AHRQ SUBCOMMITTEE OF THE NATIONAL ADVISORY COUNCIL

ON HEALTHCARE QUALITY MEASUREMENT

EXECUTIVE SUMMARY

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On June 24, 2019, the federal Executive Order 13877, Executive Order on Improving Price and Quality Transparency in American Healthcare to Put Patients First, was issued. Among the provisions is a requirement for the secretaries of Health and Human Services (HHS), Department of Defense (DoD), and Veterans Affairs (VA) to establish a Health Quality Roadmap outlining a vision for the future of the federal healthcare quality measurement enterprise. In November of 2020, the U.S. HHS Immediate Office of the Secretary (IOS) requested that the AHRQ director form a Subcommittee of the National Advisory Council (SNAC) to focus on AHRQ's future investment in quality measurement. AHRQ convened the SNAC to obtain strategic advice on how AHRQ could best drive improvements in the healthcare system, leveraging AHRQ's experience and unique competencies in quality measurement.

The SNAC was formed in the fall of 2020, composed of twelve diverse scholars and healthcare leaders with expertise in the healthcare quality measurement field. The purpose of the SNAC was to provide the NAC and AHRQ with strategic direction and guidance for AHRQ's role in quality measurement and future implementation of quality measurement activities. The SNAC was asked to keep AHRQ's mission as well as the broader set of measurement activities conducted by the HHS in mind during their deliberations.

The SNAC held a series of meetings to identify important gaps in the quality measurement field and to understand how AHRQ's expertise in quality measurement could have the greatest impact on improving care for patients. While the SNAC members agreed the field of quality measurement is complex, they noted that there are important opportunities where AHRQ could provide a unique contribution and have significant impact.

Overall, SNAC members agreed that there are a large number of quality measures used to assess patient care, but they acknowledged that not all measures truly impact health outcomes. SNAC members agreed that the field of quality measurement would benefit from:

- Rethinking what needs to be measured
- Which data are the best to use
- What new data are needed
- In what context will the data be used
- How measures will impact the well-being of patients
- Which measures will make significant improvement in care quality and safety for patients

Improvements would include reevaluating and harmonizing existing quality measures to address their application to new areas, such as healthcare equity. In addition, the suggestions would reduce the burden and cost of data collection. AHRQ's effort could also include developing new measures (e.g., measures to address disparities and low value care) or retirement of existing measures.

There are critical gaps in the current quality measurement landscape. The SNAC identified health equity as a critical area of quality measurement development, which could spur efforts to close gaps in care. The SNAC suggested that AHRQ is well-equipped to bring an equity lens to quality measurement and be at the forefront of health equity measurement. Patient-reported outcome (PRO) measures are another important area for measure development—given that few PRO measures currently exist and these types of measures are focused on issues that are important to patients. AHRQ could advance the field by developing PRO measures that address patients' actual problems and health concerns. Other clear opportunities for AHRQ in the quality measurement field include measuring the safety, equity, and effectiveness of telehealth as well as services received in the ambulatory and outpatient care setting.

Another key gap in the quality measurement field is the need for systematic capture and utilization of real-time data for quality measurement. The SNAC noted that AHRQ could strengthen the infrastructure to collect and report measures enabling real-time rendering

measures as actionable, rather than observational. This includes strategies for real-time measurement that identify important data sources (e.g., electronic medical records [EMRs], claims data, geocoding, and patient-generated data), tools for data capture (or a need for new tools), and standards for real-time measure reporting by the patient, provider, and healthcare system. The SNAC also highlighted opportunities for AHRQ to expand their retrospective data collection and invest in the new data sources.

The SNAC noted several new strategies that AHRQ might consider for addressing gaps in the quality measurement field. The SNAC agreed that there are many opportunities to build on the successful components of their quality measurement portfolio to advance the field of quality measurement as a whole. AHRQ could build on their best existing tools, to adapt them for additional conditions and populations. In doing so, AHRQ would foster their dissemination and implementation by addressing linguistic needs (i.e., translation into additional languages), cultural context, and contextual issues (i.e., telehealth vs. in-person care delivery). AHRQ could help set standards for appropriate measurements, such as reliability and validity of measures. The SNAC also stressed that AHRQ has a role to establish standards (e.g., generating reliable estimates) for meaningful population stratifications that would identify gaps in data captured (e.g., missingness of data across vulnerable populations), inequities in health outcomes, and disparities in care delivery. The SNAC suggested AHRQ could support development of best practices for collection of data for stratification of quality measure results by patient subgroups.

Due to the complex nature of the quality measurement field, SNAC members emphasized the importance of AHRQ's strategic partnerships with other entities like Centers for Medicare and Medicaid Services (CMS), National Quality Forum (NQF), Patient-Centered Outcomes Research Institute (PCORI), and other stakeholders in health systems. The SNAC noted successful initiatives by AHRQ partnering with others to achieve groundbreaking advances in quality measurement, such as with Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience measures. SNAC members agreed that AHRQ can play a key role in measure stewardship to help support the quality measurement field. The SNAC indicated AHRQ should continue to be involved in measure stewardship in circumstances where AHRQ has significantly contributed to the measure design and measure development.

Some SNAC members indicated AHRQ should be part of the stewardship enterprise, even if other entities will formally bring the measure to endorsement.

The SNAC recommended that AHRQ's work to develop quality measures include healthcare delivery systems in the research and development process, to ensure that measures developed are relevant and useful in the practice setting. The SNAC suggested new partners who might be identified in the quality measurement field, including the next generation workforce, healthcare workers, and system leaders as well as computer scientists and engineers. It was emphasized that AHRQ should ensure that the quality measurement research they support will include a sustainable infrastructure and path to implementation in health systems and other provider organizations.

The SNAC recognizes that the discussions of this group are based on the opinions and expertise of twelve members. Therefore, the SNAC recommends AHRQ consider engaging in a systematic process inclusive of a broader array of stakeholders to better identify the specific needs of the healthcare system and the people it serves related to charting a future path in safety and quality measurement. The ideas in this report should serve as a springboard to the NAC and help AHRQ prioritize resources for quality measurement activities that result in optimal health care for patients.

AHRQ SUBCOMMITTEE TO THE NATIONAL ADVISORY COUNCIL

ON HEALTHCARE QUALITY MEASUREMENT

MEETING SUMMARY

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SECTION 1. BACKGROUND

On June 24, 2019, Executive Order (EO) 13877, Executive Order on Improving Price and Quality Transparency in American Healthcare to Put Patients First, was issued. The EO's purpose was to empower patients to make fully informed decisions about their healthcare, by facilitating the availability of appropriate and meaningful price and quality information. Among the provisions is a requirement for the secretaries of HHS, DoD, and VA to establish a Health Quality Roadmap outlining a vision for the future of the federal healthcare quality measurement enterprise (QME). In response to EO 13877, HHS leadership formed and convened the HHS Quality Summit; this was series of meetings between government and experts in healthcare quality and healthcare quality measures to get stakeholder input on the state of quality measures currently used in healthcare.

In November of 2020, the HHS Immediate Office of the Secretary (IOS) requested that the AHRQ director form a subcommittee of AHRQ's National Advisory Council (NAC), focused on quality measurement. During the NAC meeting on November 10, 2020, NAC members discussed AHRQ's impact in the quality measurement area. The NAC acknowledged AHRQ is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of healthcare. For more than two decades, AHRQ has advanced the development and use of quality measures such as the CAHPS and the AHRQ Quality Indicators (QIs); AHRQ has produced annual national and state data reports on quality, efficiency, and disparities through the National Healthcare Quality and Disparities Reports (NHQDR). These measurements and reporting activities have been discussed at past NAC meetings.

The NAC recommended AHRQ convene a Subcommittee to the National Advisory Council (SNAC) on Healthcare Quality Measurement.

The subcommittee's goal is to provide strategic direction and guidance to the NAC on AHRQ's role in quality measurement and future implementation of activities as they relate to AHRQ's mission as well as the broader set of measurement activities conducted within the HHS.

SECTION 2. OVERVIEW OF THE SNAC

Section 2.1 SNAC Objectives and Scope of Activities

AHRQ convened the SNAC to obtain strategic advice on how AHRQ could best drive improvements in the healthcare system leveraging AHRQ's experience and unique competencies in quality measurement. A summary of the SNAC discussions and recommendations provides advice to the NAC regarding ways in which AHRQ can have impact in the area of quality measurement in the future. The SNAC members were asked for input on the following issues:

- Given AHRQ's core competencies, what roles/functions (if any) should AHRQ play in the future in the quality measurement field to improve care for patients?
- What are the current measure related activities that AHRQ is engaged in that should be considered for retirement or reduction of effort?
- Are there new and/or different quality measurement activities that AHRQ should consider?
- How should AHRQ prioritize investments to make the most impact on improving care for patients?

