

# Vital Signs

## Core Metrics for Health and Health Care Progress

### *Recommendations*

#### The Nation

**Recommendation 1:** The parsimonious set of measures identified by the committee should be widely adopted for assessing the state of America's health and health care, and the nation's progress toward the goal of better health at lower cost.

#### All People—as Individuals, Family Members, Neighbors, Citizens, and Leaders

**Recommendation 2:** All people should work to understand and use the core measure set to assist in taking an active role in shaping their own health prospects and those of their families, their communities, and the nation.

#### The Federal Government

**Recommendation 3:** With the engagement and involvement of the Executive Office of the President, the secretary of the U.S. Department of Health and Human Services (HHS) should use the core measure set to sharpen the focus and consistency and reduce the number and burden of measure reporting requirements in the programs administered throughout HHS, as well as throughout the nation. To this end, the secretary should incorporate the standardized core measure set into federally administered programs, concomitantly eliminating measures for which the basic practical issues are engaged by the core set:

- HHS's national agenda frameworks for health, including the National Quality Strategy and the National Prevention Agenda;
- the Meaningful Use program, administered by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator (ONC), to ensure that the core measure set becomes a central element of every electronic health record;
- CMS's accountable care organization measurement and reporting requirements;
- CMS's strategies for promoting quality improvement and innovation in health care financing and delivery through the work of the Center for Medicare and Medicaid Innovation;
- federal health care reporting requirements;
- streamlined reporting requirements under state Medicaid waiver authority; and
- categorical health grant program management.

**Recommendation 4:** With the engagement and involvement of the Executive Office of the President, the Secretary of HHS should develop and implement a strategy for working with other federal and state agencies and national organizations to facilitate the use and application of the core measure set. This strategy should encompass working with

- the secretary of the Treasury on use of the core measure set by tax-exempt hospitals and health systems in demonstrating their community benefit contributions;
- other Cabinet departments in administration of their health-related activities—for example, in social services, the environment, housing, education, transportation, nutrition, and parks and recreation;
- state and local governments and voluntary organizations in adapting use of the core measures to their needs and circumstances; and
- multiple stakeholders through the Center for Medicare and Medicaid Innovation in piloting implementation of the core measures through multilevel stakeholder initiatives.

**Recommendation 5:** The secretary of HHS should establish and implement a mechanism for involving multiple expert stakeholder organizations in efforts to develop as necessary, maintain, and improve each of the core measures and the core measure set as a whole over time. The secretary’s role should encompass stewardship of work on

- national standardization of the best current measures and related priority measures detailed in this report;
- development of the longer-term measures necessary to improve the utility and generalizability of the core measures;
- national standardization of reporting on health disparities for each of the core measures, including disparities based on race, ethnicity, gender, and socioeconomic status;
- periodic review and revision of the individual measures in response to changing circumstances; and
- periodic review and revision of the core measure set in response to changing circumstances.

### Governors, Mayors, and Health Leaders

**Recommendation 6:** Governors, mayors, and state and local health leaders should use the core measure set to develop tailored dashboards and drive a focus on outcomes in the programs administered in their jurisdictions, and should enlist leaders from other sectors in these efforts.

### Clinicians and Health Care Delivery Organizations

**Recommendation 7:** Clinicians and the health care organizations in which they work should routinely assess their contributions to performance on the core measures and identify opportunities to work collaboratively with community and public health stakeholders to realize improvements in population health.

### Employers and Other Community Leaders

**Recommendation 8:** Employers and other community leaders should use the core measures to shape, guide, and assess their incentive programs, their purchasing decisions, and their own health care interventions, including initiatives aimed at achieving transparency in health costs and outcomes and at fostering seamless interfaces between clinical care and supportive community resources.

### Payers and Purchasers

**Recommendation 9:** Payers and purchasers of health care should use the core measures to capture data that can be used for accountability for results that matter most to personal and population health, refine the analytics involved, and make databases of the measures available for continuous improvement.

### Standards Organizations

**Recommendation 10:** Measure developers, measure endorsers, and accreditors, such as the National Quality Forum (NQF), the National Committee for Quality Assurance (NCQA), and the Joint Commission, should consider how they can orient their work to reinforce the aims and purposes of the core measure set, and should work with the secretary of HHS in refining the expression and application of the core measure set nationally.