

THE NATIONAL QUALITY FORUM

ANNUAL MEETING 2003

PRINCIPAL INVESTIGATOR: KENNETH W. KIZER, MD, MPH
TEAM MEMBERS: C. BOCK, L. GORBAN, J. LEWIS, R. NISHIMI, E. POWER,
M. STEGUN, L. THOMPSON
9/20/2003 - 9/19/2004

FEDERAL PROJECT OFFICER: EDWARD KELLEY
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ABSTRACT

PURPOSE: The purpose of NQF's 4th Annual Meeting was to bring members together to provide a venue for discussion and dialogue concerning healthcare measures and quality and to present information that was both thought provoking and relevant to the NQF members.

SCOPE: NQF's fourth annual meeting focused on next steps for the organization and implementation strategy and practice by 1) documenting the current progress toward a national quality measurement and reporting system; 2) engaging stakeholders in all facets of healthcare decision making and delivery; 3) generating a sense of commitment on the part of each stakeholder toward managing for quality and an understanding of what that entails; and 4) developing a shared understanding and articulation of the interconnected roles of regulators, accreditors, and health professional educators in supporting national healthcare quality improvement. More than 250 individuals from 151 organizations attended the meeting.

METHODS: The format of the meeting included a mix of four types of meetings:

- Plenary sessions, presenting overviews of topics related to quality measurement and improvement;
- Concurrent Inter-Council Sessions;
- Breakout sessions, which included open discussions of NQF policies, implementation, and use of NQF consensus measure sets; and
- Meeting of the NQF Board of Directors

RESULTS: Participant evaluation and feedback indicated that the goals of the meeting were met; however, suggestions were made to consider extending future meetings and providing more time for discussions both within and among Member Councils.

KEY WORDS: National Quality Forum, Annual Meeting, Healthcare Quality

PURPOSE: The purpose of the NQF Annual Meeting was to foster dialogue on the following questions:

- Now that standardized, consensus-based performance measures are becoming available, the question is: what happens next?
- How does standardized measurement and public reporting become ingrained in the fabric of healthcare?
- How does it become part of the everyday activities that decisionmakers throughout the healthcare system undertake to improve the nation's quality of care?

Since its inception, the NQF Annual Meeting has been a forum for nurturing a sense of common purpose and promoting a shared framework for quality measurement, reporting, and improvement across the disparate stakeholders in the healthcare system. The specific purpose of this Fourth Annual Meeting of the National Quality Forum was:

- 1) to document the current progress toward a national quality measurement and reporting system;
- 2) to engage stakeholders from across the healthcare system in the development of a shared, clearly articulated vision for employing quality measurement and reporting in all facets of healthcare decision making and delivery;
- 3) to generate a sense of commitment on the part of each stakeholder toward managing for quality and an understanding of what that entails; and
- 4) to begin to develop a detailed shared understanding and articulation of the interconnected roles of regulators, accreditors, and health professional educators in supporting national healthcare quality improvement.

SCOPE: The NQF is a not-for-profit, open-membership, public benefit corporation whose mission is to increase the delivery of high-quality healthcare by promoting a national strategy for healthcare quality measurement and reporting, including setting national healthcare quality goals; standardizing the means by which healthcare quality data are measured and reported; providing a consistent platform for data reporting and collection; and promoting the public disclosure of healthcare quality data.

The NQF's 4th Annual Meeting was held on September 29 and 30, 2003, at the Ronald Reagan Building and International Trade Center in Washington, DC. The meeting, "National Healthcare Quality Management: Everyone Has A Role," focused on the role of all stakeholders in bringing to life the vision of NQF's National Framework for Healthcare Quality Measurement and Reporting.

The NQF's member organizations represent the full spectrum of healthcare stakeholders, broadly categorized within four NQF Member Councils: consumers, purchasers, providers/health plans, and research and quality improvement organizations. As in past years, members of the NQF work collaboratively to promote a common approach to measuring healthcare quality and fostering system-wide capacity for quality improvement. (see List of Members in Appendix A)

Attendance exceeded each of the previous Annual Meetings (held in 2000, 2001, and 2002), with more than 261 healthcare and community leaders from 151 organizations in attendance. As in past years, the meeting included a diverse group of individuals from both the public and private sectors, including consumers, purchasers, research and quality improvement organizations, providers, and health plans.

