

Principles for the National Quality Strategy (NQS)

Principles

The National Quality Strategy—and all our efforts to improve health and health care delivery—should be anchored in a core set of principles shared by stakeholders, including Federal and State agencies, local communities, provider organizations, consumers, clinicians, businesses, employers, and payers. These principles will provide a practical roadmap for achieving the Strategy's three aims of better care, healthy people/healthy communities, and care that is affordable.

As part of soliciting public input on the Strategy, the Secretary proposed a set of four core principles. After receiving a wide range of public comments, six additional principles were added. In 2011 and in future years, the Federal government will report on how its policies support these 10 principles, as well as the Strategy's key aims and priorities. It is hoped that other public and private groups seeking to promote better health and health care delivery will also use these principles to hold themselves accountable.

The following section describes the 10 principles in further detail. (Over time, a resource guide of examples of private and public sector efforts that embody these principles will be developed.)

1. Person-centeredness and family engagement, including understanding and valuing patient preferences, will guide all strategies, goals, and improvement efforts.

The most successful health care experiences are often those in which clinicians, patients, and their families work together to make decisions. When patients' needs, experiences, perspectives, and preferences are taken into account—and when they get the clear and understandable information and support they need to actively participate in their own care—outcomes and patient satisfaction can improve. How patients rate their experience is now widely used as a measure of high quality care, but more can be done to empower individuals and make sure their needs and preferences are taken into account.

2. Specific health considerations will be addressed for patients of all ages, backgrounds, health needs, care locations, and sources of coverage.

Patients' health needs and care requirements vary substantially depending on their age, location, condition, whether they live in an urban or rural location, and what type of coverage they have. In order to provide high quality care for all Americans, we need to address these special needs.

3. Eliminating disparities in care—including but not limited to those based on race, color, national origin, gender, age, disability, language, health literacy, sexual orientation and gender identity, source of payment, socioeconomic status, and geography—will be an integral part of all strategies, goals, and health care improvement efforts.

Health disparities continue to exist, largely due to gaps in access to care, provider biases, poor patient-provider communication, poor health literacy, and other factors. Despite significant advances in the quality of certain kinds of care, some populations remain at higher risk of receiving poor care. Collaborative efforts between clinicians and provider organizations; community, faith-based, and nonprofit organizations; academic institutions; foundations; and Federal, State, and local agencies have begun and must continue to address these disparities so that all populations, regardless of race, gender, socioeconomic status, or other factors, get high-quality care and have equal access to timely, effective, and safe health care services.

4. Attention will be paid to aligning the efforts of the public and private sectors.

Many organizations are already committed to the goal of providing consistent, high-quality, safe, and affordable care. But these well-intentioned efforts often have the unintended result of putting competing demands on clinicians and health care organizations that can stand in the way of improvement. To raise the quality of health care across the country, both the public and private sectors will need to maintain a strong commitment to aligning their efforts.

5. Quality improvement will be driven by supporting innovation, evaluating efforts around the country, rapid-cycle learning, and disseminating evidence about what works.

The best way to improve health care quality is to help health professionals evaluate their own performance and their colleagues' performance, quickly learn how interventions fare in the "real world," and see the benefits of innovation firsthand—and then widely share the lessons they learn. For this to happen, health professionals must have rapid access to information about what works in their own care and in care around the country.

The National Quality Strategy also recognizes that quality improvement is an iterative process. Seemingly simple interventions can have powerful, positive impacts on patient outcomes. But clinicians need the flexibility to update and apply these interventions based on their own experience and the specific patient receiving care. In other words, quality improvement efforts can succeed best when they are tailored to local needs and resources. To that end, the National Quality Strategy will provide a shared set of priorities, while also continuing to support local approaches to achieving the aims of better care, healthier individuals and communities, and lowered health care costs.

6. Consistent national standards will be promoted, while maintaining support for local, community, and State-level activities that are responsive to local circumstances.

National standards for health care quality and consistent approaches to measuring quality are essential components of the National Quality Strategy. At the same time, the old maxim that "all health care is local" still holds true. For that reason, the National Quality Strategy will promote national standards while supporting local, community, and State-level activities that respond to local circumstances.

7. Primary care will become a bigger focus, with special attention toward the challenges faced by vulnerable populations, including children, older adults, and those with multiple health conditions.

Many Americans receive care from multiple providers at multiple locations, with little coordination between them. Primary care can help fill this gap, especially for vulnerable populations such as children, older adults, and those with multiple health conditions. The National Quality Strategy will build on the efforts of multiple stakeholders who are working to strengthen primary care using models such as the patient-centered medical home, which organizes care around the individual to help each person stay as healthy as possible at all stages of life.

8. Coordination among primary care, behavioral health, other specialty clinicians, and health systems will be enhanced to ensure that these systems treat the "whole person."

When health care services are fragmented, necessary care is often delayed. Other times, patients fail to get the care they need altogether. Often, this occurs when a patient needs behavioral health or other specialty services that fall outside the traditional scope of primary care services. To address this gap, the National Quality Strategy will enhance the coordination between primary care, behavioral health, and other specialty services to ensure that health systems treat the "whole person" and all of his or her health needs.

9. Integration of care delivery with community and public health planning will be promoted.

One of the biggest opportunities for improving health care and overall health is improving the way we treat and try to prevent chronic illness. Clinicians can offer evidence-based recommendations about how to stay healthy to individuals and families, but making changes in diet, exercise, and other health behaviors is often difficult without community support and resources. For that reason, the Strategy supports close collaboration between health professionals who deliver care and individuals and organizations working to improve community and public health.

10. Providing patients, providers, and payers with the clear information they need to make choices that are right for them will be encouraged.

Patients who want to partner with their health care providers in making decisions about their care too often lack the necessary understandable information. The National Quality Strategy will foster transparency so that patients have the information to make choices that are right for them, clinicians have the information they need to improve, and payers have the information to move to value-based payments.