

NQF Study Demonstrates How Improving on Two Key Healthcare Quality Measures Can Save 144,000 Lives

Estimated impact of improved colorectal cancer screening and blood pressure control shows how patients benefit from quality improvement incentives

WASHINGTON, DC, UNITED STATES, May 30, 2024 /EINPresswire.com/ -- A new study from the National Quality Forum (NQF) presented in <u>a recently</u>



National Quality Forum (NQF) logo

<u>published article</u> in Health Affairs Scholar estimates that approximately 144,000 lives could be saved over 10 years by improving just two key areas of quality: colorectal cancer screening and blood pressure control. In an effort to find out how much patients benefit from programs incentivizing healthcare providers and health plans to improve the quality of care, an NQF

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This work shows the quantifiable benefit to patients of improving performance on specific measures with significant known health benefits" Dana Gelb Safran, ScD, President & CEO, NQF research team used national data to estimate the impact of improved performance on two specific quality measures widely used in public- and private-sector accountability programs. The findings have implications for all healthcare stakeholders, from payers to providers to patients to policymakers.

Incentivizing healthcare providers to improve care quality, an approach known as value-based payment, relies on quality measures to track performance and reward improvement. While there have been numerous estimates

of the costs of measuring the quality of care, to this point, little information about the offsetting human benefit of such value-based payment models has been available. NQF's research provides fresh evidence supporting the potential of such programs to save lives and avoid harms to patients.

"This work shows the quantifiable benefit to patients of improving performance on specific measures with significant known health benefits," said Dana Gelb Safran, ScD, President & CEO, NQF. "Value-based payment is just one lever to help achieve these improvements. Having a

means to assess the lives saved and harms avoided, and to weigh these against the costs associated with performance measurement and reporting is critically important as we continue to use payment and other accountability mechanisms to improve quality."

It's estimated that colorectal cancer and hypertension cause approximately 52,000 and 691,000 annual deaths, respectively, in the U.S. If health plans improve performance to the 66th percentile on just these two quality measures—a level researchers deemed achievable—it would result in 34,000 fewer deaths from colorectal cancer, and 110,000 fewer from hypertension if improvements are sustained over 10 years.

"Policy attention is shifting to ensure that the health insurance people have provides affordable access to good healthcare with the potential to improve health outcomes," said Sara R. Collins, PhD, Senior Scholar and Vice President, Health Care Coverage & Access & Tracking Health System Performance, for The Commonwealth Fund, a nonprofit private foundation that provided funding for the study. "This important work illustrates the potential for value-based purchasing initiatives to save lives."

The research effort was inspired by a value-based purchasing program in California from the state's health exchange marketplace, Covered California, which has also been adopted by the California Public Employees' Retirement System (CalPERS) and Medi-Cal, the state's Medicaid program. The Quality Transformation Initiative (QTI), aims to improve care quality in the state by imposing financial penalties on health plans performing below the 66th percentile.

"This research affirms that through thoughtful performance measurement and meaningful incentives to health insurance plans under our Quality Transformation Initiative, we can improve quality, advance health equity, and ultimately save the lives of thousands of Californians," said Dr. Monica Soni, Chief Medical Officer for Covered California. "We are aligned with CalPERS and our state's Medicaid Agency, the Department of Health Care Services, and together our plans serve over 40 percent of Californians. As purchasers, this alignment on quality and equity is poised to drive life-saving improvement for Californians across the state."

The NQF study projected the effect if a similar improvement standard were to be applied nationally. Authors used data from the Centers for Medicare & Medicaid Services (CMS), the State Health Access Data Assistance Center (SHADAC), the Kaiser Family Foundation (KFF), and the National Committee for Quality Assurance (NCQA) to model population health benefits for the California marketplace and nationally.

The work also has ramifications for healthcare policy and overall population health. A better, more comprehensive understanding of the benefits of value-based payment models can help guide policymakers as well as payers to focus on adoption of aligned measure sets that have the greatest potential impact.

"For too long the healthcare measurement enterprise has resulted in lots of work for clinicians

and little change in results," said Peter Lee, former Executive Director of Covered California and now Senior Scholar at Stanford's Clinical Excellence Research Center. "This research underscores that the choices made by purchasers to select 'better' health plans and to put money of those they contract with to improve can save lives."

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