System Survey*	LBP*	SSI* CLABSI* CAUTI* SRE* Drugs to be Avoided in the Elderly*	30-day Mortality Rates for: AMI* Heart Failure* Pneumonia* PCI*	CTM-3* Timely Transmission of Transition Record* Transition Record with Specified Elements Received by Discharged Patients* Follow-Up After Hospitalization for Mental Illness*	30-day Readmission Rates for: AMI* Heart Failure* Pneumonia*	Comfortable Dying*	Timely Access to Physician (CWF) Lack of Follow-up Care Prevented Due to Cost (CWF) Late Entry into Prenatal Care (HRSA)	Antibiotics* LBP Imaging* C-Section*	Breast, Cervical, Colorectal Screenings* Child & Adult Pneumonia Influenza Immunizations* Health Partners Composite	Smoking Cessation Counseling* BMI* Young Adult Health Care Survey (YAHCS)* Promoting Healthy Development Survey (PHDS)* Health Partners Composite	MATCH (Univ. of Wisconsin) Prevention Quality Indicators (PQI)*
NQF Endorsed				NQF Safe Practices for Better Healthcare		NQF Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination (awaiting NQF Board ratification)		NQF Preferred Practices for Palliative and Hospice Care Quality*			** Need to address aspirin, blood pressure, cholesterol, smoking counseling	** Need to address smoking, nutrition, physical activity, risky alcohol use	

Note: Although the proposed priorities are categorized by HHS pillar as an organizing framework, NPP believes each of these priorities offers opportunities for improving quality, affordability, and health. The priority area of infrastructure supports is not captured in this table as it is intended to address the underlying system changes needed to achieve all of the priorities.

II. Background, Role, and Work of the National Priorities Partnership

The National Priorities Partnership (NPP) is providing its input on priorities for HHS’s National Strategy as a collaborative effort of multistakeholder groups from the private and public sectors. NPP Partners include organizations representing the interests of consumers, purchasers, healthcare providers and professionals, state-based associations, community collaborative and regional alliances, government agencies, health plans, and accreditation and certification bodies, and supplier and industry groups. NPP is convened by the National Quality Forum (NQF) and NQF’s Board of Directors appoints partner organizations through a transparent, open nomination process, including an open comment period. Its charge is two-fold – to set national priorities and goals and to develop, recommend, and monitor the implementation of action plans to achieve them.² Although the focus of this report is on making recommendations to the Secretary on setting national priorities, a key role of the Partnership is to facilitate the alignment of private-sector programs with public-sector initiatives for achieving national priorities.

In 2008, as its first major effort, the National Priorities Partnership released its report *National Priorities & Goals – Aligning Our Efforts to Transform America’s Healthcare* (see Appendix A for the executive summary). This report identified six cross-cutting National Priorities and corresponding goals that collectively drive toward a high-quality health system that maximizes health by reducing harm and disease burden, and that eliminates disparities and waste.³ These priorities include:

- ✧ engaging patients and families in managing their health and making decisions about their care;
- ✧ improving the health of the population;
- ✧ improving the safety and reliability of America’s healthcare system;
- ✧ ensuring patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care;
- ✧ guaranteeing appropriate and compassionate care for patients with life-limiting illnesses; and
- ✧ eliminating overuse while ensuring the delivery of appropriate care.



Because the NPP framework aligns with many aspects of health reform legislation, it provides an important starting point for the development of the Secretary’s National Strategy. Additionally, many public and private efforts underway have built NPP’s work offering evidence of the support to date for this established set of priorities. In the public sector, for example, both the Institute of Medicine (IOM) and the Health IT Policy Committee have used the NPP framework for priority-setting work of their own – the IOM for developing recommendations for the National Healthcare Quality and Disparities Reports, and the HIT Policy Committee for developing meaningful use criteria associated with the

² NQF is a nonprofit organization that aims to improve the quality of healthcare for all Americans through 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.

³ NPP used these four criteria for the initial identification of the six NPP priority areas.

Medicare Electronic Health Record (EHR) incentive program.^{4,5} Appendix B details snapshots of other efforts that have used the NPP framework as a foundation for priority-setting efforts. NPP's existing workgroup structure has further engaged a wide range of stakeholder groups beyond the partner organizations, resulting in broad commitment to achieving these national priorities (see Appendix C). These groups now are prepared to lay out specific action plans to guide private alignment around the National Strategy.

III. Selecting Priorities to Guide the National Strategy

As HHS develops the National Strategy with the aims of achieving better care, affordable care, and good health, these three pillars offer an important framework for considering national priorities. Furthermore, HHS's identified principles—achieving patient-centeredness and family engagement; ensuring quality care for patients of all ages, populations, service locations, and sources of coverage; eliminating disparities; and aligning public and private sectors—are paramount to achieving quality healthcare for all Americans, and offer important crosschecks for establishing priorities and goals.

In accordance with ACA legislation, HHS also stressed that the selection of priorities for the Secretary's National Strategy address the specific criteria presented in Table 2. Together, the above principles and the following criteria call for priorities that stress the urgency of driving toward a high-functioning health system and goals that offer a roadmap to the field for focusing its collective efforts.

Table 2: Criteria Guiding Selection of Priorities

- ◇ Demonstrates the greatest potential for improving health outcomes, efficiency, and patient-centeredness of healthcare for all populations, including children and vulnerable populations
- ◇ Shows potential for rapid improvement in quality and efficiency
- ◇ Addresses gaps in quality, efficiency, comparative effectiveness information, health outcomes measures, and data aggregation techniques
- ◇ Improves payment policies to emphasize quality and efficiency
- ◇ Enhances the use of healthcare data to improve quality, efficiency, transparency, and outcomes
- ◇ Addresses the healthcare provided to patients with high-cost chronic diseases
- ◇ Improves research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions, and healthcare-associated infections
- ◇ Reduces health disparities across populations and geographic areas

⁴ Institute of Medicine (IOM), *Future Directions for the National Healthcare Quality and Disparities Reports*, Washington, DC: National Academy Press; 2010.

⁵ Tang P, Mostashari F, *HIT Policy Committee Meaningful Use Workgroup Presentation*, June 16, 2009.

NPP National Priorities and the Institute of Medicine's Future Directions Report

In developing its input to the Secretary on priorities for consideration for the National Strategy, the Partners built upon the initial six cross-cutting priorities NPP identified in 2008: patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, and elimination of overuse. They carefully examined these priorities within the broader context of the health reform law, paying particular attention to the implications of provisions that address expanding access to affordable care for those without coverage and necessary supports for providing high-quality care for the population at large.

With this expanded view of priorities, the Partners' thinking was further informed by the April 2010 recommendations the IOM put forth in its report *Future Directions for the National Healthcare Quality and Disparities (NHQ&D) Reports*.⁶ In affirmation of the NPP framework, the IOM recommended that the Agency for Healthcare Research and Quality's (AHRQ) NHQ&D reports should track and monitor progress on the six NPP priority areas, and that the selection of measures to do so should align accordingly. Importantly, the IOM committee included two additional priority areas on which to focus national attention: access and health systems infrastructure capabilities.⁷ NPP fully supported the inclusion of these two areas into its set of priorities and offered the following guidance on further shaping how access and health systems infrastructure capabilities should be characterized.

Equitable Access and Infrastructure Supports

With an estimated 32 million people gaining health insurance coverage by 2019,⁸ access to high-quality care demands to be elevated in stature as a national priority. The Partners strongly believe that access to care alone through coverage – although an essential first step – does not guarantee equitable access to high-quality care. In a health system absent an infrastructure to support the provision of safe, effective, and affordable care for the entire U.S. population, the realization of equitable access to high-quality care will continue to evade the nation despite best efforts. Access to a poorly functioning, uncoordinated system will not meet the needs of the current patient population, particularly those with multiple chronic conditions and complex medical needs, and the increasing number of patients who will now be entering the system as a result of expanded coverage.

Investments in a national infrastructure and system solutions will be needed to remove existing barriers to progress. This process will include building a national health information network, along with aligning health information technology and meaningful use requirements. Improvements in health information technology will require significantly more than digitizing paper records – they will necessitate the gathering and aggregation of meaningful data that can be repurposed for multiple uses, whether for public reporting, payment, or clinical decision support. To address an expanding patient population with complex needs, a capable, diverse, and balanced workforce must be developed and continually assessed to determine whether patient needs are being met. Relevant and timely

⁶ IOM, *Future Directions for the National Healthcare Quality and Disparities Reports*.

⁷ The IOM defined access as “ensuring that care is accessible and affordable for all segments of the U.S. population.” Health systems infrastructure capabilities are described as “improving the foundation of healthcare systems (including infrastructure for data and quality improvement and communication across settings; workforce capacity and distribution; and systems for coordination of care) to support high quality care.”