METHODS: The format of the meeting included a mix of four types of meetings:

- Plenary sessions, which focused on presenting overviews of topics related to quality measurement and improvement¹;
- Concurrent Inter-Council Sessions (to meet member interest in greater inter-council dialogue *vis a vis* the four stakeholder categories);
- Breakout sessions (organized around Member Council stakeholder categories), which included open discussions of NQF policies, implementation and use of NQF consensus measure sets, and topics related to NQF's ongoing programmatic efforts; and
- An open meeting of the NQF Board of Directors.

Appendix B contains the agenda.

¹ In 2003, the NQF issued a 'Call for Speakers' to NQF members to learn of those interested in presenting their organizations' initiatives during the program. In particular, nominations were sought for an "implementation" panel, in which presentations focused on the Member's own specific healthcare quality initiative and illustrated how the initiative both improves healthcare quality and is transferable as a model usable by others.

RESULTS:

September 29, 2003: Opening Plenary Session

On the morning of September 29, 2003, Board Chairman Gail Warden and Dr. Kenneth W. Kizer, President and Chief Executive Officer of the NQF, welcomed participants to NQF's 4th Annual Meeting. In giving an overview of the day's objectives, Dr. Kizer indicated that the meeting was organized to allow ample time for members to discuss National Healthcare Quality Management and the role of:

- Accreditors
- Regulators
- Educators
- NQF Members

The NQF has spent considerable effort over the past 4 years conceptualizing and implementing a quality measurement and reporting system. In order to achieve optimal value, the quality measurement and reporting system must be part of an overarching quality management system. Healthcare has yet to conceptualize a coherent vision of such a system. Three cornerstones of a healthcare quality management system are accreditation, regulation, and education. Members of the Forum also recognize that healthcare improvement is grounded in the willingness of the membership to use indicators of healthcare quality and disclose the results.

Systematizing quality improvement has the potential to improve health and healthcare more than any foreseeable technological or scientific breakthrough in the next 20 years, including finding cures for diabetes, heart disease, or cancer. The NQF's 4th Annual Meeting was an opportunity to begin a dialogue that will lead to a coordinated, comprehensive and coherent national healthcare quality management system.

National Healthcare Quality Management: Accreditation

This panel featured Margaret E. O'Kane, National Committee on Quality Assurance; Dennis S. O'Leary, The Joint Commission; Garry Carneal, URAC; and Naomi Kuznets, Accreditation Association for Ambulatory Health Care.

During this session, participants discussed the changes in accreditation that are critical to enhancing the quality of healthcare in America. Many of these changes have meant new roles and responsibilities for accreditors. Each described activities presently underway within their organizations to address these realities.

National Healthcare Quality Management: Regulation

Mary B. Kennedy, from the Minnesota Department of Human Services, Mark B. McClellan, from the Food and Drug Administration, and Barbara Paul, from the Centers for Medicare and Medicaid Services, described the steps that regulators are taking to drive widespread healthcare quality improvements. Namely, each stated that the goal is to empower consumers to make more informed decisions about their healthcare and to stimulate and support providers and other clinicians to improve the quality of healthcare.

Lunch Speaker: Rosemary Gibson, Author, “Wall of Silence: The Untold Story of the Medical Mistakes That Kill and Injure Millions of Americans”

Health consultant Gibson described how medical mistakes and other factors endanger and harm patients in the US healthcare system. Ms. Gibson issued a challenge to the healthcare professionals in attendance and demanded that all healthcare organizations and policymakers address these problems and systemic weaknesses.

National Healthcare Quality Management: Education

Leading professional societies shared with meeting attendees their experiences and efforts at improving the education of healthcare practitioners. Patricia Yoder-Wise, of the American Nurses Association; David Stevens, from the Association of American Medical Colleges; Lucinda Maine, of the American Board of Colleges of Pharmacy; and Christine Cassel, from ABIM and Member, IOM Committee on Health Professions presented the challenges of the changing healthcare workforce. Members learned about how health professionals are developing new models for imparting skills and training as healthcare practitioners assume new interdisciplinary roles to improve the quality of care in America.

The following presentations, selected by the Member Council Leadership, were offered during the two sequential panels on Implementation:

David Gifford, MD, American Health Quality Association, Implementing the First Set of NQF Quality Measures for Nursing Homes: Consumer Uses

Dr. Gifford discussed the Medicare Nursing Home Quality Improvement (NHQI) initiative that is an effort to assess how stakeholders are using the publicly reported data and how these reports, in turn, impact and drive quality improvement efforts.

