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Other Voices

Setting Bold, but Achievable Goals

By Matthew Weinstock



Regardless of what happens on health reform, 28 disparate organizations have pledged to make sweeping and systemic changes to how care is delivered in this country. The National Priorities Partnership, which includes the American Hospital Association, AARP, insurers, the Centers for Medicare & Medicaid Services, the U.S. Chamber of Commerce and the AFL-CIO, in December issued an ambitious set of priorities and goals aimed at reducing costs and improving care. They can be found at www.nationalprioritiespartnership.org. The National Quality Forum convened the partnership. **Janet Corrigan**, NQF's president and CEO, says these broad changes can't wait for a political remedy. Corrigan spoke with *H&HN* Senior Editor Matthew Weinstock.

What was the impetus for the National Priorities Partnership?

We've had about 10 years of fairly intensive efforts to improve performance and we've made some important progress. But, to be very frank, overall I think we'd like to be moving at a little more of a rapid clip and close the performance gap. The progress has been rather slow. If you look at the [Agency for Healthcare Research and Quality] national health care quality report, what we are seeing is less than a 2 percent improvement annually for that limited set of measures. We still have a very fragmented delivery system that lacks basic capabilities to manage, coordinate and provide well-integrated care to patients with chronic conditions. It is important to focus our performance improvement on high-leverage areas, ones that will lead to very substantial improvement in health and health care.

Was it a challenge to get the groups to agree on a common set of goals?

The first challenge was to bring them all to the table. In our country, we don't have a mandate to establish a set of goals. These groups came together voluntarily, realizing that we need greater alignment.... The formation of the goals took about one year. This was a rapidly moving effort.... These are aspirational goals, but at the same time we believe they are very achievable.

Did you intend to release the report as we change administrations?

No, not really. I don't think we were focusing at all, frankly, on the change of administration. I will say that everyone felt a sense of urgency to move this along. This is the first step in the process. One consideration was that it could help provide a focus for many of the options pertaining to health reform. More important than that, we felt it was very much critical that we start to engage others in the effort to achieve these goals. This really is an effort that is independent of health reform, but it can be synergistic with those discussions. Our commitment to achieving these goals is very strong and we will focus very steadfastly on that regardless of what happens in Washington or the states.

The report notes that there are too many performance and quality improvement initiatives. How do you avoid adding to that fatigue?

We are all thinking a lot about that because it is critical that we have alignment around these goals, and frankly reduce some of the cacophony of conflicting signals, or too many demands that are confronted by health care providers. We recognize right now that out of the all of the energy and resources that go into quality improvement that we are probably devoting too much to measurement and too little to actual improvement and we realize that the way to resolve that issue is to focus on a more limited set of areas so providers can have adequate time and energy and resources to devote to the very important function of actual improvement. One thing that will happen in 2009, in February, the partners will convene again to begin the important task of laying out action plans and strategies of how we will begin to align critical drivers, as we call them, around these national priorities and goals. Drivers include things like payment policies, public reporting activities and quality oversight programs such as accreditation.

Should payers, cms and others hold off on initiatives until that is done?

Efforts that are ongoing right now are going to move forward. The issue is how clearly future efforts align with the priorities and goals. With all of our current efforts we have to evaluate what we have done, what is currently under way and should it move forward, have we achieved what we wanted, and is it a significant contributor to performance improvement. That will have to work in parallel with new efforts that focus on the national priorities and goals.

Why don't Best practices spread across the entire system?

Everyone is struggling with that. Our delivery system is extraordinarily fragmented and that does make it difficult for improvement and best practices to ... rapidly spread through health care. Second, we haven't had real focused efforts on the part of all purchasers and oversight organizations and others. We need to send a clear signal that encourages and rewards best practices, and encourages their adoption.

Can these goals be met without first changing the reimbursement system?

It is a multifaceted, complex challenge that we confront and we need to be addressing it from many different angles. Having said that, I am a believer that more fundamental reform of the payment system will be needed. Part of this has to do with the recognition that patients are, for the most part, seeking care for ongoing chronic conditions. The kind of care that needs to be delivered really focuses on patient episodes. We are talking about more fundamental reform of the delivery system to drive toward accountable health entities, which means new relationships between providers. That will require changes in the payment system ... but we can't wait for that.

What should a community hospital ceo take away from the partnership?

Two things: For the first time at the national level, key stakeholders are very seriously addressing these critical priorities and goals and trying to align those environmental drivers. There is a strong commitment here to create an environment that will encourage and reward a community hospital for its effort to achieve these goals. The second thing is [that] now is the time to work with hospital trustees and senior staff and the community at large to develop a strategy to achieve these goals at the institutional and community level. I think a great starting place is to identify how the hospital's priorities for a year or two or three can be aligned with these goals. How can the hospital's dashboard be aligned around these goals? And how can the internal incentive system for senior management and staff be aligned around these goals?