



Main Points

- Key informant interviews, scientific publications, grey literature, and discussions with AHRQ's NHQDR team identified diverse quality of care frameworks that informed a proposed update of the NHQDR framework.
- The update shows *person-centeredness* as the overarching domain that guides all care decision, depicts equity as the lens through which we evaluate quality of care and identify disparities, emphasizes the key role of *access* to care, adds *healthcare characteristics to address drivers of health*, expands types of care, and adds care settings covered in the NHQDR to the framework.
- Future work should focus on revisiting the purpose and audience of the NHQDR, and discussing the extension of the framework from quality of healthcare to population health.



Background and Purpose

The Agency for Healthcare Research and Quality (AHRQ) has reported on healthcare quality and disparities since 2003. The National Healthcare Quality and Disparities Report (NHQDR) presents trends for measures related to access to care, affordable care, care coordination, effective treatment, healthy living, patient safety, and person-centered care.¹ The report provides users with the latest available findings on care quality and access to healthcare stratified by diseases and conditions, as well as disparities related to race and ethnicity, income, health insurance status, age, gender, education, setting of care, and type of care. The NHQDR is based on more than 500 measures of quality and disparities and dozens of data sources, covering a broad array of healthcare services.

The current framework guiding the NHQDR is, despite yearly reviews and updates using the National Quality Strategy, conceptually based on a National Academies of Sciences, Engineering, and Medicine (formerly Institute of Medicine) report published in 2010.^{1 2, 3} Since then, AHRQ has identified new priority areas¹ of health and access to care such as patient safety, care coordination, effective treatment, healthy living, and affordable care. There are also emergent paradigm changes centered around equity, social determinants of health, and priority populations. This technical brief was commissioned by the AHRQ Evidence-based Practice Center Program (EPC) to support an update the NHQDR framework to better align with current focus and priority areas. This technical brief is part of a series of products geared towards supporting the update of the NHQDR.



Methods

The methods for this technical brief followed the Methods Guide for the EPC Program⁴ and a detailed protocol.⁵ Guiding questions helped formulate the overarching methods and facilitate the search strategy. The technical brief combined input from key informants, formal literature review searches, grey literature sources, and discussions with the AHRQ NHQDR team. The input was used to provide considerations for updating the framework guiding the NHQDR.

We conducted virtual interviews with six content experts using a semi-structured format supported by an online survey. We searched six research databases from inception to December 2023 to identify relevant quality of care and care equity frameworks. Extensive grey literature searches targeted health services research organizations, funders of research, and federal agencies charged with improving quality of care or those that address health disparities. Discussions with AHRQ focused on the function of the current framework and needs regarding the framework update. Searches will be updated during the public comment process before finalizing the technical brief.



Results

Across sources, we identified 8,336 citations, obtained 2,571 publications as full text, and included 149 frameworks. Results across sources and discussions were documented in tables and figures, including comprehensive evidence tables and a compendium of published frameworks.

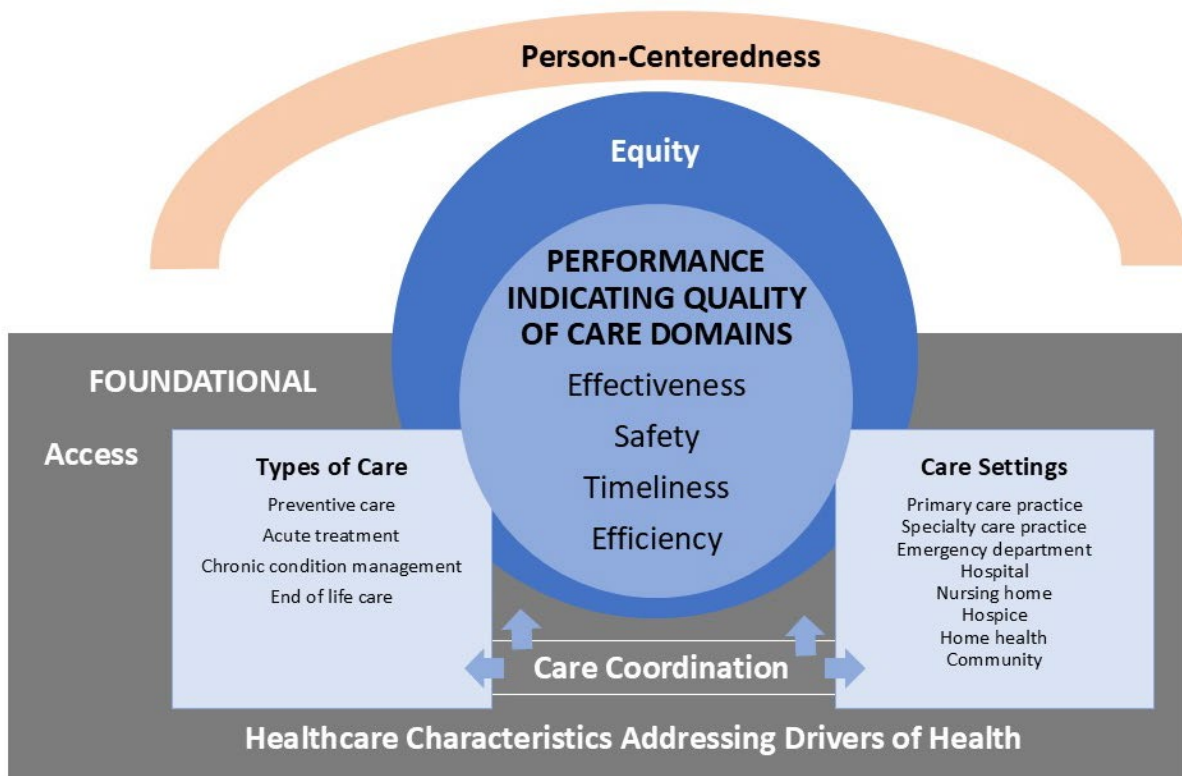
Results regarding Guiding Question 1: Which frameworks have been developed or are used for quality of care?

