



NATIONAL
QUALITY FORUM

phrase book

a plain language guide
to NQF jargon

Your Guide to this Guide



Every field develops its own terminology and jargon. Healthcare quality measurement is no exception.

Specialized words do have a purpose, but they can also disguise meaning and confuse people. All too often, those of us at the National Quality Forum (NQF) often use technical terms without providing enough context or explanation. At times it feels like a completely foreign language.

NQF brings together people and organizations working to improve healthcare quality. Our work is inclusive—strengthened by diverse perspectives. Everyone should be able to contribute, whether they are a longstanding leader in the field or new to quality measurement.

This Phrasebook is a guide to NQF’s most commonly used terms. It is an attempt to translate our jargon into plain English. Just as you might use a pocket translator to order dinner abroad in Portuguese or Korean, use this booklet to understand “NQF-speak” and join us in collaborating.

Quality

Quality is how good something is. For healthcare, it is often expressed in a range. When a person receives high-quality healthcare, he or she has received the right services, at the right time, and in the right way to achieve the best possible health.

Quality Improvement

Quality improvement (QI) encompasses all of the work people are doing to improve healthcare and the health of individuals and populations. QI is both systematic and ongoing. Healthcare professionals and providers, consumers, researchers, employers, health plans, suppliers and other stakeholders all contribute to effective quality improvement.

Clinical quality improvement is a type of QI specifically designed to raise the standards for preventing, diagnosing, and treating poor health.

National Quality Strategy (NQS)

The NQS is a nationwide effort to provide direction for improving the quality of health and healthcare in the United States. It is guided by three aims: better care, healthy people and communities, and affordable care.

National Quality Forum

The *National Quality Forum* (NQF) is a nonprofit, nonpartisan, organization working toward healthcare that is safe, equitable, and of the highest value. NQF reviews, endorses, and recommends use of standardized healthcare performance measures while encouraging collaboration to accomplish quality goals. NQF is always busy with projects, large and small, and their names often get abbreviated. Some that you might encounter are:

Consensus Development Process (CDP)

NQF uses its formal CDP to evaluate and endorse different types of consensus standards. Standards are most often performance measures. They can also include best practices, frameworks, and reporting guidelines. The CDP follows carefully delineated steps to balance the opinions of all stakeholders to reach consensus. The collection of measures and other resources resulting from CDP projects are sometimes called the *NQF portfolio*.

Measure Applications Partnership (MAP)

The federal government and others who run healthcare programs are often considering new measures for their public reporting and performance-based payment programs. MAP is a large group of stakeholders that reviews those measures and makes recommendations about how they should be used. MAP also works to improve the consistency of measures being used in public- and private-sector programs.

National Priorities Partnership (NPP)

NPP is a partnership of 52 major national organizations with a shared vision to achieve better health, and a safe, equitable, and value-driven healthcare system. NPP was an early advocate for the creation of the National Quality Strategy (NQS) as a blueprint for achieving a high-value healthcare system. NPP continues to provide direction on healthcare policy and helps organizations pursuing the NQS to achieve quality improvement by making connections and helping to share information about innovative approaches.

High-Impact Condition

When a condition affects a large group of people, is expensive to treat, or has a large and long-lasting impact on a person's well-being, it is a high-impact condition. NQF has developed two lists of high-impact conditions and health risks, one for children and another for people with Medicare.

Some of the high-impact conditions in the Medicare population are depression, congestive heart failure, stroke, osteoporosis, and breast cancer.

Cross-Cutting Area

Cross-cutting areas refer to broad topics that people are interested in measuring and improving across the healthcare system. Sometimes we think about high-quality healthcare in the context of a disease, such as cancer, and making the right choices for treatment. At other times we think about factors that affect everyone receiving healthcare regardless of disease, like how well doctors and nurses communicate with patients.

Examples of cross-cutting topic areas include care coordination, healthcare disparities, patient safety, and palliative care.

Measure

A healthcare performance measure is a way to calculate whether and how often the healthcare system does what it should.

Measures are based on scientific evidence about processes, outcomes, perceptions, or systems that relate to high-quality care. NQF-endorsed measures are tools that show whether the standards for prevention, screening, and managing health conditions are being met.

The result of a measure is usually shown as a ratio or a percentage. If you have a question about the health of a community or group of people or how well the health system is performing, a measure can give you the information you need.

A measure can be very narrow, such as the percentage of diabetic patients whose blood sugar reaches a certain level, or broad, such as the number of community members whose diabetes is well-managed according to specified criteria.