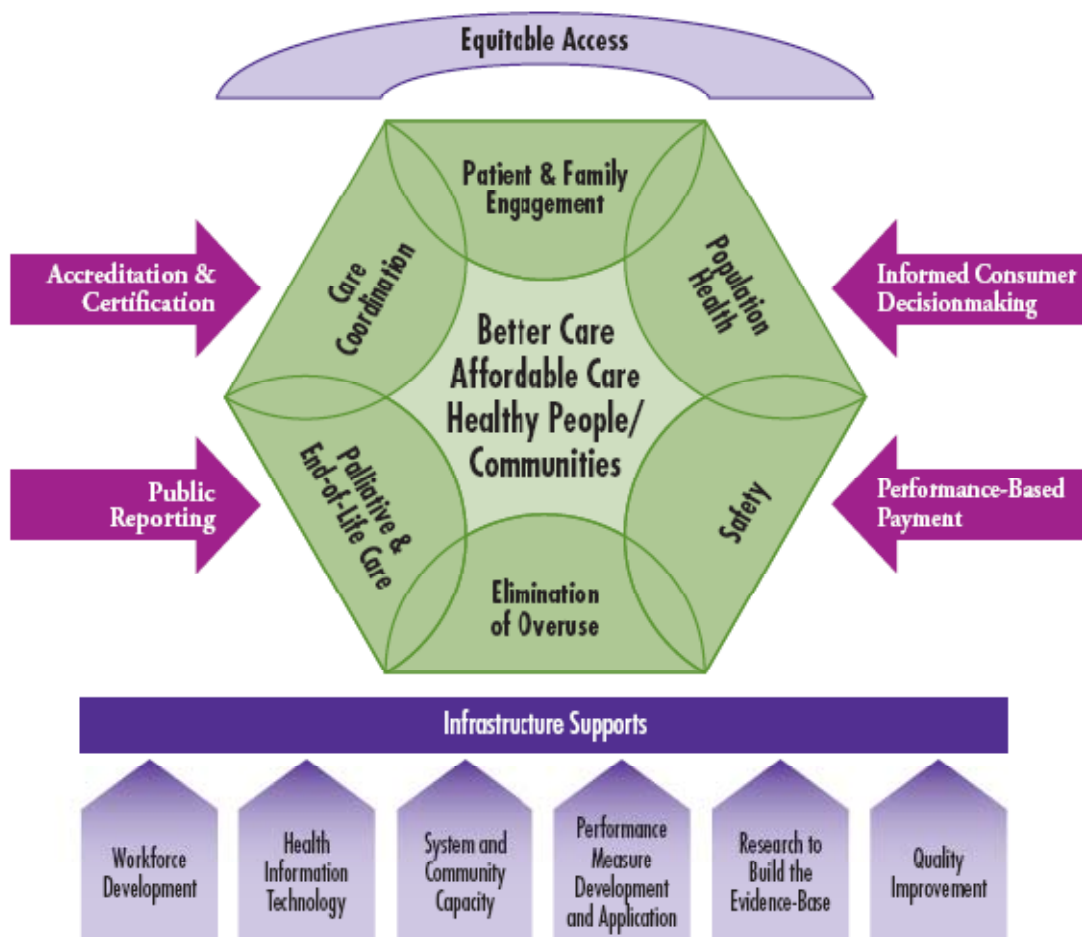
⁸ Congressional Budget Office. Available at www.cbo.gov/ftpdocs/113xx/doc11379/AmendReconProp.pdf. March 10, 2010. Last accessed October 2010.

health services and comparative effectiveness research should be available to establish a solid evidence base, which can then enable the development of tools and technical assistance resources for providers to adopt models known to improve performance. Access to a national learning network would enable the sharing and supporting of interventions to improve performance, and integrating patient and family input into the redesign of care processes would encourage a more patient-centered focus. Foundational to all of these efforts will be the continued development, testing, and maintenance of meaningful performance measures that support ongoing assessment and performance improvement.

Eight National Priorities for the National Strategy

Exhibit 1 presents a conceptual model for the eight national priorities with equitable access as an overarching priority; the six NPP priorities as high-leverage areas on which to focus public and private improvement efforts; and infrastructure supports as an underpinning priority essential to the attainment of the others.

Exhibit 1: Proposed Priorities for the National Strategy



Collectively, these NPP-recommended priority areas provide a set of clear aims for the National Strategy that is relevant across conditions, settings, and populations, with a clear patient-focused orientation. To play out this orientation more comprehensively, Appendix D offers a conceptual model of the National Priorities Integrated Framework to illustrate further how addressing these priorities across a patient-focused episode of care can positively impact patients and the population, and how HHS might consider this framework for implementation. This model was developed to establish a longitudinal approach to performance measurement focusing on patient outcomes, key care processes, and cost⁹ and illustrates a patient's journey through an episode of care that includes preventive, acute, and post-acute phases. Appendix E provides a case study to demonstrate the value of this framework more concretely through the eyes of a patient affected by multiple chronic conditions and to illustrate how the NPP priority areas affect patients and their families at every step in that journey.

In summary, these eight priority areas provide significant opportunities to ensure safe, timely, effective, efficient, and equitable care – and because of their patient-centeredness they offer an opportunity for all healthcare professionals, regardless of practice area, setting, or level of expertise to address what is important to patients.

IV. Policy Levers: Advancing National Priorities Aligned with Health Reform

The Partners' integrated framework detailed above provides a comprehensive, patient-centered approach for channeling collective action and resources around the provision of high-quality, safe, affordable care. There are many important policy levers – public reporting, payment, informed consumer decisionmaking, and accreditation and certification – that can drive change to achieve a high-value, patient-centered health system that results in better care, affordable care, and healthy people/healthy communities (see Exhibit 1). Maximizing the impact of these levers will require the commitment of leadership at federal, state, and local levels. It also will necessitate a robust national health information network, professional education and the development of core competencies to ensure an adequate and well-prepared workforce, technical assistance for providers, and health services research to identify what interventions work best.¹⁰

In its leadership role and through the National Strategy, the federal government will be able to drive progress on identified priority areas in the public sector, which also will spur action in the private sector.¹¹ In turn, NPP can facilitate further alignment of private-sector initiatives with the Secretary's National Strategy, for example, through its previously described multistakeholder workgroup structure. Since many ACA provisions directly link to the priority areas, there are many strategic opportunities on which to capitalize, which could allow for a cohesive strategy to transform healthcare nationwide. The following examples illustrate how the priorities offer a vehicle through which to accelerate implementation of reform requirements within the context of the policy levers discussed above.

⁹ National Quality Forum (NQF), *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, Washington, DC: NQF; January 2010.

¹⁰ The IOM defines the following as core competencies for health professionals: provide patient-centered care, work in interdisciplinary teams, employ evidence-based practices, apply quality improvement, and utilize informatics. IOM, *Health Professions Education: A Bridge to Quality*, Washington, DC: National Academy Press; 2003.

¹¹ IOM, *Leadership by Example: Coordinating Government Roles in Improving Health Care Quality*, Washington, DC: National Academy Press; 2002.

Enabling Informed Decisionmaking: The ACA establishes a program to facilitate shared decisionmaking (Section 3506) through the endorsement of patient decision aids. In addition, the statute establishes a program to provide grants to support shared decisionmaking implementation and also directs that grants be issued to educate providers on the use of decision aids.

HHS Pillar and Priority: *Better Care – Patient and Family Engagement*
Policy Levers: *Informed Consumer Decisionmaking, Payment*

Reducing Healthcare Acquired Conditions: The ACA contains language (Section 3008[a]) to incentivize hospitals to reduce healthcare-acquired conditions by imposing a 1 percent penalty on payments that would otherwise apply with respect to such discharges; the section also establishes public reporting requirements for such information. Additionally, under the ACA (Section 3508), the Secretary may award grants to eligible entities (health professions schools; schools of public health, social work, nursing, pharmacy, healthcare administration; institutions with graduate medical education programs; or consortia) for demonstration projects to develop and implement academic curricula that integrates quality improvement *and patient safety* in the clinical education of health professionals. Efforts to reduce healthcare-acquired conditions also is named as one of HHS’s objectives in its draft five-year strategic plan (2010-2015), specifically around the reduction in the number of cases of Methicillin-resistant Staphylococcus aureus and central line-associated blood stream infections.¹²

HHS Pillar and Priority: *Better Care – Safety*
Policy Levers: *Payment, Public Reporting, Accreditation and Certification*

Reducing Avoidable Readmissions: Under Section 3025 of the ACA, the Hospital Readmissions Reduction Program would adjust payments for hospitals paid under the Inpatient Prospective Payment System (IPPS) based on dollar value of each hospital’s percentage of potentially preventable Medicare readmissions, initially for acute myocardial infarction, heart failure, and pneumonia – and to report this information publicly.

