

AHRQ NATIONAL ADVISORY COUNCIL (NAC)  
DISCUSSION ON THE SUBCOMMITTEE OF THE NATIONAL ADVISORY  
COUNCIL (SNAC) HEALTHCARE QUALITY MEASUREMENT REPORT

EXECUTIVE SUMMARY

## EXECUTIVE SUMMARY

On November 17, 2021, the Agency for Healthcare Research and Quality (AHRQ) National Advisory Council (NAC) convened a virtual public meeting of its members, which include diverse scholars and healthcare leaders with expertise in healthcare delivery, quality, and safety. During the meeting, the Subcommittee of the National Advisory Council (SNAC) on Healthcare Quality Measurement presented its final report summarizing its discussions about AHRQ's potential strategic direction and role in quality measurement and future implementation of activities related to measurement.

The NAC members evaluated the SNAC report recommendations and considered AHRQ's role moving forward. The NAC members discussed the implications of the SNAC report and were specifically asked (1) if they agreed with the four gaps in the field of quality measurement identified in the report where AHRQ can have impact, (2) how AHRQ should prioritize the recommended strategies, and (3) what role AHRQ should play related to data for measurement.

The NAC had a robust conversation about the report. Overall, NAC members agreed with the recommendations in the report and requested that the additional comments discussed during the meeting be included with the final report. In summary, the report will be amended with the following key points:

- **Frame the Problem.** The NAC recommended that AHRQ develop a statement of the problem to be solved with quality measurement efforts before moving forward with prioritizations and partnerships.

- **Prioritize Data Standardization in the Field.** The NAC recommended that AHRQ prioritize the data standardization recommendations of the report.
- **Include Consumers as Key Stakeholders.** The NAC felt that consumers as stakeholder were not adequately emphasized in the SNAC report; consumers should be a prioritized stakeholder across all quality measure activities.
- **Expand Measures Related to Health Equity.** The NAC suggested that AHRQ expand the discussion of gaps related to health equity measures, including measures for access, affordability, and rural care.
- **Add Provider Well-Being and Health System Performance as Additional Gap Areas in Quality Measurement.** In addition to the four gap areas in the field identified by the SNAC (i.e., health equity, patient-reported measures, telehealth, and ambulatory and outpatient care measures), the NAC suggested that AHRQ consider provider well-being measures and health system performance as additional gap areas in quality measurement.

The NAC recognizes that these discussions are complex and that the field is changing rapidly, as demonstrated by the COVID-19 pandemic. Following the discussion, the NAC voted to approve the SNAC report recommendations with the additional comments.

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MEETING SUMMARY

## SECTION 1. BACKGROUND

On November 10, 2020, recognizing that the Agency for Healthcare Research and Quality (AHRQ) is the lead Federal agency charged with improving quality, safety, efficiency, and effectiveness of healthcare, the AHRQ National Advisory Council (NAC) recommended that AHRQ convene a Subcommittee of the National Advisory Council (SNAC) on Healthcare Quality Measurement. The SNAC's goal was to provide strategic direction and guidance to the NAC on AHRQ's role in quality measurement and future implementation of activities conducted within the Department of Health and Human Services (HHS). The first of six SNAC meetings was convened on June 21, 2021, with 12 members with diverse subject matter expertise in quality measurement, quality improvement, clinical practice, and healthcare policy. Discussions of the AHRQ SNAC meetings, gaps in the field of quality measurement, strategies to address the gaps, responses to key questions, and recommendations to the NAC were summarized in a final report (<https://www.ahrq.gov/cpi/about/nac/snac.html>).

On November 17, 2021, AHRQ convened a virtual meeting of the NAC, which is composed of 21 diverse scholars and healthcare leaders with expertise in the healthcare delivery, quality, and safety. During the meeting, the co-chairs of the AHRQ SNAC on Healthcare Quality Measurement summarized the SNAC's final report about AHRQ's potential strategic direction and role in quality measurement and future implementation of activities related to measurement. NAC members evaluated the report recommendations and considered AHRQ's role moving forward. Specifically, NAC members were asked (1) if they agreed with the four gaps in the field of quality measurement identified in the report where AHRQ can have impact, (2) how AHRQ should prioritize the recommended strategies, and (3) what role AHRQ should play related to data for measurement. Following the discussion, the NAC was asked to vote

on approval of the report recommendations. This document summarizes discussion of the SNAC report, and its final approval.