Martha Radford, MD, Yale-New Haven Health System, Quality Performance Measurement and Improvement for a Three Hospital Health System. Dr. Radford described Yale-New Haven Health System's (YNHHS) goal of measurement as improvement and the organization's pride in achieving excellence in quality of care for acute myocardial infarction; coronary artery disease; immunization; and several areas pertaining to patient safety: hospital-acquired infections, pressure ulcers, and patient identification. All YNHHS quality improvement initiatives are based on evidence-based principles of organizational change.

R. Scott Jones, MD, American College of Surgeons, ACS' Contributions to Quality Improvement: Past, Present and Future

The American College of Surgeons and the Department of Veterans Affairs launched an effort to further validate the National Surgical Quality Improvement Program (NSQIP) in the private sector. The system, at work in 122 VA hospitals since 1996, reports pre-, peri-, and post-operative experiences to 30 days and is credited with improving mortality by 27% and morbidity by 47% in 6 years. Dr. Jones gave a detailed overview of the mechanics of the system for NQF members.

Cheryl DeMars, Employer Coalition for Quality Healthcare (The Alliance), Wisconsin Purchasing Initiatives

This presentation outlined the attempts of Wisconsin employers to secure comparative healthcare quality information to make purchasing decisions and educate employees. The presentation emphasized the importance of public disclosure to drive employer purchasing decisions. These efforts, however, must be partnered with education initiatives that truly engage consumers.

Ellen Schwalenstocker, NACHRI, Closing the Gap in Children's Healthcare Quality Measurement A collaborative initiative for addressing gaps in children's healthcare was established through the leadership by NACHRI, the Nemours Foundation, the Child Health Corporation of America, The Joint Commission, Medical Management Planning, the National Initiative for Children's Healthcare Quality, and others.

The Pediatric Data Quality Systems (Pedi-QS) Initiative provides a methodology and framework to identify, evaluate, refine, and implement quality practices and measures for the improvement of the health and healthcare of children.

Jed Weissberg, MD, Kaiser Permanente, Improvement in Diabetes Care within Kaiser Permanente: Approaches and Results

Dr. Weissberg described bringing advances to people living with chronic illness. KP has demonstrated vast improvements in processes of care and outcomes for its 500,000 diabetic members and anticipates further improvement in outcomes, utilization, and health status.

Ed Staffa, National Association of Chain Drug Stores, The Virtual Tool Box for Quality Pharmacy Practice: Outpatient Care

NACDS created a toolbox resource to improve quality of outpatient care that included the following components: 1) a 2-year education campaign on improving quality and patient safety; 2) requests from pharmacy leadership for QA resources; and 3) the growing number of states requiring pharmacies to implement Continuous Quality Improvement programs. This virtual resource center contains the QA, patient safety, error reduction manuals, procedures, forms and tools currently in use within 23 community pharmacies/companies.

National Healthcare Quality Improvement: What will it take to succeed? Paul H. O'Neill

It is possible to substantially enhance the value of health and medical care in this country through local efforts. Ideally, payment systems in government-run healthcare programs, such as Medicare, should reward quality and productivity improvements. At a minimum, they should not reward complications. Continuing to focus on well-intentioned but ever more complex modifications to reimbursement formulas, coupled with more and more complex regulations, will not fundamentally reorient the system toward creating value and quality healthcare for the patients. If there is to be substantial and lasting improvement, the real work is going to be done on the ground by NQF members and others.

Mr. O'Neill then described his involvement with the Pittsburgh Regional Healthcare Initiative (PRHI), created in 1997 and supported by local business and medical communities.

PRHI launched a process aimed at radically improving regional health system performance. Healthcare purchasers and providers have agreed that faulty systems are responsible for producing the wrong outcomes at unacceptably high levels for and imposing unnecessary costs. To address this problem, PRHI has employed quality management principles pioneered at Toyota and refined at Alcoa.

They have adopted the central goal of achieving "perfect patient care" by identifying and solving problems at the point of patient care using a systems approach. PRHI is pursuing this through several strategies. One is to improve safety by eliminating medication errors and hospital-acquired infections. Another is to undertake pilot efforts to measure and eliminate complications and re-admissions in five major areas of clinical practice (cardiac procedures, hip/knee replacement, repeat c-sections, depression, and diabetes).

