

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

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# ***The Paradox of American Healthcare 2003***

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

# ***Presentation Overview***

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## **➤ Will not discuss:**

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

## **➤ Will discuss:**

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

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

# ***WHAT IS THE NQF?***

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

# ***WHAT DOES THE NQF DO?***

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

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

# ***HISTORY***

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

# ***THE NQF-QI NEXUS***

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



# ***NQF Membership***

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

# ***Board of Directors***

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

# ***UNIQUE FEATURES***

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

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

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

# ***SELECTED PROJECTS***

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

# ***SELECTED PROJECTS***

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

# ***CHALLENGES & STRATEGIC ISSUES***

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

**[www.qualityforum.org](http://www.qualityforum.org)**



# ***Conclusion***

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

**IOM Quality of Care Committee**