The National Quality Forum: A ‘Me-Too’ Or A Breakthrough In Quality Measurement And Reporting?

This new private-sector initiative is poised to respond to broad public-interest needs.

BY TRACY MILLER AND SHEILA LEATHERMAN

The capacity to evaluate and report on quality is widely regarded as a critical foundation for systemwide improvement of health care delivery and patient outcomes. Reliable, comparative data on quality are needed for multiple purposes and audiences: to enable and motivate providers to improve the quality of care by tracking their performance against national and regional benchmarks, to facilitate competition on quality, to promote consumer choice, and to inform federal and state policies to improve health care quality.

Catalyzed by studies showing large, unexplained regional variations in the delivery of health care services, evidence of quality deficiencies has mounted over the past two decades. That evidence demonstrates widespread misuse, overuse, and underuse of treatments that have been proved clinically effective. In addition, data consistently show that many Americans are injured as a result of errors during the course of their medical treatment, causing significant illness and death.

Calls to improve health care quality culminated in release of two major national reports in 1998, one by the President’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry, and the other by the Institute of Medicine (IOM) National Roundtable on Health Care Quality. Together these reports created visibility and momentum for quality in the policy arena.

Other factors also have spurred attention to quality improvement nationally, including the movement to evidence-based medicine, marked success of improvement initiatives in some health care institutions and systems, and opportunities presented by advances in health information systems.

Developed by the President’s Advisory Commission, the concept for the Quality Forum emerged as part of an articulated national strategy to improve health care quality. Rather than recommending government regulation or oversight of health care quality, the commission unanimously proposed a public/private partnership and creation of two organizations: the private-sector National Forum on Health Care Quality Measurement and Reporting and a public entity, the Advisory Council for Health Care Quality. The Quality Forum will seek to devise and implement a national strategy for quality measurement and reporting to advance national aims for improvement. The Advisory Council will identify those national aims, choosing priorities for improvement to achieve critical mass nationally for initiatives that respond to common and/or costly medical conditions and that offer the greatest potential to enhance patient outcomes. The Advisory Council also

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will serve as a watchdog, assessing the adequacy of publicly available data on quality. The paired relationship of the Advisory Council and the Quality Forum recognized underlying questions of public policy posed by the quality agenda and lingering doubts about the capacity of a private-sector organization to meet broad public-interest needs.

Following up on the President’s Advisory Commission recommendations, Vice-President Al Gore convened the Quality Forum Planning Committee in June 1998. Funded with foundation grants and in-kind support from the United Hospital Fund of New York City, the Planning Committee devised the mission, governance structure, and financing for the forum. To date, legislative action to establish the Advisory Council has not occurred.

The Quality Forum’s Mission

The Quality Forum’s mission statement embodies broad principles to shape a national strategy and acknowledges the essential nature of four goals: (1) creation of an intellectual framework for quality measurement and reporting; (2) standardization of quality measurement; (3) public access to valid, comparative data; and (4) use of the data to facilitate improvement by health care providers and plans, inform consumer and purchaser choice, and stimulate market demand for quality improvement.

- **Devising a measurement and reporting framework.** A national program for quality measurement and reporting requires an explicit conceptual framework to define the objectives and values that will shape what is measured, how it is measured, and for what purpose. As threshold questions, a framework for measurement must determine the audiences for quality information, the health care system level that will be measured (for example, physicians, health plans, or hospitals), the goals of measurement at each level, and attribution or responsibility for the outcomes measured. Patients’, employers’, and providers’ differing expectations for the health care system and accountability for the quality of care must be reconciled. As the underpinning for many of the forum’s other tasks, such as endorsement of quality measures, the framework for measurement and reporting will be devised by a quasi-independent board within the forum made up of intellectual leaders and experts in quality improvement, health care delivery, and public policy.

- **Standardizing measurement and reporting.** Growing numbers of provider organizations and quality oversight, research, and commercial entities are now devising quality measures. This has led to a proliferation of inconsistent measures, lack of comparative data, and excessive costs to providers as they meet the specifications of different and competing measurement sets. Health plans, for example, must report on hundreds of measures to satisfy the distinct demands of federal and state governments, private employers with which they contract, and regulatory and oversight bodies.