Section 2.2 Organization of the SNAC

The SNAC was convened in Spring 2021. The focus was on the different areas of quality measurement where AHRQ can innovate and improve healthcare delivery. A total of six SNAC meetings covered topics that related to AHRQ's role in the quality measurement field. Topics covered included current activities, data gaps, actionability, stewardship, partnerships, and innovation. All meetings were recorded, and transcripts were generated.

The SNAC meetings were led by Subject Matter Expert Tina Hernandez-Boussard, Ph.D., SNAC Chair Leah Binder, M.A., and AHRQ leads Jaime Zimmerman, M.P.H., PMP, and Mamatha Pancholi, M.S. Twelve members were selected by AHRQ to provide diverse subject matter expertise (Appendix 1). There is also a high-level summary of each SNAC meeting (Appendix 2).

SECTION 3. SUMMARY OF DISCUSSION

The SNAC discussed a variety of topics; the key themes are highlighted below. These discussions included gaps in the measurement field and opportunities for AHRQ to innovate and impact the field by moving quality measurement forward to improve health care for patients. The SNAC also identified areas that need further investigation as the NAC considers AHRQ's future role in quality measurement. The SNAC agreed that AHRQ is uniquely positioned to provide a vision for where the field of quality measurement needs to go and how to get there; this includes identifying the big gaps in quality measurement and how the field can use measurement as a tool to drive improvement. AHRQ should be at the intersection of measurement and improvement.

Section 3.1 Gaps in the Field of Quality Measurement

Quality Measurement for Health Equity

The SNAC identified health equity as a critical gap in quality measurement. Equity suggests that each group is given the number of resources or care needed to have similar health outcomes, no matter where they start. During this discussion, the SNAC highlighted a need to define and standardize definitions for quality measurement that included equity, review existing measures to identify those that can be used for equity measurement, and stratify existing measures (e.g., safety, patient experience) by the domains where inequities may exist. The SNAC discussed social determinants of health (SDoH) as an aspect of quality measurement for health equity. They suggested AHRQ could develop a set of questions that would measure social determinants in a standardize fashion and identify how one would identify SDoH from different data sources (e.g., claims data, EMRs, geocoding, patient-generated data), including methods that leverage artificial intelligence technologies. In addition, there are important research questions and methodological approaches that need to be supported to advance quality measurement for health equity.

The SNAC reiterated the national interest and focus on health equity, but they noted there are no accepted standards regarding what data need to be collected, the data sources that should be leveraged, and how such data can be collected systematically and reliably. The SNAC suggested that AHRQ is well-equipped to bring an equity lens to quality measurement

and incorporate health equity into current measures (e.g., calculation and reporting) and be at the forefront of health equity measurement. The SNAC suggested that AHRQ lead endeavors to use quality measurement to address and eliminate disparities rather than just characterize them.

Patient-Reported Outcome Measures

The development and implementation of PRO quality measures were a consistent theme throughout the SNAC conversations. Many patients and healthcare consumers are very interested in PRO measures for improving patient care quality and safety. However, the SNAC indicated that there has been a general underinvestment in the measurement science to advance the development of PRO measures. The SNAC members believe AHRQ is well positioned to fill this gap by building on their experience in CAHPS and Patient Safety Indicators to develop the measurement space for PROs. PROs should include information on patients' functional status, health conditions or symptoms, and perspectives and experiences regarding treatment benefit and harm. The SNAC suggested that AHRQ could leverage findings from existing patient-centered studies as well as research and measures developed by NIH and others to generate a harmonized set of PRO quality measures that are meaningful to both patients and clinicians. Within this context, AHRQ could consider creating new measure development using novel data sources, such as real-time or digital quality measures. To significantly advance the field, AHRQ should use their expertise in implementation science to translate these research findings to practice.

Telehealth

The SNAC agreed that there is an urgent need to assess the safety and quality of care delivery in the telehealth setting. Due to unprecedented circumstances during the COVID-19 public health emergency, the use of telehealth for care delivery dramatically increased and continues to be an option for healthcare delivery in many circumstances. AHRQ is well positioned to answer many pressing quality issues regarding telehealth, such as where telehealth can be effectively and safely used (i.e., achieves good outcomes), if there are disparities in utilization, how to alleviate those disparities, and how to develop the necessary measures to assess the quality and safety of care delivered via telehealth.

The SNAC suggested that the AHRQ support research to understand the intersection of telehealth safety and equity of care. This includes an evaluation of quality of care and patient safety between telehealth and in-person care as well as using existing quality measures and new patient-reported measures. In addition, AHRQ can develop educational materials for both providers and patients to help them understand which visits may require in-person care versus a telehealth visit. The information should guide care under a hybrid system, where patients choose a safe and personalized care delivery option.

Ambulatory and Outpatient Care Settings

The SNAC identified the ambulatory care setting as a new frontier in quality measurement and highlighted that there are not many measures that can guide healthcare delivery. However, more care is shifting to the outpatient setting, not only procedures but interventions of all types, and this includes home health services. There are opportunities for AHRQ to modify their existing measures and datasets (e.g., Healthcare Cost and Utilization Project [HCUP]) but there is also a need to create new measures and identify new data sources specific to the ambulatory and outpatient setting. The SNAC also highlighted a need for AHRQ to investigate how their existing tools work in this setting, such as the comorbidity indexing tools.

Section 3.2 Strategies to Address Gaps in Healthcare Quality Measurement

The SNAC noted several strategies that AHRQ might consider for addressing gaps in the healthcare quality measurement field. The SNAC agreed that there are many opportunities to build on the successful components of AHRQ's existing quality measurement portfolio to advance the field of quality measurement as a whole; however, they focused on improving quality within the healthcare system.

Standardized Definitions

During the SNAC meetings, there were several ideas discussed regarding AHRQ's opportunity to lead quality measurement. Across the domains discussed, the SNAC identified a role for AHRQ to set standards in the field of quality measurement. In general, AHRQ could help set standards for appropriate measurement, such as reliability and validity of measures. AHRQ can provide a definition for health equity, develop a set of questions that

would measure social determinants in a standardize fashion, and establish meaningful population stratifications (e.g., SDoH, race, language) that would identify gaps in data captured (e.g., missingness of a variable across vulnerable populations), inequities in health outcomes, and disparities in care delivery. The SNAC suggested AHRQ could support development of best practices for collection of data for stratification of quality measure results by patient subgroups to highlight equitable (or unequitable) outcomes.

The telehealth field is less developed in the quality measurement space and AHRQ can play an important national role in establishing the field of measurement for telehealth. Specifically, AHRQ can define what data are needed to measure and monitor telehealth equity, including data on the digital divide (e.g., broadband), system-level capacities, and provider-level characteristics.

Measure Harmonization and Development

The SNAC discussed the complexity of the quality measurement and the large number of quality measures used to assess patient care. There was agreement among the SNAC members that not all measures are meaningful to patients and providers and that AHRQ can play an important role in identifying which measures make significant improvements in care quality, safety, and value for patients. The SNAC highlighted the need to identify which quality measures are actionable and in which settings, which measures are used across a variety of healthcare systems, and which measures actually make a difference in patient outcomes.

The SNAC suggested the AHRQ should continue in the measure development space for specific domains (identified in Section 2.1) or other domains where AHRQ may have impact. Specifically, the SNAC suggested AHRQ could advance the field by identifying existing measures or developing new health equity and PRO measures that address patients' actual problems and health concerns. This includes the development of population health measures that address value and equity of healthcare delivery, including low-value care. In addition, the SNAC highlighted the need to develop measures on usability to demonstrate impact.

The SNAC stated that AHRQ could build on findings from existing patient-centered studies, as well as research and measures developed by NIH and others to develop an expanded set of new quality measures for PROs. AHRQ could develop the evidence needed to define a core set of PRO measures that are meaningful to both patients and providers. This would include new measures that need to be developed and/or the refinement of existing measures. It was also suggested that the AHRQ could establish a registry for PRO measures that would guide the nation in regard to standards, data sources, and meaningful measures.

