

**The National Quality Forum
Fall Policy Conference 2008
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**2008 National Quality Forum Fall Policy Conference
Quality at the Crossroads
October 15-16, 2008
Crystal City, VA**

Abstract

Purpose: The National Quality Forum's (NQF's) 9th Annual Fall Policy Conference provided a setting in which all healthcare quality stakeholders involved in implementing NQF-endorsed national voluntary consensus standards could share information and discuss the healthcare quality landscape.

Scope: More than 300 individuals representing a variety of healthcare stakeholders attended the conference. Presentations and discussions focused on the current state of healthcare policy in the quality landscape, national reform efforts, payment policies, delivery system reform, national priorities, health disparities, and communities.

Methods: The format of the conference included a mix of plenary sessions, panel discussions, council meetings, and a meeting of the NQF Board of Directors.

Results: Participant evaluation and feedback were positive. Based on a review of the content and structure of the meeting, changes will be made, when appropriate, to respond to the needs of our members and to the changing quality landscape.

Key Words: National Quality Forum, Annual Policy Conference, Healthcare Quality

PURPOSE

The National Quality Forum's (NQF's) 9th Annual Fall Policy Conference provided a setting in which all healthcare quality stakeholders involved in implementing NQF-endorsed national voluntary consensus standards could share information and discuss the healthcare quality landscape. Through plenary sessions featuring guest speakers and panel discussions, information was disseminated and participants were engaged in thoughtful dialogue. The following provides a brief overview of the purpose of the various segments of the conference.

Keynote 1: "The Healthcare Debate We Wish We Were Having." Susan Dentzer, Editor in Chief of Health Affairs and Health Policy Analyst with *The News Hour*, argued that what needs to be done to transform healthcare is relatively clear; of more concern, however, is *how* this transformation can be achieved.

Keynote 2: "Too Much Medicine is Making Us Sicker and Poorer." Shannon Brownlee, MS, Visiting Scholar, Clinical Center Department of Bioethics, National Institutes of Health and Senior Fellow, New America Foundation, explored why patients who have access to treatment receive it to excess, to the detriment of both the patient's health and the nation's debt.

Panel 1: "At the Crossroads for National Reform." Health policy advisors to the 2008 Presidential candidates debated their views in a lively interchange moderated by a seasoned Washington player.

Panel 2: "Payment Policies That Might Make a Difference." This panel provided an overview of emerging models of payment reform and illustrated the underlying challenges, not the least of which is identifying who is responsible and for what.

Panel 3: "Jump-starting Significant Delivery Systems Changes." This panel highlighted innovators in three different areas, including ambulatory intensive care units, guaranteed surgical care, and cooperative networks in rural areas.

Panel 4: "Eisenberg Winners Panel." Recipients of this year's John D. Eisenberg Patient Safety Awards discussed their award-winning initiatives and examined the implications of their programs' successes.

Panel 5: "Achieving National Priorities." The panel was comprised of five National Priorities Partners who shared their plans to engage their constituencies to align their strategies and actions with national goals.

Panel 6: "Success in Eliminating Disparities." This panel featured a discussion of new initiatives in hospitals around the country, as well as in nursing-led programs in communities, to deal with the issue of disparities.

Panel 7: "Making Change in Happen in Communities." This panel focused on how four community collaborative efforts, through their work with the Robert Wood Johnson Foundation's Aligning Forces for Quality program, are implementing the policy levers discussed over the course of this conference, including payment, changes to the delivery system, priorities, and disparities.

SCOPE

NQF is a not-for-profit, open-membership, public benefit corporation. Its 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 9th Annual Fall Policy Conference was held October 15-16, 2008, at the Hyatt Regency, Arlington, VA (Crystal City). The conference focused on the important crossroads facing efforts to reform healthcare quality.

