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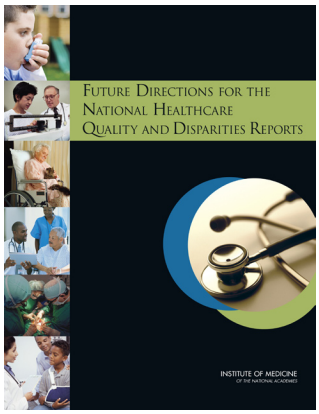
Future Directions for the National Healthcare Quality and Disparities Reports



As the United States devotes extensive resources to health care, evaluating how successfully the U.S. system delivers high-quality, high-value care in an equitable manner is essential. The U.S. Congress asked the Agency for Healthcare Research and Quality (AHRQ) to annually produce the National Healthcare Quality Report (NHQR) and the National Healthcare Disparities Report (NHDR). The reports have revealed areas in which health care performance has improved over time, but they also have identified major shortcomings. The 2008 NHQR found that across the process of care measures tracked in the reports, patients received recommended care less than 60 percent of the time. The NHDR found that even when overall quality of care improves, disparities often persist across socioeconomic groups, racial and ethnic populations, and geographic areas. After five years of producing the NHQR and NHDR, AHRQ asked the Institute of Medicine (IOM) for guidance on how to improve the next generation of reports.

The IOM report . . . concludes that the NHQR and NHDR have made important contributions in raising awareness of the state of the nation's health care and in identifying gaps in quality and equity. Generally, however, the NHQR and the NHDR can be improved in ways that would make them more influential in promoting change in the health care system.

Advancing National Action

The IOM report *Future Directions for the National Healthcare Quality and Disparities Reports* concludes that the NHQR and NHDR have made important contributions in raising awareness of the state of the nation's health care and in identifying gaps in quality and equity. Generally, however, the NHQR and the NHDR can be improved in ways that would make them more influential in promoting change in the health care system. In addition to being sources of data on past trends, the national healthcare reports can provide more detailed insights into current performance, establish the value of closing gaps in quality

and equity, and project the time required to bridge those gaps at the current pace of improvement.

The IOM report's authoring committee determined that AHRQ should:

- Align the NHQR and NHDR with nationally recognized priority areas.
- Select measures that reflect health care attributes or processes that are deemed to have the greatest impact on population health.
- Affirm that achieving equity is an essential part of quality improvement.
- Increase the reach and usefulness of AHRQ's family of report-related products.
- Analyze and present data in ways that will inform policy and promote best-in-class achievement for all actors.
- Identify measure and data needs to set a research and data collection agenda.

To address these points, the IOM report offers a set of national priority areas for quality improvement, provides a more quantitative and transparent method of evaluating measures for inclusion in the reports, and recommends ways to increase understanding of content and to refocus the scope of health care data collected and reported.

While AHRQ can and should consider priority areas in its reports and measure selection, that alone is not enough. The committee concludes that the Secretary of the U.S. Department of Health and Human Services (HHS) is uniquely positioned to adopt national priority areas and set goals, thereby guiding collective efforts by the public and private sectors and bringing the policies and resources of departmental programs to bear on their accomplishment.

Identifying and Achieving Priorities for Quality Improvement

Focusing the national healthcare reports on common priority areas and measures reflecting care processes with high impact on population health has the potential to help drive concerted national and local action to achieve the goals established by a national quality improvement strategy. As part of its charge, the committee recommends prior-

Figure 1: Recommended National Priority Areas for Health Care Quality Improvement and Disparities Elimination

1. Patient and Family Engagement*	**5. Palliative Care***
Engage patients and their families in managing their health and making decisions about their care.	Guarantee appropriate and compassionate care for patients with life-limiting illnesses.
2. Population Health*	**6. Overuse***
Improve the health of the population.	Eliminate overuse while ensuring the delivery of appropriate care.
3. Safety*	**7. Access**
Improve the safety and reliability of the U.S. health care system.	Ensure that care is accessible and affordable for all segments of the U.S. population.
4. Care Coordination*	**8. Health Systems Infrastructure Capabilities**
Ensure patients receive well-coordinated care within and across all health care organizations, settings, and levels of care.	Improve the foundation of health care systems (including infrastructure for data and quality improvement and communication across settings, workforce capacity and distribution, and systems for coordination of care) to support high quality care.

*These 6 priorities were previously developed by the National Priorities Partnership.

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ity areas on which AHRQ can report progress and align measure selection. Of eight priority areas offered by the committee (described in Figure 1), six were previously developed by the National Priorities Partnership (NPP). Two additional priority areas, considered fundamental and added by the committee, are access and health systems infrastructure capabilities.

AHRQ currently uses a core set of 46 measures in the print versions of the reports and provides additional detail online for approximately 250 measures. However, questions have arisen as to whether these measures address the most important areas for quality improvement. The IOM report recommends a more quantitative and transparent approach to prioritization of measures to ensure a focus on measurement areas that have the most potential to advance health care quality and that will gain the greatest commitment and support from stakeholders.

Increasing Understanding and Applicability of Report Content

The NHQR and NHDR serve a variety of users, often with different interests and levels of sophistication for data analysis, and the IOM report recommends ways in which AHRQ can better satisfy the needs of diverse audiences. Among other improvements, both the NHQR and the NHDR should contain more crossover elements, such as a shared Highlights section that provides summaries of national and state performance and illustrates which evidence-based policies may help improve quality and achieve equity. AHRQ also should make greater use of web-based resources that enable users to customize reports or "drill down" to local data from primary sources.

Clear takeaway messages are not always apparent in the extensive compendia of data presented in the two national healthcare reports. The story AHRQ relays should engage readers and spur action; thus, the text of the reports should convey messages regarding what different audiences or stakeholders can do, what levels of performance have been achieved, and where readers can find information on effective interventions that might facilitate progress. Toward this end, the AHRQ reports should incorporate benchmarks that illustrate the best known level of performance that has been obtained. Such benchmarks would enable various entities—states, for example—to compare their current performance against best-in-class performance.

Developing Better Health Care Data

AHRQ can and should leverage its position as the producer of the two national healthcare reports to highlight ways to improve the content of existing and emerging data sources. For example, there are important areas of quality measurement for which national data are not yet available or are very limited (for example, care coordination).

The presentation of subnational data can inform users about emerging measurement trends and urge more widespread data collection. The ability to analyze disparities in care depends in large part on the availability of descriptive data (such as race, ethnicity, language need, socioeconomic status) for populations at risk for poor quality care. For this reason, the IOM report calls for greater standardized collection and use of these descriptive data in all data sources.

Conclusion

AHRQ will need sufficient resources to support its redefined and expanded tasks—particularly accessing new measure and data sources—for national healthcare reporting and dissemination. The IOM report points out that the restructured reports are natural vehicles for tracking the effects of health insurance reform and providing a vision for national quality improvement and disparities elimination. While the NHQR and NHDR alone will not improve the quality of health care in the United States, they can provide compelling information that identifies gaps in care, describes the progress of the nation in closing those gaps, sets a direction for collective investments and action, and identifies evidence-based policies and practices that can assist in achieving better quality care and promoting equity.

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