During the innovation discussion, the SNAC recommended that AHRQ could develop a set of core measures for common and important clinical conditions. These measures would include data on the patient's actual problems, experience of care, outcomes, and other quality and safety aspects of care for the respective condition. The measure set would provide comparative data to be publicly reported across healthcare providers and organizations. This would include defining optimal care through the eyes of the patients. It would also be important to establish what measures are associated with care improvement. This would allow AHRQ to provide standard "report cards" for the measures described above that would be publicly available, in partnership with other organizations or agencies such as CMS, AHA, etc. These data are important for all healthcare organizations; people want to know who provides the best care that is accessible to them.

Data for Measurement

The SNAC discussed the need for new and improved data sources for quality measurement. It encouraged AHRQ to identify new data sources for quality measurement and identify opportunities to build upon existing data sources, such as patient-generated data (e.g., PRO measures and mobile devices) and EMRs. The SNAC discussed many important potential roles for AHRQ around data and data platforms, such as expansion of administrative data to include additional information, (e.g., PROs), the HCUP data series to the ambulatory care setting, or the transition of quality measurement to real-time measurement.

The SNAC suggested that AHRQ evaluate current data sources used to capture PROs and identify novel sources that can be systematically monitored for PROs (e.g., EMRs, registries). The SNAC encouraged the AHRQ to develop surveys or leverage existing surveys (e.g., Patient-Reported Outcomes Measurement Information System (PROMIS) that could be

linked to a patient's visit or encounter at a healthcare system. This would provide an opportunity for AHRQ to build on their current collection of administrative data to capture some PROs or care experience information. In addition, AHRQ should generate guidelines for how one would identify SDoH from different data sources (e.g., claims data, EMRs, geocoding, patient-generated data), including methods research to leverage artificial intelligence technologies.

The SNAC discussed opportunities for quality measurement related to structured and unstructured data in medical records, which has been shown to be rich in information on patient safety and a range of quality measures. AHRQ could support work in the field of artificial intelligence as well as developing vocabularies and ontologies for quality measures, which could advance the use of new data sources. The SNAC highlighted opportunities where AHRQ could make investments in data, such as capacities to capture longitudinal data for quality measurement or utilize EMRs at point of care.

The SNAC discussed important gaps for a sustainable infrastructure to capture data. Although the SNAC members do not believe AHRQ should establish a national infrastructure for quality measurement, they highlighted an opportunity for AHRQ to develop a framework for the collection and reporting of quality measures as these new data sources emerge. Specifically, the SNAC identified a need to create a framework to guide the best approaches for capturing and reporting these data. In this scenario, AHRQ could support common formats for quality measurement across different data sources, standard definitions for quality measurement (e.g., real-time measures), and best approaches for pulling data from different data sources.

Another key gap in the quality measurement field is the need for systematic capture and utilization of real-time data for quality measurement. The SNAC noted that AHRQ could strengthen the infrastructure for collecting and reporting measures. This could be done in real-time thereby rendering measures actionable, rather than observational. This includes strategies for real-time measurement that identify important data sources (e.g., EMRs, claims data, geocoding, and patient-generated data), tools for data capture (or a need for new tools), and standards for real-time measure reporting by the patient, provider, and

healthcare system. The SNAC also highlighted opportunities for AHRQ to expand their retrospective data collection and invest in the new data sources.

Measure Stewardship

There was discussion regarding AHRQ's role in measure stewardship. A few SNAC members indicated that AHRQ should continue to be involved in measure stewardship in circumstances where AHRQ has significantly contributed to measure design and measure development. A few members of the SNAC indicated that they would like to see AHRQ as part of the stewardship enterprise, even if other entities formally bring the measure to endorsement. For example, AHRQ should continue to participate in PSI stewardship. The SNAC largely agreed that it is important to keep stewardship with the teams developing the measures; however, stewardship is expensive and difficult given the other entities involved.

Research Opportunities

AHRQ's unique contributions in this space could be in supporting and accelerating research as well as providing the infrastructure for research on methods, tools and outcomes, and implementation science. AHRQ could focus its research support on gap domains to provide the important evidence needed in these areas, particularly as other agencies are not equipped to move the research forward as well as AHRQ. The SNAC suggested the AHRQ expand their research support to identify mechanisms that seed the new voices in the quality measurement field; these voices could include the next generation workforce, healthcare systems, computer scientists, and engineers. In addition, the SNAC stated that AHRQ should ensure that the research they support does not end with only scholarly papers from academic institutions, but rather sustainable infrastructure plans and implementation projects that include healthcare systems.

In the health equity quality measurement, the SNAC identified important research questions that need to be supported regarding how one gathers data on ethnicity, race, sexual orientation, gender identity, and other characteristics with known links to disparities. For PRO measures, AHRQ should also support research to understand what PROs are associated with improved patient outcomes, what methods are best for real-time data

collection, when are data ‘fit for purpose,’ and where real-time measures are the most impactful.

Research support is needed to understand the intersection of telehealth safety and equity of care. AHRQ should support research that investigates patient outcomes stratified by people receiving telehealth care versus face-to-face care, especially for chronic disease management. This includes an evaluation of quality of care and patient safety between telehealth and in-person care, using existing quality measures and new patient-reported measures. In addition, AHRQ should conduct research to investigate how best to effectively deliver telehealth in different languages and to communities and people with limited resources (e.g., broadband). AHRQ should build the evidence base needed to identify for which settings and conditions care can be delivered safely via telehealth. This includes disseminating evidence based educational materials for both providers and patients to help them understand which visits require in-person care versus a telehealth visit. The information should guide care under a hybrid system, where patients choose a safe and personalized care delivery option.

Tools for Measurement

The SNAC deliberated on tools for quality measurement. They suggested that AHRQ could innovate to create the standard tools that capture PRO data, then everybody would use these data for quality measure reporting. AHRQ can partner with diverse stakeholders (e.g., industry) to help advance tools (e.g., smart phones) that can better capture PRO data in real-time, which leverages the use of new data sources to advance real-time measurement. Additionally, AHRQ could leverage PROMIS tools to capture and report on patient-centric data.

The SNAC highlighted AHRQ’s opportunity to build on their best existing quality measure tools, to adapt them for additional conditions and populations, and foster their dissemination and implementation by addressing linguistic, cultural, and contextual issues. This also would include expanding existing comorbidity software to work in new settings.

The SNAC advocated for AHRQ to revive the AHRQ-sponsored meetings which would build support and enthusiasm for AHRQ’s work. Furthermore, the meetings can provide AHRQ

insight regarding future partnerships and their value to the community, such as the AHRQ research meeting and quality measurement topic-specific user meetings (e.g., CAHPS, PROs, Tools). These user-group meetings brought together the end-users of AHRQ's quality measures to learn from each other about implementation, quality improvement strategies, and the need for updating, modifying, or retiring measures.

AHRQ Partnerships

A common theme across all SNAC discussions was the importance of AHRQ's partnerships with other entities like CMS, NQF, PCORI, and other stakeholders in health systems. The SNAC noted successful initiatives by AHRQ partnering with others to achieve groundbreaking advances in quality measurement, such as CAHPS patient experience measures. The SNAC suggested that AHRQ could facilitate the actionability of quality measurement by partnering with diverse stakeholders to better understanding what health systems and providers need to improve care delivery.

There was discussion about the ultimate end-users of quality measurement. The SNAC suggested AHRQ could create mechanisms to better incorporate end-users' perspectives to set priorities for measurement and to drive actionable quality measurement. This includes much stronger ties with health systems to understand measures that they find most useful and to have a better understanding of consumer perspectives. End-users should include providers and healthcare systems as well as patients and the public. The SNAC recommends that AHRQ could improve the linkage between performance measurement and quality/outcome improvement.

The SNAC suggests that AHRQ assemble a technical expert panel to allow for in-depth exploration of the needs of the field or survey a wide range of stakeholders and end-users to capture their needs in the field of quality measurement and to better understand what might drive improvements at the frontline. In addition, AHRQ could provide a framework to help healthcare systems partner with their communities to identify the needs of the public, identify what is important to measure, and understand what is driving improvement in patient-valued care.

Environmental Scan

The SNAC discussed an environmental scan to highlight gaps in the quality measurement field and AHRQ's strengths would be beneficial to make recommendations to the NAC. An environmental scan focused on PROs could help set the agenda for AHRQ in that space. However, after much discussion, members of the SNAC agreed that there has already been substantial work in this area and that additional work is not needed. An environmental landscape without a strategic purpose would further delay actual work in the field.