NQF member organizations represent the total spectrum of healthcare stakeholders and are categorized within eight NQF Member councils (Consumer; Health Plan; Health Professional; Provider; Public and Community Health Agency; Purchaser; Quality Measurement, Research and Improvement; Supplier and Industry). The members work collaboratively to promote a common approach to measuring healthcare quality, including the endorsement and implementation of voluntary consensus standards.

More than 300 individuals, who represented a variety of healthcare stakeholders from the public and private sectors, attended the conference.

METHODS

As in past years, the conference included a mix of three types of meetings: Plenary Sessions, which present an overview of topics related to quality measurement and improvement; Panel Discussions, which focus on specific issues that impact healthcare quality, and a Meeting of the NQF Board of Directors.

RESULTS

Event Summary: As we approached the 2008 Presidential election, healthcare quality was at a crossroads. We generally know *what* has to be done to improve healthcare quality, but the challenge continues to be *how* to manage the complexity of healthcare, achieve consensus on strategies and goals, and collaborate to make change happen.

The 2008 NQF Policy Conference addressed the critical political and policy issues facing healthcare quality at this important juncture. In concert with the two keynote addresses from Susan Dentzer and Shannon Brownlee, the seven panel presentations featured a wide variety of voices from all corners of the healthcare world debating how the nation should move forward.

Total Registrants: 347

Presentations:

Opening Keynote Address: The Healthcare Debate We Wish We Were Having

Susan Dentzer, Editor in Chief, *Health Affairs* and Health Policy Analyst, The News Hour with Jim Lehrer

Susan Dentzer is the editor in chief of *Health Affairs*, the nation's leading journal of health policy. She possesses a unique vantage point on the multiple perspectives of thought leaders on healthcare reform. For Ms. Dentzer, the espoused positions of the presidential candidates for improving healthcare quality are centered around the edges. She argued that what needs to be done to transform healthcare is relatively clear; of more concern, however, is *how* this transformation can be achieved. She provided insights on how to get there through leadership, public demand, and stakeholder collaboration.

Welcome and Opening Remarks: Quality at the Crossroads

Janet M. Corrigan, PhD, MBA, President and CEO, National Quality Forum

The election of the next President and a new Congress will give rise to a rare window of opportunity to address and achieve reform of the healthcare system. Dr. Corrigan talked about how, by expanding the knowledge base to support rational decision-making, transforming outdated payment systems, building a national performance measurement strategy, and integrating quality considerations into decisions about everything from benefit structures to public health strategies, we can create reform that reaches well beyond better coverage to better healthcare and better health.

Keynote Address: Too Much Medicine is Making Us Sicker and Poorer

Shannon Brownlee, MS, Visiting Scholar, Clinical Center Dept. of Bioethics, National Institutes of Health, and Senior Fellow, New America Foundation

Introduction: Bernard M. Rosof, MD, MACP, Senior Vice President, Corporate Relations and Health Affairs, North Shore – Long Island Jewish Health System

Ms. Brownlee explored why patients who have access to treatment receive it to excess, to the detriment of both the patient's health and the nation's debt. Of the \$2.3 trillion dollars spent annually by the United States on healthcare, between \$500 and \$700 billion goes to unnecessary treatments, tests, and hospitalizations. Ms. Brownlee believes that there are solutions to overuse, including investments in health information systems, shared decision-making between doctors and patients, increased evidence-based research, and payment reform that ends the fee-for-service focus on volume rather than value.

At the Crossroads for National Reform

**Moderator: Charles N. Kahn, President, Federation of American Hospitals
Stuart Altman, PhD, MA, Dean and Sol C. Chaikin Professor of National Health Policy,
Heller Graduate School for Social Policy & Management, Brandeis University
Gail R. Wilensky, PhD, John M. Olin Senior Fellow, Project HOPE**

The 2008 presidential candidates share similar ground on their policies for improving quality and transparency. However, there were substantial differences in the candidates' plans for upstream financing of healthcare; these distinctions may produce differential impacts on access, preventive care, insurance benefits, and quality of care. Health policy advisors to the 2008 presidential candidates debated their views in a lively interchange moderated by a seasoned Washington player. This discussion occurred the day after the presidential debate on domestic issues and included some punditry of the debate highlights.