## **SECTION 2. SUMMARY OF DISCUSSION**

The NAC discussed the content of the SNAC report. Overall, the NAC agreed with the identified measurement gaps, strategies to address these gaps, and recommendations in the report, including that an environmental scan is not needed at this time. Additional NAC member comments focused on four key themes: 1) the need for a framework for AHRQ to approach the problems in the quality measurement field; 2) importance of data, data standards, and definitions; 3) synergies and targeted partnerships; and 4) gaps in quality measures related to health disparities as well as the gaps in other areas of measurement (e.g., telehealth, behavioral health). The NAC also discussed opportunities for AHRQ to impact the field using real-world data.

### **Section 2.1. Establish a Framework for AHRQ's Role in Quality Measurement**

The NAC agreed with the SNAC report regarding the importance of leadership in the field. In addition, the NAC suggested that AHRQ should clarify the problem they are trying to answer with quality measurement and the overall framework they will use to solve this problem. The NAC further specified that AHRQ should specifically state and/or clarify the purpose of additional measures they develop or maintain (e.g., monitoring, public reporting, quality improvement to practices or healthcare systems, payment). AHRQ has a history of developing transparent, actionable, usable measures with supporting documentation on what is measured and for what purpose.

## Section 2.2 Emphasize the Importance of Data, Data Standards, and Definitions

The NAC emphasized the SNAC report's discussion on the data standardization and definitions, noting the importance and impact of standards in the field. To date, standardized definitions regarding what data should be collected for quality measurement and how it should be reported do not exist, creating an enormous burden on the healthcare system. This burden was exemplified during the COVID-19 pandemic, where the same data were requested by different organizations, all requiring different processes, formats, and reporting standards. AHRQ can lead the standards in this space. The NAC believes there is opportunity for AHRQ to make an impact in this area, noting that no other HHS agency has the necessary experience and skills needed to move this area forward. The NAC discussed the importance of AHRQ's role in defining standards for universal endorsement of measures across agencies. The NAC agreed with the SNAC report that standardization should include synchronizing measures and definitions, as well as defining criteria for endorsement. Additionally, the NAC suggested that AHRQ could provide a "seal of approval" for certain measures that meet a specified scientific rigor.

In agreement with the SNAC report, the NAC discussed the opportunity to standardize definitions across existing data sources, particularly data regarding health equity. The NAC further suggested that AHRQ can help move the field away from gathering more data to highlight the known equity problem and more toward gathering new data that could help mitigate the issues. The NAC discussed the significant amount of work done on this topic across HHS agencies and highlighted that the Office of the National Coordinator for Health Information Technology (ONC) has made substantial advances on standards for electronic

health records in the field, including those around social determinants of health. Consistent with the SNAC report, the NAC suggested AHRQ align its vision with existing work and partner with other HHS agencies, and not duplicate efforts across HHS.

Data for measurement was a key topic in the SNAC report, and the NAC further highlighted this issue. The NAC emphasized that AHRQ can play a role in the development of standards for real-time data collection at the point of care (e.g., electronic health records). NAC members highlighted that developing concrete standards for data needed for quality measurement would ensure the impact and actionability of the measure, to inform downstream learning and healthcare improvement. Additionally, NAC members noted that if AHRQ were to establish standardized definitions, the Agency would be well positioned to develop further innovations, such as toolkits for measure reporting and technology solutions to link measures to practice and across domains.