Section 3.3 SNAC Responses to Key Questions

Responses to key questions identified consistent priorities and themes. The top domains AHRQ has the most ability to drive impact in the healthcare field are health equity, PROs, and telehealth. The SNAC indicated that AHRQ is well positioned to lead the field of quality measurement to generate real-time data measures that are actionable; this work would be impactful. This would include guidelines to identify data sources, standards for data extraction, and tools for data utilization. The majority of the SNAC members agreed AHRQ should support research to evaluate the effectiveness of quality measures to improve patient outcomes.

SECTION 4. RECOMMENDATIONS

The SNAC recognizes that the discussions of this group are based on the opinions and expertise of twelve members. Therefore, the SNAC recommends AHRQ consider engaging in a systematic process that is inclusive of a broader array of stakeholders to better identify the specific needs of the healthcare system and the people it serves related to charting a future path in safety and quality measurement. Below is a summary of the SNAC recommendation. These ideas should serve as a springboard to NAC in order to guide AHRQ in prioritizing resources for quality measurement activities that result in optimal health care for patients.

1. **Rethinking Measurements:** Given the large number of quality measures used to assess patient care, the SNAC members agreed that the field of quality measurement would benefit from rethinking what needs to be measured and how measurement can be done to better impact the well-being of patients. This would include reevaluating and harmonizing existing quality measures to address their applications to new areas; furthermore, it could include developing new measures.
2. **Quality Measurement Gaps:** There are critical gaps in the current quality measurement landscape where AHRQ leadership is needed. The SNAC identified priority areas as health equity quality measurement development, PRO measures, and the safety, equity, and effectiveness of telehealth as well as services received in the ambulatory and outpatient care setting.
3. **Infrastructure:** The SNAC noted that AHRQ could strengthen the infrastructure to collect and report measures. This could allow real-time rendering measures as actionable rather than observational. Infrastructure improvements could include strategies for real-time measurement that identify important data sources, tools for data capture, and standards for real-time measure reporting by the patient, provider, and healthcare system.
4. **Existing Tools:** The SNAC agreed that AHRQ could build on their best existing tools, to adapt them for additional conditions and populations. This would foster tool dissemination and implementation by addressing linguistic, cultural, and contextual issues.

5. **Standards:** The SNAC stressed that AHRQ has a role to establish standards for meaningful population stratifications that would identify gaps in data captured, inequities in health outcomes, and disparities in care delivery.
6. **Partnerships:** SNAC members emphasized the importance of AHRQ's strategic partnerships with other entities like CMS, NQF, PCORI, and other stakeholders in health systems.
7. **Stewardship:** Some SNAC members indicated AHRQ should continue to be involved in measure stewardship in circumstances where AHRQ has significantly contributed to the measure design and measure development.
8. **Research Portfolio:** AHRQ's research portfolio should focus on gap domains to provide important evidence needed in these areas. The areas should include sustainable infrastructure plans and implementation projects, such as healthcare systems.
9. **New Voices:** The SNAC suggested the AHRQ expand their research support to identify mechanisms that seek the new voices in the quality measurement field, including the next generation workforce, frontline workers, computer scientists, and engineers.
10. **AHRQ-Sponsored Meetings:** The SNAC advocated for AHRQ to revive the AHRQ-sponsored meetings to build support and enthusiasm in AHRQ's work. These meetings would also provide AHRQ insight regarding future partnerships and their value to the community.
11. **Environmental Scan:** The SNAC discussed opportunities and costs of an environmental scan highlighting gaps in the field. However, after much discussion, members of the SNAC agreed that there has already been substantial work in this area and that additional work is not needed unless there is a strategic purpose.

APPENDIX 1. SNAC MEMBER CONTACT INFORMATION AND BIOS

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Member Bios

Leah Binder, MA, MGA
SNAC Chair
President and Chief Executive Officer
The Leapfrog Group

Since 2008 Ms. Binder has served as President and CEO of The Leapfrog Group, an award-winning national nonprofit based in Washington D.C., representing employers and other purchasers of health care calling for improved safety and quality in health systems. She is a regular contributor to Forbes.com and is consistently cited among the 100 most influential people and top women in healthcare and patient safety.

Since its inception 20 years ago, Leapfrog has been the nation's most influential voice for health care transparency, fostering groundbreaking innovations in quality reporting and payment policy. Under Ms. Binder's leadership, Leapfrog contributed to ratings of hospital outpatient departments and ambulatory surgery centers and launched the Hospital Safety Grade which assigns letter grades based on the safety of general hospitals across the country.

Before joining Leapfrog, Ms. Binder served as vice president of a nationally noted rural health system in Farmington Maine, and as senior policy advisor in the Office of the New York City Mayor. She started her career at the National League for Nursing. She has a bachelors from Brandeis and two master's degrees from University of Pennsylvania.

Helen Burstin, MD, MPH
Chief Executive Officer
Council of Medical Specialty Societies

Dr. Burstin is the Chief Executive Officer of the Council of Medical Specialty Societies (CMSS), a coalition of 45 specialty societies representing more than 800,000 physicians. Dr. Burstin formerly served as Chief Scientific Officer of The National Quality Forum (NQF). Prior to joining NQF, she was the Director of the Center for Primary Care Prevention and Clinical Partnerships at the Agency for Healthcare Research and Quality (AHRQ). Prior to joining AHRQ, Dr. Burstin was Director of Quality Measurement at Brigham and Women's Hospital and Assistant Professor at Harvard Medical School. She currently serves on the boards of AcademyHealth and the Society to Improve Diagnosis in Medicine. She is a Clinical Professor of Medicine at George Washington University School of Medicine and Health Sciences.

Marshall H. Chin, MD
Richard Parrillo Family Professor of Healthcare Ethics
The University of Chicago Medicine

Dr. Chin is a practicing general internist and health services researcher who has dedicated his career to reducing health disparities through interventions at individual, organizational, community, and policy levels. Dr. Chin has elucidated practical approaches to improving care of diverse individual patients and addressing systemic, structural drivers of disparities in the health care system. Through the Robert Wood Johnson Foundation Advancing Health Equity program, Dr. Chin collaborates with teams of state Medicaid agencies, Medicaid managed care organizations, and frontline healthcare organizations to implement payment reforms to support and incentivize care transformations that advance health equity. Dr. Chin and his team created the Roadmap to Reduce Disparities, which is cited in Centers for Medicare and Medicaid Services reports. He is a former President of the Society of General Internal Medicine. Dr. Chin is a graduate of UCSF School of Medicine, and he completed residency training at Brigham and Women's Hospital. Dr. Chin was elected to the National Academy of Medicine in 2017.

Cheryl L. Damberg, PhD, MPH
RAND Distinguished Chair in Healthcare Payment Policy, Principal Economist
RAND Corporation

Dr. Damberg is Senior Principal Researcher and the RAND Distinguished Chair in Health Care Payment Policy. Her research focuses on health system redesign, alternative payment models, and performance measurement and transparency. She is an international expert in pay for performance (P4P) and value-based payment (VBP) reforms and has advised Congress, federal agencies, the UK National Health Service, and the governments of Germany and South Korea on embedding performance-based incentives into provider payments schemes. She has testified before Congress regarding how to revise Medicare physician payments to embed value-based payment elements. In 2021, Dr. Damberg was appointed to the Department of Labor's State All Payer Claims Database (APCD) Committee. She is a member of the California Healthcare Payments Database Committee, and prior to that, was appointed by Governor Newsom to serve as Vice-Chair of the California Healthcare Payments Database Review Committee to establish a plan for California's APCD. Dr. Damberg is the Principal Investigator and Director of RAND's Center of Excellence on Health System Performance, funded under a 5-year $17.5 million center grant from the Agency for Healthcare Research and Quality. Dr. Damberg is the Principal Investigator of the CMS Medicare Advantage and Prescription Drug Plan Star Ratings project and the Medicare Advantage and Prescription Drug Plan Disenrollment Survey. Dr. Damberg previously was Director of Research and Quality for the Pacific Business Group on Health, where she led early efforts to measure provider quality and publicly report performance results to consumers. She also was a research fellow in the U.S. Department of Health and Human Services in the Office of Disease Prevention and Health Promotion. Dr. Damberg holds a Ph.D. in Public Policy from the Pardee RAND Graduate School of Policy Studies and a Master of Public Health degree from the University of Michigan.