Payment Policies That Might Make a Difference

Moderator: Peter V. Lee, JD, Executive Director for Health Care Policy, Pacific Business Group on Health

Meredith B. Rosenthal, PhD, Associate Professor of Health Economics & Policy, Department of Health Policy and Management, Harvard School of Public Health

Thomas B. Valuck, MD, MHSA, JD, Medical Officer and Senior Advisor, Center for Medicare Management, Centers for Medicare and Medicaid Services

Payment reform is at the top of the list of policy levers for transforming the US healthcare delivery system. This panel provided an overview of emerging models of payment reform and illustrated the underlying challenges, not the least of which is identifying who is responsible and for what. There was a specific focus on current CMS initiatives on hospital-acquired condition payment and physician resource measurement.

Jump-starting Significant Delivery Systems Changes

Moderator: Carolyn M. Clancy, MD, Director, Agency for Healthcare Research and Quality

Rushika Fernandopulle, MD, MPP, Executive Director, Renaissance Health

Bruce H. Hamory, MD, Executive Vice President and Chief Medical Officer Emeritus, Geisinger Health Systems

Mary K. Wakefield, PhD, RN, FAAN, Associate Dean for Rural Health and Director, Center for Rural Health, School of Medicine and Health Sciences, University of North Dakota

Who's building the healthcare Apollo, which will allow healthcare service delivery to soar to the next level? Determined dreamers and courageous risk takers are indeed jump-starting significant changes in the US healthcare systems. This panel highlighted innovators in three different areas, including ambulatory intensive care units, guaranteed surgical care, and cooperative networks in rural areas.

John M. Eisenberg Patient Safety and Quality Award Presentation

The National Quality Forum and The Joint Commission awarded the 2008 John M. Eisenberg Patient Safety and Quality Awards to six individual or groups. The honorees, by award category, were as follows:

About: NCC MERP is an independent council of more than 20 national organizations. The Council was formed to actively promote the reporting, understanding, and prevention of medication errors through the coordinated efforts of its member associations and agencies and to focus on ways to enhance patient safety through a coordinated approach and a systems-based perspective. The Council operates without any funding mechanism or dues.

Members include: American Hospital Association, American Nurses Association, American Pharmacists Association, AARP, Department of Defense, FDA, The Joint Commission, National Patient Safety Foundation, Department of Veterans Affairs, and Institute for Healthcare Improvement

Council Chair: Dr. Deborah Nadzam, PhD, RN

Highlight of Achievements:

- Wide acceptance and adoption of the Council's definition of "medication error," its "Taxonomy of Medication Errors," and its "Index for Categorizing Medication Errors" has resulted in standardization of medication error reporting and analysis.
- The Council's national conference and subsequent recommendations on the standardization of bar codes provided the major impetus for the FDA and the pharmaceutical industry to agree on regulations in this area, with a final rule being published by the FDA.
- Canada, the UK, Australia, and others have embedded The Taxonomy of Medication Errors and other parts of the Council's work products into national reporting systems, patient safety best practice guidelines, and error reporting.

Research: Rand Health and the UCLA School of Medicine

About: Assessing the Care of Vulnerable Elders (ACOVE), which is conducted by RAND Health researchers and guided by national panels of clinical experts in geriatrics, has developed and updated a comprehensive set of quality indicators for the medical care provided to vulnerable, older people.

ACOVE measures were developed in response to a dearth of measurement tools aimed at the medical care received by older patients.

Highlight of Achievements:

- Tested interventions based on ACOVE quality indicators have been shown to improve the care that primary care physicians provide for geriatric conditions in community-dwelling, vulnerable elders.
- ACOVE quality indicators are public domain and can be used at the health system, health plan, or medical group level to identify areas of care in need of improvement

- ACOVE quality indicators were the first set of healthcare measures developed specifically for high-risk, community-dwelling older adults.

