

## **NATIONAL QUALITY FORUM**

**Moderator: Elisa Munthali**  
**April 11, 2012**  
**12:00 pm CT**

Operator: Good day and welcome to today's Population Health Condition paper conference. Please note today's call is being recorded. If you have a question or comment at any time, please press star 1.

Ms. Elisa Munthali, your line is open.

Elisa Munthali: Thanks, Dave. Good afternoon everyone and welcome to this conference call for the Population Health Steering Committee. My name is Elisa Munthali, and I'm the Senior Project Manager for Population Health.

Also on the call are my colleagues, Helen Burstin and Kristin Chandler. I'd also like to introduce and welcome one of the committee's co-chairs Kurt Stange. But before I turn over the presentation to Kurt, I'd like to go over a few overview and background slides.

Today the steering committee will review submitted comments on the commission paper for population health and the subsequent responses from the paper's authors. Following the committee's discussion, we will open up the lines for others who wish to make comments, and then we'll conclude with some brief next steps. So now we're on slide 3, and if you've joined us

before on conversations related to the paper, you've probably seen this slide, but I wanted to reiterate some of this information today.

Because this is our first consensus development project that is primarily focused on population health performance measurement, NQF commissioned the Public Health Institute and the Los Angeles County Department of Public Health to develop a background paper. In this effort we've been working very closely with Dawn Jacobson and Steven Teutsch who are the authors, and they're also participating on the call today.

The paper is part of our foundational work that has helped to inform the current call for population health measures. We opened that call last week on April 2nd, and the call will remain open through May 1st. In this paper what Dawn and Steve have done is to present analytic framework for measuring and assessing population health, the determinates of health and improvement activities. They also present an environmental scan of existing population and community-level measures as well as gap analysis.

They also discuss the synergy between the clinical care system and the public health system while also outlining methodological issues related to measure development, and they conclude the paper with overall recommendations.

And so, during the commenting period, what we did prior to that is the steering committee provided initial feedback on the first draft of the paper, and that revised paper was posted to the NQF Web site on March 13th, and it remained on there through the 27th of March for member and public comment.

And during that period, we asked for general comments on the paper, and we asked specifically if the list of recommendations for defining key concepts and related rationale were appropriate or comprehensive. We also asked the commenters to provide feedback on the conceptual

framework and whether or not these selected framework provide a comprehensive snapshot from integrated approach to measuring total population health, the determinates of health, the health improvement activities across clinical care and government public health systems.

We also asked about the challenges and opportunities to align health improvement activities and measurement and specifically if there were additional challenges or unintended consequences with data collection, data sharing, emerging of methods for integrated population health assessment, prioritization models and the need for integrated quality reporting. And all of these categories narrow the sections in the paper that Dawn and Steve outlined for us. And then we also asked for their input on the overall recommendations.

And so with that background, I'll turn it over to Kurt who will go over the comments and the responses that were provided by Dawn and Steve.

Kurt Stange: Thanks, Elisa. I don't plan on reading the comments or responses but just to help us to walk through them and then provide a chance for those on the line to add their feedback. But since Dawn and Steve are here, I mean I think you've already been very responsive along the way to various kinds of input, but they can hear the additional comments directly.

So the first slide shows the comments from Peggy Honore who actually is with the Department of Health and Human Services that actually is funding this project and you can see Dawn and Steve's responses there. Any comments on this?

Elisa Munthali: Dave?

Operator: Yes, and again that's star 1 if you have a question or comment. And we do have Peggy Honore. Your line is open.

Peggy Honore: Hi, Kurt. This is Peggy.

Kurt Stange: Hi, Peggy.

Peggy Honore: I think these responses adequately address my comments. Thank you.

Kurt Stange: Okay. Well, unless anyone else has any comments, that was easy, and we can then move on to Thomas James' comment that is on that same slide. I guess it actually - that bleeds over to the next slide as well, I believe.

Elisa Munthali: Yes.

Operator: And we have no further questions or comments. Thank you.

Kurt Stange: So the question here is really about the definition of health, and there are certainly many definitions of health. And then the concern here looks like it's about going beyond something that's a little bit more functional and a little bit broader. Can we go to the next page? I don't know if Thomas James is on the phone.

And Dawn and Steve, so you're saying essentially your functionally using this kind of definition there. Do you feel a need to tie into this, and then are there other definitions or does that feel beyond the scope of the paper? It's only that it's an important framework for the papers, what people's definition of health is.

Steven Teutsch: Correct, and thank you, Kurt. And actually thanks to everyone for comments. I mean I guess in some ways we were gratified there weren't a whole lot more, but the ones we got were very cogent, particularly I actually want to thank Peggy explicitly, because she did help clarify a number of things and helped us with some of the - with some of the detail of some - but in terms

of the definition of health, it was not in our charge. And the - but we do largely use the WHO classification in how we think about things.

