

THE NATIONAL PRIORITIES PARTNERSHIP

Igniting a transformation in quality

The National Priorities Partnership represents something unique in healthcare – a diverse range of high-impact stakeholders working to align their efforts on a core set of high-leverage areas for improvement. This collective force will deliver fundamental and transformative improvements to America’s health and healthcare system.

THE TIME IS NOW. We have reached a vital tipping point – a realization that incremental healthcare improvements are no longer sufficient. As the current economic crisis makes clear, there is both a social and economic imperative to comprehensively rethink and reform America’s healthcare system.

The mere existence of shared National Priorities and Goals will marshal an unprecedented, unified focus on serving patients needs. Collectively acting to meet these shared goals will revolutionize a notoriously fractured system, with the ultimate goal of achieving seamless, patient-centered care.

The National Priorities Partnership can serve as a model of leadership, collaboration, and results that will inspire others to act. Over the next year and beyond, we hope the National Priorities will spur action and innovation, by Partners, by policymakers, by healthcare leaders, and by the community at large.

STRONG FOUNDATION FOR ACTION. The National Priorities Partnership, convened by the National Quality Forum, is composed of 28 organizations with significant influence to affect real change in healthcare in a short timeframe.

The Partnership is focusing its attention on a core list of priorities that will yield real dividends in the form of improved care, equity, safety, and efficiency over the next three to five years.

WHO ARE THE PARTNERS?

The 28 National Priorities Partners represent key healthcare stakeholders, including: consumers, providers, practitioners, purchasers, government, accrediting and certifying organizations, quality alliances, and health plans.

AARP
AFL-CIO
Agency for Healthcare Research and Quality
Alliance for Pediatric Quality
America’s Health Insurance Plans
American Board of Medical Specialties
American Nurses Association
AQA
Centers for Disease Control and Prevention
Centers for Medicare and Medicaid Services
Certification Commission for Healthcare Information Technology
Chamber of Commerce
Consumers Union
Hospital Quality Alliance
Institute for Healthcare Improvement
Institute of Medicine
The Joint Commission
The Leapfrog Group
National Association of Community Health Centers
National Business Group on Health
National Committee for Quality Assurance
National Governors Association
National Institutes of Health
National Partnership for Women and Families
National Quality Forum
Pacific Business Group on Health
Physician Consortium for Performance Improvement
Quality Alliance Steering Committee

NATIONAL ACTION AGENDA

These National Priorities and Goals were selected to address four major challenges: they eliminate harm, eradicate disparities, reduce disease burden, and remove waste. Individually and collectively, they have much potential to achieve these results.

The Partners focused only on National Priorities and Goals that would, if implemented broadly, dramatically improve our nation's healthcare quality.

WORKING TOGETHER, WE WILL:

- **Engage patients and their families in managing health and making decisions about care**
- **Improve the health of the population**
- **Improve the safety and reliability of America's healthcare system**
- **Ensure patients receive well-coordinated care across all providers, settings, and levels of care**
- **Guarantee appropriate and compassionate care for patients with life-limiting illnesses**
- **Eliminate waste while ensuring the delivery of appropriate care**

WHAT'S AHEAD. The challenging National Priorities and Goals set by the Partners will be achieved through collaborative efforts that focus on performance measurement, public reporting, payment systems, research and knowledge dissemination, professional workforce development, and system capacity. On November 17, 2008, the National Priorities Partnership will release its report on setting National Priorities and Goals to achieve a high-performing, high-value health care system. We will outline how these National Priorities and Goals can spur specific, measurable actions to improve healthcare quality, safety and affordability with results continuously accruing over the next three to five years.

We know that making something a goal does not make it possible. But the Partners are committed to real action, and that is the real difference.

FOR MORE INFORMATION. Contact Karen Adams, VP of National Priorities, National Quality Forum, at 202 783 1300.



NATIONAL PRIORITIES PARTNERSHIP

National Priorities and Goals

Engage Patients and Families in Managing Health and Making Decisions about Care

We envision care that honors each individual patient and family, offering voice, control, choice, skills in self-care, and total transparency, and that can and does adapt readily to individual and family circumstances, and differing cultures, languages and social backgrounds.

The Partners will work together to ensure that:

All patients will be asked for feedback on their experience of care.

All patients will have access to tools and support systems that enable them to effectively navigate and manage their care.

All patients will have access to information and help that enables them to make informed decisions about their treatment options.

Improve the Health of the Population

We envision communities that foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability – reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

The Partners will work together to ensure that:

75 percent of Americans receive the most effective preventive services recommended by the U.S. Task Force on Clinical Preventive Services.

The most important healthy lifestyle behaviors known to promote health are all adopted by 25 percent of the population.

The health of the American population is improved by 10 percent.

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National Priorities and Goals

Improve the Safety and Reliability of America's Healthcare System

We envision a healthcare system that is relentless in continually reducing the risks of injury from care, aiming for “zero” harm wherever and whenever possible. We envision systems that can promise absolutely reliable care, guaranteeing that every patient, every time, receives the benefits of care based solidly in science. We envision healthcare leaders and practitioners intolerant of defects or errors in care, and seeking ever to improve, irrespective of their current levels of safety and reliability.

The Partners will work together to ensure that:

All providers and healthcare professionals will drive to lower the incidence of healthcare-induced harm, disability or death toward zero and will focus relentlessly on continually reducing and seeking to eliminate all healthcare-associated infections (HAI) and serious adverse events.