Research Team:

Neil Wegner, MD, MPH, professor, UCLA
 Paul Shekelle, MD, MPH, PhD., task order director, UCLA
 David Solomon, MD, Director Emeritus, UCLA Center of Aging
 Debra Saliba, MD, MPH, Associate Professor, UCLA School of Medicine
 Carol Roth, MPH, Senior Clinical Project Manager
 David Reuben, MD, Professor of Medicine, UCLA
 Roy Talbot, MD, UCLA

Innovation in Patient Safety – Local (two winners): New York City Health and Hospital Corporation and Anthem Blue Cross and Blue Shield of Virginia

New York City Health and Hospital Corporation

About: New York City Health and Hospitals Corporation (HHC) is the nation's largest municipal hospital system. HHC has been engaged in developing a robust culture of patient safety, quality, and innovation with its transparency program. The program began due to HHC's obligation, as a public healthcare system, to make its performance data transparent to its patients, to reflect its willingness to stand accountable for its delivery of care, and to foster a culture that is motivated to continuously improve.

Highlight of Achievements:

- Develop and launch a transparency website, *HHC in Focus*, in September 2007. It went beyond what previously had been made publicly available for all but a handful of smaller healthcare entities. Site included not only system-wide, but also hospital-specific, data.
- The 2008 version of *HHC in Focus* updated data seen in the launch version (e.g., for mortality, heart attack, ventilator- and hospital-acquired infections, etc.) and provided numbers on HHC's preventive care initiatives (colonoscopies, mammograms) and its work to address chronic disease in its patient population.
- The results of the Transparency Program speak for themselves - consistent improvements of many indicators of preventive, acute, and chronic disease and long-term care.

Research Team:

Anne-Marie J. Audet, MD, Senior Vice President, HHC
 Alan D. Aviles, President and CEO, HHC
 Louis J. Capponi, MD, Chief Medical Informatics Officer, HHC
 Caroline Jacobs, MPH, MS.Ed., Senior Vice President, HHC
 Ramanathan Raju, MD, Executive Vice President, HHC

Anthem Blue Cross and Blue Shield of Virginia

About: The Quality-In-Sights®: Hospital Incentive Program (Q-HIPSM) and Quality Physician Performance Program (Q-P3SM) are Anthem Blue Cross and Blue Shield's performance-based reimbursement programs for Virginia hospitals, cardiologists, and cardiac surgeons. Q-HIP and Q-P3 reward hospitals and physicians for practicing evidence-based medicine and implementing other nationally recognized best practices. By using metrics based on all-payer, nonadministrative data, Q-HIP and Q-P3 endeavor to bring higher-quality care to all patients and communities.

Highlight of Achievements:

- Since its inception in 2003, Q-HIP has grown from a 16-hospital pilot program in Virginia to a multistate program that includes over 145 hospitals.
- Q-HIP facilities have shown an average preoperative beta-blockade rate of 79.5% (73.9% is the national average) and an average surgical reexploration rate (risk-adjusted) of 2.1% compared to the national average of 3.4%
- With the addition of the Q-P3 program, there has been a 21.4% improvement in DTB-90, an 8.3% reduction in PCI-Comp, and a 12% reduction in CATH-Comp in the 18 facilities that submitted measurement data.

Research Team:

Lindsey Gilbert, Regional Director of Network Performance, WellPoint East Zone
Rome H. Walker, Medical Director, American Blue Cross Blue Shield of Virginia

Individual Achievement: Michael R. Cohen, MS, DSc, Institute for Safe Medication Practices

About: After becoming aware of an incident in which a patient died due to an overdose of insulin, Dr. Cohen embarked on what would become a lifelong mission to improve patient care by improving medication safety practices. He has challenged legislators, regulators, physicians, professional organizations, pharmaceutical manufacturers, and many others to recognize their responsibilities to eliminate preventable morbidity and mortality due to medication errors.