In fact, I think this is one of the challenges we face in bridging the clinical population health divide in terms of how broadly these different populations think - or different groups think about that issue. And one of our suggestions was that we actually put that in a footnote to be clear and recognize it explicitly, but not necessarily to include it in the paper.

We had said as an alternative we could have added a, you know, a line with the definition of health as defined sort of broadly within public health and within clinical medicine, but that seems to be a whole project unto itself since we obviously have a large range of them. So our proposal was probably to just include it as a footnote since that's the framework that we were actually using. So it's - we'd be helpful to find out from the committee if that's acceptable.

Kurt Stange: Any comments from anyone on the call?

Robert Pestronk: Hey, Kurt, this is...

Operator: Press star 1 if you have comment.

Robert Pestronk: Kurt, this is (Bobby) Pestronk. Can you hear me?

Kurt Stange: Yes.

Robert Pestronk: I see a little - I think that the World Health definition is close to where we started in the original conversation.

And actually it's reasonably consistent with the approach that we were trying to take to understand that they were both multiple determinates for population health and that metrics that go beyond the clinical domain were certainly ones that we were interested in receiving and ultimately interested in having and being used by both those in the public - those who are interested in public health and those who are interested in clinical health and to somehow make prominent the congruence between our thinking about population health and the metrics needed to understand what that is and the broader definition in - that the World Health Organization provides. I think it's important to do.

Steven Teutsch: And so people look at this report with a mindset that's really about healthcare. They would certainly misinterpret things. I mean it does explicitly state that several places in the paper. But it's a good point.

Matt Stiefel: It's Matt Stiefel. Can you hear me?

Kurt Stange: Yes.

Matt Stiefel: Okay. This is, back to the model, one of the - one of the concerns I had with the existing set of models, partly what drove me to create one, was the lack of exposition or clarity about what health is.

I mean the models do a good job of distinguishing between determinates and outcomes and improvement activities, but few of them get further into what we mean by health. And that, you know, and that's why I tried to clarify in mind that distinctions between some measures of physiology, of disease and injury as kind of intermediate outcomes of self-perceived health and function mortality and then quality of life as it is sort of the spectrum of measures of health that we're talking about.

They don't - so one way of addressing this is through the models that are presented, but unfortunately the models that are included don't go into much depth about what we mean by health. So it does seem to be a bit of a gap.

Kurt Stange: So this is addressed - and this is something that should be addressed early on the framework of the paper, and Matt, does the WHO definition work for you?

Matt Stiefel: No. It doesn't make the distinction - I mean it is a broader definition, and it is a broad - doesn't really distinguish between the measures of health that are - in fact, and in the health system, we tend to fall back on those things that, you know, we can - that are quote "objective" that tend to go back into physiology or disease status. But I think it's important at least to note somewhere that health - measures of health cover a spectrum from physiology to disease to self-perceived health and function, death, quality of life kinds of measures. And WHO doesn't capture that, I don't think.

Kurt Stange: The Ottawa charter - I'll just quote that it defines health as a resource for everyday life, not the object of living. It's a positive concept emphasizing social and personal resources as well as physical capabilities. I mean there are certainly are a lot of definitions out there.

Dawn and Steve, do you have a sense of how you might include these comments as just - this will probably be a big addition, but it's an important upfront framing thing just for people who might approach this paper with a narrower definition and therefore might misinterpret things. Do you get something from this that's helpful in doing a tweak in the upfront framing?

Steven Teutsch: Well, I - this is Steve, and I think Dawn is on the call. So that's good. And she can chime in. You know, I think it's fine for us to include something like that.

I'd be really interested in the (NQ expective), because I know they're wrestling with audiences that may have - may be challenged by all of this. And so how we, you know, simply cite them and certainly as Matt said, those are very reasonable. We have many of these broad definitions that we could, you know, summarize briefly, but somehow we've got bring all parties along. Some for - and so perhaps - a little feedback from our NQF colleagues would be helpful.

Helen Burstin: Yes, this is Helen. I'm happy to take a first crack at that. So I think these are all really good points around the issue. It shows that the value of consensus, I think. I do tend to agree with Steve, but I think there is a group who needs to walk before they can run here. So I think it would be great if some of these models could be cited, but I think we need to perhaps, you know, this in this paper, I think, that's probably the best approach for now.

Steven Teutsch: So Helen, when you say that, do you mean sort of having it on the table for adding a little footnote about some of these? How would you - how would you like to see it done?

Helen Burstin: I think...

Steven Teutsch: Like a paragraph?

Helen Burstin: I think we can leave it up to you guys. I think probably a little bit more than a footnote, but I don't think that it, you know, I think it should be mentioned, but I don't know that we need to go beyond that.

Robert Pestronk: This is (Bobby). There are some - I don't want to make it more difficult than it needs to be. But for - I was looking at table 2 and maybe even table 1 on pages 22 and 21 respectively. There may be opportunities to add another example or another bullet point or another number.



