NQF PROCESSES:

Issues Raised and Actions Taken

National Quality Forum (NQF) is the leading national consensus building organization in healthcare. In its work, NQF brings together multiple stakeholders from the public and private sectors to endorse and recommend quality measures used in private programs and more than 20 federal public reporting and pay-for-performance programs under Medicare and Medicaid.

NQF convenes multistakeholder committees to evaluate the reliability, validity, and feasibility of measures. This work is done in a highly transparent manner with an intentional focus on achieving buy-in. In keeping with its priority focus on the end users of healthcare, NQF's Board has a majority of consumer and purchaser organizations.

NQF's processes and decisions are gaining more attention as NQF-endorsed measures become associated with higher financial stakes for providers. As the measurement environment has evolved, NQF has made many changes to increase the efficiency, standardization, and consistency of its processes. For example, NQF has made it easier for stakeholders to provide public comment early in the measure endorsement and Measure Applications Partnership (MAP) processes. The following chart identifies recent questions that have been raised about NQF's work and NQF's related activities in each area.

CONCERN	REALITY
Measures take too long to endorse. Is anything being done to streamline the process?	NQF has reduced its measure endorsement cycle from an average of 12 months to 7 months; this has held steady for the past year as NQF continues to focus its efforts on bringing the most "high impact" measures into the healthcare system.
Measures can only be submitted every three years—if I miss the cycle I have to wait years—and if evidence changes, it takes a long time for NQF to respond.	In 2014, NQF established the concept of standing committees to complete endorsement projects. With Standing Committees: • Measures can be reviewed more frequently. • NQF can rapidly respond to changes in the evidence, (see, e.g., a recent rapid review of sepsis bundle by a Standing Committee).
Good quality measures—many of them developed by specialty societies—get rejected by NQF.	NQF now provides clear information on criteria and specific examples. NQF is clear about its preference for outcome measures and provides advance assistance/education to developers. • Nearly 60% of the NQF committee leadership is comprised of physicians, and about half of all NQF committee members are MDs or nurses. • From 2011-2013, only 12% of all submitted measures were not endorsed. • 30% of measures in NQF's overall portfolio were developed by specialty societies. • 34% of NQF's overall portfolio is outcome measures, nearly double the percentage in 2010.

CONCERN	REALITY
There aren't measures that relate to my specialty.	• 68% of NQF's portfolio of endorsed measures is applicable to care provided by specialty physicians either through specialty specific measures or cross-cutting measures available to multiple specialties. • A few specialties have chosen not to develop or work with others to develop measures.
NQF is proliferating measures, not helping the field to get to a targeted set that all agree should be required.	• NQF has made it a priority to work with CMS and private payers to "align" measures across the range of federal and private quality programs. • NQF endorsement identifies the best measure among competing measures and helps avoid redundant reporting requirements. • The size of NQF's portfolio of endorsed measures has been cumulatively reduced by 10%.
There isn't evidence that quality measures improve performance.	• There are growing examples of successful quality improvement (QI) results, including reduction of elective deliveries prior to 39 weeks, reduction of blood infections, reduction of readmissions, and others featured on the NQF homepage. • Measures are a key building block but alone cannot improve performance. There must be payment and delivery system changes and quality improvement (QI) education for providers.
NQF processes are too rigid.	• NQF has acknowledged that processes have not always been perfect and has a task force examining how its processes may be better adapted to a changing environment. • Yet the thoroughness of NQF's scientific- and evidence-based requirements for endorsement remains the gold standard.