

THE NATIONAL PRIORITIES AND GOALS

The National Priorities and Goals were selected because they collectively and individually address four major challenges—eliminating harm, eradicating disparities, reducing disease burden, and removing waste—that are important to every American.

Six Priority areas have been identified in which the Partners believe our combined and collective efforts can have the most impact. While the Goals are aspirational, the success of many small scale improvement projects offer direction on how we might proceed to bring this to scale nationally.

Engage patients and families in managing their health and making decisions about their care.

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

The Partners will work together to ensure that:

- ✔ All patients will be asked for feedback on their experience of care, which healthcare organizations and their staff will then use to improve care.
- ✔ All patients will have access to tools and support systems that enable them to effectively navigate and manage their care.
- ✔ All patients will have access to information and assistance that enables them to make informed decisions about their treatment options.

Improve the health of the population.

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

The Partners will work together to ensure that:

- ✔ All Americans will receive the most effective preventive services recommended by the U.S. Preventive Services Task Force.
- ✔ All Americans will adopt the most important healthy lifestyle behaviors known to promote health.
- ✔ The health of American communities will be improved according to a national index of health.

Improve the safety and reliability of America's healthcare system.

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

The Partners will work together to ensure that:

- ✔ All healthcare organizations and their staff will strive to ensure a culture of safety while driving to lower the incidence of healthcare-induced harm, disability, or death toward zero. They will focus relentlessly on continually reducing and seeking to eliminate all healthcare-associated infections (HAI) and serious adverse events.

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

- Catheter-associated blood stream infections
 - Catheter-associated urinary tract infections
 - Surgical site infections
 - Ventilator-associated pneumonia
- (See the Centers for Disease Control and Prevention's *Infectious Diseases in Healthcare Settings* for a more inclusive list.)ⁱⁱⁱ

Serious adverse events include, but are not limited to:

- Pressure ulcers
 - Wrong site surgeries
 - Falls
 - Air embolisms
 - Blood product injuries
 - Foreign objects retained after surgery
 - Adverse drug events associated with high alert medications
- (See the National Quality Forum's *Serious Reportable Events* for a more inclusive list.)^{iv}

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

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

Ensure patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care.

We envision a healthcare system that guides patients and families through their healthcare experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships between patients and the healthcare professionals accountable for their care.

The Partners will work together to ensure that:

- ✔ Healthcare organizations and their staff will continually strive to improve care by soliciting and carefully considering feedback from all patients (and their families when appropriate) regarding coordination of their care during transitions.
- ✔ Medication information will be clearly communicated to patients, family members, and the next healthcare professional and/or organization of care, and medications will be reconfirmed each time a patient experiences a transition in care.
- ✔ All healthcare organizations and their staff will work collaboratively with patients to reduce 30-day readmission rates.
- ✔ All healthcare organizations and their staff will work collaboratively with patients to reduce preventable emergency department visits.

Guarantee appropriate and compassionate care for patients with life-limiting illnesses.

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

The Partners will work together to ensure that:

- ✦ All patients with life-limiting illnesses will have access to effective treatment for relief of suffering from symptoms such as pain, shortness of breath, weight loss, weakness, nausea, serious bowel problems, delirium, and depression.
- ✦ All patients with life-limiting illnesses and their families will have access to help with psychological, social, and spiritual needs.
- ✦ All patients with life-limiting illnesses will receive effective communication from healthcare professionals about their options for treatment; realistic information about their prognosis; timely, clear, and honest answers to their questions; advance directives; and a commitment not to abandon them regardless of their choices over the course of their illness.
- ✦ All patients with life-limiting illnesses will receive high-quality palliative care and hospice services.

Eliminate overuse while ensuring the delivery of appropriate care.

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

The Partners will work together to ensure that:

- ✦ All healthcare organizations will continually strive to improve the delivery of appropriate patient care, and substantially and measurably reduce extraneous service(s) and/or treatment(s).