For instance, in either of the concept domain row or the health outcome row for ultimate flash final or of outcome info media.

And it - and I'd have to go back and look carefully at other places in the paper where examples are given that may also -- along with footnotes and a reference -- be an opportunity to interject the - this ((inaudible)) frame that we've been grappling with, without losing the important audience that we hope will pay attention to these and will make use of them going forward.

Steve Teutsch: Bobby, I - could you be a little bit more explicit? I'm looking at those tables -- this is Steve again.

What is it you would add to those? Because I would think that those tables actually do encompass a broader definition and I'm not sure I understand what you had asked.

Robert Pestronk: Well I was looking back at that - on comments from Humana, looking at incorporating the definition of health in relation to physical, mental and - complete physical, mental and social well-being.

And the question is whether there are examples in table 2 that would be suggestive of all of those domains -- physical, mental and social well-being -- to suggest to those who would read the footnotes about the World Health Organization definition or the ((inaudible)) shorter definition that that's in part with the committee at mind or would ((inaudible)) in mind.

Steve Teutsch: Okay, so you're asking for somewhat of an elaboration of what is here under 'Healthy Life Expectancy,' 'Healthy Mental Health Days,' things like that? You want us to expand on those?

Robert Pestronk: ((inaudible))

Steve Teutsch: I - we - I guess what I'm getting at is, we - our intent was to include those concepts, but they're obviously not resonating with you or some of the - or with the - and (Thomas James) either.

Robert Pestronk: So for example, those two - those three -- life expectancy or healthy life expectancy, or even years of potential life lost, or healthy days -- that whole category might relate to social well-being or personal well-being.

Steve Teutsch: Sure, because if one looks at the quality, 'What goes into a healthy life year,' it's, of course, used as a quality of life measure and most of those have multiple domains about social role functioning, you know, all the - in addition to, you know, mental well-being, physical well-being, things like that.

I mean, is it - is - but, you know, that was for the people who sort of know those fields. I don't know that it's - necessarily came through some of that.

And that's, you know, for - this is where we could probably add a footnote that sort of talks about those domains so that it's clear they're there.

Robert Pestronk: Yes.

Operator: And pardon, this is David, the operator.

We do have a comment or question from Sue Pickens.

Sue Pickens: This is Sue. Hello?

Operator: Your line is open.

Female: Hi Sue.

Sue Pickens: This is Sue.

Female: We can hear you.

Sue Pickens: Okay, great. I just sent a text actually, (David), when -- it seems to me that one page 9 and 10, you're beginning to talk about defining population health, determinates of health and health improvement activities and that you're very first recommendation is that your - or your very first paragraph discusses that there are many different concepts as it - as ((inaudible)) one.

And maybe that's where you begin to talk about all the various different concepts of definitions of population health. Does that make sense?

Robert Pestronk: Yes, or interestingly enough -- this is Bobby again -- that is almost recommendation, if you will, zero...

Sue Pickens: Right.

Robert Pestronk: ...which is to define health to begin with.

And then the concept -- the defining population health -- is the next step after one knows what health is meant to be.

Helen Burstin: This is Helen. Can you both hear me?

Female: Yes.

Male: Man.

Dawn Jacobson: Okay. I'm seeing all of you -- and I'm - appreciate the challenges you put forth -- it's exactly what I was doing when I was reading through numerous textbooks and deciding if I was, you know, how to best include, you know, the various definitions of health, quality of life, even public health, for that matter.

And what it became was - is this paper going to be about really taking on the challenges of defining these things -- which really, you know, experts and academicians across the country really haven't come to agreement on.

When I was in D.C. working on Healthy People, I was put in charge of writing and looking at how we should measure a quality of life. And you can look at the mid-course review for Healthy People -- a lot of the results of this conversations are published in that report.

And it was challenging then. I don't know if we've really agreed as a nation, like, whatever specialty we're in, sort of how we measure it and discuss those things.

So I would go back and forth, actually. I would add them back to the table -- the definitions table -- and I would take them off, because it really was quite difficult to even precisely put the varied definitions in a table or to discuss in a - in a - in a brief commission paper.

So I appreciate, you know, you acknowledging that sort of challenge. What I'm hoping is that we could at least decide that something similar to the World Health Organization definition can at least be -- maybe not a recommendation, but at least put in the introductory ((inaudible)) and somewhere in that table and the appendix that we do mean health to mean more than physical.

It's the whole package. I'd even add spiritual to that list -- some definitions have that, some don't. So I don't know. It's really how you want to go about it. Just knowing that to sort of revisit some of these definitions would really take quite a bit of extra effort at this point to try to integrate into the paper.

And I'm sensitive, sort of, to timing of that issue, but I am hoping that we could sort of collect around at least something similar to the WHO definition.

