



2021
NATIONAL QUALITY FORUM
ANNUAL CONFERENCE

The Care We Need: Driving Better Health
Outcomes for People and Communities

JULY 20-22, 2021 | VIRTUAL | #NQF21

NATIONAL QUALITY FORUM 2021 ANNUAL CONFERENCE NOTES

Discern Health staff attended the virtual [National Quality Forum Annual Conference](#) from July 20-22, 2021. This document provides summary notes from the staff on selected conference sessions.

About the Event

The 2021 National Quality Forum (NQF) Annual Conference was titled “The Care We Need: Driving Better Health Outcomes for People and Communities.” Speaking to this theme, the individual presenters and panel discussions from around the country addressed topics of health equity, structural racism, and the perpetuation of disparities and mistrust. The presenters represented diverse individual perspectives and professional and personal experiences that provided meaningful context to the subjects discussed.

A majority of the speakers called for embedding equity in quality measures, the health care system, and all systems in general. Speakers pointed out the exacerbation of disparities and inequities by the ongoing COVID-19 pandemic. They suggested that, without first addressing equity, core health care issues such as costs, accessibility, and quality cannot be fundamentally addressed.

The perennial NQF topic of quality measurement was grounded in the theme of equity. Speakers acknowledged the need to align and streamline measures. Presenters also called on the quality community to intentionally integrate equity into person-centered or community-centered approaches to quality measurement and value-based care.

The NQF also introduced incoming President and CEO, Dr. Dana Gelb Safran. Looking to the future, Dr. Safran highlighted that NQF would promote a national movement towards the next generation of outcomes oriented, value-based measures.

Any public information and resources from the event are likely to be posted at the NQF Annual Meeting website [here](#). NQF meeting participants can view recorded sessions [here](#).

Discern Health is happy to share our expertise on the relevant quality, measurement, and value-based care topics if you would like to discuss any of the content reviewed in this document. Please contact [Gracelena Ignacio](#) to schedule a conversation.

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#NQF2021- Most content available to attendees through October the 22

Evolution of the Measurement Applications Partnership (MAP)

Speaker: Dr. Michelle Block Schreiber, Deputy Director of the CMS Center for Clinical Standards and Quality

- Many ongoing conversations about measures - too few, too many, right topics?
- National Quality Forum (NQF) Goals
 - Use Meaningful Measures Framework to streamline and align quality measurement
 - Leverage measures to drive outcome improvement
 - Improve quality measure efficiency
 - Empower customers
 - Promote equity
- NQF is aligning to goals of Meaningful Measures 2.0 framework, the foundation of which is the consumer and caregiver voice
- MAP exists because, by statute, CMS programs are required to have public input/consensus
 - The MAP is set up to recommend adding (*and, as of December 2021, removing*) measures from programs
 - The annual MAP meeting happens in December and informs rulemaking
- CMS prefers NQF-endorsed measures
- Each measure represents a million-dollar investment in development (roughly)
- MAP solicits stakeholder engagement (i.e., technical expert panels, patient groups, public comments, interviews)
 - Anyone can submit a measure to CMS
 - Measures are submitted to the Measures Under Consideration (MUC) list, which the MAP reviews
 - MAP is advisory only; CMS is not obligated to follow MAP recommendations
- Increased CMS emphasis to align measures across programs
 - Committees look at the CMS, VA, CDC, DOD programs, collaboration with AHIP
- All measures evaluated for importance, feasibility, scientific adaptability, usability, and harmonization

- MAP process informs measure selection, identifies gaps, and suggests measures and measure set alignment
- Timeline: nominations by August, MUC list released in December after analysis, after which the committees meet, then MAP coordinating committee providers final recommendations by February 1
- NQF can make recommendations to remove measures from programs, allowing opportunity for additional input: this year is a pilot year for NQF making recommendations
- [New in 2021](#)
 - Measure set review pilot
 - Health equity advisory group convened to “provide input on MUCs with the goal of identifying health disparity gaps in quality measurement and reducing health differences closely linked with social determinants of health”
 - Nominations are due Thursday July 29, 2021
- On equity: request for information (RFI) for health equity
 - Considering, among other things, linking payment to equity
 - Likely to ultimately happen, but there needs to be experience with it
 - CMS is looking for ideas to support equity

Structural Racism in the Context of COVID-19 and the Evolving Concept of Health Equity

Speaker: Reed V. Tuckson, MD, FACP, Managing Director, Tuckson Health Connections

- Called for the fundamental restructuring and re-visioning of the country in light of the pandemic
- Structural Racism: a system in which public policies, institutional practices, cultural representations, other norms work in various and often reinforcing ways to perpetuate racial group inequity
- Prominent lessons learned from the pandemic
 - Uncomfortable realizations about relationships
 - Indifference and/or ignorance to the suffering of others
 - Societal comfort with 600,000 deaths
 - Self-absorbed narcissism
 - Mask individualism vs. the welfare of others
 - Mask individualism: people making a political statement out of refusing to wear a mask at the expense of others’ health
 - Distrust of societal institutions
 - Consequences of disparities in health outcomes
 - Social Determinants of Health: the impact of jobs (essential workers), housing, food, et cetera
 - Social media and the spread of misinformation
 - Need to reestablish a sense of community
- What are we trying to achieve?
 - Racial Equity: what a genuinely non-racist society would look like; the distribution of society’s benefits and burdens would not be skewed by race