Susan M. Edgman-Levitan, PA
Executive Director
MGH Stoeckle Center for Primary Care Innovation
Co-Chair, MGB Patient Experience Leaders

Ms. Edgman-Levitan is Executive Director of the John D. Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital, a lecturer in the Department of Medicine, Massachusetts General Hospital (MGH), and an Associate in Health Policy, Harvard Medical School. Prior to MGH, Ms. Edgman-Levitan was the founding President of the Picker Institute. She is the co-principal investigator on the Yale/Harvard Consumer Assessment of Healthcare Providers and Systems (CAHPS) study, member of the Lucian Leape Institute, and Senior Fellow at the Institute for Healthcare Improvement. She also co-chairs the Mass General Brigham Patient Experience Leaders Committee.

Ms. Edgman-Levitan serves on several boards including the AHRQ National Advisory Council, the ABIM Foundation, and the Primary Care Collaborative. She received the 2016 Inaugural Richard Nesson award from the Massachusetts Health Quality Partnership. In 2020 she received the Partners Healthcare System Nesson award for System Collaboration. Susan holds degrees from the University of Michigan and the Duke University Physician Assistant program where she received the Distinguished Alumni Award and the Duke University Medical Center Hall of Fame in 2004.

José J. Escarce, MD, PhD
Distinguished Professor of Medicine and of Health Policy and Management
David Geffen School of Medicine at UCLA

Dr. Escarce is a health economist, an internist, and is a Distinguished Professor of Medicine in the David Geffen School of Medicine at UCLA and of Health Policy and Management in the UCLA Fielding School of Public Health. He also serves as Executive Vice-Chair for Academic Affairs in the Department of Medicine. Dr. Escarce received his bachelor’s degree in physics from Princeton University, a master's degree in physics from Harvard University, his medical degree and doctorate in health economics from the University of Pennsylvania, and he completed his residency in internal medicine at Stanford. Dr. Escarce has received numerous federal and foundation grants and published nearly 200 research articles on

topics including physician behavior; disparities in health and health care; the health care workforce; Medicare payment systems; medical technology diffusion; and the effects of market forces on access costs and quality. Dr. Escarce served as Deputy Editor of the journal *Medical Care* and as Co-Editor-in-Chief of the journal *Health Services Research*, one of the leading journals in its field. He has also served on numerous federal and non-federal advisory committees. He was elected to the National Academy of Medicine in 2008.

Tina M. Hernandez-Boussard, PhD, MPH, MS
Subject Matter Expert
Associate Professor of Medicine, Biomedical Data Science, and Surgery

Dr. Hernandez-Boussard is an Associate Professor at Stanford University in Medicine (Biomedical Informatics), Biomedical Data Sciences, Surgery, and Epidemiology and Population Health (by courtesy). Her background and expertise are in the field of biomedical informatics, health services research, and epidemiology. In her current work, Dr. Hernandez-Boussard develops and evaluates AI technology to accurately and efficiently monitor, measure, and predict healthcare outcomes. She has developed the infrastructure to efficiently capture heterogenous data sources, transform these diverse data to knowledge, and use this knowledge to improve patient outcomes and healthcare delivery, and guide policy.

Cara V. James, PhD
President and Chief Executive Officer
Grantmakers In Health

Dr. James is President and CEO at Grantmakers in Health (GIH). Prior to joining GIH, she served as Director of the Office of Minority Health at the Centers for Medicare & Medicaid Services (CMS) where she provided leadership, vision, and direction to advance the U.S. Department of Health and Human Services and CMS goals related to reducing disparities and achieving health equity for vulnerable populations, including racial and ethnic populations, persons with disabilities, sexual and gender minorities, and persons living in rural communities. Under her guidance, CMS developed its first CMS Equity Plan to Improve Quality in Medicare,

developed its first Rural Health Strategy, created an ongoing initiative to help individuals understand their coverage and connect to care, increased the collection and reporting of demographic data, and developed numerous resources to help stakeholders in their efforts to reduce disparities. Before joining CMS, Dr. James served as Director of the Disparities Policy Project and Director of the Barbara Jordan Health Policy Scholars Program at the Henry J. Kaiser Family Foundation, where she was responsible for addressing a broad array of health and access to care issues for people of color and other underserved populations, including the potential impact of the Affordable Care Act, analyses of state-level disparities in health and access to care, and disparities in access to care among individuals living in health professional shortage areas. Prior to joining the foundation, she worked at Harvard University and The Picker Institute. Dr. James is a past member of the National Academies of Sciences, Engineering and Medicine's Health and Medicine (NASEM) Roundtable on the Promotion of Health Equity and has served on several NASEM committees. She has published a number of peer-reviewed articles. Dr. James holds her doctorate in health policy and her bachelor's degree in psychology from Harvard University.

Mamatha S. Pancholi, MS
Chief Data Officer and Senior Advisor to the Director
Office of the Director
Agency for Healthcare Research and Quality

Ms. Pancholi joined the Agency for Healthcare Research and Quality (AHRQ) in 1993 and has served in several capacities during her tenure at AHRQ. She is currently on AHRQ's Senior Leadership Team as AHRQ's first Chief Data Officer and Senior Advisor to the AHRQ Director on data and quality measurement initiatives. In this role, she oversees a portfolio of work focused on the development of new healthcare databases and governance of AHRQ data assets. In addition, she serves as a technical resource to AHRQ and HHS executive leadership on quality measurement strategic planning initiatives. For over 15 years, Ms. Pancholi directed the AHRQ Quality Indicator (QI) Project, a national measurement initiative utilizing hospital discharge data. In that role, she led the development, maintenance, and dissemination of the AHRQ QI measures and tools. In addition, Ms. Pancholi served as a survey statistician on the Medical Expenditure Panel Survey (MEPS) for 10 years, leading efforts in database

design, variable construction, data editing, quality control, and dissemination of data. Ms. Pancholi received her M.S. degree in mathematical statistics from the University of Maryland.

Peter Pronovost, MD, PhD
Chief Quality and Clinical Transformation Officer
University Hospitals
Professor
Department of Anesthesiology and Critical Care Medicine
School of Medicine and School of Nursing
Case Western Reserve University

Dr. Pronovost is a world-renowned patient safety champion, innovator, critical care physician, prolific researcher (publishing over 800 peer review publications), entrepreneur (founding a healthcare start-up that was acquired), and a global thought leader, informing US and global health policy. His scientific work leveraging checklists to reduce catheter-related bloodstream infections has saved thousands of lives and earned him high-profile accolades, including being named one of the 100 most influential people in the world by Time Magazine, receiving a coveted MacArthur Foundation "genius grant" in 2008.

Dr. Pronovost currently serves as the Chief Quality and Clinical Transformation Officer for University Hospitals, a comprehensive health system with a national reputation for providing world class healthcare, research, and education. Headquartered in Cleveland, Ohio, University Hospitals (UH) has annual revenues of $4.4 billion, 20 hospitals, more than 50 health centers and outpatient facilities, and over 200 physician offices located throughout 16 counties.

As Chief Quality and Clinical Transformation Officer, Dr. Pronovost is charged with fostering ideation and implementation for new protocols to eliminate defects in value and thereby enhance quality of care; developing new frameworks for population health management for UH's more than one million patients; and managing the UH Accountable Care Network (UH ACO) – one of the nation's largest – comprising more than 581,000 members. In this role, Dr. Pronovost leads the system in championing a new narrative that focuses on Keeping People Healthy at Home. Utilizing his previously successful concept of checklists, Dr.

Pronovost created a new list of key principles for eliminating defects in value and has incorporated the framework into an analytic platform integrating claims, electronic medical record (EMR), and scheduling data, to make defects in value visible to clinicians. In just 12 months, this work fueled a reduction in annual costs per patient in the UH ACO by 9 percent.

Dr. Pronovost also serves as a Professor in the Department of Anesthesiology and Critical Care Medicine at the Case Western Reserve University School of Medicine and School of Nursing.

Previously, Dr. Pronovost served as the Senior Vice President for Patient Safety and Quality at Johns Hopkins Medicine as well as the founder and director of the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality. In this role, he worked to eliminate all harms in one health system. Following his success in eliminating one harm in most health systems across the U.S., Dr. Pronovost also served as the Senior Vice President for Clinical Strategy and the Chief Medical officer for UnitedHealthcare.

Dr. Pronovost was elected to the National Academy of Medicine in 2011, elected as Fellow of the American Academy of Nursing and has received multiple honorary degrees. Dr. Pronovost is an advisor to the World Health Organizations' World Alliance for Patient Safety and regularly addresses the U.S. Congress on patient safety issues. In response to a White House executive order, Dr. Pronovost co-chaired the Healthcare Quality Summit to modernize the Department of Health and Human Services quality measurement system.