Matt Stiefel: Yes. It's Matt Stiefel. I'd - I agree with that and I - and I have a specific suggestion. It - first, agreeing to include the WHO definition.

Table 2 I think is a quite important table, because I think people will refer to it when coming up with measures. So I think it's important to get that right. And I - and I do think that it actually sheds a lot of light.

A couple of specific suggestions, though, for table 2 -- and that's that - the first one is that under 'Intermediate Health Outcomes' I would definitely move the 'Rates of Access to Preventive Services' down to 'Determinates of Health' under 'Health Services.'

I don't think it fits there. That's - those are health services, opposed as to - as opposed to intermediate outcomes.

Second suggestion is to take the 'Health Status' and 'Health-Related Quality of Life' under 'Health Outcomes Ultimate Final' and move that up into the top box under 'Health Statuses.'

That - it - that is literally the name of the top box and I think it fits there more appropriately.

And so - and then I think that it works pretty well with those - with those changes that you've got. It - there is this - an issue, I think, about risky behaviors. It's actually quite important for this call for measures -- diet, physical activity, tobacco use and alcohol and drug use.

If we're calling that a measure of health or determinate of health, I believe it's more of a determinate of health and behavioral determinate and would fit under the behavioral determining factor, if that's where it's listed, and not as a measure of health.

But then you'd have - you'd have basically the -- under 'Health Outcomes,' you might even combine those two boxes to have the physiologic measures -- mortality, morbidity and natality -- as your health outcome measures.

The determinates would include the behavioral measures. And then in the top box would be - continue to be what you have with 'Health Status' and 'Health-Related Quality of life.'

Steve Teutsch: Dawn, it's Steve. Matt's suggestion is consistent with my understanding of how the committee's looking at this as well. Is it - is that something that you think you can work with?

Dawn Jacobson: I - Steve, I'll jump in here and maybe you can comment as well.

Table 2 -- when you look at an environmental scan of how people organize determinates and measure them, this is what it is. So this is really - it's meant to be the - a scan.

I'm still not sure what our definition of health is based on rearranging the table -- whether it's the WHO or another one. But what I Really hope can happen is that the committee would take what the scan shows in the ((inaudible)) and make those types of decision for how you choose your measures.

I'm reluctant at this point to change a fairly standardized way of how all Public health reports in the country are written, because that's part of the scan.

If the committee wants to do that to select their measures, I think that would be great. And Helen and Steve, I don't know what your take is on that.

Steve Teutsch: I think you're actually getting to an important point, Dawn, and that is that part of a - our task was to pull together some information and then provide it to the committee.

And clearly, the committee has important work to do to bring better order to it all. I think that, you know, in some sense that's the same issue as we have with the - with Matt's model.

You know, it wasn't part of the literature, but it was in a - and what we tried to do is to look at models for indicators that relate to indicators. But in some ways this was already discussed, you know, each of them has some pros and cons.

And then the committee has looked at Matt's model and others, too, as a way to sort of bring some coherence to all of this. So, you know, I - my - I guess my inclination would be to explain some of the - those issues here so it's a little clearer, rather than to come up with a, you know, sort of, "Here's what we think the right way to do it is."

Helen Burstin: Yes and it -- and this is Helen. I think that's a very reasonable approach. They were really, you know, to give input to the committee. So I think if the committee feels like they need to make a, you know, quantitative determination going forward, that should be from the committee rather than the paper writers.

Female: Yes.

Helen Burstin: I think that's a fine approach.

Matt Stiefel: Yes, I - it's a point very well taken. This is Matt.

That, you know, I don't want to distort the review of the literature here. At the same time, we have an issue about there is over-duplication of items in this table in different categories and so it may be a question for the committee of, do we do some kind of synthesis to say, "And here is what we think ought to go into these categories."

And I think it's very close to here. It's just some minor modifications to put things where I believe that they would fit more appropriately, so that's a normative judgment...

Helen Burstin: Yes.

Matt Stiefel: ...but I think it's one that is in the purview of the committee.

Steve Teutsch: You know, and to - and to that end, I think we can add a - ((inaudible)) to say, you know, we recognize there's duplication here.

This may not be the - is not really necessarily the most parsimonious, but it - this really, as Dawn said, reflects the way it's - we found the information currently - as it's currently being used, so that we can at least acknowledge that in here.

Dawn Jacobson: Right and being sort of a performance measurement expert in public health after doing that for ((inaudible)) years, there is a way that we use proxy measures -- there is definite overlap, which is a challenge, really, with any of the models that are out there.

It just - it just - it just happens.



Robert Pestronk: The other simple change that could be made in table 2 is to - is to reference these as examples of indicators, since these probably aren't all of the ones that (Sonya) and Steve came across.

And that leaves open the construction of - or elaboration of other indicators, both by the NQF -- by the committee -- and by others.

Matt Stiefel: It, you know, and -- it's Matt again.