Please see **NQF's ABCs of Measurement**

Once a person has had a heart attack, taking aspirin daily has been shown to reduce the chance of having a second heart attack. Guidelines tell physicians to prescribe aspirin to all patients leaving the hospital after a heart attack. This practice can be measured, with higher percentages indicating better performance.

96 HEART ATTACK
PATIENTS WERE
APPROPRIATELY
PRESCRIBED ASPIRIN
AT DISCHARGE

= 96%

100 TOTAL HEART
ATTACK PATIENTS

Types of Performance Measures

Structural measures

Structural measures assess healthcare infrastructure.

EXAMPLE: *The percentage of physicians in a state who can send prescription information to a pharmacy electronically.*

Process measures

Process measures assess steps that should be followed to provide good care.

EXAMPLE: *The percentage of patients leaving the hospital who had a full, updated list of medications sent to their primary care provider within 24 hours.*

Outcome measures

Outcome measures assess the results of healthcare that are experienced by patients. They include endpoints like well-being, ability to perform daily activities, or even death. An intermediate outcome measure assesses a factor or short-term result that contributes to an ultimate outcome, such as having an appropriate cholesterol level. Over time, low cholesterol helps protect against heart disease.

OUTCOME EXAMPLE: *The percentage of a health plan's members who died of cardiovascular disease in the last year.*

INTERMEDIATE OUTCOME EXAMPLE: *The percentage of a health plan's members who are maintaining their blood pressure within a healthy range.*

Patient engagement and patient experience measures

Patient engagement and patient experience measures use direct feedback from patients and their caregivers about the experience of receiving care. The information is usually collected through surveys.

EXAMPLES: *The percentage of patients who said they were as involved as they wanted to be in making decisions about their treatment.*

The percentage of caregivers who felt confident about their ability to give medication to a family member properly.

Composite measures

Composite measures combine multiple measures to produce a single score. The information can be greater than the sum of its parts because it paints a more complete picture.

EXAMPLE: *How successful were care transitions after patients left the hospital after a heart attack, based on three factors: follow-up by a primary care provider, visits to the emergency department, and hospital readmissions?*

MORE
AHEAD



Measure specifications

Measure specifications are the technical instructions for how to build and calculate a measure. They describe a measure's building blocks: numerator, denominator, exclusions, target population, how results might be split to show differences across groups (stratification scheme), risk adjustment methodology, how results are calculated (calculation algorithm), sampling methodology, data source, level of analysis, how data are attributed to providers and/or hospitals (attribution model), and care setting.

Taken together, measure specifications are a blueprint that tells the user how to properly implement the measure within their organization.

Disparities-sensitive measure

Performance measures identified as *disparities-sensitive* highlight inequalities in care. Measure results can be split, or *stratified*, to show whether there are differences between two or more groups. Once disparities are visible, targeted strategies can be developed to address them.

Please see **NQF's project on Healthcare Disparities and Cultural Competency**

Patient-reported outcomes and measurement

Patients are a great source of information on health outcomes. Who better to answer questions such as, “Did you understand your doctor’s instructions?” or “Can you walk several steps without pain?” NQF is working to increase the use of patient-generated information as part of performance measurement.

PATIENT-REPORTED OUTCOME (PRO): information about the patient, as communicated by that person

PRO MEASURE (PROM): an instrument, scale, or single-item measure that gathers the information directly from the patient

PRO-BASED PERFORMANCE MEASURE (PRO-PM): a way to aggregate the information that has been shared by the patient and collected into a reliable, valid measure of health system performance.

Please see **NQF’s Fast Forward: Creating Valid and Reliable Patient-Reported Outcome Measures**

Measurement of Affordability

Affordability is emerging as a high priority in performance measurement. Many terms related to this topic have subtle differences.

Cost

An amount, usually specified in dollars, related to receiving, providing, or paying for medical care. Things that contribute to cost include visits to healthcare providers, healthcare services, equipment and supplies, and insurance premiums.

Costs can be direct, such as when a person gives a copay at a pharmacy window. They can also be indirect, such as when poor health leads to lost productivity in the workplace.

Resource Use

Resources are the goods or services that are combined to produce medical care. They are inputs that have a price assigned to them. When a procedure is done many times, resource use can be measured and predicted. For example, the people and things needed to perform cataract surgery are a set of resources.

Efficiency

This concept combines cost and quality. At a given level of quality, services can be highly efficient or inefficient. Improved efficiency comes from providing high-quality healthcare at lower cost.