Dr. Pronovost earned his medical degree from Johns Hopkins University School of Medicine in Baltimore. He completed his anesthesiology and critical care medicine residency as well as a fellowship in critical care medicine at Johns Hopkins Hospital. He earned his Ph.D. degree in Clinical Investigation from the Johns Hopkins School of Hygiene and Public Health.

Patrick S. Romano, MD, MPH
Professor of Medicine and Pediatrics
UC Davis School of Medicine

Dr. Romano is Professor of Medicine and Pediatrics at UC Davis School of Medicine. In over 30 years he has published more than 220 peer-reviewed papers on developing, validating, and applying quality measures to the impact of public reporting and comparative effectiveness research. From 2014-2020 Dr. Romano served as co-Editor in Chief of the journal Health Services Research (HSR). Since late 2019 he has been co-Editor in Chief of Patient Safety Network (PSNet), AHRQ's online resource for disseminating current information and continuing education on patient safety.

Dr. Romano has served extensively on expert panels for the National Quality Forum, the Leapfrog Group, the National Academy of Medicine, The Joint Commission CMS NCQA, and the World Health Organization. He is the 2016 recipient of the John M. Eisenberg Excellence in Mentorship Award and a former director or associate director of several training grants in primary care research.

Dr. Romano is a graduate of Princeton University, Georgetown University School of Medicine, and UC Berkeley School of Public Health. He completed residency in internal medicine and pediatrics at University Hospitals of Cleveland followed by a fellowship in health services research at University of California San Francisco.

Elizabeth A. Shenkman, PhD
Professor and Chair
Department of Health Outcomes and Biomedical Informatics
University of Florida College of Medicine

Dr. Shenkman is the Chair of the Department of Health Outcomes and Biomedical Informatics and the Co-Director of the University of Florida Clinical and Translational Science Institute (CTSI). Dr. Shenkman's research focuses on determining which combinations of health care delivery, community, and patient factors influence quality and outcomes of care; also, developing and testing corresponding evidence-based strategies to reduce health disparities. In her CTSI role Dr. Shenkman leads the Learning Health System initiative, working with multiple stakeholders to align research and clinical operations to improve health outcomes and advance health equity. Dr. Shenkman leads the Patient Centered Outcomes Research Institute-funded OneFlorida Clinical Research Network which is comprised of 12 different health system partners caring for over 15 million Floridians. OneFlorida has a centralized Data Trust containing linked health care claims, electronic health record vital statistics, and census data from its health system partners. She is PI of an AHRQ-funded study examining outcomes of care for individuals with T2D and/or hypertension who received telehealth visits during the COVID-19 pandemic.

Mark D. Smith, MD, MBA
Professor of Clinical Medicine
University of California at San Francisco

Dr. Smith is currently Professor of Clinical Medicine at the University of California at San Francisco. From 2015 to 2019 he served as co-chair of the Guiding Committee of the Health Care Payment Learning and Action Network. Previously, Dr. Smith was the founding President and former Chief Executive Officer of the California HealthCare Foundation.

He was elected to the National Academy of Medicine in 2001 and chaired its Committee on the Learning Healthcare System which produced the widely publicized 2012 report, "Best Care at Lower Cost." Dr. Smith serves as a Director of Teladoc Health Inc., Phreesia, the

Commonwealth Fund, the Institute for Healthcare Improvement, and Jazz Pharmaceuticals. He earned his B.A. degree in Afro-American Studies from Harvard College, his M.D. from University of North Carolina at Chapel Hill, and his M.B.A. in healthcare administration from the University of Pennsylvania. He maintains a clinical practice in HIV at the Positive Health Practice at Zuckerberg San Francisco General Hospital.

Yanling Yu, PhD
President
Washington Advocate for Patient Safety

Dr. Yu is an advocate for improving quality of care and patient safety prevention of healthcare-associated infections, healthcare transparency, and patient-centered care.

Dr. Yu and her husband Rex Johnson were the architects of the Washington State law that requires state healthcare regulatory boards to be more transparent to the public. They co-founded Washington Advocates for Patient Safety, a nonprofit and consumer-based organization. Dr. Yu is also a board member of Patient Safety Action Network, a national coalition and a successor to the historic Consumers Union Safe Patient Project.

Dr. Yu serves as a commissioner on the Washington Medical Commission, a member of the National Quality Forum Patient Safety Committee, and a member of the Washington State Healthcare-Associated Infection Advisory Committee. Previously, she served as a consumer representative on the U.S. Food and Drug Administration Pulmonary-Allergy Drugs Advisory Committee.

Dr. Yu is also a member of the teaching faculty for Train-The-Trainer and the national TeamSTEPPS trainings at the University of Washington School of Medicine. She earned her Ph.D. degree in physical oceanography from the University of Washington.

Jaime Zimmerman, M.P.H., PMP
Senior Program Advisor
Designated Management Official, NAC
Office of the Director
Agency for Healthcare Research and Quality

Ms. Zimmerman serves as a Senior Program Advisor in the Office of the Director at the Agency for Healthcare Research and Quality (AHRQ). In this role, Ms. Zimmerman provides guidance to the AHRQ Director and leads special projects, including strategic educational outreach initiatives to key stakeholders. Ms. Zimmerman leads AHRQ's research summits and other roundtable discussions on topics including diagnostic safety, primary care, and health equity. She serves as Designated Management Official for the AHRQ National Advisory Council (NAC). This includes leadership of NAC subcommittees, including one focused on AHRQ's role in quality measurement. Ms. Zimmerman serves as AHRQ's Co-Lead in telehealth, aligning agency efforts in telehealth to improve safety, quality, equity, and access for all Americans. Ms. Zimmerman serves as Contracting Officer Representative on various projects, one of which was a research study focused on the future of Health Services Research and Primary Care Research across the federal enterprise. Prior to AHRQ, she served as Director of a large NIH-funded clinical research trial at Mount Sinai Medical Center and a consultant to New York-Presbyterian Hospital. She received her M.P.H. degree from Columbia University's Mailman School of Public Health and a bachelor's degree in philosophy from Brandeis University. Ms. Zimmerman earned her PMP certification in 2013.

APPENDIX 2: MEETING SYNOPSIS AND AGENDAS

SNAC Meeting #1

Kickoff- Overview, Objectives, and Process: June 21, 2021

At the initial kick-off meeting, the goal was to inform about the SNAC objectives and scope of activities. The SNAC was provided an overview of AHRQ's priorities, AHRQ's historical roles in quality measurement, a quality measurement policy perspective, and a basic overview of quality measurement infrastructure.

Agenda

Subcommittee of the National Advisory Council (SNAC)
on Healthcare Quality Measurement
Virtual Kick-off Meeting

June 21, 3:00 pm – 5:00 pm EST

3:00 pm – 3:20 pm **Introductions**
Leah Binder, MA, MGA
SNAC Chair
President and Chief Executive Officer
The Leapfrog Group

3:20 pm – 3:30 pm **Background/Objectives/Charter of SNAC**
Jaime Zimmerman, MPH, PMP
Senior Program Advisor
Office of the Director
Agency for Healthcare Research and Quality

3:30 pm – 4:15 pm **AHRQ and the Measurement Environment**
Mamatha S. Pancholi, MS
Chief Data Officer and Senior Advisor to the Director
Office of the Director
Agency for Healthcare Research and Quality

Leah Binder, MA, MGA
SNAC Chair
President and Chief Executive Officer
The Leapfrog Group

Tina M. Hernandez-Boussard, PhD, MPH, MS
Subject Matter Expert
Associate Professor of Medicine, Biomedical Data Science, and Surgery
Stanford University

4:15 pm – 5:00 pm **Next Steps, Overview of SNAC Activities, and Questions**
Leah Binder, MA, MGA
SNAC Chair
President and Chief Executive Officer
The Leapfrog Group

SNAC Meeting #2

AHRQs Role in Measurement: July 21, 2021

The second SNAC meeting included a focused discussion on AHRQ's roles in quality measurement. To establish boundaries for the conversation, the SNAC members were reminded of the broad stakeholder involvement in the quality measurement field and asked to think about AHRQ's role in the measurement space given certain fixed and modifiable parameters of different stakeholders, such as the defined roles of different government entities. The SNAC members were provided an organizational chart of AHRQ's functional roles in quality measurement to prompt discussion under different quality measurement categories, including policy and standard setting, research and data development, measure development, measure stewardship, measure dissemination and implementation, and actionability.