The Quality Forum will promote standardization of quality measures by endorsing common sets of core measures for national use. Rather than developing quality measures, the forum will identify and evaluate existing measures, choosing for endorsement those that meet national priorities for improving health care quality as well as scientific and technical criteria. The forum also will facilitate standardization of measurement specifications, data-collection protocols, and verification and audit practices. Given that differing reporting formats may be essential to make quality data accessible and useful to diverse audiences, the Quality Forum will not endorse a single approach.

The forum will seek to achieve standardization through the market demands of public and private purchasers; a strong, explicit rationale for the measures chosen; and well-crafted standards for feasibility, validity, and reliability. Reflecting this strategy, the forum’s seventeen-member governing board has a majority of members representing consumers and purchasers, with a designated seat for both the Health Care Financing Administration (HCFA) and the Agency for Health Care Policy and Research (AHCPR).
HCFA’s purchasing power—approximately 20 percent of the health care market—in collaboration with large private purchasers is central to the Quality Forum’s capacity to marshal market leverage for quality. In fact, this collaboration and the sense of mutual advantage for both public and private purchasers in the current political and market environment is one of the forum’s distinguishing dimensions.

A board seat for the AHCPR, the lead federal agency on quality and health services research, recognizes the importance of integrating endorsement of core measures with research to develop new measures, assess the adoption of measures endorsed by the Quality Forum, and evaluate the impact on quality improvement. Also, through the work of its committees, the forum will draw upon the expertise of clinicians and administrators engaged in quality improvement to identify and evaluate core measures for national use.

- **Making quality data public.** Quality oversight in the health care arena has often depended on reporting or monitoring by provider organizations and professionals themselves; peer review in hospitals, accreditation findings, and professional-misconduct proceedings have been shielded from public disclosure. Quality measurement also has developed largely in the private sector, with release of quality information primarily dependent on providers’ voluntary participation.

Consistent with a belief that quality measurement is a public good, the Quality Forum will seek to develop and implement a strategy to make comparative data on quality across all sectors of the delivery system publicly available and reported. Among other issues, this strategy must effectively address providers’ resistance to release of quality data; financing for data collection, analysis, and dissemination; and complex issues of how and where to aggregate and analyze quality data. Public release of the data also will require careful attention to validation and methods of dissemination that respond to sensitive questions of confidentiality, privacy, and liability.

- **Promoting use of quality information.** To date, purchasers’ and consumers’ demands for and use of quality data have been low. Research has shown that consumers do not understand the importance of quality information and lack a context to understand the accountability and role of health maintenance organizations (HMOs) and other entities in quality improvement. Although a small number of large private and public purchasers have taken the lead in demanding quality data, disseminating it to their employees, and using the data to purchase health care, these leaders have not sparked a change in market behavior. Even many large employers have not demanded or relied on quality data, focusing instead on cost and employee satisfaction. Medium-size and small employers are even less likely to rely on quality information.

The Quality Forum will join other organizations—such as the AHCPR, HCFA, and the Foundation for Accountability (FACCT)—in seeking to educate the public about the value of quality information and increasing the clarity and utility of quality data for consumers. In this task, the forum will draw upon ongoing research on consumers’ preferences and comprehension of quality data, experience with consumers’ use of quality data, and the input of consumer organizations participating in the forum.

**Quality Forum Governance**

Throughout its deliberations the Planning Committee sought to match the articulated mission for the Quality Forum with a vision of how the forum as a private-sector organization could effect national change. Responding to this challenge, the Quality Forum is built around four vehicles for change: (1) representation of key stakeholders on the Board of Directors; (2) intellectual rigor and integrity of the Framework Board; (3) the potential market power of collaboration between public and private purchasers; and (4) consensus building and participation through establishment of the Quality Forum as a broadly inclusive membership organization.

Comprising national leaders from diverse sectors, the Quality Forum’s Board of Direc-
tors includes consumers, public and private purchasers, health care providers, and experts in health services research, quality improvement, and public policy. Reflecting the need to promote coordination and build on ongoing efforts in measurement and reporting, four nonvoting liaison seats on the first board are held by the National Committee for Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Medical Accreditation Program, and a representative of the Quality Interagency Coordinating Task Force, an entity comprising federal agencies committed to quality improvement and measurement.

Establishment of the Framework Board as quasi-independent reflects the value placed on a well-argued, intellectual blueprint for quality measurement and reporting as a tool for change. A source of intellectual leadership for the forum, the Framework Board will operate in dialogue with the Board of Directors.