Just to push back a little bit to Dawn's point about your only reporting here. In fact, there are a number of conclusions and recommendations in this paper. So it doesn't seem outside the bounds of the paper to make a comment, "Here's what we found in the literature," and yet, you know, "And here's what we might recommend, based on this," and including, for example, 'Rates of Access to Preventive Services' doesn't seem to fit under definition of 'Intermediate Health Outcomes.'

Seems like a - not a fair observation to make, even from the paper writers.

Dawn Jacobson: Right and Matt, I would love to have a conversation with you about that. When you look at how the healthcare system measures things, a lot of times that is their impact or intermediate outcome because they're not measuring total population health outcomes.

So it's really there to show a representative example of sort of what a healthcare system might put in that box. Does that make sense even...

Male: Yes.

Dawn Jacobson: Though...

Male: But don't we want to again normatively move towards calling that a determinant rather than an outcome? And it's germane to this call for measures.

Dawn Jacobson: Again I would love to talk with you about it, you know, when we have maybe an hour or so or maybe a couple hours. But it actually is sort of what's being used right now in the healthcare system I mean and this is a scan to show what's out there. And so I feel it's fine there. Whether the committee agrees to, you know, work with NQF to put that measure in that category later is fine.

But to me it's a pretty standard way that's sort of a proxy for disease. You know? It's a proxy measure that a lot of people use.

Male: So Dawn, I think what you're saying if I hear this right is, you know, in public health we've moved to this determinant of health model at the bottom that I think we're all - everybody at this call's pretty comfortable with. But in fact that's not the model that's used in the clinical care world very much. And in fact they tend to look at it in terms of ultimate and intermediate health outcomes.

So what we've actually got here is a reflection of two different worldviews that we haven't really tried to consolidate. And perhaps we could say something to that effect because as Matt and - rightly points out almost everything in that intermediate outcomes box you could place in the determinants of health box. And virtually everything in the health outcomes and health status you could somehow combine together as important health outcomes.

So some of this is a reflection of the way different groups see the world as opposed to a way that, you know, that I think is the challenge to this group to come up to a consolidated approach that,

you know, is going to meet the needs and serve the understanding of both the clinical and the population health communities.

Kurt Stange: And this is Kurt. I think that, Dawn, the words you used, you talked about these intermediate health outcomes as being the way the healthcare system would use those terms. And I think that's true. But the title of the table doesn't talk about the healthcare system view. It talks about population health and the determinants of health. So it is prone to misinterpretation.

So at least rearranging it, footnoting it, explaining it, I mean I think this whole conversation has talked about what the purpose of this paper is. And it's not the, you know, it's not the absolute - certainly it's not the call for measures. It's a resource that will be used by those developing measures who are proposing material resource for the committee and making recommendations about that. And I think Matt's concern is just how this resource might be used.

Matt Stiefel: But - and it's Matt. And sort of as a representative here from the healthcare system we clearly subscribe to the approach of distinguishing between determinants and outcomes.

And I do think that by NQF engaging in this exercise of a call for population health measures I think there is an intent to move the healthcare system to think in the frame of determinants and outcomes and not come - not respond to this call for population health measures with a bunch of preventive services measures. I think if that happens that will not be consistent with the intent, at least my understanding of the intent.

Robert Pestronk: This is (Bobby). I think that's very well said. And the place - the other place where it could - where some clarity - where something else could be added to provide that clarity is really on slide 24 in the section that's headed Recommendations Framework for Assessing and Measuring.

That's where an editorial comment could be added I think since there is no agreed-upon assessments. Here's what might be important for the reader to understand. And then even within Recommendation 6 these points could be made as well.

Male: Dawn or Steve, do you have a way of proceeding after this discussion?

Steve Teutsch: So I guess my take on table 2 would be that it needs to have a little bit more explication.

Probably the title, we can work on the title and probably needs some footnotes to explain some of the different aspects of this so that it is clearer.

I haven't gone back to look at the two recommendations that (Bobby) just talked about to see what could be done there. But that's really the challenge.

I mean if you'd asked us sitting as population health people probably we would all move to a determinants of health model. That makes sense as - and then I guess we could say that I guess explicitly in our recommendations if the - I don't know if Dawn's comfortable with that but I would be.

Dawn Jacobson: Yeah. No. I think we revisit the titles of really all the tables. One thing that we can make clearer is if you look at the title of table 2 these examples are pulled from both clinical care system and public health system indicator reports. So it's really meant for me to try integrate what I saw were the leading types of indicators and measures and then try to put them into something that's more of a measurement framework based form that the government public health system does as far as describing those although sometimes clinical care system uses that as well.

But that - what - here's the ((inaudible)) that is an integrated set of measures is that from a representative subset of indicator reports. And I think we could explain that better or try to, you know, because ((inaudible)) folks just sort of scanning tables rather than reading text.