### **Section 2.3 Emphasize Synergy and Targeted Partnerships**

The NAC members agreed with the SNAC report and stated that AHRQ's partnerships with key stakeholders are invaluable. In addition, the NAC discussed the need to emphasize consumers as a key stakeholder group for AHRQ and its work in healthcare quality measurement. Consumers are at the receiving end of care and, therefore, to make meaningful policies and decisions regarding the quality of care, it is imperative to include the consumer. Consumer organizations tend to be very focused, such as for a particular disease or medical error, yet they may not have the necessary expertise to drive quality measurement more broadly in a particular area. AHRQ can build upon the expertise of consumers to advance the field of quality measurement, such as creating better designed patient-reported outcome



measures. To date, most patient-reported outcome measures were developed without the consumer perspective and, as a result, often lack meaningful patient-oriented information. Finally, consumers should include the trusted community voice, or the advocate for the community. The NAC suggested that bringing the consumer to the table at the beginning of the process would promote equity empowerment. The NAC stressed the importance of the consumer as a stakeholder and wanted to see more emphasis on consumers in the SNAC report.

Concurring with the SNAC report, the NAC members discussed the value of AHRQ's partnerships with other HHS agencies, such as the Centers for Medicare & Medicaid Services (CMS), National Committee for Quality Assurance (NCQA), and The Joint Commission. When quality measure priorities across agencies are aligned, there is opportunity for AHRQ to develop synergy across agencies. The NAC offered additional examples for AHRQ to leverage these relationships. For example, the National Academy of Medicine (NAM) report "Priority Areas for National Action" laid out a tangible strategy to transform healthcare quality, including priorities, that AHRQ can use in partnership with NAM to advance the field of quality measurement. In addition, partnerships with ONC would support standardization in the field, as ONC has made significant progress on this topic. The NAC reiterated the importance of these strategic partnerships and further suggested that AHRQ develop a synergistic role in measure development across HHS.

## **Section 2.4 Additional Gaps in the Field of Quality Measurement**

The NAC agreed with the four gaps in the field of quality measurement that the SNAC identified in the SNAC report: health equity, patient-reported measures, telehealth, and ambulatory and

outpatient care measures. The NAC expanded further on these topics and articulated additional gaps in the field of quality measurement.

The NAC agreed that health equity is a critical gap in quality measurement. In addition to the details included in the SNAC report, the NAC indicated that equitable healthcare should include quality measures for access, affordability, and rural care. Specifically, the NAC identified that AHRQ's mission includes access and affordability to healthcare. In addition, an important aspect of health equity is the measurement of continuity of care. The NAC also discussed the measurement of health outcomes in rural and remote locations. Specific examples of rural and remote locations that need assessment include maternity care deserts and trauma services. It was suggested that geocoding could improve the health equity lens around rural care and remote access.

In addition to an expanded discussion on health equity, the NAC identified provider well-being and overall health system performance as important areas to focus development of quality measures.

### **SECTION 3. RECOMMENDATIONS AND ADDITIONAL COMMENTS**

The NAC recognizes that this topic is complex and that the field is changing rapidly, as demonstrated by the COVID-19 pandemic. The NAC approved the SNAC report, with the additional comments described below.

1. **Frame the Problem.** The NAC recommended that AHRQ develop a statement of the problem to be solved with quality measurement efforts before engaging in strategic partnerships outlined in the SNAC report.

2. **Prioritize Standardization in the Field.** The NAC discussed at length the SNAC recommendation related to data standardization and prioritized this recommendation. AHRQ should develop national standards regarding data collection, measure reporting, and endorsement criteria in the field of quality measurement.
3. **Include Consumers as Key Stakeholders.** The NAC felt that consumers as stakeholders were not adequately emphasized in the SNAC report; consumers should be a prioritized stakeholder across all quality measure activity.
4. **Expand Quality Measures Related to Health Equity.** The NAC suggested that AHRQ consider expanding its efforts to address quality measurement gaps related to health equity and include development of measures for access, affordability, and rural care.
5. **Add Provider Well-Being and Health System Quality as Additional Gap Areas in Quality Measurement.** In addition to the four gap areas in the measurement field identified by the SNAC (i.e., health equity, patient-reported measures, telehealth, and ambulatory and outpatient care measures), the NAC suggested that AHRQ consider provider well-being and health system measures as an additional gap area.