

NQF Governance

Testimony Presented to the Governance Workgroup of the HIT Policy Committee

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Mr. Chairman and members of the committee, thank you for the opportunity to provide this testimony.

In 1997, the President appointed the Advisory Commission on Consumer Protection and Quality in the Healthcare Industry. That Commission, in its final report published in 1998, concluded that an organization like National Quality Forum was needed to promote and ensure patient protections and healthcare quality through measurement and public reporting. As a result of the Commission's recommendation, a coalition of public and private individuals coalesced to identify a path forward which resulted in the incorporation of NQF as a private sector 501(c)(3) organization in May of 1999.

NQF was originally established to serve as a national standard-setting organization for performance measures. In 2007, the mission was expanded to include:

- setting national priorities and goals for quality improvement,
- endorsing national consensus standards for measuring and publicly reporting on performance, and
- promoting the attainment of national goals through education and outreach programs.

In the area of priority setting, NQF carries out its work by serving as a neutral convener of a multi-stakeholder partnership, the National Priorities Partnership. In carrying out its standard-setting responsibilities, NQF adheres to the requirements established by the National Technology Transfer and Advancement Act for private sector standard setting organizations.

NQF's work is overseen by its Board of Directors, which is responsible for both establishing and overseeing the Partnership, as well as, the standard-setting and educational activities. In these latter areas, there are three major Board Committees that guide the organization's actions. In addition, eight NQF Member Councils provide input to NQF's work.

Board of Directors

The NQF Board of Directors oversees the entirety of the organization, with a specific focus on strategic policy issues. The Board also performs important fiduciary duties. The Board is comprised of 32 voting directors. Four directors are from the federal government (CMS, AHRQ, HRSA, and CDC). The NQF President serves *ex-officio*. In addition, there are 3 *ex officio*, non-voting directors who are liaisons from NQF's standing committees. Each member of the Board serves a three-year term.

A very important distinguishing characteristic of the NQF Board is that consumer representatives and those who purchase services on their behalf hold a simple majority of the at-large seats. By providing for a very strong “consumer voice,” NQF has remained focused, first and foremost, on meeting the information needs of consumers and patients.

Strategic Partnerships

In 2007, the NQF Board gave approval for NQF to convene a new entity, a partnership of public and private sector health care leaders who have significant influence over health care and are uniquely positioned to improve America’s health and healthcare systems. Today the Partnership consists of 42 organizational partners and six *ex officio*, non-voting federal partners (AHRQ, CDC, CMS, VHA, HRSA, NIH). While the NQF Board has the responsibility for appointing partnership members based on a public nomination process and assuring the integrity of the partnership’s functioning, the recommendations and activities of the partnership do not come to the Board for ratification. This is unlike the formal consensus processes used in the endorsement functions which all come to the Board for ratification. The Robert Wood Johnson Foundation has been a significant source of support for the National Priorities Partnership.

Board Committees

To guide the work of NQF, much of which is done in partnership with other key organizations, the NQF Board of Directors has established standing committees: Consensus Standards Approval Committee (CSAC), the Health Information Technology Advisory Committee (HITAC) and the Leadership Network.

Membership

NQF is a membership organization and currently has 427 members representing the full spectrum of healthcare organizations and stakeholders. Each member organization is assigned to one of eight member councils, which provide a forum for discussion and input into NQF activities. Council chairs and co-chairs are elected by council members on an annual basis. The input of the councils provides unique experiences and views on healthcare quality that are vital to building broad consensus on improving the quality of healthcare in America.

Consumer Council

The Consumer Council is comprised of consumer organizations at the national, state, regional and local levels. These groups provide information, experience and perspectives of those receiving healthcare.

Health Plan Council

The Health Plan Council is comprised of healthcare plans and organizations involved in the administration of health insurance programs. These organizations, representing many of the more than 200 million Americans who receive healthcare coverage from health plans, play an important role in discussions of improving healthcare quality, safety, and affordability.

Health Professionals Council

Members of the Health Professionals Council include associations representing physicians, nurses, physician assistants, nurse practitioners, and pharmacists. The members of this council provide a unique on-the-ground perspective of performance measurement and public reporting.

Provider Organizations Council

Members of the Provider Organizations Council include hospitals, group practices, rehabilitation facilities, ambulatory care centers, long-term care facilities, and pharmacies. As the organizations that most often implement endorsed measures, members of this council offer a unique and valuable perspective.

