



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

About the National Quality Strategy

The National Quality Strategy (NQS) was first published in March 2011 as the National Strategy for Quality Improvement of Health Care, and is led by the Agency for Healthcare Research and Quality on behalf of the U.S. Department of Health and Human Services (HHS).

The National Quality Strategy was developed through a transparent and collaborative process with input from a range of stakeholders. More than 300 groups, organizations, and individuals, representing all sectors of the health care industry and the general public, provided comments. Based on this input, the National Quality Strategy established a set of three overarching aims that builds on the Institute for Healthcare Improvement's Triple Aim®, supported by six priorities to address the most common health concerns that Americans face. To align with National Quality Strategy, stakeholders use nine levers to align their core business or organizational functions to drive improvement on the aims and priorities.

Working Together to Improve Quality

Improving health and health care quality can occur only if all sectors, individuals, family members, payers, providers, employers, and communities, make it their mission. Members of the health care community can align to the National Quality Strategy by doing the following:

Adopt the three aims to provide better, more affordable care for the individual and the community.

Focus on the six priorities to guide efforts to improve health and health care quality.

Use one or more of the nine levers to identify core business functions, resources, and/or actions that may serve as a path to achieving improved health and health care quality.

To learn more about the National Quality Strategy's impact on the nation's health and health care, review the 2015 Progress Report, visit the Priorities in Action section, or view a past webinar for examples of quality improvement efforts that align to the NQS.

Measure Alignment

The National Quality Strategy also provides a focus for addressing the abundance of clinical quality measures currently used in national programs. The goal is to get to measures that matter and minimize provider burden. The **HHS Measurement and Monitoring Council** was convened in early 2012 to begin the work of aligning measures across HHS. Composed of senior-level representatives from Agencies and operating divisions across HHS, the group also addresses new measure development, implementation, and measurement policy. The Council has so far reviewed nine topics to date: hypertension control,

acquired conditions/patient safety, HCAHPs, smoking cessation, depression screening and care coordination, HIV/AIDS, perinatal, and obesity/BMI. The core measure sets that the Measurement Policy Council developed for each topic can be viewed here: ([PDF File](#), 257 KB; [PDF Help](#)).

While these measures are used for Federal programs, the Measurement Policy Council supports State and private-sector efforts to adopt core measure sets for further harmonization and alignment across the health and health care community.

Aims

The National Quality Strategy pursues three broad aims. These aims will be used to guide and assess local, State, and national efforts to improve health and the quality of health care.

Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and affordable.

Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions that address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.

Affordable Care: Reduce the cost of quality health care for individuals, families, employers, and government.

Setting Priorities

To advance these aims, the National Quality Strategy focuses on six priorities:

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and testing new health care delivery models.

Using Levers

Each of the nine National Quality Strategy levers represents a core business function, resource, and/or action that stakeholders can use to align to the Strategy. In many cases, stakeholders may already be using these levers but have not connected these activities to National Quality Strategy alignment.

1. Measurement and Feedback: Provide performance feedback to plans and providers to improve care
2. Public Reporting: Compare treatment results, costs and patient experience for consumers
3. Learning and Technical Assistance: Foster learning environments that offer training, resources, tools, and guidance to help organizations achieve quality improvement goals
4. Certification, Accreditation, and Regulation: Adopt or adhere to approaches to meet safety and quality standards
5. Consumer Incentives and Benefit Designs: Help consumers adopt healthy behaviors and make informed decisions
6. Payment: Reward and incentivize providers to deliver high-quality, patient-centered care
7. Health Information Technology: Improve communication, transparency, and efficiency for better coordinated and integrated health care
8. Innovation and Diffusion: Foster innovation in health care quality improvement, and facilitate rapid adoption across organizations and communities
9. Workforce Development: Investing in people to prepare the next generation of health care professionals and promote lifelong learning for providers

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