Agenda

**Subcommittee of the National Advisory Council (SNAC)
on Healthcare Quality Measurement Meeting #2:
AHRQ's Role(s) in Quality Measurement**

July 21, 2021, 3:00 pm – 6:00 pm EST

3:00 pm – 3:05 pm	**Welcome and Agenda Overview** Leah Binder, MA, MGA SNAC Chair President and Chief Executive Officer The Leapfrog Group
3:05 pm – 3:20 pm	**Overview of Measurement Environment - Establishing Boundaries for Discussion** Tina M. Hernandez-Boussard, PhD, MPH, MS Subject Matter Expert Associate Professor of Medicine, Biomedical Data Science, and Surgery Stanford University
3:20 pm – 5:20 pm	**Deep Dive into Functional Roles in Measurement** Tina M. Hernandez-Boussard, PhD, MPH, MS Subject Matter Expert Associate Professor of Medicine, Biomedical Data Science, and Surgery Stanford University
5:20 pm – 5:30 pm	**Next Steps** Leah Binder, MA, MGA SNAC Chair President and Chief Executive Officer The Leapfrog Group

SNAC Meeting #3

Actionability and Impact: August 10, 2021

The third SNAC meeting focused on actionability and impact. The aim of this meeting was to identify opportunities for AHRQ engagement around actionability (e.g., tool development, research, reporting). SNAC members were presented with a whiteboard summarizing discussions from the two previous meetings. The SNAC was led through a discussion on AHRQ's opportunity to innovate in the quality measurement field with a focus on actionability and impact.

Agenda

Subcommittee of the National Advisory Council (SNAC)
on Healthcare Quality Measurement Meeting #3:
Actionability and Impact

August 10, 2021, 3:00 pm – 6:00 pm EST

3:00 pm – 3:05 pm	**Introduction and Goals for the Meeting**
3:05 pm – 3:35 pm	**Recap from Meeting #2**
3:35 pm – 4:20 pm	**Discussion of AHRQ's Function on Impact and Actionability**
4:25 pm – 4:50 pm	**Group Discussion**
4:50 pm – 5:05 pm	**Break**
5:05 pm – 5:35 pm	**Continued Discussion: Ideas for AHRQ to Drive from Measurement to Impact**
5:35 pm – 6:00 pm	**Next Steps and Achievement of Meeting Goals**

SNAC Meeting #4

Data for Quality Measurement: September 14, 2021

During the fourth meeting, the SNAC focused on data needs, gaps, and challenges in quality measurement. The SNAC members were presented with a table with common data sources and data types used for quality measurement and their advantages and limitations. Data sources included claims data, electronic medical records, registry data, and survey data. Data types included patient-generated health data (e.g., patient-reported outcomes) and social/population data (e.g., environmental exposures). The SNAC members were then asked to discuss the potential future of these data sources and types for quality measurement and AHRQ's role in facilitating these next steps. To further stimulate the conversation regarding AHRQ and quality measurement data, the SNAC members were presented with two domains of varying maturity in the quality measurement field: telehealth and patient safety.

Agenda

**Subcommittee of the National Advisory Council (SNAC)
on Healthcare Quality Measurement Meeting #4:
Data for Quality Measurement**

September 14, 2021, 3:00 pm – 6:00 pm EST

3:00 pm – 3:05 pm	**Overview of Today's Meeting**
3:05 pm – 4:05 pm	**Data for Measurement**
4:05 pm – 4:20 pm	**BREAK**
5:20 pm – 5:50 pm	**Key Stakeholders and Feedback from Questions**
5:50 pm – 6:00 pm	**Next Steps**

SNAC Meeting #5

Innovative Ideas: September 30, 2021

At the fifth SNAC meeting, members were presented with a summary of the SNAC discussions to date. Highlights from the discussion were presented, as well as a summary of identified recommendations. The second half of the meeting provided an opportunity for SNAC members to brainstorm on quality measure themes without constraints. SNAC members were encouraged to think about the biggest healthcare quality issues and suggest how AHRQ could solve these with different sized budgets. The goal of this meeting was for the SNAC to identify the most important topics in the field where AHRQ could have the greatest impact.

Agenda

Subcommittee of the National Advisory Council (SNAC) on Healthcare Quality Measurement Meeting #5

September 30, 2021, 3:00 pm – 6:00 pm EST

3:00 pm – 3:05 pm	**Overview of Today's Meeting**
3:05 pm – 4:35 pm	**Operation Paper Outline**
4:35 pm – 4:50 pm	**BREAK**
4:50 pm – 5:50 pm	**Thinking Big and Prioritizing**
5:50 pm – 6:00 pm	**Next Steps**

SNAC Meeting #6

Synthesis of SNAC Findings: October 19, 2021

The final SNAC meeting provided an opportunity for members to review, comment, and approve the synthesized SNAC discussion material. SNAC members were offered the opportunity to suggest changes and augment the content of the report materials.

Agenda

Subcommittee of the National Advisory Council (SNAC)
on Healthcare Quality Measurement Meeting #6

October 19, 2021, 3:00 pm – 5:30 pm EST

3:00 pm – 3:05 pm	**Introduction of Today's Meeting**
3:05 pm – 4:00 pm	**Time for Review of SNAC Report**
4:00 pm – 4:30 pm	**Specific Questions to Clarify Content of SNAC Report**
4:30 pm – 5:00 pm	**Open Discussion of SNAC Report**
5:00 pm – 5:30 pm	**Next Steps**

APPENDIX 3. QUESTIONS FOR THE SNAC MEMBERS

SNAC members were asked questions related to quality measurement topics discussed during the SNAC meetings to help facilitate future conversation. SNAC members were asked to rank ideas based on their perception of AHRQ's ability to create impact, as defined in the context of quality measurement and the ability to improve health outcomes. The questions included topics on quality domains, standards setting, stakeholder engagement, innovation, areas for research, equity, and measure stewardship. Finally, the SNAC members were asked to identify the top ideas that would be the best use of AHRQ resources in quality measurement to drive quality improvement. Below are the questions asked to the SNAC members.

Quality Domains

The following measure domains were discussed in past SNAC meetings. Please rank these in the order you believe AHRQ has the most ability to drive impact in the healthcare field:

- Health Equity
- Nursing Homes
- Outpatient measures
- Patient safety measures
- Patient-reported outcomes
- Rural settings and small providers
- Telehealth

Do you feel any other options should have been included?

Standards Setting

Several SNAC members highlighted the need to develop standards for quality measurement. Please rank the following activities in the order you believe is most consistent with AHRQ's mission:

- Develop a vocabulary for quality measurement (e.g., to guide AI technology development)
- Develop a common format for PRO measurement capture and reporting
- Develop quality measurement standards for top measures (e.g., the standard for capturing and reporting in-hospital postoperative sepsis)

Do you feel any other options should have been included?

Stakeholder Engagement

During the SNAC meetings, there were several discussions related to activities that support partnerships and stakeholder engagement that would be important for AHRQ to lead or participate in. Please rank these activities in the order in which you believe AHRQ can best support the use of quality measurement to drive quality improvement:

- Convene a panel of medical directors to identify gaps in quality measurement domains
- Help set priorities related to quality of care for PCORI
- Collaborate with commercial vendors to innovate in the quality measurement field
- Partner with CMS and other groups to generate evidence regarding 1) measures that matter and 2) measures that need to be retired
- Partner with providers to advance PRO measures.
- Partner with AI-based entities to provide scientific expertise to quality measurement capture and reporting

- Engage domain experts to identify and rank top 5 meaningful measures and validate these with patients
- Provide coaching and teaching for quality measurement to facilities

Do you feel any other options should have been included?

Areas for Innovation

The SNAC discussed ways in which AHRQ can innovate in the quality measurement field during the previous meetings. Please rank these ideas in the order which you believe AHRQ in the best position to have impact on the measurement field:

- Develop toolkits for software systems to systematically capture and report quality measures
- Develop real-time quality measurements
- Develop an infrastructure to collect real-time data for quality measurement
- Create interfaces to allow stakeholders to interact with one another to design, develop, and implement a quality measure

Do you feel any other options should have been included?

