



NQS & Medical Education



The Importance of the National Quality Strategy for Medical Education



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In response to the passing of the Affordable Care Act, the Department of Health and Human Services released the National Quality Strategy (NQS) framework which outlines the priorities for achieving the triple aim goals a) improving quality of care, b) reducing healthcare costs and c) improving the health status of the US population. The framework is designed around 6 overarching priorities:

1. Patient Safety	Making care safer by reducing harm caused in the delivery of care
2. Patient and caregiver engagement	Ensuring that each person and family are engaged as partners in their care
3. Coordination of care	Promoting effective communication and coordination of care
4. Dissemination of best practices	Promoting the most effective prevention and treatment practices for the leading causes of mortality
5. Population and public health	Working with communities to promote wide use of best practices to enable healthy living
6. Efficient use of healthcare resources	Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models

Implementing the NQS requires a complex set of interactions between traditional and new partners in healthcare including

- further integration and use of health information technology,
- a focus on performance management and quality measurement,
- cultural and attitude shifts toward healthcare delivery and safety, and
- the reorganization of payment structures.

The NQS is the basis for strategic planning for all stakeholders in healthcare (hospitals, payers, accountable care organizations, health plans and others). This framework provides valuable direction for medical education provider and supporters to advance the role of education and learning in the development of learning health systems.

For example with the 6 NQS priorities in mind, some strategies include:

1. Assess and re-align CME delivery organizational structure to quality strategies.

Examples include:

- a. Institutionalize NQS standards and measures into practice, policies, and procedures;
- b. Build in provider-patient behavior change concepts into educational design;
- c. Base and link needs assessments to NQS priorities;
- d. Align measures and outcomes to priorities, and when possible, align or incorporate CME programs with payment reform goals; and
- e. Develop request for proposals that address NQS priorities.

2. Emphasize patient-provider communication and care coordination.

Examples include:

- a. Incorporate evidence-based interventions to foster better coordination, or patient engagement into CME programming;
- b. Include patient education programs and tools as part of CME programs; and
- c. Assess and develop tools to address the needs of patient-provider relationship.
 - i. This includes patient satisfaction, engagement, medication/treatment adherence, continuity of care, care coordination, community support source assessments, family involvement, share decision making, cultural and language-appropriate resources, patient access to personal clinical data, and patient education of the data.

3. Utilize a range of measures to assess the impact of programs not only clinical benchmarks but also patient satisfaction and engagement measures.

Examples include:

- a. Patient reported outcomes measures such as patient activation measure (PAM);
- b. Use benchmark measures tied to endorsed measures as well as institution measures;

4. Build data into continuous quality improvement practices.

Examples includes:

- a. Collect data that provides direction or outcome of NQS;
- b. Use and analyze the data to report back to providers as part of continuous medical education content (e.g. audit and feedback practices);
- c. Include corrective action plans as part of using the data (e.g. feedback strategies).

Conclusion

Engaging, facilitating, and supporting change management for clinicians, payers, accountable care organizations, hospitals and other healthcare organizations is the key to reaching NQS priorities. Aligning medical education programming to NQS can serve as a key method of implementing NQS. This process can also make CME more relevant in the context of healthcare change and an essential intervention method for accomplishing NQS outcomes.

References

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