September 30, 2003: Opening Plenary Session: Advisory Committee on Implementation Strategy and Priorities – Open Meeting

Dr. Kizer summarized the Committee's purpose and charge. Initially, the NQF was not expected to have a role in the actual implementation of the consensus products that it endorsed. Its core work was envisioned to be the promulgation of a comprehensive healthcare quality measurement framework and specific performance measures or quality indicators to assess provider performance. Implementing the measurement and reporting strategy endorsed by NQF and otherwise operationalizing specific performance measures was expected to be accomplished by purchasers, accreditors, and providers of care through market-based strategies and/or regulatory actions. However, it has become clear that NQF needs to better define how endorsed products should be implemented to clarify who should implement the measures and to play a more active role in operationalizing the products it endorses.

The dialogue of the Implementation Strategy and Priorities Committee focused on three areas:

- 1) Priorities for NQF activities,
- 2) Strategic issues to address structural and political barriers to implementation,

and

3) Specific ideas and targets for advancing NQF standards and for increasing understanding of NQF's role and work.

September 30, 2003: Concurrent Inter-Council Sessions

NQF members were free to select one of the three Inter-Council Sessions in which to participate. In each venue, presentations were made by leading healthcare experts, and NQF members had an opportunity for Q and As and dialogue on the session topics. The sessions engaged stakeholders from across the healthcare spectrum in smaller workgroups to move forward on the development of a shared vision for using quality measurement and reporting in healthcare decision making and delivery.

Below is a summary of the presentations that were delivered in the Concurrent Inter-Council Sessions.

Inter-Council Session I

Joint Hospital Quality Public Reporting Initiative, Susan Van Gelder, Federation of American Hospitals

The National Voluntary Hospital Reporting Initiative is a joint effort led by the American Hospital Association (AHA), the Federation of American Hospitals (FAH), and the Association of American Medical Colleges (AAMC) to 1) provide useful and valid information about hospital quality to the public; 2) provide hospitals a sense of predictability about public reporting expectations; 3) begin to standardize data and data collection mechanisms; and 4) to foster hospital quality improvement. The starter set of measures includes measures for three serious medical conditions that are common, particularly among Medicare enrollees. Members were given a snapshot of how these measures, a subset of those recently endorsed by the NQF, are being implemented.

H-CAHPS, Carolyn Clancy, MD, Agency for Healthcare Research and Quality

Dr. Clancy described how "apples to apples" comparisons of hospitals can be made using H-CAHPS, a survey instrument that is designed to gather the necessary data that CMS needs for comparative public reporting and complements data that hospitals are currently collecting that support improvement in internal hospital customer services and other activities.

Hospital Quality Incentive Demonstration Project, Steve Grossbart, Premier
Mr. Grossbart described Premier's initiative, entitled "Making Quality Count" - a 3-year effort linking payment with quality measures. The effort is notable as it creates a public recognition vehicle for hospitals performing in the top half of all project participants. Performance in five clinical areas determine decile listings, including Acute Myocardial Infarction, Congestive Heart Failure, Coronary Artery Bypass Graft, Hip and Knee Replacement, and Community-Acquired Pneumonia. "Top Performers" are defined annually by top 10th and 20th percentile (first and second decile) performance Incentive Payment Threshold changes each year per condition. Top decile performers in a given clinical area receive a two percent additional Medicare payment. Second decile performers receive a one percent additional Medicare payment per clinical condition.

InterCouncil Session II

NQF Nursing Care Performance Measures Project, Lillie S. Gelinas, RN, VHA
In this update on the above-mentioned NQF project, Ms. Gelinas described how the Project Steering Committee recently finalized discussion on various recommendations on the pressure ulcer prevalence measure; discussed various versions of the Nursing Work Index (e.g., NWI-R, PES-NWI) and finalized a consensus recommendation; discussed NQF staff's analysis of measures described in the September 2003 *Medical Care* article and determined whether there were any candidates for inclusion in the measure set; and finalized the draft consensus report. In a rich discussion following the presentation, members had an opportunity to ask the Steering Committee members how decisions on the various measures were determined.

Inter-Council Session III

Advisory Committee on Implementation Strategy and Priorities: Overview and Member Reactions

At the request of members of the Advisory Committee on Implementation Strategy and Priorities, additional time was set aside in this session to discuss matters raised during the earlier open meeting. The discussion continued along the subjects outlined above in this report.

The Inter-Council session also featured providers who wished to highlight barriers to the implementation of quality improvements.

Charles Roadman, MD - American Health Care Association

Dr. Roadman stressed that critical implementation components of quality are funding and staffing. These are critical leveraging points, and AHCA and its members are committed to leading improvements. The latter should be undertaken deliberately and carefully. It is also important that all stakeholders identify and agree on national approaches to improving quality to avoid the burden of duplication and redundancy for already overworked providers.

