



## ***AHRQ Quality Indicators™***

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### **Rationale for not seeking NQF Endorsement for Quality Indicators**

The Agency for Healthcare Research and Quality (AHRQ) will no longer seek NQF re-endorsement for its portfolio of measures in the AHRQ Quality Indicators (QIs) program starting in fiscal year 2022.

The QIs are powerful tools that are widely used throughout the quality improvement field. Originally developed for the Healthcare Cost and Utilization Project (HCUP) partners in support of their quality improvement efforts the use of QIs evolved and expanded over time into public reporting, accountability, and payment programs.

The primary focus of the AHRQ QI program continues to be quality improvement. CMS has adapted, and in some cases, significantly changed, QIs for use in their programs. To ensure the integrity of the measures used in accountability programs AHRQ and CMS jointly undertook the recalibration of the AHRQ Patient Safety Indicators (PSIs) for the Medicare Fee-For-Service population. PSI 90, its 10 component indicators, and PSI 04 were recalibrated from an all-payer population to a Medicare Fee-for-Service population. CMS has become the measure steward for these revised measures. The AHRQ QI program will continue to focus on measurement for quality improvement and research. Therefore, AHRQ does not intend to seek NQF re-endorsement for the QIs at this point in time.

Moving forward, the AHRQ QI Program will continue to focus its measurement efforts on quality improvement at local, state and national levels, and support of the science of rigorous measurement development and use of quality measures for improving the quality of healthcare. The AHRQ QI program will continue to develop, maintain, refine, and release the AHRQ QIs for quality improvement purposes.

To ensure that the measures meet the national standards for measure development, the AHRQ QI program will continue to engage with a wide variety of stakeholders, including national, state, and regional policymakers (Federal and state agencies), private decision-makers (hospitals, clinicians, purchasers), and researchers. In addition, the AHRQ QI Program will continue to focus on developing and maintaining measures and tools that facilitate system and area-level quality improvement. The program shall continue to disseminate unbiased scientific evidence and analyses related to the risk-adjustment methodology and the use of quality measures for improving the quality of healthcare.