Highlight of Achievements:

- Dr. Cohen and the Institute for Safe Medication Practices (ISMP) have been responsible for the removal of concentrated potassium from most units in the country, the discontinuation of the use of concentrated lidocaine, and the relabeling of many medications (such as cis-platinum and carbo-platinum).
- ISMP, founded by Dr. Cohen, has become one of the premier organizations promoting safety in any domain in this country. Today, ISMP includes two international affiliates: ISMP-Canada and ISMP-Spain.

- Dr. Cohen began publishing the ‘underground’ *ISMP Medication Safety Alert!* that now boasts readership in excess of 600,000 health professional worldwide.
- Dr. Cohen served as member of the NQF Committee on Safe Practices from 2001-2002; the WHO Steering Committee for Patient Safety; and the NQF National Voluntary Consensus Standards Maintenance Community. He is a member of the Sentinel Advisory Group for The Joint Commission and the IOM Committee on Identifying and Preventing Medication Errors; and he worked with the World Alliance for Patient Safety on the Patient Safety Solutions Steering Group.

Honorary Award for Individual Achievement: Dennis O’Leary, MD, President Emeritus, The Joint Commission (person) NOTE: new award

About: President of The Joint Commission for the past 21 years, Dennis O’Leary became president emeritus January 1, 2008. Since Dr. O’Leary assumed The Joint Commission presidency in 1986, the organization has evolved, shifting its focus from inspection to patient-centered evaluation, quality improvement, and increased patient safety. Dr. O’Leary oversaw the introduction of cutting-edge standards related to patient safety, pain management, use of patient restraints, and emergency preparedness. Most recently, he launched a series of The Joint Commission public policy initiatives.

Highlight of Achievements:

- Prior to joining The Joint Commission, Dr. O’Leary served as Dean for Clinical Affairs at the GWU Medical Center, was VP of the GWU Health Plan (an academic HMO), achieved the faculty rank of Professor of Medicine, and served as Medical Director of the University Hospital for over 10 years.
- Dr. O’Leary also has served as the President and Chairman of the Board of the District of Columbia Medical Society and was the founding member of the National Capital Area Health Care Coalition.
- After coming to The Joint Commission, he became a Master of the American College of Physicians; an initial Fellow of the American College of Physician Executives; honorary member of the American Dental Association; and a member of the Institute of Medicine of the National Academy of Sciences.
- In 2000, he was identified by Modern Healthcare as “one of the 25 most influential leaders in healthcare” during the past quarter century. Dr. O’Leary has won the Distinguished Service Awards of the American Medical Association and of the American Health Information Management Association, and he received The Joint Commission’s Ernest Amory Codman Award.

Eisenberg Winners Panel

Moderator: Linda S. Hanold, MHSA, Director, Department of Quality Measurement, The Joint Commission

Alan D. Aviles, CEO, New York City Health and Hospitals Corporation

Diane D. Cousins, RPh, Vice President, Department of Healthcare Quality and Safety, Documentary Standards Division, US Pharmacopeia and Secretary, National Coordinating Council for Medication Error Reporting and Prevention

Lindsey Gilbert, Regional Director of Network Performance, Anthem Cross and Blue Shield of Virginia, subsidiary of WellPoint, Inc.

Dennis O'Leary, MD, President Emeritus, The Joint Commission

Neil S. Wenger, MD, MPH, Director, Assessing Care of Vulnerable Elders project, RAND Corporation and UCLA School of Medicine

Recipients of last year's John D. Eisenberg Patient Safety Awards discussed their award-winning initiatives and examined the implications of their programs' success. Collectively, the panel presented a snapshot of some of the most exciting and innovative patient safety initiatives that are currently underway in American healthcare.