Public/Community Health Agency Council

This council is comprised of public/private partnerships and public health organizations focused around a variety of areas including eliminating health disparities and addressing equity, chronic disease management, health promotion and disease prevention and patient safety. Members of the Public/Community Health Agency Council represent quality improvement in healthcare at the population and community level.

Purchasers Council

The Purchaser Council provides a venue for public and private purchasers to build demand and capacity for quality improvement. This Council includes public purchasers, regional purchasing coalitions, corporations, and business groups.

Quality Measurement, Research and Improvement Council

Members of the Quality Measurement, Research, and Improvement Council are organizations that conduct research, education, or initiatives to improve healthcare quality, measurement and reporting. The council also includes accrediting bodies, policy and quality centers, and information and data services providers. Their expertise in healthcare quality is essential to NQF members as they consider new measures, practices, frameworks, and guidelines for endorsement.

Supplier and Industry Council

As organizations that support the healthcare field with device and diagnostic products, medications, tools and other information and resources, members of the Supplier and Industry Council are an integral part of ensuring overall healthcare quality. Supplier and Industry Council members include consultants, manufacturers, service providers and distributors.

Funding

NQF receives about half of its funding from the federal government, about 15% from private foundations, and about 35% from membership dues. The Robert Wood Johnson Foundation has and continues to play a particularly important role by providing start-up funding, support for building organizational infrastructure, and project funding. The Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality have been important federal partners, providing a good deal of project-specific grants and contracts over the years.

In 2009, the U.S. Department of Health and Human Services (DHHS) awarded a contract to NQF to help establish a portfolio of quality and efficiency measures that will allow the federal government to more clearly see how and whether healthcare spending is achieving the best

results for patients and taxpayers. The contract is part of a provision in the *Medicare Improvements for Patients and Providers Act of 2008* that directs the Secretary of Health and Human Services “to contract with a consensus-based entity, such as the National Quality Forum.” The contract provided \$10 million for 2009, was renewed in 2010, and has the option for renewal through 2012. The contract is administered by the DHHS Assistant Secretary for Planning and Evaluation.

Consensus Development and Transparency

NQF uses a formal **Consensus Development Process (CDP)** to evaluate and endorse consensus standards, including performance measures, best practices, and serious reportable events. The Consensus Development Process has been carefully designed to assure the integrity and transparency of the process and to consider the interests of stakeholder groups from across the healthcare industry.

Because NQF uses this formal Consensus Development Process, it is recognized as a voluntary consensus standards-setting organization as defined by the National Technology Transfer and Advancement Act of 1995 and Office of Management and Budget Circular A-119. The Act requires that all Federal agencies use privately developed standards when developed according to the requirements contained within the Act and OMB Circular A-119.

In order to ensure compliance with NTTAA and to assure multi-stakeholder input into the CDP, NQF engages in a variety of steps to assure transparency. These steps include:

- Public calls for membership in all project committees and technical advisory panels
- Public announcement of committee selection and call for comment on committee and panel composition
- Advance notice and subsequent open call for measures, practices, etc. being submitted for endorsement
- Public posting of all committee documents and minutes
- Committees open to public with opportunity for public comment
- Public posting of committee draft reports
- Public and member comment on committee reports
- Posting of all comments on the NQF website
- Member voting on final recommendations
- Board meetings and final reviews held in public session
- A 30 day appeals process for approved measures, practices, etc.

The use of our website plays an integral part to the availability of information that allows appropriate committee, member and public participation in the consensus processes. Timely posting of information on the web for each project, individual customizable dashboards available on the web for project tracking, use of the website for making comments on project outputs, and weekly member updates assure that both NQF member organizations and the public have the tools to participate in our processes.

As a part of developing the trust fabric surrounding the consensus standards activities, NQF pays particular attention to committee appointments and to disclosures of interest by those participating in our processes. Counsel reviews each committee nominee disclosure for potential conflicts. Each meeting includes opportunities by each participant to disclose interests. Importantly, each steering committee is also comprised to assure both consumer and purchaser representation. Members are also selected to assure a balance of interests with additional considerations based upon their potential contribution to the project and the need for input from a particular stakeholder perspective. Members of a technical advisory panel are selected primarily for their content expertise and experience. When necessary, NQF staff reach out to members or to the broader health care community to fill the need for a particular perspective or area of expertise, or to assure a balance of interests.