- Health Equity: when all members of society enjoy a fair opportunity to be as healthy as possible
- Where do we go from here?
 1. Rediscover a shared vision of respect for human life
 2. Create a shared vision for health
 3. Come to an understanding of what is required to be fully realized selves (individuals with autonomy)
 4. Deal with the issue of trust
 - Co-founder: [Black Coalition Against Covid](#)
 - Goal: aiming to regain trust in institutions of society and institutions of medicine
 - First campaign: “[A Love Letter to Black America from America’s Black Physicians](#)”
 - Directly asking community to join clinical trials and take the vaccine when it is available
 - Developed a video series to target COVID-19 vaccine distrust through descendants of Tuskegee Syphilis Study
 - Recognizing the significance of how the Tuskegee Syphilis Study perpetuates distrust through today
 - Ad Council contributed to the development of the Tuskegee Syphilis Study descendants video series
 - The video series is part of the larger “It’s Up To You” campaign for COVID-19 vaccine education
 - [Here](#) is a link to Ad Council’s YouTube channel featuring one of the videos titled “Tuskegee Legacy Stories | COVID-19 Vaccine Education Initiative”
 - **Note: Discern parent company, Real Chemistry, has partnered with the Black Coalition Against COVID and the Ad Council to help advance this work**
 - [Here](#) is a link to an article describing our collaboration on “A Love Letter to Black America”
 - [Here](#) is a link to Real Chemistry’s YouTube channel featuring one video titled “It’s Up To You: How the Ad Council is Collaborating to Educate Millions of Americans About COVID-19”
 5. Take advantage of the redesign of the conceptual and reimbursement basis of the delivery system
 - The Triple Aim
 - Improve the health of the population
 - Reduce the per capita cost of care
 - Enhance the patient experience with care
 - Value-Based Networks: effect on access and equity
 - Cautions about the significance of choosing measures

- Need to ensure that the ways in which the delivery system is changed does not exacerbate disparities but helps to eliminate disparities
 - Encourages a strong financial incentive to move upstream and focus on behavioral factors
- 6. Essentiality of data: data as a tool to combat structural racism
 - Example of a current data gap: nearly ¼ of COVID-19 cases nationally are missing race and ethnicity data
- 7. The quality concern: emphasizing the sub-optimal quality that people of color in this country receive in the delivery system
- 8. Solve for consumer engagement in an increasingly complex health landscape
 - Genomics drives greater complexity
 - Imperative to support and focus on math and science in schools in order to help patients make decisions and understand the complexities
- 9. Communities must empower themselves
 - Imperative to send messages in ways that people can hear
 - Example: virtual slam poetry competition
 - Example: townhalls with community members and health professionals
 - Engage with community members, religious leaders and advocacy organization
- Health in All Policies (HIAP): calls on each of us to integrate health considerations into policymaking across sectors
- “Grantsmanship:” make sure resources and money are available to people trying to fight these fights

The State of Quality Measurement

Speaker: Lee Fleisher, MD, CMO & Director, Center for Clinical Standards and Quality - CMS

- Lessons from the pandemic (context of nursing homes)
 - Implementation is critical: need education and support to implement guidance and best practices (not just guidance)
 - Disparities in care and outcomes were emphasized
 - Antipsychotic use is an issue in nursing homes, drug overdoses more generally
- CCSQ levers to change care, driven by a data feedback loop and with beneficiary quality, safety, and outcomes as the “true north”:
 - Regulations
 - Coverage
 - Survey and enforcement
 - Quality measurement and improvement
 - Operations and communication
- Vision for quality measures
 - Streamline quality measurement: goal is not fewer measures, but using the right measure for right purpose to achieve outcomes

- Leverage measures to drive improvement via value-based payment (VBP) models
- Increase digital measures to support analytics
- Capture the outcomes we want (equity, maternal health, etc.) to empower consumers to make choices
- Leverage measures to promote equity and close care gaps
- Working on Meaningful Measures 2.0
 - Some of the critical issues will be the same: e.g., improving access in rural communities
- Meaningful Measure 1.0 has been used to review, reduce, and align measures
 - Resulted in 15% reduction in overall number of measures in Medicare FFS programs (dropping from 534 to 460)
 - 25% increase in outcome measures, drop in percentage of process measures
 - Now, CCSQ is working towards the “right set of measures”; still moving from process to outcomes except when processes or structural measures can better capture progress toward goals (e.g., in health equity and other areas, especially those with few outcomes measures)
- Meaningful Measures 2.0: building a house of measurement based on the voice of the patients
 - Health equity is the foundation of everything
 - Behavioral health is a priority, as are socio-economic status (SES), maternal mortality, kidney care, and long-term services and supports (including both institutional and home- and community- based services)
 - Care coordination is important to lead to optimal high-quality care and avoid low value care
 - Patient-centeredness and efficiency is also a priority
 - CCSQ is also planning to use a quality measure index to assess measures
- Key Objectives of Meaningful Measures 2.0
 - Align measures across CMS, federal programs, and private payers; reduce number and burden of measures
 - [Core Quality Measures Collaborative](#) is the standardized approach for pursuing alignment
 - Align measures in programs to quality improvement activities instead of seeing different modes of measurement
 - Goal of 50% increase in outcome measures by 2022
 - Accelerate ongoing efforts to streamline and modernize programs, reducing burden and promoting strategically important focus areas
 - Work towards a “learning healthcare system”
 - Think about how people and teams work together to promote better outcomes for patients
 - Move toward Health Care Payment Learning & Action Network (HCP-LAN) Category 4 payment models (VBP models for population health management)
 - Began introducing MIPS Value Pathways (MVPs) and currently looking at how they can help providers transition to bundles and population-based models

