PART III

CALL TO ACTION:
GETTING TO THE MEASURES THAT MATTER

> As noted in the *Wall Street Journal*, "while the energy around measurement is commendable, fragmentation and disconnected development efforts are creating diminishing returns and even problems for providers and care itself."[17]

To ensure that every patient receives high-quality and safe healthcare, HANYS calls upon the healthcare community, including providers, payers (government and commercial), and professional societies to create a sensible framework for measurement that fulfills the need to monitor and improve quality and patient safety without imposing unreasonable requirements.

Currently, no single organization has central authority over measurement in healthcare. Measures are developed, created, and designed by multiple entities, with varied goals and purposes in mind. Hospitals and health systems are burdened by trying to create an infrastructure, assigning staff, and assessing each measure's methodology to determine whether it has merit for their internal quality improvement efforts.

In order to move forward, the healthcare field must streamline, align, and focus on those measures that are meaningful for improving care. The Institute of Medicine (IOM) provides a strong framework for this concept in its 2015 report, *Vital Signs: Core Metrics for Health and Health Care Progress.* IOM calls for a parsimonious, standardized set of measures collected regularly and consistently across the nation.[18] This consensus will "enhance the ability of healthcare leaders and the public to track progress toward shared goals . . . If the same set were implemented at the national, state, local, and organizational levels, these benefits would be multiplied as a result of the enhanced ability to make comparisons and determine best practices."[19]

CMS has begun to address this issue. In February 2016, CMS and a coalition of key stakeholders, including providers, insurance representatives, and others reached consensus on a core set of seven measure sets that should be used to monitor performance of physicians and other clinicians for the purposes of quality improvement.[20]

Other groups have made similar proposals. In 2015, the Catalyst for Payment Reform (CPR), an independent, nonprofit corporation working on behalf of large employers and other healthcare purchasers identified a list of Employer-Purchaser Priority Measures. The list of 30 measures were selected because they align with other programs, have been successfully implemented in one or more programs, and cut across multiple conditions and topics, when possible.[21]

Again, these are important steps, but the entire healthcare field must work together.

To help the nation realize the Triple Aim of better patient care, better health outcomes, and lower costs, all stakeholders of quality measurement must collaborate to streamline, align, and focus their measurement systems on the **measures that matter**.

HANYS' CALL TO ACTION URGES ALL STAKEHOLDERS TO:

1. **STREAMLINE—commit to the minimum number of measures needed to evaluate healthcare quality.**

   Stakeholders, including government, should aim toward parsimony among measures to reduce confusion and promote a focus on the most important healthcare priorities. Measures should be able to be reasonably collected given the current tools and measurement infrastructure available to providers. Data collection should not create an undue burden that distracts from the ultimate goal of providing patients with high-quality care.

2. **ALIGN—with national, standardized, evidence-based measures.**

   Measures should be rooted in science, supported by peer-reviewed literature, and be aligned with NQF and MAP. When considering the development or adoption of a new measure, stakeholders must first optimize measures that are currently available and determine if better performance can be achieved. If a government, payer, or other stakeholder seeks to evaluate a particular area of healthcare delivery, it should first look to measures already collected to avoid duplication. Measures should not be developed in isolation.

3. **FOCUS—on those select few representative measures that target the most vital aspects of care, are meaningful and actionable, are tailored to the organization's patient population, and offer opportunities to directly and positively impact patient outcomes.**

   Measures should accurately measure the intended element of care. Providers should be able to use the measures to compare trends over time and implement changes to improve patient care. In addition, measures should be based on the most recent data available. While not always feasible, outcome measures are preferable to process measures as studies have found limited links between clinical outcomes and process of care measures.[22] An outcome measure, for example, is the rate of falls, while a process measure may focus on risk assessment for falls.

   Measures used by regulators and payers should focus on overall performance (outcome measures), and defer the operations and use of process measures for internal quality improvement by healthcare providers. If process measures are used for regulatory or payment purposes, they should be used on a limited basis.

Organizations should have the flexibility to choose the measures that are most relevant for the patient population they serve. We encourage payers and regulators to consider developing a menu of options from which organizations can choose to ensure that they focus on the most critical safety issues impacting their organization.

4. **COLLABORATE—with key healthcare stakeholders to coordinate quality and patient safety efforts.**

   Although NQF plays a key role in approving individual quality measures, no single entity has general oversight authority for coordinating and streamlining quality measurement in the United States. HANYS calls on stakeholders in the healthcare community to assert their role as stewards of quality measurement and collaborate to build a parsimonious set of measures that meets the Triple Aim.

EHRs Should Be Part of the Solution

HANYS calls on EHR and health information technology (HIT) vendors to take a more active role in the solution and commit to developing standardized, interoperable e-measures with standard specifications for data collection. Vendors should also produce reliable, actionable reports to support mandatory reporting and hospital-specific quality improvement projects. HIT could be instrumental in significantly reducing the costs of healthcare by addressing this unmet need.