Value

The value of healthcare is subjective. It weighs costs against the health outcomes achieved, including patient satisfaction and quality of life.

Quality Measurement Tools Developed by NQF

Quality Positioning System (QPS)

The Quality Positioning System (QPS) is a web-based tool developed by NQF to help people more easily select and use NQF-endorsed® measures. You can search QPS for many helpful details about endorsed measures. Give it a try!

QPS Portfolio

A portfolio is a customized collection of NQF-endorsed measures selected by a QPS user. Some users have created portfolios of measures about specific topics or programs and published them in the system for others to view and use.

Please see **NQF's Quality Positioning System**

Quality Data Model (QDM)

The QDM is part of NQF's work in health information technology. It is an "information model" that defines concepts used in quality measures and clinical care so that users can clearly and concisely locate and communicate pieces of electronic information.

The QDM can be used to help the designers of electronic health records to improve consistency between different systems. This improves automation and the ability of different systems to exchange electronic information.

Endorsement/ NQF-endorsed®

When a measure is submitted for NQF endorsement, it goes through a standard process that includes a thorough review by a multi-stakeholder group of experts, a public comment period, voting by NQF's membership, and approval by NQF's Board of Directors. Measures endorsed by NQF meet tough requirements, so national, state, and local programs often prefer to use them.

Time-limited endorsement

Under rare circumstances, a measure can receive time-limited endorsement for up to a year. In addition to meeting the NQF the Measure Evaluation Criteria, a measure with time-limited endorsement must:

- relate to a topic not addressed by an endorsed measure,
- meet a critical timeline for implementing an endorsed measure (e.g., legislative mandate),
- not be complex (e.g., requiring risk adjustment or a composite), and,
- have testing completed within the 12 month time-limited endorsement period.

Due to the urgent need for a measure that addressed dementia, a recently submitted measure on that topic was given time-limited endorsement so that data would not be lost while the required testing was completed.

Please see **NQF's Measure Evaluation Criteria**

Endorsement Maintenance

Because healthcare is always changing, measures need ongoing maintenance and updates. Endorsement maintenance is a review process completed every three years to ensure that measures continue to meet the measure evaluation criteria and that their specifications are up to date.

The endorsement maintenance process creates an opportunity to consider all available measures in a topical area, harmonize them (see page 17), and endorse the “best in class.”

Measure Evaluation Criteria

NQF uses standard criteria to evaluate a measure and decide if it should be recommended for endorsement.

Importance to measure and report

This principle asks if there is evidence that measuring this topic will improve healthcare quality. The goal of this principle is to keep the focus on the most important areas for quality improvement. As the saying goes, “Not everything that can be counted counts.” There must also be scientific evidence to support the topic being measured and a significant opportunity to improve achievement.

Scientific acceptability of the measurement properties

This principle asks if a measure will provide consistent and credible information about the quality of care by evaluating its reliability and validity. In case you need a reminder:

- **RELIABILITY** reflects the amount of error in a measure and how well it distinguishes differences in performance. An unreliable measure doesn’t function well across users or over time.

- **VALIDITY** asks if a measure truly provides the information that it claims to. A measure that isn't valid is mistakenly evaluating something besides the topic of the measure. Such a measure will not lead to sound conclusions about the quality of care provided.

Feasibility

This principle makes sure that the information needed to calculate a measure is readily available so that the effort of measurement is worth it. The most feasible measures use electronic data that is routinely collected during the delivery of care.

Usability

This principle checks that users of a measure—employers, patients, providers, hospitals, and health plans—will be able to understand the measure's results and find them useful for quality improvement and decision-making. It asks if the measure is strong enough to be used for various types of measurement programs, including public reporting, whether it leads to actual improvement for patients, and whether the benefits of the measure outweigh any potential harms.

Please see **NQF's Measure Evaluation Criteria**.

Measure Harmonization

When measures are similar, the endorsement process will select the best one, recommend how they can be better aligned, or justify why more than one measure is needed.

Competing measures

Competing measures address the same topic **and** the same population.

EXAMPLE: *Two measures that address the rate of patient falls among older adults in nursing homes.*

Related measures

Related measures address **either** the same topic or the same population.

EXAMPLES: *Two measures about flu shots, one for patients in hospitals and one for patients in nursing homes (same topic). Two measures for patients with diabetes, one addressing eye exams and another addressing foot exams (same population).*

Harmonization

Having multiple similar measures can make it difficult to choose one to use. *Harmonization* is the process of editing the design of similar measures to ensure they are compatible. Measure developers can make changes to the way a topic or population is defined. Harmonization helps reduce the confusion of having measures that are similar but different.