HHS Pillar and Priority: *Better Care – Care Coordination*
Policy Levers: *Payment, Public Reporting*

Providing Comprehensive Pain Management: Under Section 4305 of the ACA, the Secretary of Health and Human Services is permitted to enter into agreements (grants, cooperative agreements, and contracts) for developing and implementing programs to provide education and training to healthcare professionals in pain care. The legislative language specifically notes that awards may be made only if the program includes “information and education on . . . cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations.”

HHS Pillar and Priority: *Better Care – Palliative and End-of-Life Care*
Policy Levers: *Payment, Public Reporting, Accreditation and Certification*

Establishing School-based Health Centers: Section 4101 of the ACA provides for grants for establishing school-based health centers. Among the provisions, the language articulates that

¹² HHS FY 2010-2015 Strategic Plan (Draft). Available at www.hhs.gov/secretary/about/pubcomm_draft.pdf. Last accessed October 2010.

comprehensive primary health services be offered and that a focus would be on medically underserved children and adolescents to mitigate disparities in access to preventive services for this population.

HHS Pillar and Priority: *Better Care – Equitable Access*
Policy Levers: *Payment, Accreditation and Certification*

Preventing Chronic Diseases: Under Section 4108 the Secretary would award grants to states to provide incentives to Medicaid beneficiaries to participate in programs designed to promote healthy lifestyle behaviors including lowering or controlling cholesterol and high blood pressure, losing weight, and quitting smoking. This effort directly supports HHS’s objective to promote prevention and wellness as part of its draft 2010-2015 strategic plan.¹³

HHS Pillar and Priority: *Healthy People and Communities – Population Health*
Policy Levers: *Payment, Informed Consumer Decisionmaking*

Medicare Shared Savings Program: The ACA sets forth various demonstration and pilot programs to encourage the development of new patient care models. Among these is the Medicare Shared Savings Program (Section 3022) to be established not later than January 1, 2012. The program is to focus on promoting accountability for accountable care organizations (ACOs), which include group practice arrangements, networks of individual practices, partnerships or joint ventures between hospitals, and ACO professionals and other arrangements. ACOs are to be accountable for clinical processes and outcomes; patient and, where practicable, caregiver experience of care; and utilization (such as hospital admission rates for ambulatory care-sensitive conditions), and will accrue a portion of savings in return for meeting or exceeding benchmarks on per-capita Medicare expenditures (parts A and B) established by the Secretary.

Under this program, models shall be selected for testing from those for which the Secretary determines that “there is evidence that the model addresses a defined population for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures.” Among possible programs to address the latter is one focused on “varying payment to physicians who order advanced diagnostic imaging services according to the physician’s adherence to appropriateness criteria (as determined in consultation with physician specialty groups and other relevant stakeholders).

HHS Pillar and Priorities: *Affordable Care – Elimination of Overuse; Infrastructure Supports*
Policy Levers: *Payment, Public Reporting*

V. Conclusion

As a multistakeholder group requested to provide input to inform the Secretary of HHS’s 2011 National Quality Strategy, NPP stands ready to support private-sector alignment around the final public-sector plan that emerges and believes that collectively, the eight priorities and their corresponding goals for national action put forth in this report have the greatest potential to result in substantial improvements in health and healthcare. As HHS develops the National Strategy, NPP encourages strong messaging around the inextricable links between the three pillars of better care, affordable care, and healthy people/healthy communities and the

¹³ HHS FY 2010-2015 Strategic Plan (Draft).

corresponding priority areas. The National Strategy, therefore, should be developed to cohesively address aims, priorities, and goals to achieve the best possible results and should provide a road map for those charged with implementation that identifies not only priorities and goals, but also specific action steps, milestones, and targets.

NPP recognizes the ascendant role of states in the post-reform era and the central role that communities and states will play in implementing many of the provisions under the Affordable Care Act and has addressed this in part by reconstituting NPP membership to increase state and regional stakeholder representation. In anticipation of the release of the 2011 National Strategy, NPP will look to these members to assume a leadership role in guiding NPP in its support of state, community, and local efforts. As previously noted, ensuring harmonization between the National Quality and the National Prevention Strategies will be important to ensuring an integrated approach that does not cross purposes or unintentionally increase burden, and these organizations may help to achieve coordinated strategies.

As implementation is rolled out, the key to state involvement will be flexibility in adoption and recognizing that one size does not and cannot fit all. The National Strategy should afford a level of flexibility for states and communities to allow adaptation based on their individual needs, particularly as they deal with the challenges of rapidly expanding enrollments and other public health demands. Wherever possible, it also should build on existing efforts that have demonstrated progress and offer support to overcome barriers to starting up new innovative initiatives or to the spread of existing best practices and lessons learned.

Finally, NPP recognizes the importance of public/private-sector alignment around common priorities and goals and supports HHS's efforts to promote such partnerships. The private partner organizations of NPP will continue to align their individual and collective efforts around the priorities and goals adopted by HHS and continue their collaborative efforts with public partner organizations responsible for leading the implementation of health reform. NPP's reach extends well beyond the organizations at the table, and the individual partners have agreed to work with their respective constituency groups to continue to advance these priorities and goals in an effort to achieve widespread and cohesive support for and implementation of programs to achieve them.

NPP's aligned and unified effort is poised to contribute to the ongoing refinement of the priorities on an annual basis as the Secretary looks to the development of the National Strategy for 2012 and beyond. This continuous feedback loop between public-sector policymakers and private-sector implementers will allow for the identification of successful efforts to promote ongoing and rapid transformation of the health system. NPP is pleased to offer its full support of this historical effort to identify national priorities for the National Strategy to improve the health and healthcare of all Americans. As articulated in its original 2008 report, NPP will continue to encourage others to join not in *calling* for reform, but in *enacting* it nationally and in communities across the country.

"The mere existence of a shared sense of responsibility to meet specific goals can transform healthcare quality, [but] acting to meet them can revolutionize it."

--National Priorities Partnership

APPENDIX A

NATIONAL PRIORITIES & GOALS:

**ALIGNING OUR EFFORTS TO TRANSFORM AMERICA'S HEALTHCARE
(EXECUTIVE SUMMARY)**

Aligning Our Efforts to Transform America's Healthcare

National Priorities & Goals

Executive
Summary

November 2008



**National
Priorities
Partnership**

*Convened by the
National Quality Forum*

NATIONAL PRIORITIES AND GOALS: ALIGNING OUR EFFORTS TO TRANSFORM AMERICA'S HEALTHCARE

The promise of our healthcare system is to provide all Americans with access to healthcare that is safe, effective, and affordable. But our system as it is today is not delivering on that promise.

In recent years, we have seen remarkable efforts that demonstrate how well healthcare organizations can do in delivering on this promise, but these examples stand out because they are the exception, not the norm.

To improve our results, we must fundamentally change the ways in which we deliver care, and this will require focused and combined efforts by patients, healthcare organizations, healthcare professionals, community members, payers, suppliers, government organizations, and other stakeholders.

We must fundamentally change the ways in which we deliver care.

The National Priorities Partnership—a collaborative effort of 28 major national organizations that collectively influence every part of the health care system—is doing just that. The Partners, convened by the National Quality Forum to address the challenges of our healthcare system, represent multiple stakeholders drawn from the public and private sectors. These organizations believe that it will require the work of many to achieve the transformational change that is needed for the United States to have a high-performing, high-value healthcare system.

Recent economic events, including instability of the U.S. economy and what appears to be a wide and deep recession, make addressing our healthcare problems even more urgent. Many Americans have seen their retirement savings decline markedly, and millions of others have lost their homes and jobs. It is clear that the health care status quo is unsustainable. Health care spending accounts for 16 percent of the GDP (gross domestic product) and is increasing at an average annual rate of around 7 percent.ⁱ Americans spend more per capita on healthcare than any other industrialized country, yet our results on many important indicators of quality fall significantly below those of similar nations.ⁱⁱ

The time for serious and transformational change is now.

As a first step, the Partners have identified a set of National Priorities and Goals to help focus performance improvement efforts on high-leverage areas—those with the most potential to result in substantial improvements in health and healthcare—and thus accelerate fundamental change in our healthcare delivery system.

THE NATIONAL PRIORITIES AND GOALS

The National Priorities and Goals were selected because they collectively and individually address four major challenges—eliminating harm, eradicating disparities, reducing disease burden, and removing waste—that are important to every American.

Six Priority areas have been identified in which the Partners believe our combined and collective efforts can have the most impact. While the Goals are aspirational, the success of many small scale improvement projects offer direction on how we might proceed to bring this to scale nationally.

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

We envision healthcare that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that can and does adapt readily to individual and family circumstances, and differing cultures, languages and social backgrounds.

The Partners will work together to ensure that:

- ✔ All patients will be asked for feedback on their experience of care, which healthcare organizations and their staff will then use to improve care.
- ✔ All patients will have access to tools and support systems that enable them to effectively navigate and manage their care.
- ✔ All patients will have access to information and assistance that enables them to make informed decisions about their treatment options.