Achieving National Priorities

Moderator: Margaret O'Kane, MHS, President, National Committee for Quality Assurance

Peter V. Lee, JD, Executive Director for Health Care Policy, Pacific Business Group on Health

Achieving National Priorities, cont.

Debra L. Ness, MS, President, National Partnership for Women and Families

Bernard M. Rosof, MD, MACP, Senior Vice President, Corporate Relations and Health Affairs, North Shore - Long Island Jewish Health System

Linda J. Stierle, MSN, RN, CNNA, BC, Chief Executive Officer, American Nurses Association

We must align all of our efforts if we ever hope to make real change in the quality of health and healthcare. The National Priorities Partners have made great progress in setting the priorities, goals, and steps that will be necessary to improve the health and healthcare of all Americans. The panel was composed of five Partners who will share their plans to engage their constituencies to align their strategies and actions with the National goals.

Success in Eliminating Disparities

Moderator: J. Emilio Carrillo, MD, MPH, Vice President of Community Health Development, New York-Presbyterian Community Health Plan

John W. Bluford, MBA, President and CEO, Truman Medical Centers

Linda Burnes Bolton, DrPH, RN, FAAN, Vice President, Nursing and Chief Nursing Officer, Cedars-Sinai Medical Center

The disparities gap in healthcare access and quality continues unabated at the national level. However, national programs are contributing to local initiatives that are making a difference. This panel featured a discussion of new initiatives in hospitals around the country as well as nurse-led programs in communities.

Making Change Happen in Communities

Moderator: Bruce Siegel, MD, MPH, Director, Center for Health Care Quality, Department of Health Policy, George Washington University School of Public Health and Health Services

Craig Brammer, MA, Director, Health Improvement Collaborative of Greater Cincinnati, Cincinnati Aligning Forces for Quality

Shelley B. Hirshberg, MA, Executive Director, P2 Collaborative of Western New York

Christopher J. Queram, MHSA, President and Chief Executive Officer, Wisconsin Collaborative for Healthcare Quality

Ted Rooney, RN, MPH, Project Leader, Maine Aligning Forces for Quality

This panel focused on how four community collaborative efforts are implementing, through their work with the Robert Wood Johnson Foundation's Aligning Forces for Quality program, the policy levers discussed over the course of this conference, including payment, changes to the delivery system, priorities, and disparities. The moderator guided a dynamic discussion of the experiences and lessons learned in these communities and addressed how national and regional/community actions complement one another to achieve improvements in quality.

Evaluation of the Conference:

The National Quality Forum employed a number of strategies to evaluate and document the participation, experience, and outcomes of the 2008 Fall Policy Conference. In addition to the meeting evaluation form, attendees were also able to provide comments about each individual session. Attendees also identified the types of meeting activities that were the most helpful and the meeting activities that were missing. They also gave specific suggestions about what they would like to see at future meetings.

The conference was very well attended. Participants were generally satisfied with the plenary and panel discussions because the discussions were high-level and covered a number of timely and important issues.

Summary of Comments:

- The different presentation formats were engaging.
- Excellent panels, topics, and presentations!
- More time for Council meetings and other workgroups would be good. I particularly liked the interaction during those types of meetings.
- The conference was jam-packed with very good presentations. However, a little more time for question/discussion would have been appreciated.

- More presentations on translation of policy to actual practice and reactor panels that include more focus on delivery systems instead of plans.
- Content at most sessions was pertinent, but it usually provided a very cursory overview without an in-depth treatment of the issues. Perhaps fewer multi-presenter panels would allow a single presenter to provide more depth on a given topic.
- The discussions were better than past panel discussions. They seemed more informative. One suggestion - if you are rolling out a major initiative, like the NPPs on November 17th, it is best to have an implementation plan. At different times, the attendees asked several times for an implementation plan; the response was, "It is up to you". Since most of us were not part of the development of the NPPs, it may be more helpful to have a draft plan or template to work from.