Healthcare-associated infections include, but are not limited to:

- Catheter-associated blood stream infections*
- Catheter-associated urinary tract infections
- Surgical site infection
- Ventilator-associated pneumonia*

(See CDC's Infectious Diseases in Healthcare Settings for a more inclusive list.)

Serious adverse events include, but are not limited to:

- Pressure ulcers
- Wrong site surgery*
- Falls
- Air embolism
- Blood product injury
- Foreign objects retained after surgery
- Adverse drug events associated with high alert medications

(See National Quality Forum's Serious Reportable Events for a more inclusive list.)

All hospitals will reduce preventable and premature hospital-level mortality rates to best-in-class.**

All hospitals and their community partners will improve 30-day mortality rates following hospitalization for select conditions (AMI, heart failure, pneumonia) to best-in-class.

* Some hospitals have reduced the incidence of these infections and events to zero for sustained periods of time.

** “Best-in-class” will be determined by using the [Achievable Benchmarks in Care \(ABC\)](#)TM methodology, which was developed at the University of Alabama at Birmingham under an initiative through the Agency for Healthcare Research and Quality. ABCs represent objective data-driven benchmarks that have already been achieved by best practice providers.

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National Priorities and Goals

Ensure Patients Receive Well-Coordinated Care across all Providers, Settings, and Levels of Care

We envision a healthcare system that affordably guides patients and families through their healthcare experience with assured privacy, secure transitions, and tracking and sharing of appropriate information between healthcare providers, while respecting patient choice, and offering both physical and psychological support. In such a system each patient knows and has a strong relationship with the practitioner accountable for their care.

The Partners will work together to ensure that:

Providers and healthcare professionals will continually strive to improve care and achieve quality by soliciting and carefully considering feedback from all patients (and their families when appropriate) regarding coordination of their care.

Medication information is clearly communicated to patients, family members, and next practitioner and/or provider of care, and medications are reconfirmed each time a patient experiences a transition in care.

All providers and healthcare professionals will work collaboratively with patients to reduce 30-day readmission rates.

All providers and healthcare professionals will work collaboratively with patients to reduce preventable emergency department visits by 50 percent.

Guarantee Appropriate and Compassionate Care for Patients with Life-Limiting Illnesses

We envision healthcare capable of promising dignity, comfort, companionship, and spiritual support to patients and families facing advanced illness or dying, fully in synchrony with all of the resources that community, friends and family can bring to bear at the end of life.

The Partners will work together to ensure that:

All patients with life-limiting illnesses will have access to effective treatment for relief of suffering from symptoms such as pain, dyspnea, nausea, serious bowel problems, delirium, and depression.

All patients with life-limiting illnesses and their families should have access to help with psychological, social and spiritual needs.

All patients with life-limiting illnesses should receive effective communication from physicians and nurses about their options for treatment; realistic information about their prognosis; timely, clear, and honest answers to their questions; advance directives; and a commitment not to abandon them regardless of their choices over the course of their illness.

All patients with life-limiting illnesses receive high-quality palliative care and hospice services.

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National Priorities and Goals

Eliminate Waste While Ensuring the Delivery of Appropriate Care

We envision healthcare that promotes better health and more affordable care by continually and safely rooting out and stopping the burden of unscientific, inappropriate and excessive care, including tests, drugs, procedures, visits, and hospital stays.

The Partners will work together to ensure that:

Wasteful and inappropriate care is reduced 50 percent in the following nine targeted areas.

- **Inappropriate medication use**
Targeting inappropriate antibiotic use and polypharmacy (for multiple chronic conditions; of antipsychotics).
- **Unnecessary laboratory tests**
Targeting panels (e.g., thyroid, SMA 20), special testing (e.g., Lyme Disease with regional considerations).
- **Unwarranted maternity care interventions**
Targeting unwarranted cesarean section.
- **Unwarranted diagnostic procedures**
Targeting cardiac computed tomography (non-invasive coronary angiography and coronary calcium scoring), lumbar spine MRI prior to conservative therapy, without red flags, uncomplicated chest/thorax CT screening, bone or joint x-ray prior to conservative therapy, without red flags, chest x-ray, preoperative, on admission, or routine monitoring, endoscopy.
- **Unwarranted procedures**
Targeting spine surgery, percutaneous transluminal coronary angioplasty (PTCA)/Stent, knee/hip replacement, coronary artery bypass graft (CABG), hysterectomy, prostatectomy.
- **Unnecessary consultations**
- **Preventable emergency department visits and hospitalizations**
Targeting potentially preventable emergency department visits, hospital admissions lasting less than 24 hours, and ambulatory care sensitive conditions.
- **Inappropriate non-palliative services at end of life**
Targeting chemotherapy in the last 14 days of life, inappropriate interventional procedures, and more than one ED visit in the last 30 days of life.
- **Potentially harmful preventative services with no benefit**
Targeting BRCA mutation testing for breast and ovarian cancer - female, low risk, CHD: Screening using ECG, ETT, EBCT - adults, low risk, carotid artery stenosis screening – general adult population, cervical cancer screening – female over 65, average risk; female, post-hysterectomy, prostate cancer screening – male over 75 (From the U.S. Preventive Services Task Force D Recommendations List).