Improve the health of the population.

We envision communities that foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability—reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

The Partners will work together to ensure that:

- ✔ All Americans will receive the most effective preventive services recommended by the U.S. Preventive Services Task Force.
- ✔ All Americans will adopt the most important healthy lifestyle behaviors known to promote health.
- ✔ The health of American communities will be improved according to a national index of health.

Improve the safety and reliability of America's healthcare system.

We envision a healthcare system that is relentless in continually reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible—a system that can promise absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science. We envision healthcare leaders and healthcare professionals intolerant of defects or errors in care, and who constantly seek to improve, regardless of their current levels of safety and reliability.

The Partners will work together to ensure that:

- ✔ All healthcare organizations and their staff will strive to ensure a culture of safety while driving to lower the incidence of healthcare-induced harm, disability, or death toward zero. They will focus relentlessly on continually reducing and seeking to eliminate all healthcare-associated infections (HAI) and serious adverse events.

Healthcare-associated infections include, but are not limited to:

- Catheter-associated blood stream infections
 - Catheter-associated urinary tract infections
 - Surgical site infections
 - Ventilator-associated pneumonia
- (See the Centers for Disease Control and Prevention's *Infectious Diseases in Healthcare Settings* for a more inclusive list.)ⁱⁱⁱ

Serious adverse events include, but are not limited to:

- Pressure ulcers
 - Wrong site surgeries
 - Falls
 - Air embolisms
 - Blood product injuries
 - Foreign objects retained after surgery
 - Adverse drug events associated with high alert medications
- (See the National Quality Forum's *Serious Reportable Events* for a more inclusive list.)^{iv}

- ✔ All hospitals will reduce preventable and premature hospital-level mortality rates to best-in-class.^v

- ✔ All hospitals and their community partners will improve 30-day mortality rates following hospitalization for select conditions (acute myocardial infarction, heart failure, pneumonia) to best-in-class.

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

We envision a healthcare system that guides patients and families through their healthcare experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships between patients and the healthcare professionals accountable for their care.

The Partners will work together to ensure that:

- ✔ Healthcare organizations and their staff will continually strive to improve care by soliciting and carefully considering feedback from all patients (and their families when appropriate) regarding coordination of their care during transitions.
- ✔ Medication information will be clearly communicated to patients, family members, and the next healthcare professional and/or organization of care, and medications will be reconfirmed each time a patient experiences a transition in care.
- ✔ All healthcare organizations and their staff will work collaboratively with patients to reduce 30-day readmission rates.
- ✔ All healthcare organizations and their staff will work collaboratively with patients to reduce preventable emergency department visits.

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

We envision healthcare capable of promising dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends, and family can bring to bear at the end of life.

The Partners will work together to ensure that:

- ✦ All patients with life-limiting illnesses will have access to effective treatment for relief of suffering from symptoms such as pain, shortness of breath, weight loss, weakness, nausea, serious bowel problems, delirium, and depression.
- ✦ All patients with life-limiting illnesses and their families will have access to help with psychological, social, and spiritual needs.
- ✦ All patients with life-limiting illnesses will receive effective communication from healthcare professionals about their options for treatment; realistic information about their prognosis; timely, clear, and honest answers to their questions; advance directives; and a commitment not to abandon them regardless of their choices over the course of their illness.
- ✦ All patients with life-limiting illnesses will receive high-quality palliative care and hospice services.

Eliminate overuse while ensuring the delivery of appropriate care.

We envision healthcare that promotes better health and more affordable care by continually and safely reducing the burden of unscientific, inappropriate, and excessive care, including tests, drugs, procedures, visits, and hospital stays.

The Partners will work together to ensure that:

- ✦ All healthcare organizations will continually strive to improve the delivery of appropriate patient care, and substantially and measurably reduce extraneous service(s) and/or treatment(s).

The recommended areas of concentration are as follows:

- ✦ Inappropriate medication use, targeting:
 - *Antibiotic use*
 - *Polypharmacy (for multiple chronic conditions; of antipsychotics)*
- ✦ Unnecessary laboratory tests, targeting:
 - *Panels (e.g., thyroid, SMA 20)*
 - *Special testing (e.g., Lyme Disease with regional considerations)*
- ✦ Unwarranted maternity care interventions, targeting:
 - *Cesarean section*
- ✦ Unwarranted diagnostic procedures, targeting:
 - *Cardiac computed tomography (noninvasive coronary angiography and coronary calcium scoring)*
 - *Lumbar spine magnetic resonance imaging prior to conservative therapy, without red flags*
 - *Uncomplicated chest/thorax computed tomography screening*
 - *Bone or joint x-ray prior to conservative therapy, without red flags*
 - *Chest x-ray, preoperative, on admission, or routine monitoring*
 - *Endoscopy*
- ✦ Inappropriate non-palliative services at end of life, targeting:
 - *Chemotherapy in the last 14 days of life*
 - *Aggressive interventional procedures*
 - *More than one emergency department visit in the last 30 days of life*

- ✦ Unwarranted procedures, targeting:
 - Spine surgery
 - Knee/hip replacement
 - Hysterectomy
 - Percutaneous transluminal coronary angioplasty (PTCA)/Stent
 - Coronary artery bypass graft (CABG)
 - Prostatectomy
- ✦ Unnecessary consultations
- ✦ Preventable emergency department visits and hospitalizations, targeting:
 - Potentially preventable emergency department visits
 - Hospital admissions lasting less than 24 hours
 - Ambulatory care sensitive conditions
- ✦ Potentially harmful preventive services with no benefit, targeting:
 - BRCA mutation testing for breast and ovarian cancer – female, low risk
 - Coronary heart disease (CHD): Screening using electrocardiography, exercise treadmill test, electron beam computed tomography – adults, low risk
 - Carotid artery stenosis screening – general adult population
 - Cervical cancer screening – female over 65, average risk and female, post-hysterectomy
 - Prostate cancer screening – male over 75

(From the U.S. Preventive Services Task Force D Recommendations List)^{vi}

THE PATH FORWARD

Identifying a starter set of National Priorities and Goals is a major accomplishment, but it is only the first step in what must be a more expansive and ongoing implementation aimed at achieving the performance goals. Over the next year and beyond, we hope the National Priorities and Goals will spur action and innovation, because without coordinated actions, these goals will not be reached. The Partners have agreed to work with each other and with policymakers, healthcare leaders, and the community at large, to build on the framework provided in this report, and to develop actions in each of the major areas that will drive improvements needed: performance measurement, public reporting, payment systems, research and knowledge dissemination, professional development, and system capacity.

Health care reform is well underway and the current economic crisis makes solving the puzzles of quality, equity, and value not just an ideal, but an imperative. The National Priorities Partnership is encouraging everyone to join not in *calling* for

reform, but in *enacting* it nationally and in local communities across the country. The mere existence of a shared sense of responsibility to meet specific goals can transform healthcare quality. Acting to meet them can revolutionize it.

ⁱ Catlin A, Cowan C, Heffler S, et.al., National health spending in 2005: The slowdown continues. *Health Aff*, 2007;26(1):142-153.

ⁱⁱ The Commonwealth Fund, “Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008”.

ⁱⁱⁱ Centers for Disease Control and Prevention, *Infectious Disease in Healthcare Settings*. Available at www.cdc.gov/ncidod/dhqp/id.htm

^{iv} National Quality Forum, Serious Reportable Events. Available at www.qualityforum.org/projects/completed/srz/fact-sheet.asp.

^v “Best-in-class” may be determined by using an accepted methodology, such as *Achievable Benchmarks in Care (ABC)*TM.

^{vi} Agency for Healthcare Research and Quality, *U.S. Preventive Services Task Force (USPSTF)*. Available at www.ahrq.gov/clinic/prevenix.htm.

APPENDIX B

PUBLIC- AND PRIVATE-SECTOR ALIGNMENT EXEMPLARS

NATIONAL PRIORITIES PARTNERSHIP PUBLIC- AND PRIVATE-SECTOR ALIGNMENT EXEMPLARS

The following are illustrative examples of existing private sector alignment with and action on the priorities and goals established in the National Priorities Partnership (NPP) 2008 report *National Priorities & Goals: Aligning Our Efforts to Transform America's Healthcare*.

American Nurses Association – Nursing and the National Priorities Partnership: Aligning Efforts to Transform America's Healthcare (October, 2009)

In partnership with NQF, the American Nurses Association (ANA) led a joint effort of 20 professional nursing organizations to examine the nursing profession's role in advancing the NPP Priorities and Goals. The workshop represented the first in-depth analysis of one profession's contribution to NPP and served to analyze nursing's current and future responsibilities for the NPP agenda; to identify critical opportunities for nursing to accelerate achievement of the NPP goals; and to set forth specific recommendations for a nursing strategy and action plan to advance the NPP agenda. The nursing community will use the new action plan to guide its strategic planning moving forward.