- Use data and information as essential aspects of a healthy, robust healthcare infrastructure to allow for payment and management of accountable, value-based care and development of learning health organizations
 - All digital quality measures by 2025
 - Expand availability of public use files for CMS data (was delayed by public health emergency)
- Empower consumers through transparency of data and public reporting so that consumers can make best-informed decisions about their healthcare
 - Expand person and caregiver engagement during measure development process
 - Increase patient-reported outcomes measures by 50%
 - Continue to modernize Compare Sites and develop rating systems for Medicaid and CHIP beneficiaries and their caregivers
 - Advance use of Fast Healthcare Interoperability (FHIR) application programming interface (API) for consumer electronic receipt of health information
 - Increase person-centered measures, such goals of care and shared decision-making
 - Note: SDM isn't just about sharing risks and benefits of treatment, it's about understanding patient goals and needs
- Commit to a person-centered approach in quality measure and value-based incentive programs to ensure that quality and safety measures address healthcare equity
 - Expand reporting stratification by dual eligibility by end of 2021
 - Leverage incentive programs to close gaps
 - Pursue multi-year plan and partnerships to promote equity in quality measurement
- Next steps: continue collaboration with specialty societies regarding MVP development-working with 30 specialty societies
- [Measures Impact Report 2013-2018](#)
 - 34% of the Key Indicator measures with a disparity in the first year have shown improvement in at least one measure of performance comparison, but we still have a long way to go to address disparities
 - Results of impact assessment showed that use of CMS quality measures likely contributed to improving quality and reducing health care costs in key priority areas
 - Opportunities remain:
 - Reducing disparities, improving equity
 - Increasing performance on declining measures
 - Improving EHR interoperability
- New administrative priorities:
 - Advance behavioral health
 - Reduce instance of substance use disorder and appropriately treating those who have the disorder
 - Improve alignment across programs: agency-wide, cross agency, and public/private
 - Look for high value measures for use across programs
 - Remove low-value measures

- Lean in after the pandemic
 - Behavioral health
 - Child well-being
 - Emergency preparedness (not just guidance, but implementation)
 - Equity
 - Maternal health
- Dr. Fleisher’s call to action
 - Ask the right questions and ensure we are collecting the appropriate data
 - Note: use both quantitative and qualitative methods to inform measure development and orient around what matters most for patients
 - Turn data into information for both quality improvement and change
 - Bring other disciplines into problem story (e.g., implementation and social science)
 - Seize opportunity for our “roaring (20)20’s” so organizations can emerge from the COVID-19 pandemic better equipped to improve care and outcomes for patients

Introduction to NQF’s New President

Speakers: Dana Gelb Safran, Senior Vice President, Value Based Care & Population Health Well Health, Inc.; Christopher Queram, President and CEO Wisconsin Collaborative for Healthcare Quality (WCHQ)

- Interim President & CEO: Christopher Queram
- Newly announced President & CEO: Dana Gelb Safran
- Dana Gelb Safran’s professional background
 - First 16 years of her career as a measure developer
 - Blue Cross Blue Shield Massachusetts
 - 12 years using measures
 - An architect on Alternative Quality Contract (AQC)
 - Twin goals: reducing cost/cost growth and improving outcomes
 - The model combined global budget with upside and downside risk with robust quality measures
 - Approach to incentive performance improvement and high performance
 - Voluntary but 90% of their clinicians opted in within 4 years
 - Haven: seated on the purchaser side of the table
 - Well Health: enabling improved patient communications using digital technologies
- NQF’s Five Year Strategic Plan
 - Exciting focus on how to use measurement to help value-based payment be successful
 - Moving away from fee-for-service and toward an outcomes-oriented mindset; moving away from measuring solely the individual care processes
 - “Moving toward big dot measures”
 - NQF can help get the nation to the next generation of outcomes oriented, value-based measures and engage with relevant stakeholders
 - Attention to health and health care quality and access

- Measurement will play a central role in the ability to address these
- NQF is a member organization and operates with a broad range of stakeholders
 - “It’s a team sport”: the work of measure development, testing/validation, and other players are all important
 - 4 P’s: Patients, Providers, Purchasers, Payers
 - To be useful, all players need to see the measures as accurate, fair, and that they matter
 - Finding solutions *together*