Martin Levine, American Osteopathic Association

There are opportunities to modify clinical practices through focused education for the residents and other quality improvement interventions. AOA's goals are to provide a structure for quantitative evaluation of current osteopathic care measured against evidence-based clinical guidelines and provide residents in training with 'hands-on experience' in the execution of an observational study.

Donald Casey, MD, Catholic Healthcare Partners

In his presentation, Dr. Casey provided an overview of how his institution overcame traditional barriers to improvement and focused on strategies to improve financial performance of existing regions through revenue growth and productivity. Improvements were accelerated through the creation of a culture of high performance in quality and patient safety and transferring knowledge and best practices within the entire system. He challenged other providers to heed the call that quality measures should be adopted and used directly to improve care that can save lives. The primary reason to improve care should not be for payment.

September 30, 2003: Member Council Meetings

Each member organization of the NQF belongs to one of four NQF Member Councils:

- Consumer Council
- Purchaser Council
- Provider/Health Plan Council
- Research and Quality Improvement Council

Sessions were primarily business and content meetings that focused on ongoing discussion of NQF projects, NQF and Council operations, and the implementation of NQF measure sets.

September 30, 2003: Luncheon Presentation

The 2003 recipients of the John M. Eisenberg Patient Safety Awards were presented. They were:

Individual Lifetime Achievement: Jeffrey Cooper, Mass General Hospital
Advocacy: The Leapfrog Group (national) and Lehigh Valley Hospital and Health Network (local)

System Innovation: Abington (PA) Memorial Hospital

September 30, 2003: Board of Directors Meeting

Dr. Kizer began by welcoming those assembled for the open session of the Board of Directors Meeting and launched into a lively discussion of the Nursing Home Performance Measures. The primary purpose of the NQF-endorsed measures is to provide information to facilitate consumers' selection of nursing homes. Additionally, the measures may be used by discharge planners and physicians for placement of patients; nursing home providers for internal quality improvement; and policymakers to oversee quality. The Board then approved a standardized set of performance measures for adult residents in chronic and post-acute care nursing homes.

Dr. Kizer then presented a number of Project updates, including:

- **Serious Reportable Adverse Events in Healthcare.** In June 2003, Minnesota enacted a law that will require hospitals to report to the state the 27 items included on the NQF list, using both the specifications and definitions from the NQF report. In response to the National Defense Authorization Act of 2001, which among other things requires the Department of Defense (DoD) to implement a patient care error reporting and management system, the DoD TRICARE program began requiring that its TRICARE contractors begin collecting data on the 27 items from the NQF list.
- **Voluntary Consensus Standards for Adult Diabetes Care: 2003 Update.** The Alliance for Diabetes Care forwarded its proposed revisions. Following a conference call of the NQF Diabetes Review Committee, updated specifications for both the accountability set and quality improvement set have been forwarded for NQF Member and public review and comment under the CDP.

- **Consumer-Focused Mammography Center Quality Measures.** The project's Coordinating Committee held its final meeting in September 2003, and a draft of its recommendations will be circulated to NQF Members for comment before a final report is delivered to RWJF. The Committee identified measures for a pilot project to be funded by the Robert Wood Johnson Foundation.
- **National Voluntary Consensus Standards for Nursing-Sensitive Performance Measurement.** The Steering Committee has concluded its deliberations. The Committee's draft report recommends 13 measures as well as research and other recommendations. A "preliminary draft" copy that contains all information but that does not include last-minute copy-editing was distributed to all attendees of the 4th Annual Meeting.
- **Cardiac Surgery Measures.** Following a successful planning meeting in February 2003, the following organizations have agreed to provide funding for the project: Guidant Foundation, Department of Veterans Affairs, Agency for Healthcare Research and Quality, Centers for Medicare and Medicaid Services, and Society of Thoracic Surgeons.
- **Child Healthcare Quality.** An invitational Workshop scheduled to be held on September 19, 2003, had to be canceled due to Hurricane Isabel; it is being rescheduled for later this year. Support (in part) has been provided by the March of Dimes and the National Association of Children's Hospitals and Related Institutions as well as in-kind support for background papers from the Agency for Healthcare Quality and Research and others.

Evaluation of the Conference

Conference participants were provided with an evaluation form in which they could quantitatively rate the various aspects of the conference. In addition, the form invited open-ended comments.

Both the content and format for the conference received an overall favorable rating from members and nonmembers in attendance. Comments included:

- Members enjoyed the presentations on Tuesday but thought some breaks or change in format would have improved the impact.
- Would the NQF consider adding another half-day?
- The NQF has a great opportunity to create new ways and quality standards that will make all of healthcare better.