American Board of Medical Specialties/American Board of Internal Medicine

After participation in NPP, the American Board of Medical Specialties (ABMS) agreed that all 24 member Boards need to incorporate patient experience surveys into maintenance of certification (MOC), and the individual boards are now working to include this new requirement in their programs. The American Board of Internal Medicine's (ABIM) MOC program already incorporates patient experience surveys in most of its tools and to date has collected data from approximately 297,000 patients. The majority of these surveys include condition-specific self-care and functional status questions that have been shown in ABIM research to be related to some outcomes of care.^{1,2} These surveys provide a unique opportunity for physicians to collect and review very specific and actionable feedback from their patients; 82 percent of physicians who surveyed their patients as a part of ABIM's MOC program reported that the survey enhanced their ability to develop or implement a plan to improve care for patients. ABIM also has included patient representatives in the development of its programs and assessment tools, including an effort related to assessing a comprehensive care internist and the creation of the HIV Practice Improvement Module.

Health Information Technology (HIT) Policy Committee Meaningful Use Workgroup

In its work to develop requirements for evaluating the meaningful use of health information technology for the purpose of healthcare provider and professional reimbursement, the HIT Policy Committee's Meaningful Use Workgroup used NPP's priorities and goals as a framework for developing its criteria and objectives. In its final recommendations, key NPP goals were adopted, including those of improving safety and efficiency, engaging patients and families, improving care coordination, and improving population and public health. This work will promote the use of technology that is meaningful to patients and the continued development and use of measures with electronic specifications.

¹ Lipner, 2007.

² Gray, under review.

Institute of Medicine – Future Directions for the National Healthcare Quality and Disparities Reports (April 2010)

In its recommendations for the future direction of the Agency for Health Research and Quality's (AHRQ's) National Healthcare Quality and Disparities Reports (NHQ/DR), the Institute of Medicine (IOM) recommended that AHRQ align the NHQ/DR with nationally recognized priority areas. To address this, the IOM offered a set of national priority areas for quality improvement on which AHRQ can report progress and align measure selection. Of eight priority areas offered, six were the NPP's original priority areas. The IOM committee added two other priority areas – access and health systems infrastructure capabilities – that it considered fundamental to improving care. NPP agreed, and subsequently incorporated these as additional priority areas. The IOM report concluded that “the Secretary of [HHS] is uniquely positioned to adopt national priority areas and set goals, thereby guiding collective efforts by the public and private sectors and bringing the policies and resources of departmental programs to bear on their accomplishment...and that...focusing the national healthcare reports on common priority areas and measures reflecting care processes with high impact on population health has the potential to help drive concerted national and local action to achieve the goals established by a national quality improvement strategy.”³

Jefferson School of Population Health

When Thomas Jefferson University in Philadelphia launched the Jefferson School of Population Health (JSPH) a little more than two years ago it looked to the National Priorities Partnership for a framework and guiding principles. In support of NPP's efforts, JSPH produces a quarterly publication in partnership with Lilly USA to provide essential information about quality improvement and patient safety to its constituents. Articles consistently focus on NPP priority areas and advocate for their achievement by identifying opportunities for action, such as addressing care coordination within the context of a population health management model and applying appropriateness methods to address overuse. According to a recent article, “...the NPP's efforts give...optimism for the future of healthcare in the United States [in large part because of the] enthusiasm with which stakeholders from across the country are responding to the National Priorities and Goals.”⁴

National Business Group on Health

The National Business Group on Health (NBGH) has been developing tools and resources for employers and others to use to address NPP's priorities and goals. NBGH's *Palliative and End-of-Life Work Group* has identified actions that employers can take to ensure that employees and their dependents are able to choose high-quality palliative care, and that coverage policies support choice and access to end-of-life care. One of NBGH's members, Pitney Bowes – along with General Electric, PepsiCo, and IBM – has been using these actions to help caregivers and employees with life-limiting diagnoses. Their work was recently featured on NPR. NBGH's “Toolkit for Action: Ensuring Patient Safety Across Health Care” has been instrumental in reaching large employers with the business case for patient safety; the role corporate executives serving on hospital boards play in demanding a culture of

³ Institute of Medicine (IOM), *Future Directions for the National Healthcare Quality and Disparities Reports*. Washington, DC: National Academy of Sciences; 2010.

⁴ Jefferson School of Public Health, *Prescriptions for Excellence in Health Care*. Spring 2010; 8(1).

safety; the safety criteria and reporting standards that should be built into health plan contracts with hospitals serving as “preferred” providers or Centers of Excellence; and employee education about choosing safer care. In addition, large employers meet monthly with health plan executives to urge more rapid progress on improving safety. In 2010, NBGH sent letters to all major health plan CEOs asking for their personal attention to address employer concerns about unsafe care in their individual negotiations with providers.

National Initiative for Children’s Healthcare Quality – Promoting Alignment: National Priorities and Child Health Measures (January 2010)

In partnership with NQF, the National Initiative for Children’s Healthcare Quality (NICHQ) led a joint effort to convene leading experts and stakeholders in the area of child health quality to align child health priorities with NPP’s, to propose additional parameters under the NPP framework to reflect important elements of child health, to consider criteria for prioritizing measure gaps for the development of new measures, and to consider major drivers for effecting change. This effort coincided with efforts now underway as required by the 2009 Child Health Insurance Program Reauthorization Act (CHIPRA) to establish measure and improvement priorities for child health. NPP will continue to champion the further integration of issues related to child health across its work.

National Partnership for Women & Families – The Campaign for Better Care

In partnership with Community Catalyst and the National Health Law Program (NHeLP), the National Partnership for Women & Families is leading a multiyear initiative, the Campaign for Better Care, which advances the NPP priorities and goals to ensure that our healthcare system provides comprehensive, coordinated, patient- and family-centered care that individuals – especially older adults and people with multiple health problems – want and need. The Campaign embraces the six original NPP priorities and is particularly focused on improving care coordination and promoting the widespread collection of patient and family experience of care measures as a means to assess quality, drive quality improvement, and provide meaningful information to consumers and providers. The Campaign’s consumer coalition includes nearly 160 national and state organizations. It is enlisting consumer advocates and activists across the country in efforts to ensure that these priorities are reflected in implementation of the new payment and delivery provisions of the 2010 Affordable Care Act.

North Shore-LIJ

Improving quality and sustaining excellence comprise the core mission of North Shore-LIJ Health System. The Board of Trustees and senior leadership have endorsed NPP’s National Priorities and Goals as their blueprint for quality improvement. A site-specific dashboard of measures addresses the safety and reliability of the health system – zero tolerance for health-acquired infections is reflected in the reported rates of nosocomial MRSA, *C. difficile*, and surgical site infections, among others. The use of data for internal quality improvement has led to a drastic reduction in variations in performance across North Shore-LIJ’s various sites. The leadership at North Shore-LIJ believes that sharing performance data with the public promotes patient and family engagement and contributes to improving the health of their population. Accordingly, they provide the community with access to information on a range of services, processes, and outcomes enabling patients to make informed decisions about their care. Finally, they recognize that person-centered compassionate care at every stage of life requires a commitment to creating a culture of healthcare embodied by NPP.

Pharmacy Quality Alliance

The Pharmacy Quality Alliance (PQA) has made a concerted effort to align its workgroups with NPP's original six priorities. PQA works closely with pharmacy stakeholder organizations to address such issues as overuse/misuse of medications, patient engagement, population health, and palliative and end-of-life care. PQA's workgroups regularly invite NPP workgroup co-chairs to participate and confer with PQA's workgroups. This alignment and integration is advancing the collective work to address these healthcare priorities. Additionally, PQA invites staff liaisons from the six NPP workgroups to update PQA member organizations on their action plans to identify opportunities for alignment and collaboration. PQA will continue to actively integrate the NPP agenda with their strategic initiatives.

WellPoint Health Plan

Today's health plans must increase value in the healthcare system by working to improve health, patient experience, and affordability, and WellPoint has aligned key programs with NPP's priorities. In the patient and family engagement arena, WellPoint is working with physicians, hospitals, and academic partners to advance models of shared decisionmaking to ensure that patients are making appropriate, informed decisions in areas of preference-sensitive care, such as the treatment of low back pain. To improve population health, WellPoint monitors the overall health of its members through the Member Health Index and promotes improvement in 40 specific health measures. In addition, WellPoint convenes community partners to increase the health of the entire state as measured through the State Health Index. WellPoint has advanced patient safety through strategies to reduce preventable adverse events and incorporates patient safety measures in its Pay for Value programs. Improved care coordination is achieved by reaching out to individuals discharged from the hospital to ensure appropriate follow-up and continuity of care, and through care management for highly complex procedures such as transplants or bariatric surgery. Programs to reduce overuse include radiology management, where an ordering physician may be redirected to a more appropriate imaging modality. By focusing initiatives toward NPP priorities, WellPoint's programs have achieved proven results that improve healthcare quality, outcomes, and affordability.