And then I still want to bring it back though just to be sure if the committee's okay with using - putting forth somewhere or at least a couple of times in the paper that we're using the World Health Organization definitions for the concept of it but it's more than just physical health, if we can put that in a table in the appendix and a couple of times in the text.

Operator: Pardon. This is Dave, the operator. We do have a question or a comment on the line. Ron Bialek, your line is open.

Ron Bialek: Hello. I wasn't going to respond to that exact question, Dawn, but yes I agree that it's fine to use that definition.

A comment - a general comment I wanted to make is I mean I think this paper really does a fine job of moving the discussion forward and that the paper is not going to be the answer to all of our questions and our way to encourage individuals to submit population measures or nominate population measures. And I think the paper can provide us with some good background as we reach out to organizations to try to get organizations to nominate measures.

And that's - I mean that's how I intend to use it. And for the folks who I've been approaching, you know, they understand the population piece.

And so I think this won't answer everything. And I think Dawn and Steve have really done a superb job on it. I'm sort of feeling like we could talk this through for many more occasions. And I'd sort of like to get it final and begin using it.

Kurt Stange: And in the end the paper is advisory to the committee. And it is Dawn and Steve's names at the top of the paper.

So I think you're hearing some advice and you're hearing some concern about how the paper might be used. And so I think we're asking you to really take that into account in how you frame things and help people to make sense of things particularly in the instance where healthcare measures are being portrayed as health measures.

Dawn Jacobson: Yeah. Kurt, I definitely agree with that. And Elisa, you and I have had some conversations.

I felt that this is really the first paper that's attempting to do these types of integrations. And I was really - I really wanted it to be coherent and at least get a few central messages across. And I'm sure, Steve, you would say the same.

But if this can just be seen as moving the discourse toward a more integrated discussion -- I just read another issue of health affairs and I'm seeing the clinical ((inaudible)) uses population health in a very different way -- and if this can be, you know, the first, maybe not first but, you know, a set of papers that gets to a common language and shows some of the challenges, exactly what we're talking about today about when you try to put a measurement framework and measurement science on top of public health frameworks and environmental health frameworks and clinical care frameworks. I mean it becomes a very, very complex process.

And so my hope is that this at least lays the groundwork for some clarity. You just fight some discussions today and really start reporting things jointly and really being able to have a community health improvement plan that really shows the different activities that happen with leadership in different areas.

So I do hope - I do see this more as a starting point as I, you know, don't really see a lot of these types of integrative measurement tables and discussions occurring. So yeah I...

Kurt Stange: Does...

Dawn Jacobson: Really find this helpful.

Kurt Stange: Does everyone who wishes to speak on the - on this issue feel heard? I mean is it time to move on to the next comments or does anyone have - else have anything they'd like to say on this topic?

Operator: We have no further questions or comments in the queue.

Kurt Stange: Elisa, maybe we should move on to the next set of comments.

Elisa Munthali: Yeah. Kristin?

Kurt Stange: So these comments from (Louis Marcus), I mean certainly Dawn and Steve interpreted them as not requiring a lot of revision but really more explanation. Are there any additional comments on the two comments we have on the screen now?

Matt Stiefel: It's Matt. I agree with the responses.

Dawn Jacobson: This is just Dawn. If I can just plug the whole field of public health systems and services research I think these two comments call for research in this area.

And I know at least one comment said that we should mention the need for research in our paper. And I think that might have been outside of the comments here. But I would encourage anybody on the committee to really take this on as a research area and study it.

Kurt Stange: Okay. Any other comments? Okay. Kristin, if we could have the next slide please.

Again I - any additional comments on this? It's kind of admiring the problem, kind of an important comment but not really calling for changes as far as I see.

Robert Pestronk: ((inaudible)) each of these comments in some respect -- this is (Bobby) -- reflects back to - on the conversation we just had...

Kurt Stange: Right.

Robert Pestronk: Which has to do with what are - what - in - for what domain or concept is NQF seeking indicators or metrics because the notion at the bottom of (Thomas)'s comment which is that we do have some rudiments of this larger approach with police and fire-trained wellness programs and worksite and health education in schools is still reflecting the clinical approach to population health and clinical metrics for population health and disregarding the determinants of health approach if you will which is really where I think a lot of the discussion - a lot of the committee's discussion has been focused.

Kurt Stange: And really those - that early discussion really doesn't discount the clinical determinants but asks for that to be put in the context of one of multiple determinants of health.

Robert Pestronk: Yeah.

Kurt Stange: Any other comments on this before we move on to the next slide?

So (Thomas Seams) again. This reiterates the discussion about the WHO definition of health. And then there - there's certainly - the second point of - is really about the - just adding up the individual measures of health doesn't necessarily lead to population health. Any comment on that or the call for more specifics by (Lois Marcus)?