Areas for Research

AHRQ has supported research in the field of quality measurement and the SNAC has identified additional areas of research that AHRQ can support. While there were many suggestions, below we have captured ideas that were mentioned on numerous occasions. Please rank these items in the order in which you believe AHRQ can best move the field forward:

- Characterize the capture and utilization of patient-generated health data (e.g., PROs, PSOs) across facilities
- Construct market research on quality measurement utilization and gaps in measures
- Understand how to strengthen the relationship between research and practice
- Develop an environmental scan of quality measures across domains and settings

- Understand how to capture improvements in patient outcomes following the implementation of a quality measure.
- Evaluate the effectiveness of quality measures to improve patient outcomes
- Understand how to best present quality measurement data to different health settings
- Develop a framework to show usability for quality measurement

Do you feel any other options should have been included?

Equity

Improving equity in healthcare will make an important contribution to improving health and other forms of equity in our nation. In addition, improving the quality, safety, value, and equity of healthcare delivery is AHRQ's mission.

What activities or roles related to measuring the healthcare system is AHRQ best positioned to lead or support to improve equity in health?

Measure Stewardship

During discussions we clarified stewardship as being the continuous maintenance in order to maintain NQF Endorsement.

Please select one of the following statements that you feel is the most correct:

a) Yes, AHRQ should engage with NQF to obtain endorsement for quality measures.
b) AHRQ should NOT engaged with NQF to obtain endorsement for quality measures.
c) AHRQ should partner with organizations to support them in obtaining NQF endorsement in a limited capacity. (NOTE: Please explain choice below)

AHRQ Resources

Across all the activities noted above, please identify the top 3 ideas that you believe would be the best use of AHRQ resources in quality measurement to drive quality improvement.

APPENDIX 4.

AHRQ's Role in Healthcare Quality Measurement

AHRQ is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. The goal of AHRQ's research is "measurable improvements in healthcare in America, gauged in terms of improved quality of life and patient outcomes, lives saved, and value gained for what we spend." In addition, AHRQ is an unbiased, neutral party in the quality measurement domain currently supporting the Department of Health and Human Services (HHS) sister agencies as science partners and technical advisors.

AHRQ applies evidence-based methodologies to address the challenges of measuring and improving the quality delivery of healthcare services.

AHRQ's statutory authority explicitly tasks AHRQ with coordinating quality measurement activities for the federal government. Excerpts from AHRQ's statutory authority can be found in Section 1. Additional information on current AHRQ competencies in evidence generation and quality measurement can be found in Sections 2 and 3, respectively.

Section 1 Excerpt from AHRQ's Statutory Authority

42 U.S. Code § 299b–6. Coordination of Federal Government quality improvement efforts

(a) Requirement

(1) In general

To avoid duplication and ensure that federal resources are used efficiently and effectively, the secretary, acting through the director, shall **coordinate all research, evaluations, and demonstrations related to health services research, quality measurement, and quality improvement activities** undertaken and supported by the federal government.

(2) Specific activities

The director, in collaboration with the appropriate federal officials representing all concerned executive agencies and departments, shall develop and manage a process to—

(A) improve interagency coordination, priority setting, and the use and sharing of research findings and data pertaining to federal quality improvement programs, technology assessment, and health services research;

(B) strengthen the research information infrastructure, including databases, pertaining to federal health services research and healthcare quality improvement initiatives;

(C) set specific goals for participating agencies and departments to further health services research and healthcare quality improvement; and

(D) strengthen the management of federal healthcare quality improvement programs.

Section 2 AHRQ Competencies in Building Evidence

AHRQ's Evidence-Based Practice Centers (EPC)

Evidence-based quality measurement is part of a continuous quality improvement enterprise (QME). The sustainability of a successful QME requires an ongoing generation of evidence, data development, engagement with stakeholders, and empirical validation. AHRQ has successfully engaged in all of these activities over the past two decades. For example, AHRQ's Evidence-Based Practice Centers (EPC)[1] and U.S. Prevention Task Force (USPTF)[2] are shining examples of AHRQ's ability to manage departmental-wide infrastructure to support multi-stakeholder evidence-based decision-making.

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[1] EPC program information can be found at: https://www.ahrq.gov/research/findings/evidence-based-reports/overview/index.html.

[2] USPSTF program information can be found at: https://www.uspreventiveservicestaskforce.org/.

In 1997, AHRQ launched the EPC. The EPCs develop evidence reports on topics relevant to clinical and other healthcare organization and delivery issues. These reports focus on issues that are common, expensive, and/or significant for the Medicare and Medicaid populations. These reports have been used for informing and developing coverage decisions, quality measures, educational materials and tools, clinical practice guidelines, and research agendas. In fact, the AHRQ Patient Safety and Pediatric Quality Indicators stemmed from EPC reports.

With the EPC program, AHRQ became a “science partner” with private and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of healthcare by synthesizing the evidence and facilitating the translation of evidence-based research findings to healthcare delivery. Topics for the EPC program are nominated by non-federal partners, such as professional societies, health plans, insurers, employers, and patient groups.

United States Preventative Task Force (USPTF)

Created in 1984, the USPTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The USPTF works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. In 1998, the AHRQ was authorized by the U.S. Congress to convene the USPTF and to provide ongoing scientific, administrative, and dissemination support to the task force.

Section 3 AHRQ Competencies in Quality Measurement

Similarly, AHRQ has decades of experience in the quality measurement arena. For over two decades, AHRQ measures such as the Consumer Assessment of Healthcare Provider Surveys (CAHPS)[3] and the AHRQ Quality Indicators[4] have been highly regarded and widely used for tracking and improving health care quality. The measures are used by most states, CMS, and others for public reporting, as well as by hospitals for quality improvement.

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[3] CAHPS information can be found at https://www.ahrq.gov/cahps/index.html.

[4] AHRQ Quality Indicators information can be found at: https://www.qualityindicators.ahrq.gov/.

AHRQ Quality Indicators

In 1994, staff at the Agency for Health Care Policy and Research (AHCPR), now called the AHRQ, developed the original Quality Indicators (QIs) as part of the Healthcare Cost and Utilization Project (HCUP). HCUP partners and researchers sought approaches to make better use of their hospital administrative data but did not necessarily have the technical expertise and resources to develop measures de novo. These original indicators were created in response to the requests from state partners who contributed data to HCUP and from researchers seeking to understand healthcare quality. In 2000, the AHRQ embarked upon a process to expand, refine, and severity-adjust the HCUP QIs through the EPC at University of California, San Francisco and Stanford University. This effort resulted in further refinement of the QIs and still represents the current state of the art in indicators based on administrative data.

Subsequent to the development of the AHRQ QIs under the EPC contract, AHRQ contracted with Stanford University to provide technical support on the AHRQ QI program. The focus of this work was to provide a bridge between the developers and the users of the measures including provisions for user technical support, updating of indicators and modules, development of user-friendly tools and documentation etc. The goals were to help demonstrate and increase the value of the QIs, respond to user needs, and increase the use of measures derived from administrative data in quality improvement and public reporting efforts. The AHRQ QI program maintained the use of the AHRQ QIs in healthcare reform, transitioned the AHRQ QIs to ICD-10, and continues to look to the field for future enhancements.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

AHRQ first launched the CAHPS® program in October 1995 in response to concerns about the lack of good information about the quality of health plans from the enrollees' perspective. At that time, numerous public and private organizations collected information on enrollee and patient satisfaction, but those surveys varied from sponsor to sponsor, often changed from year to year, and did not provide actionable information on what actually happened during the delivery of care (i.e., the experience of care).

Over time, the program has expanded beyond its original focus on health plans to address a range of healthcare services and settings to meet the various needs of healthcare consumers, purchasers, health plans, providers, and policymakers. The CAHPS program is currently in its fifth stage, referred to as CAHPS V, which continues the work of earlier CAHPS grants (I-IV). The CAHPS V program also encompasses research to further understand the patients' experiences with patient safety, care coordination, shared decision-making, and patient engagement.

National Healthcare Quality and Disparities Reports

Similarly, for close to two decades, AHRQ has produced annual national and state data reports on quality, efficiency, and disparities through the National Healthcare Quality and Disparities Reports (NHQDR)[5].

In 1999, Congress directed the AHRQ to produce an annual report, starting in 2003, on "national trends in the quality of health care provided to the American people." With support from the HHS and private-sector partners, AHRQ designed and produced the National Healthcare Quality Report (NHQR) to respond to this legislative mandate. For the 18th year in a row, the AHRQ has reported on the progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial, ethnic, and socioeconomic factors in priority populations" (42 U.S.C. 299a1(a)(6)). The QDR is produced with the support of the HHS Interagency Work Group and guided by input from AHRQ's National Advisory Council and the Institute of Medicine, now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

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[5] NHQDR information can be found at https://nhqrnet.ahrq.gov/inhqrdr/.