APPENDIX C

NATIONAL PRIORITIES PARTNERSHIP WORKGROUPS

NATIONAL PRIORITIES PARTNERSHIP

Convened by the National Quality Forum

2010 NPP WORKGROUPS

<i>PATIENT AND FAMILY ENGAGEMENT</i>	<i>POPULATION HEALTH</i>
<p>Chair: <i>Debra Ness, National Partnership for Women and Families</i> Carolyn Clancy, Agency for Healthcare Research and Quality Lee Partridge, National Partnership for Women and Families Ray Scheppach, National Governors Association David Stevens, National Association for Community Health Centers Barry Straube, Centers for Medicare & Medicaid Services Barbara Balik, Institute for Healthcare Improvement Bruce Berger, Harrison School of Pharmacy Diana Carr, Health Net of California Carol Cronin, Informed Patient Institute Joanne Disch, University of Minnesota School of Nursing Jill Griffiths, Aetna James Harris, Veterans Health Administration Mary Kaminski, American Family Children's Hospital Bob Krughoff, Consumers' Checkbook Richard McLeod, Pfizer Richard McNaney, Centers for Medicare & Medicaid Services Donna Merrick, URAC Naomi Naierman, American Hospice Foundation Edwina Rogers, The Patient Centered Primary Care Collaborative Dale Shaller, Shaller Consulting Linda Smith, Centers for Medicare & Medicaid Services Winthrop Whitcomb, Society of Hospital Medicine Kevin Wildenhaus, HealthMedia, Inc.</p>	<p>Co-Chairs: <i>George Isham, representing America's Health Insurance Plans & CAPT Peter Briss, Centers for Disease Control and Prevention</i> Carolyn Clancy, Agency for Healthcare Research and Quality Laura Hessburg, National Partnership for Women and Families Mike Lauer, National Institutes of Health David Meyers, Agency for Healthcare Research and Quality David Stevens, National Association for Community Health Centers Barry Straube, Centers for Medicare & Medicaid Services Cindy Tuttle, National Business Group on Health Janet Allan, University of Maryland School of Nursing Gail Amundson, Quality Quest for Health Andrew Baskin, Aetna Randy Cebul, Better Health Greater Cleveland William Duncan, Veterans Health Administration Cliff Fullerton, Baylor Health Care System David Kindig, University of Wisconsin School of Medicine & Public Health Paul Hartlaub, Wheaton Franciscan Medical Group Suzanne Mercure, National Business Coalition on Health Stephen Persell, Feinberg School of Medicine Northwestern University Marcel Salive, Centers for Medicare & Medicaid Services Sarah Sampsel, WellPoint Kathleen Shoemaker, Eli Lilly and Company</p>

NATIONAL PRIORITIES PARTNERSHIP

Convened by the National Quality Forum

2010 NPP WORKGROUPS

SAFETY	CARE COORDINATION
<p>Co-Chairs: Frank Opelka, representing AQA & Steve Findlay, Consumers Union Leah Binder, The Leapfrog Group Carolyn Clancy, Agency for Healthcare Research and Quality Helen Darling, National Business Group on Health Nancy Foster, Hospital Quality Alliance Jarod Loeb, The Joint Commission Barry Straube, Centers for Medicare & Medicaid Services Rich Umbdenstock, representing Hospital Quality Alliance Margaret van Amringe, The Joint Commission James Bagian, Veterans Health Administration Richard Bankowitz, Premier, Inc. Mara Bollini, St. Louis Children's Hospital Marjory Cannon, Centers for Medicare & Medicaid Services Curtis Collins, University of Michigan Health System Nancy Davis, National Institute for Quality Improvement & Education Frank Federico, Institute for Healthcare Improvement LuAnn Heinen, National Business Group on Health Donald Kennerly, Baylor Health Care System Carol Koeble, NC Center for Hospital Quality & Patient Safety Paul Larson, Radiology Associates of the Fox Valley Alan Levine, Consumers Advancing Patient Safety Jean Rexford, CT Center for Patient Safety Matt Moore, Ethicon Endo-Surgery James Poyer, Centers for Medicare & Medicaid Services Matthew Scanlon, Medical College of Wisconsin Jay Schukman, Anthem Blue Cross and Blue Shield Robert Zipper, Sound Inpatient Physicians</p>	<p>Co-Chairs: Rita Munley Gallagher, ANA & Nancy Foster, representing HQA Tanya Alteras, National Partnership for Women and Families Alisa Ray, Certification Commission for Healthcare Information Technology Ellen Schwalenstocker, Alliance for Pediatric Quality Gerry Shea, AFL-CIO David Stevens, National Association for Community Health Centers Barry Straube, Centers for Medicare & Medicaid Services Debbie Amdur, Veterans Health Administration Traci Archibald, Centers for Medicare & Medicaid Services Douglas Brown, Centers for Medicare & Medicaid Services Marilyn Chow, Kaiser Permanente Patrick Cory, Unity Health Insurance / University of Wisconsin Hospital & Clinics Steven Counsell, Indiana University School of Medicine Nancy Dunton, University of Kansas Medical Center David Farrell, SNF Management, Inc. Catherine Follmer, Catholic Healthcare Partners Lillie Gelinis, VHA Don Goldmann, Institute for Healthcare Improvement Ann Hendrich, Ascension Health Eric Howell, Johns Hopkins Bayview Medical Center Steve Jencks, Consultant Susan Kosman, Aetna Christine Leyden, URAC Mary Naylor, University of Pennsylvania Ileana Piña, Case Western Reserve University Edwina Rogers, The Patient Centered Primary Care Collaborative James Walton, Baylor Health Care System Larry Westfall, Ortho-McNeil-Janssen Pharmaceuticals, Inc.</p>

NATIONAL PRIORITIES PARTNERSHIP

Convened by the National Quality Forum

2010 NPP WORKGROUPS

<i>PALLIATIVE & END-OF-LIFE CARE</i>	<i>OVERUSE</i>
<p>Co-Chairs: <i>Chris Cassel, American Board of Medical Specialties & Helen Darling, National Business Group on Health</i> Patricia Barrett, National Committee for Quality Assurance David Domann, Johnson & Johnson Joyce Dubow, AARP Lynn Feinberg, National Partnership for Women and Families Roger Herdman, Institute of Medicine Pam Kalen, National Business Group on Health Barry Straube, Centers for Medicare & Medicaid Services David Buchsbaum, WellPoint Judi Buckalew, Powers Pyles Sutter & Verville Patricia Cantwell, University of Miami Christi Card, UHS-Pruitt Corporation David Casarett, National Hospice and Palliative Care Organization Dave Domann, Johnson & Johnson Betty Ferrell, City of Hope National Medical Center Phyllis Grauer, American Pharmacists Association Foundation Andrea Kabcenell, Institute for Healthcare Improvement Randall Krakauer, Aetna John Mastrojohn, National Hospice and Palliative Care Organization Diane Meier, Center to Advance Palliative Care Steve Miller, Centers for Medicare & Medicaid Services Sean Morrison, National Palliative Care Research Center Naomi Naierman, American Hospice Foundation Dan O'Brien, Ascension Health Brent Pawlecki, Pitney Bowes Tammi Quest, Emory University School of Medicine Christine Ritchie, Center for Palliative Care at UAB-Birmingham Scott Shreve, Veterans Health Administration</p>	<p>Chair: <i>Bernie Rosof, representing Physician Consortium for Performance Improvement</i> David Hopkins, Pacific Business Group on Health George Isham, representing America's Health Insurance Plans Frank Opelka, Ambulatory Quality Alliance Lee Partridge, National Partnership for Women and Families Barry Straube, Centers for Medicare & Medicaid Services Charles Anderson, Veterans Health Administration Susan Arday, Centers for Medicare & Medicaid Services Neil Baker, Institute for Healthcare Improvement Dan Berlowitz, Center for Health Care Quality Michael Bettman, American College of Radiology Scott Breidbart, Empire Blue Cross Blue Shield Patrick Courneya, HealthPartners Linda Cronenwett, University of North Carolina School of Nursing Kathleen Gallo, North Shore, LIJ Health System G. Scott Gazelle, Massachusetts General Hospital Lein Han, Centers for Medicare & Medicaid Services Robert Haralson, American Academy of Orthopaedic Surgeons Robert Hendel, University of Miami Miller School of Medicine John Kevin Ratliff, Thomas Jefferson University Rita Richardson, Altru Health System Carol Sakala, Childbirth Connection Anthony Shih, IPRO Jennifer Van Meter, PhRMA Gregory Wozniak, American Medical Association</p>

APPENDIX D

NATIONAL PRIORITIES INTEGRATED FRAMEWORK

Integrating Priorities into a Patient-Focused Episode of Care

To appreciate the importance of the eight priority areas identified by the National Priorities Partnership (NPP) – equitable access, patient and family engagement, population health, safety, care coordination, palliative and end-of-life care, elimination of overuse, and infrastructure support – and their impact on patients, the Partners further considered them within the context of the NQF-endorsed *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*.¹ This framework was developed to establish a longitudinal approach to performance measurement focusing on patient outcomes, key care processes, and cost and illustrates the journey of a patient through an episode of care that includes preventive (population at risk); acute (evaluation and management); and post-acute (follow-up care) phases, Phases I, II, and III, respectively. As patients move toward the completion of an episode of care, it is important to realize that care does not end there; rather, patients re-enter as part of the population at risk and begin anew – ideally with the healthcare system and community seeking to ensure adequate and optimal preventive care to avoid future declines in health.