EXAMPLE: *Two measures may give different age ranges for the population of “children.”*

Please see **NQF’s “Measure Evaluation Criteria”**

Measure Developer

Measure developers are individuals or organizations that design and build measures. Many people think that NQF develops measures but we do not.

Measure Steward

An individual or organization that owns a measure is responsible for maintaining the measure. Measure stewards are often the same as measure developers, but not always. Measure stewards are also an ongoing point of contact for people interested in a given measure.

Many medical specialty societies such as the American College of Surgeons and government agencies such as the Agency for Healthcare Research and Quality (AHRQ) develop and steward measures.

Health Information Technology (HIT)

HIT is of increasing importance for healthcare. Using HIT means that computer hardware and software are doing the work of storing, retrieving, sharing, and analyzing healthcare data. HIT helps healthcare providers to communicate securely, coordinate care, and better manage services for their patients. HIT can include the use of electronic health records (EHRs) as well as personal health records (PHRs).

Electronic health record (EHR) system

An electronic health record (EHR) is just like it sounds: a systematic collection of health information about a patient or population in a digital format. At its simplest, an EHR is a computerized version of a doctor's traditional paper charts. Electronic information in EHRs can be more easily shared through connected systems and other information networks.

eMeasure

eMeasures are performance measures that have been developed for use in an EHR or other electronic system. eMeasures pull the information needed to evaluate performance directly from the electronic record. They can be far more efficient than traditional approaches of extracting data from paper charts or claims databases.

Value set

A value set is a list of specific clinical terms and the codes that correspond with them. A value set defines each of the clinical terms in the elements of a quality measure. Value sets support the calculation of eMeasures and the systematic exchange of health information.

EHR standards

Healthcare providers use different types of EHR systems that need to be able to communicate, translate, and use information from many sources. Standards are sets of rules or guidelines that allow for inter-operability (the exchange of useful data across different systems).

Code System / Code Set

Sometimes using ordinary spoken or written language is not the easiest way to communicate – like when complex and technical health information needs to be shared system-wide. A code system is a way to turn health information like a diagnosis or procedure name into numbers or code to make sharing information easier and faster. A code set is a specific version of that system's rules.

EXAMPLE: *ICD-10, Health Care Procedure Coding System (HCPCS)*

Multi-Stakeholder Input

NQF brings together different subject matter experts and organizations that want to improve healthcare quality. Because these groups include both government and private sector representatives, they are considered *public-private partnerships*.

Balancing different groups' perspectives in an open and honest dialogue is core to our work. NQF brings together many multi-stakeholder groups to build consensus. They include:

- Steering Committees and the Consensus Standards Approval Committee (CSAC) for measure endorsement,
- Health Information Technology Advisory Committee (HITAC) to provide guidance and expertise on HIT projects,
- Measure Applications Partnership (MAP) to provide input to the government on measure use, and,
- National Priorities Partnership (NPP) to provide input to the government on measurement priorities.

Measure Selection Criteria

To help guide its decisions, the Measure Applications Partnership (MAP) developed a set of Measure Selection Criteria. These criteria are guidelines for deciding the best measures to use in important programs. The criteria recommend that measures in a set:

- Are NQF-endorsed,
- Address each of the priorities of the National Quality Strategy,
- Address high-impact conditions for which measurement is needed,
- Align with measurement requirements in other programs,
- Include an appropriate mix of measure types,
- Cover a patient's entire care experience,
- Take into consideration healthcare disparities, and
- Promote efficiency in measurement.

Please see **MAP Measure Selection Criteria and the Measure Applications Partnership**

Burden

While crucial to improving healthcare quality, measurement can have a downside: *it takes a lot of hard work!* Measurement burden can be the result of a number of factors, including costs and time associated with increased, duplicative, or labor-intensive data collection, analysis, or reporting.

Parsimony

Being parsimonious with measures means using only as many measures as necessary to meet a program's goals – no more, no less. A negative view of parsimony is stinginess; a positive one is minimizing burden.

Alignment

Another way NQF is working to reduce the burden of measurement is by promoting alignment. Alignment is achieved when a set of measures works well across settings or programs to produce meaningful information without creating extra work for those responsible for the measurement.