Robert Pestronk: Kurt, I don't have a -- this is (Bobby) -- I don't have a question or a comment about any of the remaining comments but I - that were submitted. I wondered about the conclusion on slide 23 that the clinical care system had made greater progress in this area of health improvement activities than the literature that Dawn and Steve reviewed which produced the indicator sets or measures, indicators or measures that are shown on the table are equally public health or population health (space). I just wondered about that conclusion.

Dawn Jacobson: (Bobby) which conclusion? What page are you on? This is Dawn.

Robert Pestronk: On slide 23. And as it printed out on my printer here it's a section that's headed in italics, clinical care system measurements of health improvement activities.

And the first sentence of that says the clinical care system for various reasons has made greater progress in this area which I think is the area of measurement of health improvement activities and yet there's a long list of population health metrics that have been developed over time and that do get measured regularly.

Dawn Jacobson: Right. And I guess what I'm - and we do go into talk about those?

Robert Pestronk: Yes.

Dawn Jacobson: ((inaudible)) that's right below that the government public health system measurement of health improvement activities?

Robert Pestronk: Yes.

Dawn Jacobson: So what I'm trying to compare there is like a local health department is trying to do - really understand how they do regulatory inspections like restaurant inspections.

You know, metric development on that is really, you know, promote really early at this point. We don't really have a standardized way of even measuring restaurant inspections across local health departments whereas the clinical care system with their, you know, patient safety clinic utilization, hospital discharges it's just much more robust because they've had a lot more money in development of a data sets to do that.

It's - I was trying to sort of tease out that difference. Population outcomes definitely. I mean we have, you know, that's all the (purpose) and, you know, we have a lot of total population health measures. We don't have performance health improvement measures.

Matt Stiefel: It's Matt Stiefel. I have a comment on it. It's related to a comment that I'm - I made on the paper. I don't know that it got submitted or incorporated, but it is the distinction between health improvement activities and population health improvement activities.

And my recommendation was to use the term population health improvement activities as opposed to health improvement activities.

The concern I have about health improvement activities is a concern that I mentioned on a previous - on an early call that where do you draw the line between, you know, cardiac surgery and the, sort of the broader population health improvement activities.

And certainly the healthcare system has a leg up on those health improvement activities that have to do with clinical care.

But I don't think that's in the frame of this paper or call for population health measures. And I think we're talking more about the broader notion of population health improvement activities as opposed to health improvement activities.

Dawn Jacobson: Right and this is Dawn. I would harken back to how we're the first section of the paper which is really trying to change the way we talk about that because population health I don't think we can use that term anymore because it has multiple meanings.

I think it's total population health and then, you know, these systems, these subpopulations that work towards health.

What I was trying to lay out really in those definitions is by the time you get to slide 23 it's clear that health improvement activities could be a tobacco policy passed by health department or it could be making sure that someone has had a bypass surgery is given the appropriate smoking cessation. You know, that's all clinical.

You know, so it's really those synergistic health improvement activities. Health is really used to mean both because right now we're - we don't really have a clear way to talk about these different populations.

So I'm really reluctant just to start using population health as a term. But these health improvement activities really span anything you would do in any of these systems.

Matt Stiefel: But so is your definition intended to include the bypass surgery itself or just the smoking cessation advice after the bypass surgery?

Dawn Jacobson: It's seen as a health determinant. People should get safe, effective, timely care if they need it. So if they need a CABG urgently it should happen and it should happen in the best quality we can. That's a health improvement set of measures.

Then there's the prevention things upstream that the clinical care system might define a certain way and a health department might define differently. And that might be more of what I believe you're using the term as population health activity like a policy or a tobacco quit line.

You know, but all of that together would mean that we have fewer people having, you know, treatment aside but having heart attacks and requiring those health care services.

But again Matt I would love your - are you in California? I would love to just get together and just talk about this for a while.

Matt Stiefel: Yes, no happy to do that yes.

Robert Pestronk: There might be a point about that specific sentence. We don't have time to go through every sentence but that, you know, greater progress than what and what's the area? It certainly is open to misinterpretation.

Dawn Jacobson: But by the time you get down to table - oh where is it, well our examples of like the IOM report which I already did in a more specific example -- this is slide 31 Matt and then 32 -- it's really trying to then put the different types of measures. That's what the table gets to then integrating all those measures concurrently together in a table.

Operator: Pardon the interruption. This is David, the operator. All lines are open. We do have a few comments and questions.

Sue Pickens: This is Sue Pickens. I was just, you know, looking through and almost all the recommendations you have talk about total population health.

So to eliminate it from that one little paragraph there I just think maybe a clarifying comment that says the clinical system has done a greater progress in the area of health improvement activities not necessarily population health activities, just some little clarification there to go with the whole theme of the paper.

Male: Other comments? It looks like we have a may or maybe?