The fundamental tenets of this original framework include:

- primary prevention of disease and promotion of health as the ultimate goal, but also secondary prevention as important to avoid further manifestations;
- focus on patient-centered outcomes over time, including functional status, health-related quality of life, morbidity, and mortality;
- capture of total cost of care or resource use over the course of an episode;
- use of process measures that are closely linked to desired outcomes;
- emphasis on engaging patients in a shared decisionmaking process with their healthcare providers so they are equipped to make informed choices about treatment options that are aligned with their preferences;
- care coordination within settings of care and during transitions to avoid adverse events;
- emphasis on eliminating disparities in healthcare outcomes; and
- focus on shared accountability among multiple professionals and providers across multiple settings of care.

An Integrated Framework for Patient-Focused Care

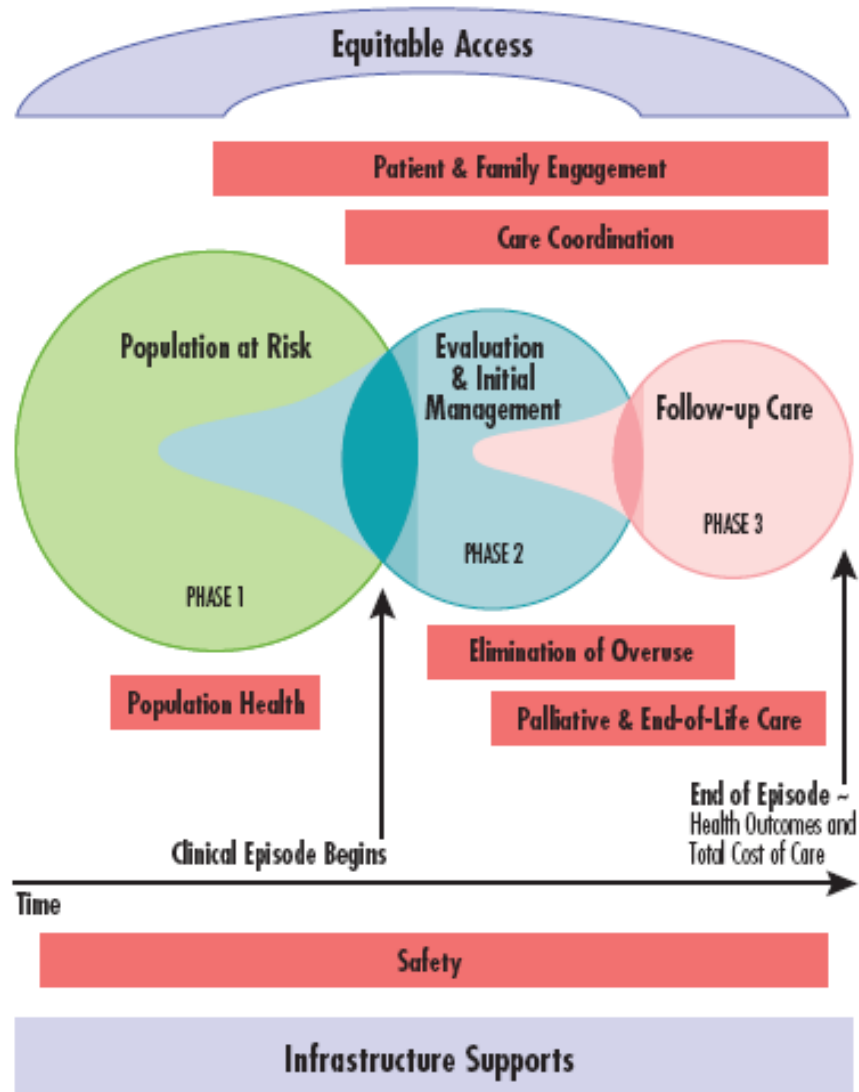
While this framework was developed with a measurement focus, it provides a useful lens through which to view the intersection of patient care and the priority areas. Evolving from this seminal work, the Partners therefore propose an *integrated framework* that includes the NPP-recommended priorities – including equitable access and infrastructure supports – mapped across a patient-focused episode of care. The following exhibit presents a conceptual model of this integrated framework that illustrates the interplay between the priorities and a patient-focused episode of care and how the eight priority areas impact care throughout a patient’s course of an illness.

The breadth of this framework is advantageous in that it can support widespread systems change at multiple levels to yield benefits for all patients, but there are also benefits to considering the framework for patients with specific conditions. Most notably, conditions

¹ National Quality Forum (NQF), *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care*, Washington, DC: NQF; 2010.

provide a way of organizing around the patient’s trajectory through an illness and provide a view of the NPP priority areas “through the patient’s eyes” in a way that reflects care delivered across the continuum. To date, this framework has been applied to acute myocardial infarction, breast cancer, colorectal cancer, diabetes, low back pain, and substance use illness.

Exhibit: Integrated National Priorities Framework



The Department of Health and Human Services (HHS) is currently funding NQF to apply this framework to patients with multiple chronic conditions, realizing that most patients do not have one condition, but rather a multitude of conditions that require an individualized, holistic, and long-term approach to the complex coordination of multiple care providers across multiple settings. Application of the framework to pediatric patients also may be necessary, particularly since much of their care is related to prevention and healthy development.

Application of the Integrated Framework to High-Impact Conditions

NQF recently convened the Measure Prioritization Advisory Committee (MPAC) (also HHS-funded) to prioritize the top 20 high-impact Medicare conditions² for the purposes of measure development and endorsement and for identifying key measure gaps areas.³³ The results of this work are presented in Table 1, and could inform the development of the National Strategy to possibly focus initially on beneficiaries with leading high-impact conditions to have the greatest impact on quality of life early on. In terms of addressing the needs of the Medicaid population, MPAC’s work is currently focused on the prioritization of high-impact conditions for child health to be completed in 2010. A prioritization of conditions for the maternal, perinatal, and adult non-Medicare populations is proposed for 2011.

In considering the list of Medicare’s high-impact conditions, the integrated framework provides a lens through which to visualize the importance of the eight priority areas and the impact that optimized systems in these areas could have on the course of a patient’s illness. The framework also helps to identify when and where certain priorities are of particular importance along the path, such as the importance of care coordination as the patient moves from an acute phase of care into follow-up. Appendix E provides a case study to demonstrate the value of the integrated framework more concretely through the eyes of a patient affected by multiple chronic conditions and to illustrate how the NPP priority areas affect patients and their families at every step in that journey.

Table 1: Prioritized List of 20 High-Impact Medicare Conditions

Condition	
1.	Major Depression
2.	Congestive Heart Failure
3.	Ischemic Heart Disease
4.	Diabetes
5.	Stroke/Transient Ischemic Attack
6.	Alzheimer’s Disease
7.	Breast Cancer
8.	Chronic Obstructive Pulmonary Disease
9.	Acute Myocardial Infarction
10.	Colorectal Cancer
11.	Hip/Pelvic Fracture
12.	Chronic Renal Disease
13.	Prostate Cancer
14.	Rheumatoid Arthritis/Osteoarthritis
15.	Atrial Fibrillation
16.	Lung Cancer
17.	Cataract
18.	Osteoporosis
19.	Glaucoma
20.	Endometrial Cancer

² The list of the top 20 high-impact Medicare conditions was provided to NQF by HHS. These conditions account for 95 percent of Medicare costs based on an analysis of claims in the Centers for Medicare & Medicaid Services’ (CMS’) Chronic Conditions Warehouse.

³³ NQF Measure Prioritization Advisory Committee, *Prioritization of High-Impact Medicare Conditions and Measure Gaps*; May 2010. These 20 high-impact Medicare conditions were prioritized based on the dimensions of impact/burden, improbability/variability, and feasibility of measurement.

