



Tab F

Board Summary of NQF's Recent Kaizen Event

What is Kaizen?

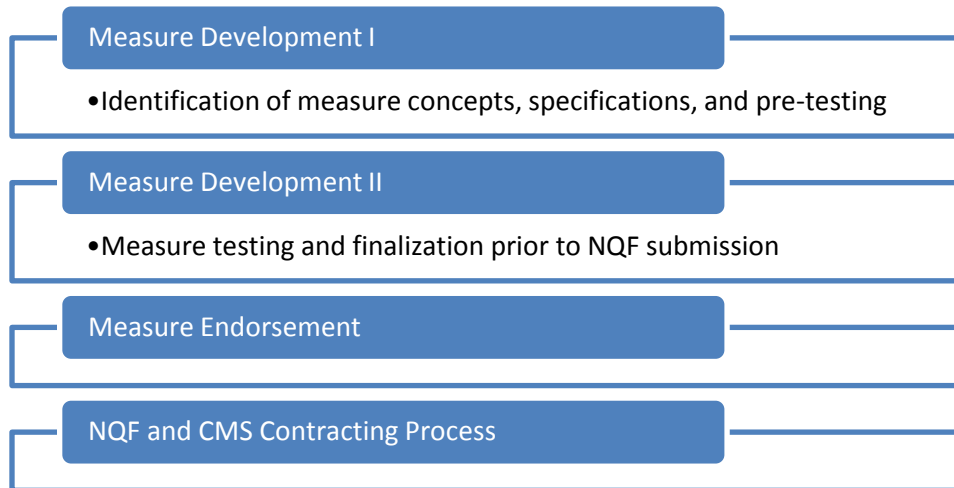
The word Kaizen in LEAN methodology means continuous improvement or “change for the better” through a combination of two Japanese words: Kai, meaning “change,” and Zen, meaning “good.” The purpose of a kaizen event is simple: to remove waste and manage change. In a Kaizen event, the current state is mapped to see the process as it runs at present, waste is identified, and then a future state map is developed to show how the process could run.

The Purpose of the NQF Kaizen

As part of our Consensus Development Process redesign work, NQF hosted a four-day Kaizen event focused on Measure Development and Measure Endorsement from September 9-12. The purpose of the event was to explore ways to better provide timely, multi-stakeholder input into the measure development lifecycle that will help develop high-quality measures. A key goal was to reduce the waste and delays across the spectrum – from the measure concept through testing to endorsement – to ensure that the measures that matter are available as soon as possible.

To that end, NQF hosted a multi-stakeholder meeting with over 100 participants focused on establishing a future state for providing such input, which will ultimately increase the efficiency and efficacy of both measure development and the endorsement process. The Kaizen event was done in collaboration with ONC and CMS, who provided additional LEAN facilitation support. The participant organization list is attached.

The Kaizen event focused on the following topics:



A multi-stakeholder group was assigned to consider each topical area. The groups worked to develop current and future state maps. The future state map was guided by the expectation of work that could be completed in a 3-6 month timeline.

Key Breakthroughs

The identification of the ultimate customer of the measure development and endorsement process as the patient with their family or caregivers drove many of the subsequent innovations in the process. The group considered opportunities to create a more iterative development and endorsement process with the elimination of steps identified with waste or variation. There was also consideration for how steps could be moved or added if waste and pain points were eliminated further down the road.

Teams were asked to describe their “aha’s” as they reviewed the current state. For example:

- Although patients were identified as the ultimate customer, they often were not engaged upfront in the process in determining importance;
- Measure developers require a minimum of 40 hours to complete the NQF measure submission form;
- NQF members require approximately 10 hours to complete nomination materials;
- Limited awareness that NQF has timelines for completion of project work in the CMS contract;
- Project work that focuses on sites of care or clinical domains may not fit a more patient centered approach;
- Negative culture and tone of NQF steering committee deliberations for measure developers.

Key features of the future state included:

Measure Development:

- Clear need for early multi-stakeholder input when determining what measure concepts are most valuable for development, particularly from patients.

- Create training program and pool of stakeholders, including patients, providers and purchasers who can serve on measure developer technical expert panels.
- Potential to create national templates for evidence and testing that foster alignment between measure specification documents for CMS, measure developers, and NQF.
- Potential for levels of endorsement may determine measurement development and testing path.
- Consideration of different purposes for measures including advancing the NQS, local quality improvement efforts, and meeting business model needs such as accreditation.
- Potential role for NQF to provide informal technical input to inform the measure testing process.

Measure Endorsement:

- Enhanced meeting management can drive a more collaborative culture between measure developers, NQF, Steering Committees, and other stakeholders.
- Standing Committees that can allow testing of improved measure flow, improved consistency for measure review, and decreased time for committee member nominations by stakeholders.
- Continuous open flow of measure submission would be an important enhancement.
- Assessing stakeholder support for measures through commenting may reduce the reliance on member voting in the endorsement process.

CMS and NQF contracting process:

- CMS and NQF can participate in a more open and collaborative process prior to the beginning of contract development.
- Sharing of CMS contract templates should reduce churning process after task order submission.
- CMS will work to align their measure development contracts with their NQF project contracts.

Next Steps

Project teams were chartered to complete the ongoing work to implement the future state map. The teams will be co-led by an NQF staff person and an external stakeholder in the process. Each team developed a charter for continuing work with proposed milestone, pilots and metrics to assess the success of the proposed changes. The evaluation of the Kaizen revealed that three-quarters of participants were highly motivated to participate in future activities. Some organizations committed to help NQF secure funding for some of the more innovative features of the future state model (e.g., early patient and stakeholder engagement into measure concepts).

Pending final approval by CMS, NQF will pilot some of the recommended changes (e.g., standing committees, open submission, and open commenting) during new endorsement projects in 2013-2014.

Other areas for possible future Kaizen events that were considered outside the scope of the current Kaizen may include measure maintenance, selection and implementation.

Kaizen Participant Organizations

AARP
Advanced Medical Technology Association
AFL-CIO
Agency for Healthcare Research and Quality
American Academy of Ophthalmology
American Board of Medical Specialties
American College of Cardiology/American Heart Association Task Force on Performance Measures
American College of Emergency Physicians
American College of Obstetricians and Gynecologists
American College of Surgeons
American Hospital Association
American Medical Association-Physician Consortium for Performance Improvement
American Nurses Association
American Society of Clinical Oncology
Booz Allen Hamilton
Centers for Medicare & Medicaid Services, Health and Human Services
Department of Veterans Affairs
Elsevier
Federation of American Hospitals
Office of the National Coordinator, Health and Human Services
Health Resources and Services Administration, Health and Human Services
Health Services Advisory Group
Healthcare Quality Consultant
House Committee on Energy and Commerce
Kidney Care Partners
Mathematica Policy Research
McKesson Corporation
Medisolv, Inc.
Minnesota Community Measurement
MITRE Corporation
National Committee for Quality Assurance
National Partnership for Women & Families
National Quality Forum
Office of Senator Klobuchar
Office of Senator Toomey
Pharmacy Quality Alliance
RTI International
The Joint Commission
The Society of Thoracic Surgeons
Yale New Haven Health Services Corporation/Center for Outcomes Research and Evaluation