The recommended areas of concentration are as follows:

- ✦ Inappropriate medication use, targeting:
 - *Antibiotic use*
 - *Polypharmacy (for multiple chronic conditions; of antipsychotics)*
- ✦ Unnecessary laboratory tests, targeting:
 - *Panels (e.g., thyroid, SMA 20)*
 - *Special testing (e.g., Lyme Disease with regional considerations)*
- ✦ Unwarranted maternity care interventions, targeting:
 - *Cesarean section*
- ✦ Unwarranted diagnostic procedures, targeting:
 - *Cardiac computed tomography (noninvasive coronary angiography and coronary calcium scoring)*
 - *Lumbar spine magnetic resonance imaging prior to conservative therapy, without red flags*
 - *Uncomplicated chest/thorax computed tomography screening*
 - *Bone or joint x-ray prior to conservative therapy, without red flags*
 - *Chest x-ray, preoperative, on admission, or routine monitoring*
 - *Endoscopy*
- ✦ Inappropriate non-palliative services at end of life, targeting:
 - *Chemotherapy in the last 14 days of life*
 - *Aggressive interventional procedures*
 - *More than one emergency department visit in the last 30 days of life*

- ✦ Unwarranted procedures, targeting:
 - Spine surgery
 - Knee/hip replacement
 - Hysterectomy
 - Percutaneous transluminal coronary angioplasty (PTCA)/Stent
 - Coronary artery bypass graft (CABG)
 - Prostatectomy
- ✦ Unnecessary consultations
- ✦ Preventable emergency department visits and hospitalizations, targeting:
 - Potentially preventable emergency department visits
 - Hospital admissions lasting less than 24 hours
 - Ambulatory care sensitive conditions
- ✦ Potentially harmful preventive services with no benefit, targeting:
 - BRCA mutation testing for breast and ovarian cancer – female, low risk
 - Coronary heart disease (CHD): Screening using electrocardiography, exercise treadmill test, electron beam computed tomography – adults, low risk
 - Carotid artery stenosis screening – general adult population
 - Cervical cancer screening – female over 65, average risk and female, post-hysterectomy
 - Prostate cancer screening – male over 75

(From the U.S. Preventive Services Task Force D Recommendations List)^{vi}

THE PATH FORWARD

Identifying a starter set of National Priorities and Goals is a major accomplishment, but it is only the first step in what must be a more expansive and ongoing implementation aimed at achieving the performance goals. Over the next year and beyond, we hope the National Priorities and Goals will spur action and innovation, because without coordinated actions, these goals will not be reached. The Partners have agreed to work with each other and with policymakers, healthcare leaders, and the community at large, to build on the framework provided in this report, and to develop actions in each of the major areas that will drive improvements needed: performance measurement, public reporting, payment systems, research and knowledge dissemination, professional development, and system capacity.

Health care reform is well underway and the current economic crisis makes solving the puzzles of quality, equity, and value not just an ideal, but an imperative. The National Priorities Partnership is encouraging everyone to join not in *calling* for

reform, but in *enacting* it nationally and in local communities across the country. The mere existence of a shared sense of responsibility to meet specific goals can transform healthcare quality. Acting to meet them can revolutionize it.

ⁱ Catlin A, Cowan C, Heffler S, et.al., National health spending in 2005: The slowdown continues. *Health Aff.* 2007;26(1):142-153.

ⁱⁱ The Commonwealth Fund, “Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008”.

ⁱⁱⁱ Centers for Disease Control and Prevention, *Infectious Disease in Healthcare Settings*. Available at www.cdc.gov/ncidod/dhqp/id.htm

^{iv} National Quality Forum, Serious Reportable Events. Available at www.qualityforum.org/projects/completed/srz/fact-sheet.asp.

^v “Best-in-class” may be determined by using an accepted methodology, such as *Achievable Benchmarks in Care (ABC)*TM.

^{vi} Agency for Healthcare Research and Quality, *U.S. Preventive Services Task Force (USPSTF)*. Available at www.ahrq.gov/clinic/prevenix.htm.