- Day one had so much terrific information but the presentations were too short. (NQF) should consider mixing general sessions with concurrent or breakout sessions.
- Some portions (of the meeting) were very provocative and some were marginal.
- At future meetings, members would like to see open discussion between councils so that consensus can more easily be achieved.
- The meeting presentations were very good and now work should focus on testing and measurement processes.
- There should have been more Member Council meeting time.
- Would have been interested in more information on how NQF products (measure sets) are being used.
- Was disappointed because there was insufficient opportunity for member councils to interact and learn more from each other.

NATIONAL QUALITY FORUM MEMBERS

AAAHC-Institute for Quality Improvement	Beacon Health Strategies
AARP	Blue Cross and Blue Shield Association
AFL-CIO	Blue Cross Blue Shield of Michigan
AI Insight, Inc.	Bon Secours Health System, Inc.
Adventist HealthCare	Buyers Health Care Action Group
Agency for Healthcare Research and Quality	California Health Decisions
Alexian Brothers Medical Center	California HealthCare Foundation
Alliance for Quality Nursing Home Care, Inc.	Cancer Quality Council of Ontario
Alliance of Community Health Plans	Cardinal Health, Inc.
American Academy of Physicians	Catholic Health Association of the United States
American Academy of Orthopaedic Surgeons	Catholic Health Initiatives
American Academy of Physician Assistants	Catholic Healthcare Partners
American Association of Health Plans	Centers for Disease Control and Prevention
American Association of Homes and Services for the Aging	Centers for Medicare & Medicaid Services
American Association of Nurse Anesthetists	Center to Advance Palliative Care
American Board for Certification in Orthotics and Prosthetics	Central Florida Health Care Coalition
American Board of Internal Medicine Foundation	Child Health Corporation of America
American Board of Medical Specialties	CHRISTUS Health
ACC/AHA Performance Measurement Task Force	CIGNA Healthcare
American College of Cardiology	Cleveland Clinic Foundation
American College of Medical Quality	CMRI
American College of Obstetricians and Gynecologists	College of American Pathologists
Am. College of Physicians-Am. Society of Internal Medicine	Commonwealth Fund
American College of Radiology	Community Hospital of the Monterey Peninsula
American College of Surgeons	Consumer Coalition for Quality Health Care
American Federation of Teachers Healthcare	Coral Initiative, LLC
American Health Care Association	Council of Medical Specialty Societies
American Health Quality Association	CRG Medical
American Heart Association	Delaware Health Care Commission
American Hospice Foundation	Delmarva Foundation
American Hospital Association	eHealth Initiative
American Medical Association	Empire BlueCross/BlueShield
American Nurses Association	Employer Health Care Alliance Cooperative (The Alliance)
American Optometric Association	Federation of American Hospitals
American Osteopathic Association	First Health, Inc.
American Pharmacists Association Foundation	Ford Motor Company
American Society for Quality-Health Care Division	Forum of End Stage Renal Disease Networks
American Society for Therapeutic Radiology and Oncology	Foundation for Accountability (FACCT)
American Society of Clinical Oncology	General Motors
American Society of Health-System Pharmacists	GlxoSmithKline
Anesthesia Patient Safety Foundation	Greater Detroit Area Health Council
Ascension Health	Greater New York Hospital Association
Aspect Medical Systems, Inc.	HCA
Association of Medical Colleges	Health Care Excel, Inc.
Aventis Pharmaceuticals	Health Grades, Inc.
BJC HealthCare	HealthCare 21
Batelle Memorial Institute	HealthHelp, Inc.
	Healthcare Leadership Council