The earliest of the included frameworks was published in 1966 but most were published more recently, indicating a renewed interest in conceptualizing quality of care. All included frameworks addressed quality of care but the position and the role within the framework varied widely. Equity was addressed in half of the included quality of care frameworks. We documented the relative frequency of quality of care domains; the most frequently included domain was access to healthcare. Half of the identified frameworks reported stakeholder involvement in the development of the framework and two thirds were endorsed by health agencies.

Results regarding Guiding Question 2: How should the 2010 NASEM framework and its domains be updated?

We updated the existing NHQDR framework by introducing person-centeredness as an overarching domain, moving equity to a central position, expanding types of care, adding care settings covered in the NHQDR, emphasizing the key role of access, and adding healthcare characteristics to address drivers of health. Figure ES-1 shows the updated framework.

Figure ES-1. Proposed Update of the NHQDR Framework



The framework includes an overarching and guiding domain (*person-centered*), foundational domains (*access*, *care coordination*, *healthcare characteristics addressing drivers of health*), performance-indicating domains (*effectiveness*, *safety*, *timeliness*, *efficiency*), and a crosscutting domain (*equity*). Definitions build on prior NHQDR frameworks and the STEEP⁶ (safe, timely, effective, efficient, equitable, patient-centered) model:

- *Person-centeredness*: Providing care that is respectful of and responsive to the values, preferences, needs, and care goals of individuals that guides all clinical decisions. What matters to patients is the overarching domain that should be the first priority, governing all aspects of care.

- *Equity*: Fair, just, and impartial treatment of all individuals with individuals having fair and just opportunity to attain the highest level of health is the lens through which quality of care is evaluated and disparities are identified.
- *Access*: Ability to get needed care. It has multiple dimensions including affordability, geographic availability, and health literacy.
- *Effectiveness*: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
- *Safety*: Avoiding, preventing, and reducing harm to patients from the care that is intended to help them.
- *Timeliness*: Obtaining needed care and minimizing unnecessary and potentially harmful delays in getting care.
- *Efficiency*: Avoiding waste, including waste of resources, equipment, supplies, ideas, energy, time, and duplication of services.
- *Coordination*: Ensure patients receive well-coordinated care within and across health care organizations, settings, and levels of care, and across time.
- *Healthcare characteristics addressing drivers of health*: Demonstrating strategies to reduce disparities in healthcare and strategies that promote health equity.

The revised framework shows *person-centered* as the overarching domain that should guide all aspects of care. The domain *equity* is a central domain, a lens through which we evaluate quality of care and identify disparities. The domains *access*, *coordination*, and *healthcare characteristics to address drivers of health* are foundational domains that enable the more specific healthcare performance domains *effectiveness*, *safety*, *timeliness*, and *efficiency*. The framework also depicts types of care and care settings that are frequently reported on in the NHQDR.



Limitations

While we reviewed thousands of citations, this work is based on a scoping review, rather than a systematic review of the literature. We used an inclusive definition of frameworks; nonetheless, there are likely other important classifications of healthcare quality that have been missed because the authors did not document them in a framework. We spoke to key content experts, but the number of key informants that could be engaged in this project was limited and there are likely other interest holders that could provide additional input. Finally, the objective of this technical brief was to update the current framework and to add any missing domains. Future efforts may want to re-review the current update of the framework and decide whether a more radical re-conceptualization is warranted.



Implications and Conclusions

A substantial number of quality of care frameworks exists that can inform the NHQDR and frameworks vary in their scope and inclusion of equity and drivers of health. We proposed updates to the NHQDR framework to better align with current focus and priority areas. Future work should focus on revisiting the purpose, assessing the

needs and preferences of the audience using the yearly report and web-based tools, and discussing the extension of the framework to population health.



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