Creating the forum as a membership organization brought an administrative burden and the risk that the competing agendas of diverse members could slow effective action. At the same time, membership provided an opportunity to foster dialogue among all sectors, exchange ideas and best practices, build a critical mass of support for the forum’s initiatives, and increase funding. It is anticipated that Quality Forum members will be national and regional organizations representing consumers, public and private purchasers, health care professionals, plans and systems, accrediting bodies, labor unions, and organizations involved in health services research, public health, or quality improvement.

Challenges Ahead

Since its incorporation in May 1999, the Quality Forum has sparked strong national interest. It must capitalize on that interest to build a new organization and tackle a complex, substantive agenda.

Among other challenges, the Quality Forum must foster consumer and purchaser demand for quality to accomplish other concrete goals, such as standardization of quality measurement. The forum’s commitment to informing consumer choice and ensuring accountability through market forces must be balanced against the need to promote improvement by providers. To achieve the latter, a core goal, the forum must generate comparative data and encourage providers to use the data for improvement as part of a professional ethos. This effort will be complicated by public disclosure of quality data, a marked departure from existing practice that providers have generally resisted. Moreover, the tension between market demand and professional collaboration and persuasion as vehicles for change will require explicit resolution in policies for disclosure of quality data, priorities and technical standards for measurement, and a time frame for change.

The forum must generate common ground among diverse member organizations and constituencies that often pursue conflicting agendas within and outside the quality arena. Originally conceived as working in tandem with the Advisory Council, the forum will have to advance its public agenda, at least in the short term, without its public partner. It is possible that establishment of the forum will generate support for the Advisory Council, or that other public bodies will monitor national progress in measurement and reporting if Congress does not create the council.

As a start-up organization, the forum must raise the funds to carry out its agenda. Federal funds and $3.5 million in grants from the Robert Wood Johnson and California HealthCare Foundations will provide initial core funding. The Quality Forum’s capacity to raise additional funds in the form of member dues and corporate donations will depend on numerous factors, including support for its
goals, its ability to persuade providers and purchasers of the potential cost savings of standardizing measurement and improving quality, and willingness to commit resources to the forum as a bold, untested initiative.

The goals embraced by the Quality Forum have been unrealized or only partially attained to date. Much of its promise lies in the growing momentum for accountability in health care, a well-documented policy imperative to improve health care quality, and widely shared frustration with the fragmentation that now hampers quality measurement. A sense of mutual interest and enthusiasm for a public/private partnership to advance quality measurement and reporting also prompted strong support by key constituencies in the planning process. In the shift from establishing an organization to the more divisive task of crafting a measurement and reporting strategy, the Quality Forum must build on that partnership to create an effective, innovative vehicle for change.

Gail Warden, Henry Ford Health System, served as chair of the Quality Forum Planning Committee, and James Tallon Jr., United Hospital Fund of New York City, was its executive director. The members of the Planning Committee were Carmella Bocchino, American Association of Health Plans; Bruce Bradley, General Motors Corporation; Nancy-Ann Min DeParle, Health Care Financing Administration; John Eisenberg, Agency for Health Care Policy and Research; Mary Jane England, Washington Business Group on Health; Janice Lachance, U.S. Office of Personnel Management; David Lawrence, Kaiser Foundation Health Plan, Inc.; Joe Laymon, Eastman Kodak Company; Sheila Leatherman; Judith Lichtman, National Partnership for Women and Families; Brian Lindberg, Consumer Coalition for Quality Health Care; Beverly Malone, American Nurses Association; Meredith Miller and Leslie Kramerich, U.S. Department of Labor; Paul Montrone, Fisher Scientific International, Inc.; Patricia Nazemetz, Xerox Corporation; Patricia Powers, Pacific Business Group on Health; Christopher Queram, Employer Health Care Alliance Cooperative; Thomas Reardon, American Medical Association; John Rother, AARP; Gerald Shea, AFL-CIO; Greg Sylvester, Delaware Health and Social Services; and Peter Thomas, Powers, Pyles, Sutter, and Verville. The authors thank Mark Chassin for valuable comments on this paper.

NOTES
4. Chassin and Galvin (IOM), “The Urgent Need to Improve Health Care Quality;” and President’s Advisory Commission, Quality First.