

Viewpoint

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Perhaps it's not surprising that Christine Cassel, MD, pioneered the program called *Choosing Wisely*. Earning an undergraduate degree in philosophy at the University of Chicago seems like a good foundation for such an ultimate pursuit. In between she earned a medical degree from the University of Massachusetts, followed by internship and residency at the University of California San Francisco. Today Dr. Cassel is president and CEO of the Washington, DC-based National Quality Forum (NQF), a public service organization that reviews, endorses and recommends use of standardized healthcare performance measures. Previously Dr. Cassel served as president and CEO of the American Board of Internal Medicine (ABIM) and the ABIM Foundation, where she helped launch *Choosing Wisely*, which aims to reduce unnecessary medical tests and procedures via physician/patient discussion. A leading expert in geriatric medicine, medical ethics and quality of care, Dr. Cassel is one of 20 scientists chosen by President Obama to serve on the President's Council of Advisors on Science and Technology, was a founding member of the Commonwealth Fund's Commission on a High Performance Health System, and served on the IOM committees that wrote the influential reports "To Err is Human" and "Crossing the Quality Chasm."

You have been a leader in the effort to reduce overuse of tests and procedures in healthcare, especially through the Choosing Wisely initiative. How is NQF contributing to this effort?

Choosing Wisely is really about making sure that people get the right care. It provides a treasure trove of evidence-based information that helps providers and systems identify overuse and drive toward greater value. This information informs NQF's consideration of measures for endorsement, both for specific conditions and for higher-level measurement such as total cost of care.

NQF recently developed a patient engagement tool called the "Patient Passport." How does the Passport work and how are you gauging its success?

The Patient Passport is a communication tool that captures patients' needs and preferences. It helps patients and families have conversations with providers by thinking about the answers to questions in a non-crisis situation. The content and style help frontline staff, too, by presenting critical information about the patient—such as medications and conditions—in a concise and meaningful way. Several hospitals are piloting the Passport or have plans to do so.



CHRISTINE CASSEL, MD,
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The Passport is being shared through many channels, with hospitals and patient advocates and groups committed to improving patient and family engagement. In addition, NQF member organization Doctella integrated the Passport into a free mobile app. [More information is available at http://www.qualityforum.org/Patient_Safety_Collaboration.aspx].

Affordability is one of the broader issues NQF has taken on since you took the helm. With today's emphasis on engaging patients and consumers, what is the consumer's role in healthcare affordability?

The consumer on some levels defines affordability, for two reasons. The public is paying historically high deductibles and copays so they need more information about what is affordable to them. They also are being enabled to buy health insurance in unprecedented numbers as a result of ACA so they are shopping around to see what they can afford, and they need to be able to see the value in what they're buying. We're trying to provide more information that relates to value. NQF is very interested in real measures of value. There are some good measures of costs, including the total cost of care, but there's still a lot of room for innovation and creativity in how we get to a measure that really helps consumers understand affordability.

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A perennial challenge to measuring quality in healthcare is the plethora of quality organizations and standards. What is NQF doing to address measure fatigue?

We're doing a lot and I hope that we can do more. Through its recommendations to the U.S. Department of Health and Human Services, NQF's Measure Applications Partnership over the last few years has helped to dramatically reduce the number of measures used in some 20 different federal healthcare programs that require measurement and reporting. For example, the Centers for Medicare & Medicaid Services reduced 36 different measures of hypertension to one, because NQF identified the best standard to describe hypertension in a quality metric. There has been a lot of success in the government programs and now we are turning our attention to private payers. We've been collaborating with CMS and America's Health Insurance Plans (AHIP) on a project that brings together 20 of the nation's major health insurers to agree upon a core set of measures for a set of six or eight different clinical specialties and also patient centered medical homes and ACOs.

Population health is a key emphasis under accountable care. How has NQF incorporated population health into its quality agenda?

We've had funded work by the federal government-- from ARHQ and HHS—and the Robert Wood Johnson Foundation to look at how best to define and measure population health. We've developed a common framework, [Improving Population Health by Working with Communities—Action Guide 1.0](#), for communities to offer practical guidance for improving population health. This HHS-funded project is in its second phase; we're now collaborating with 10 groups in communities across the nation to provide on-the-ground testing of the guide.

Use of information technology is intertwined with healthcare quality and safety. What is NQF doing in the area of HIT?

Health information technology (HIT) is critical as it provides the information for measures on quality and safety and patient experience. We are encouraging more and more of the measures that come to us to be specified as e-measures, so they can be directly programmed into electronic health records (EHRs) or the data elements can be derived from EHRs. We also have a funded project working with the National Library of Medicine to harmonize value sets, the building blocks of e-measures. Those, too, need alignment because every EHR does it differently. Additionally, a new NQF committee is taking a deep look into the patient safety issues associated with HIT and will develop a national framework to assess and advance future work in this area [More information is available at http://www.qualityforum.org/HIT_Patient_Safety.aspx].

Socio-economic and demographic factors are increasingly recognized as major elements in a person's health and well-being—and major impediments to preventing costly readmissions. How are these factors influencing NQF's quality measures endorsement efforts?

NQF is very proud of our efforts in this area. We really changed the debate in the nation on this topic when we issued a report last summer on risk adjustment for socioeconomic and demographic factors in quality metrics. A groundbreaking two-year trial to evaluate adjusting certain measures for socioeconomic and other demographic factors is now underway.

~ Chuck Appleby
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