**NATIONAL QUALITY FORUM
MEMBERS
(cont)**

Health Resources and Services Administration	North Shore-Long Island Jewish Health System
Henry Ford Health System	Northeast Health Care Quality Foundation
Hoag Hospital	Ohio KePRO
Horizon Blue Cross and Blue Shield of New Jersey	Pacific Business Group on Health
Hudson Health Plan	PacifiCare
Illinois Department of Public Health	Physician Consortium for Performanc Improvement
Institute for Safe Medication Prctices	Premier, Inc.
Integrated Healthcare Association	Professional Research Consultants, Inc.
INTEGRIS Health	Qualidigm
IPRO	Rhode Island and Providence Plantations, Dept. of Health
Jefferson Health, Office of Health Policy & Clin. Outcomes	Robert Wood Johnson University Hospital - Hamilton
John Muir/Mt. Diablo Health System	Robert Wood Johnson University Hospital-New Brunswick
Joint Comm. on Accreditation of Healthcare Org.	Roswell Park Cancer Institute
Kaiser Permanente	Schaller Anderson, Inc.
KU Med at the University of Kansas Medical Center	Select Quality Care
Leapfrog Group	Service Employees International Union
Long Term Care Institute, Inc.	Sisters of Mercy Health System
Los Angeles County - Department of Health Services	Society of Thoracic Surgeons
Loyola University Health System-Ctr for Clinical Effectiveness	Solucient, LLC
Maine Health Alliance	South Nassau Communities Hospital
Maine Health Management Coalition	Spartanburg Regional Healthcare System
March of Dimes	Spectrum Health
Mayo Foundation	State University of New York, College of Optometry
Medical Review of North Carolina, Inc.	Substance Abuse and Mental Health Services Administration
MedQuest	Sutter Health
Memorial Health University Medical Center	Tenet Healthcare
Memorial Sloan-Kettering Cancer Center	Texas Medical Institute of Technology
Midwest Business Group on Health	Trinity Health
National Association for Healthcare Quality	Uniform Data System for Medical Rehabilitation
National Association of Chain Drug Stores	UnitedHealth Group
Nat'l. Assoc. of Children's Hospitals and Related Inst.	United Hospital Fund
National Association Medical Staff Services	University of Michigan Hospitals and Health Centers
Nat'l. Assn. of Public Hospitals and Health Systems	University of North Carolina-Program on Health Outcomes
National Association of State Medicaid Directors	URAC
National Business Coalition on Health	US Department of Defense-Health Affairs
National Citizens Coalition for Nursing Home Reform	US Food and Drug Administration
National Committee for Quality Assurance	US Office of Personnel Management
National Committee for Quality Health Care	US Pharmacopeia
National Hospice and Palliative Care Organization	Veterans Health Administration
National Institutes of Health	VHA, Inc.
National Partnership for Women and Families	Virginia Cardiac Surgery Quality Initiative
National Patient Safety Foundation	Virginia Health Quality Center
National Pharmaceutical Council	Washington Business Group on Health
National Research Corporation	WellPoint
Nemours Foundation	West Virginia Medical Institute
New England Healthcare Assembly	Yale-New Haven Health System
New Jersey Health Care Quality Institute, Inc.	
New York Presbyterian Hospital and Health System	
North Carolina Baptist Hospital	

IMPROVING HEALTHCARE QUALITY
f o r a l l A m e r i c a n s



THE NATIONAL QUALITY FORUM
4TH ANNUAL MEETING
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THE NATIONAL QUALITY FORUM