APPENDIX E

NATIONAL PRIORITIES & GOALS THROUGH THE EYES OF THE PATIENT:

A CASE STUDY

National Priorities through the Patient's Eyes

Mrs. Rodriguez is a 76-year old Hispanic female with coronary artery disease who was recently admitted to the hospital following a heart attack. She is a dually eligible Medicare/Medicaid beneficiary, is a smoker, and has diabetes, high blood pressure, obesity, and depression. English is her second language. In following Mrs. Rodriguez's path through her episode of care, the focus will be on healthcare delivery-based interventions and community supports that HHS agencies are well positioned to address, while fully acknowledging that other significant determinants of health, such as social, cultural, and environmental risk factors, have an enormous impact on health status and quality of life but are beyond the scope of this effort. Regardless, addressing other social determinants of health and encouraging other cross-agency initiatives (e.g., education, agriculture) should be pursued to address elements outside of healthcare delivery that result in negative health effects.

***Equitable Access**—Healthcare should promise all patients access to affordable, timely, and high-quality care that is delivered in a culturally and linguistically appropriate manner.*

As previously noted, to benefit from a well-functioning system, appropriate and widespread equitable access to healthcare must be available to ensure that patients like Mrs. Rodriguez can access not only high-quality healthcare institutions, but also primary care and specialty care services and other community-based resources that can help them to manage their conditions. In particular, access issues for underserved populations should be targeted to reduce healthcare disparities and to ensure that care is equitable in its delivery to and impact on all populations, regardless of race, ethnicity, or socioeconomic status. Insurance coverage is critical, but timeliness and equitable access to high-quality care—particularly for vulnerable populations—are imperative. In considering the integrated framework, access to primary and specialty care should be addressed beyond insurance coverage and should consider the availability, accessibility, accommodation, affordability, and acceptability of care as well.¹ Having minimal insurance coverage will not guarantee equitable access to services across an episode of care, such as preventive, acute, post-acute, or end-of-life services, nor will it necessarily provide coverage for care accessed through both the healthcare delivery and community/public health systems.

***Population Health**—Communities should foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability—reliable, effective, and proactive in helping all people reduce the risk and burden of disease.*

In evaluating the performance of a health system, it is important to consider its impact on the overall health of a population, whether at a state, community, county, or other population-level. In this case, to address the problem of heart disease, it is important to consider how Mrs. Rodriguez' current condition might have been avoided through optimal clinical preventive care and the adoption of healthy lifestyle behaviors. To achieve this, states and communities must strive to care for entire populations and collectively be accountable for the health of their populations at risk of heart attack or other chronic conditions. During this phase of care (phase I), appropriate primary prevention for populations with no prior evidence of heart disease and secondary prevention for those with known coronary artery disease are both critical to achieving optimal population health across communities. In the case of Mrs. Rodriguez, for

¹ Penchansky R, Thomas JW. The concept of access: definition and relationship to consumer satisfaction, *Med Care*. 1981;19(2):127-140.

example, proper counseling on smoking cessation, healthy nutrition, exercise habits, and dental health would have been provided.

The NPP population health goals emphasize the delivery of age- and gender-appropriate preventive services and the adoption of healthy lifestyle behaviors such as smoking cessation, proper nutrition, and adequate physical activity. Additionally, for communities at large to assume accountability for their populations, an index of health is necessary for benchmarking and improvement purposes. Such an index can provide insights for state and community leaders, employers, and others working in collaboration with the healthcare and public health delivery systems to identify priority problem areas and work with local healthcare professionals to identify strategies for improving overall health status.

***Patient and Family Engagement** – Healthcare should honor each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and should adapt readily to individual and family circumstances and to differing cultures, languages, and social backgrounds.*

During Mrs. Rodriguez' hospitalization (phase II), the healthcare professionals responsible for her care should be sensitive to language, cultural, or health literacy barriers that might interfere with her ability to participate in making well-informed decisions about her care. Appropriately trained physicians, nurses, and other healthcare workers would work with Mrs. Rodriguez and her family to ensure that she understands how to effectively manage her condition and any changes to her medication regimen and that she is knowledgeable about important signs and symptoms that may indicate a declining condition, as well as actions to take.

The NPP Patient and Family Engagement goals stress the importance of patient and family experience of care, which can be affected by all healthcare workers, regardless of setting, profession, or level of education and training. The goals also address the importance of optimally preparing patients to manage their conditions to the best of their ability while providing resources to enable this. Finally, engaging patients in decisionmaking regarding their care is critical to ensuring that all patients have care that is in accordance with their personal preferences and values.

***Safety** – Healthcare should be relentless in reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible – a system that promises absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science. Healthcare leaders and healthcare professionals should be intolerant of defects or errors in care and should constantly seek to improve, regardless of their current levels of safety and reliability.*

As Mrs. Rodriguez is cared for in the acute care setting (phase II), it is important that she should not experience any harmful care. Patients seek healthcare to get well, and the avoidance of all healthcare-acquired infections and serious adverse events should be of the highest priority. Such avoidance, of course, is not limited to this phase of an episode of care. Efforts in and across all settings to drive the incidence of harm to patients to zero should continue. The inpatient setting, however, remains rife with opportunities to fail in this area, particularly given the multiple transfers that patients experience from the emergency department, to the operating room, to medical/surgical/intensive care or step-down units. Best practices must be employed to ensure that as Mrs. Rodriguez moves through diagnosis, treatment, and stabilization, she receives only care that will help her to get well, whether through revascularization or medical management. Serious adverse events, such as falls, and healthcare-associated infections, such as urinary tract infections, can be avoided in most cases, and healthcare professionals should be trained to minimize the risk of such harmful events to patients.

Care Coordination – *Healthcare should guide patients and families through their healthcare experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships between patients and the healthcare professionals accountable for their care.*

As Mrs. Rodriguez nears the end of her inpatient care (moving from phase II to phase III), hospital staff would arrange for appropriate post-acute care, e.g., cardiac rehabilitation or home healthcare, depending on her specific needs. Given her multiple conditions, a team of healthcare professionals would be in place to ensure that these efforts are well-coordinated. Her primary care provider would be alerted to her change in health status and connected to the specialists providing her follow-up cardiac care; her pharmacist would work with her healthcare providers to ensure proper medication management and reconciliation; and any rehabilitation needs would be set up in a timely and efficient manner with the patient and family involved at every step. Ensuring comprehensive care coordination will reduce the likelihood of complications or errors that could result in unnecessary and costly hospital readmissions or emergency department visits – two of the NPP care coordination goals – or otherwise compromise the health of a patient.

Palliative and End-of-Life Care – *Healthcare should promise dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends, and family can bring to bear at the end of life.*

Even if Mrs. Rodriguez receives optimal care and her surgery is successful, her functional status or quality of life could decline over time, particularly given her co-existing conditions. Discussions should occur early on to discern preferences for palliative and end-of-life care and address aspects of disease and disability that may not be amenable to healthcare. Not all care is curative; when possible and necessary, other options for promoting independence and quality of life should be explored, including care to manage symptoms, such as pain, and to reduce suffering to the greatest extent possible. Such care could consist of an inpatient palliative consultation or community-level services. In accordance with the NPP palliative and end-of-life care goals, patients need access to high-quality care that addresses pain and suffering and the psychosocial needs of patients and their families, and that is concordant with patient preferences.

Elimination of Overuse – *Healthcare should promote better health and more affordable care by continually and safely reducing the burden of unscientific, inappropriate, and excessive care, including tests, drugs, procedures, visits, and hospital stays.*

As Mrs. Rodriguez moves through all three phases of her episode of care, opportunities emerge to identify and eliminate wasteful healthcare practices. This process begins with ensuring that preventive services are evidence based and age and gender appropriate. During acute and chronic illness, potentially unnecessary diagnostic tests and procedures, such as imaging, should be avoided. Even as patients approach the end of life, treatments should be carefully considered in light of patient and family preferences to ensure that treatment is respectful, necessary, and beneficial. For Mrs. Rodriguez, the potential for overly aggressive care given her complex medical history should be considered and any recommended services carefully weighed against anticipated net benefits and, more importantly, in light of her values and personal preferences – regardless of whether diagnostic imaging or a surgical intervention is under consideration.

Infrastructure Supports — Stakeholders should foster public-private partnerships to promote systems that support workforce development; health information technology; system and community capacity; performance measure development and application; research to build the evidence base; and quality improvement.

A robust infrastructure will be necessary to meet the goals of these priority areas. A strong performance measurement infrastructure will allow for data collection that is useful to different stakeholder groups and for stratification at multiple levels so that healthcare providers, for example, can see data for an individual patient as well as for a population of patients. To assess the health of populations, data sources will need to be integrated and shared among patients and providers and between the healthcare and public health communities. Systems of care, such as healthcare homes and ACOs will be needed to address issues of accountability and facilitate continuous quality improvement loops to achieve optimal integration of care. Most important, meaningful use of interoperable health information technology, a strong, culturally sensitive workforce, and adequate resources to support systems solutions and learning networks will promote improved communications among patients, healthcare professionals, and all provider settings – all to the benefit of Mrs. Rodriguez.