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From the Editor

The National Quality Forum (NQF)

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## From the Editor

### The National Quality Forum (NQF)

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In 1998, President Clinton's Advisory Commission on Consumer Protection and Quality in the Healthcare Industry called for the establishment of a national strategy to improve healthcare quality. The Advisory Commission recognized the strong American sentiment against government regulation and control of healthcare and proposed a public/private partnership involving the creation of two new organizations. One organization would be a private-sector entity called The National Forum on Healthcare Quality Measurement and Reporting, or better known now as the NQF. The public entity would be called the Advisory Council for Healthcare Quality. While, as yet, no action by the U.S. Congress to establish the proposed Advisory Council for Healthcare Quality has occurred, its counterpart, the NQF, is up and running. This editorial is devoted to an overview of the origins and recent activities of the NQF.

Insights about the NQF are available from two recent editorials<sup>1,2</sup> (and a published interview)<sup>3</sup> authored by Kenneth W. Kizer, MD, the President and CEO of the NQF. Officially, the NQF is a "private non-profit organization whose mission is to improve and standardize the processes and technology for measuring and reporting quality in the healthcare system."<sup>4</sup> The NQF represents all aspects of the healthcare industry including consumers and patients, national, state and local governmental organizations, public and private purchasers, healthcare providers, accrediting bodies, manufacturers, research and academic entities, and quality improvement organizations. According to Dr. Kizer, in one of his recent editorials,<sup>1</sup> "There is no mandatory national reporting or surveillance system nor any regular systematic review of the state of healthcare quality to determine whether it is getting better or worse. Likewise, few healthcare systems or provider organizations have even rudimentary organized data systems that routinely inform them about the quality of care they provide." This, of course, is not new news to any readers of the Jefferson Health Policy Newsletter. Please see the editorials of March 2000 (Vol. 13, No. 1) and December 2000 (Vol. 13, No. 4). Dr. Kizer goes on to note that, "Overall, it is highly ironic that we know much more about the quality of airlines, automobiles, televisions, and toasters than we do about the nation's largest enterprise."<sup>1</sup>

The NQF grew out of a June 1999 meeting at the White House called the Quality Forum Planning Committee. With support from the United Hospital Fund of New York City, a planning committee drafted the initial mission statement for the NQF. Start-up funds were obtained from the Robert Wood Johnson, California Healthcare, and Horace W. Goldsmith Foundations, and the Commonwealth Fund. Dr. Kizer was appointed the Chief Executive Officer of NQF in the fall of 1999.

Now, the NQF sees its fundamental mission or primary goal as being to improve the quality of healthcare, to promote the delivery of care known to be effective, to achieve better health outcomes, greater patient functionality, a higher level of patient safety, and to make care easier to access. Dr. Kizer contends that the primary strategy the Forum will employ to accomplish its mission is to improve quality measurement and reporting mechanisms; in other words, to improve the

technology for measuring and reporting quality. Thankfully, the NQF does not envision itself developing new quality indicators or new measures; there are plenty of those currently available.

Rather, the Forum has identified five key early objectives including:<sup>1</sup> 1) developing a national strategy for measuring and reporting quality that is consistent with identified national goals; 2) standardizing the measures of and processes for reporting quality-related data so that collection efforts are consistent and less cumbersome for providers; 3) promoting consumer choice by building competence in the use of these quality measures; 4) enlarging the healthcare system's capacity to evaluate and report on quality; and 5) increasing the overall demand for healthcare quality data (i.e., creating a business case for quality). These are laudable and lofty goals that most of us in the quality measurement and research arena would readily support.

The challenge comes on the implementation front. What has the NQF done thus far? One of its first accomplishments was the publication of a document entitled, "A Patient Safety Call to Action." This brief document provides a high-level overview of the current patient safety environment and suggests a series of broad efforts that healthcare organizations and practitioners should initiate to address current patient safety issues.<sup>5</sup> Again, according to Dr. Kizer, "Patient safety is a critical component of quality. This work will provide evidence-based guidance that should be helpful for all healthcare organizations."

A second, more daunting, project recently undertaken by the NQF is to assemble a compendium of patient safety best practices that healthcare organizations can use to prevent medical error. This project builds on an ongoing endeavor sponsored by the Health Care Financing Administration (HCFA) and the Federal Quality Interagency Coordination Task Force (QuIC). The goal of this project is to standardize performance measures for the nation's 5,000 general acute-care hospitals – a project that is long overdue. It is believed that by standardizing performance measures for hospitals, the cost of collecting these data will decrease while at the same time increasing their value and usefulness for all parties. According to the official JCAHO position on the NQF<sup>5</sup>, "This initiative will also create a focus for measurement activities in healthcare organizations that will facilitate internal quality improvement."

How will the NQF operationalize the work involved in some of these important goals? The NQF has convened a group of quality improvement and health policy experts to help craft this strategic framework for measurement and improvement. This group is known as the Strategic Framework Board or SFB. The SFB will be joined by the NQF Board of Directors, which will have a majority of its members representing consumers and purchasers, and each of these groups, as well as the providers and quality improvement organizations, will have its own so-called member council. Admittedly, all of these abbreviations and structures appear confusing to those not steeped in the world of Washington, D.C.-based quality improvement activities.

I, for one, am very hopeful that the NQF, given its public/private structure and the inclusiveness of its Board and Strategic Framework, will push the national quality agenda forward. We certainly need less rhetoric and more visible progress in this arena. I'll be keeping close tabs on the activity of the NQF and hope to report back to you in a future editorial. For now, you can learn more about the NQF by visiting their Website at [www.qualityforum.org](http://www.qualityforum.org). The essence of professionalism is self-evaluation,

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measurement, and improvement. As usual, I am interested in your view, and you can reach me at my email address: [david.nash@mail.tju.edu](mailto:david.nash@mail.tju.edu).

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