AGENDA

SEPTEMBER 29, 2003

- 8:00 a.m. REGISTRATION Atrium Ballroom Foyer
- 8:30 a.m. WELCOME Atrium Ballroom B
Gail L. Warden, Henry Ford Health System
Kenneth W. Kizer, National Quality Forum
- 8:40 a.m. EVOLUTION OF A NATIONAL SYSTEM FOR HEALTHCARE QUALITY MANAGEMENT Atrium Ballroom B
Kenneth W. Kizer, National Quality Forum
- 9:10 a.m. NATIONAL HEALTHCARE QUALITY MANAGEMENT: ACCREDITATION Atrium Ballroom B
Margaret E. O’Kane, National Committee on Quality Assurance
Dennis S. O’Leary, Joint Commission on Accreditation of Healthcare Organizations
Garry Carneal, URAC
Naomi Kuznets, Accreditation Association for Ambulatory Health Care
Moderator: Kenneth W. Kizer, National Quality Forum
Q&A
- 10:30 a.m. BREAK
- 10:45 a.m. NATIONAL HEALTHCARE QUALITY MANAGEMENT: REGULATION Atrium Ballroom B
Mary B. Kennedy, Minnesota Department of Human Services
Mark B. McClellan, Food and Drug Administration
Barbara Paul, Centers for Medicare and Medicaid Services
Moderator: Andrew Webber, National Business Coalition on Health
Q&A
- 12:15 p.m. LUNCH Atrium Ballroom B
Rosemary Gibson, Author, “Wall of Silence: The Untold Story of the Medical Mistakes That Kill and Injure Millions of Americans”
- 1:15 p.m. NATIONAL HEALTHCARE QUALITY MANAGEMENT: EDUCATION Atrium Ballroom B
Patricia Yoder-Wise, American Nurses Association
David Stevens, Association of American Medical Colleges
Lucinda Maine, American Board of Colleges of Pharmacy
Christine Cassel, ABIM and Member, IOM Committee on Health Professions Education
Moderator: Denise Remus, Agency for Healthcare Research and Quality
Q&A
- 2:45 p.m. NATIONAL HEALTHCARE QUALITY MANAGEMENT: IMPLEMENTATION (2 SEQUENTIAL PANELS) Atrium Ballroom B
David Gifford, MD, American Health Quality Association, Implementing the First Set of NQF Quality Measures for Nursing Homes: Consumer Uses
Martha Radford, MD, Yale-New Haven Health System, Quality Performance Measurement and Improvement for a Three Hospital Health System
R. Scott Jones, MD, American College of Surgeons, ACS’ Contributions to Quality Improvement: Past, Present and Future
Cheryl DeMars, Employer Health Care Alliance Cooperative (The Alliance), Galvanizing Purchasers to Drive Public Disclosure of Quality Information
Moderator: Benjamin Eng, Pfizer/National Pharmaceutical Council
Q&A
- Ellen Schwalenstocker, National Association for Children’s Hospitals and Related Institutions, Closing the Gap in Children’s Healthcare Quality Measurement
Jed Weissberg, MD, Kaiser Permanente, Improvement in Diabetes Care within Kaiser Permanente: Approaches and Results
Ed Staffa, National Association of Chain Drug Stores, The Virtual Tool Box for Quality Pharmacy Practice: Out-Patient Care
Beau Carter, Integrated Healthcare Association, Pay for Performance: A Business Case for Medical Groups
Moderator: Joyce Dubow, AARP
Q&A

- 5:00 p.m. **NATIONAL HEALTHCARE QUALITY IMPROVEMENT:
WHAT WILL IT TAKE TO SUCCEED?**
Paul H. O'Neill
Q&A
Atrium Ballroom B
- 5:30 p.m. **CLOSING REMARKS**
Gail L. Warden, Henry Ford Health System
Kenneth W. Kizer, National Quality Forum
Atrium Ballroom B
- 6:00 p.m. **RECEPTION**
The Homer Building: 601 Thirteenth Street, NW

SEPTEMBER 30, 2003

- 8:30 a.m. **ADVISORY COMMITTEE ON IMPLEMENTATION STRATEGY AND
PRIORITIES—OPEN MEETING**
Atrium Ballroom B
- 9:45 a.m. **CONCURRENT INTER-COUNCIL SESSIONS — MEMBERS AND BOARD ONLY**
- 1A: Nancy Foster, American Hospital Association,
Joint Hospital Quality Public Reporting Initiative
Atrium Ballroom B
- 2A: Lillie S. Gelinis, Steering Committee Co-Chair
Hemisphere A
NQF Nursing Care Performance Measures Project
- 3A Jed Weissberg: Deborah M. Nazdam, Brian Lindberg, Cheryl DeMars,
Horizon Ballroom
Advisory Committee on Implementation Strategy and Priorities:
Overview and Member Reactions
- 10:30 a.m. **CONCURRENT INTER-COUNCIL SESSIONS— MEMBERS AND BOARD ONLY**
- 1B: Carolyn Clancy, Agency for Healthcare Research and Quality, H-CAHPS
Atrium Ballroom B
Steve Grossbart, Premier, Hospital Quality Incentive Demonstration Project
- 2B: NQF Programming Update
Hemisphere A
3B: *Barriers to Implementation*
Horizon Ballroom
Charles Roadman, American Health Care Association
Martin Levine, American Osteopathic Association
Donald Casey, Catholic Healthcare Partners
- 11:15 a.m. **MEMBER COUNCIL BREAK-OUTS—MEMBERS AND BOARD ONLY**
- Consumer Council
Oceanic AB
Provider and Health Plan Council
Horizon Ballroom
Purchaser Council
Hemisphere A
Research and Quality Improvement Council
Polaris ABC
- 12:30 p.m. **LUNCH—REGISTERED ATTENDEES**
Eisenberg Award Presentations: Kenneth W. Kizer and Dennis S. O'Leary
Atrium Ballroom A
- 1:30 p.m. **BOARD OF DIRECTORS— EXECUTIVE SESSION**
Atrium Ballroom A
- 1:50 p.m. **BOARD OF DIRECTORS – OPEN MEETING**
Atrium Ballroom B
- 4:30 p.m. **ADJOURN**