Alignment includes using the same quality measures in multiple programs when possible. It can also come from consistently measuring important topics across settings. NQF uses several tools to promote alignment including measure harmonization and identifying families of measures and core measure sets.

Family of measures

A family of measures is a group of measures that addresses an NQS priority or high-impact condition across various settings of care, type of data analysis, populations, or reporting programs. High priority measure gaps are also included when there are few or no measures to address important elements of care for a topic. NQF's past work has defined families of measures for cardiovascular disease, diabetes, patient safety, and care coordination.

Core set of measures

A core set of measures is a group of measures identified as the best possible measures for a specific care setting. NQF's past work has developed core sets of measures for hospital care, long-term care, and ambulatory care.

Accountability programs

These programs vary in scope but all tie rewards to performance on quality measures. Accountability programs may also be referred to as incentive programs or high-stakes uses of measurement. When incentives such as payment and market competition are on the line, measurement programs have more impact and also come under more scrutiny.

- **PRIVATE REPORTING:** sharing quality measurement results with internal stakeholders only, such as within a single health system
- **PUBLIC REPORTING:** sharing quality measurement results with the general public, such as through a website or printed report.
- **PERFORMANCE-BASED PAYMENT:** payment for care that is contingent on performance measurement results.
- **MEANINGFUL USE OF HIT:** a well-known incentive program to expand the use of electronic health records. It allows eligible providers and hospitals to earn payments by meeting specific criteria regarding the use of electronic information to improve care.

Serious reportable events

Despite the doctor's vow to "first do no harm," medical errors injure or kill thousands of patients each year. NQF has defined a list of serious reportable events (SREs) that cause or could cause significant patient harm. They include preventable events such as giving medication to the wrong person, failing to follow up on critical test results, operating on the wrong side of a patient's body, or operating on the wrong patient altogether.

Please see **NQF's Serious Reportable Events In Healthcare—2011 Update: A Consensus Report**

Never events

This informal term is often used in place of *serious reportable event*. Eliminating harm completely is important but difficult to do. Because of this, NQF uses *serious reportable event* instead of *never event*.

Safe practices

Part of NQF's work in promoting patient safety includes recommending this set of actions to improve patient safety. Hand hygiene, teamwork training, and informed consent are all examples of safe practices.

Please see **NQF's Safe Practices for Better Healthcare—2010 Update: A Consensus Report**

Episode of Care

Treatment of many health conditions crosses time and place. An *episode of care* includes all care related to a patient's condition over time, including prevention of disease, screening and assessment, appropriate treatment in any setting, and ongoing management.

Please see **NQF's Episode of Care Framework**

Feedback Loops

Quality measurement is a constant work in progress. Feedback loops are a way to collect and share useful information. They can be used for healthcare quality measurement by identifying measures that need modification or areas where adequate measures are not available. Such an exchange of information promotes continuous learning and improvement across the entire healthcare system.

SEE YOU
SOON!



Index

Accountability programs	24
Alignment	23
Burden	23
Code System / Code Set	20
Competing measures	17
Composite measures	9
Consensus Development Process (CDP)	5
Core set of measures	24
Cost	12
Cross-Cutting Area	6
Disparities-sensitive measure	10
Efficiency	12
EHR standards	20
Electronic health record (EHR) system	19
eMeasure	19
Endorsement/ NQF-endorsed®	14
Endorsement Maintenance	15
Episode of Care	26
Family of measures	23
Feasibility	16
Feedback Loops	26
Harmonization	17

Health Information Technology (HIT)	19
High-Impact Condition	6
Importance to measure and report	15
Measure	7
Measure Applications Partnership (MAP)	5
Measure Developer	18
Measure Evaluation Criteria	15
Measure Harmonization	17
Measurement of Affordability	12
Measure Selection Criteria	22
Measure specifications	10
Measure Steward	18
Multi-Stakeholder Input	21
National Priorities Partnership (NPP)	5
National Quality Forum	5
National Quality Strategy (NQS)	4
Never events	25
Outcome measures	8
Parsimony	23
Patient-reported outcomes and measurement	11
Patient engagement and patient experience measures	9
Process measures	8
QPS Portfolio	13

Quality	4
Quality Data Model (QDM)	13
Quality Improvement	4
Quality Measurement Tools Developed by NQF	13
Quality Positioning System (QPS)	13
Related measures	17
Resource Use	12
Safe practices	25
Scientific acceptability of the measurement properties	15
Serious reportable events	25
Structural measures	8
Time-limited endorsement	14
Usability	16
Value	12
Value set	19

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