Amir Qaseem: Hi. This is Amir Qaseem from ACP. First Steve and Dawn you guys did a very good job. I really enjoyed reading this paper. It's more of a general comment.

I had some little comments throughout but for some reason I couldn't you guys could hear me.

But the general comment I have is with regarding the recommendations I was just wondering if there's a way to sort of make them a little bit shorter and more to the point?

I felt like that we were sort of losing the message because this is the major portion that everyone will be reading. I am sure people will be reading the rest of the paper as well. I'm not saying that.

But the recommendation is the key one. But I was I felt like that we were losing the message of it little bit. It was too many words that were being used. So my suggestion would be to rephrase them a little bit and be a little bit more concise.

Dawn Jacobson: And these are for all the recommendations?

Amir Qaseem: Yes. I mean that especially the recommendations piece. I felt like when I went over the recommendations that they were not really recommendations.

Sometimes you were getting into the logic and the rationale as well. And even when you were talking - making a recommendation I felt like it was definitely wordy and I think we need to be - cut down a few words and then definitely make a clear recommendation is what you're recommending.

Sometimes I felt like it was not as clear as it could be. And that goes for pretty much all the recommendations.

Male: I mean so these are just our thoughts obviously in terms of the recommendations. I don't know what's - what the committee is going to be doing by way of a report or NQF with any of this.

I tend to agree with the reviewer that the pithier the better. But I'm not sure who supposed - who is it - I mean these are our thoughts but what's going to happen to these recommendations?

Are - is the committee going to mold them, NQF going to adopt some? Maybe that's the point at which they get tightened up.

(Crosstalk)

Male: Helen or (Lisa)?

Helen Burnstin: Yes I was starting to talk. I was expecting that one. This is Helen. It's actually an excellent question and at times, we have used commission papers in different ways so I don't think there's an, you know, a clear answer for every project.

I think in the case of this paper my sense is the paper was intended to give guidance to the committee and the broader community about some of these key issues and population health as we embark on our first project to bring in measures of population health.

So I think it was intended to be more informative. I do think there is an opportunity for the committee to emphasize or, you know, state specifically any specific recommendations from the committee as part of the draft report that will flow forward along with phase II on the measures which will also of course include the commission paper.

So I think we can kind of do it both ways. I think, you know, Dawn and Steve should incorporate what makes logical sense based on this discussion.

But there may be some areas where it really does come down to a committee recommendation and that we can put in a report.

Amir Qaseem: So Helen this is Amir. So just a clarification thing because it does say our list, overall list of recommendations so what you're saying is these are essentially the recommendations is from Steve and Dawn but not the recommendations from NQF?

Helen Burnstin: Well I think that's part of this whole exercise. I'm looking at the comments that came in having the committee discuss it.

I think at the end of the day it would be ideal if in fact the commission paper completely matched what the committee is thinking.

I think in some of these areas it sounds like, you know, some of your perspectives on these issues are very dependent on where you sit.

And so I think I see this is a very useful input. I think it should come from the -you know, ultimately it will be, you know, a paper that will flow through the endorsement process as well will be from NQF.

But I think if there are specific recommendations the committee wants to make above and beyond this that could be included as part of the second phase report.

Steve Teutsch: So to that end I would suggest a couple things. One is clarify that those are not - that these are the recommendations that Dawn and I have not - and not suggest that those are the committee recommendations.

And the other might be to give them a little titles so the...

Dawn Jacobson: Yes.

Steve Teutsch: ...subject is clear and that would, you know, and then that hopefully will get people to focus in on what the topic is and get to the ones that are germane to them.

Dawn Jacobson: I think that makes a lot of sense Steve, yes.

Male: Yes.

Dawn Jacobson: Yes.

Matt Stiefel: And it's Matt Stiefel. I agree with that. It addresses one of the concerns that I also raised.

While I agree with the direction about making recommendations about population health improvement activities that wasn't really the scope of our charge in developing - the committee's charge in developing the call for measures.



Ultimately it's of course where we want to go but if it - you know, it makes a difference if this is characterized as the recommendations from the committee versus the recommendations from the authors of the report. And I guess I'd - I agree with the two-stage process.

Steve Teutsch: Yes and just to be clear we never Dawn and I really never anticipated to be honest the level of interaction that we've had. We thought we were writing largely a background white paper.

Dawn Jacobson: Yes.

Steve Teutsch: And clearly the committee has had a lot more input than we'd originally anticipated and excellent input. So we appreciate that.

But I think it's still largely a paper that informs yours and other's decisions not meant to fully reflect the committee's conclusions.

Dawn Jacobson: Yes. I think that make sense.

Kurt Strange: Any other comments?

Elisa, it looks like we're over to for next steps.

Elisa Munthali: Thank you very much Kurt and thank you everyone for the discussion today. This will be very brief.

For their next steps what Dawn and Steve will do they mentioned it earlier is to look at the feedback that you provided to them and see what they will put into the paper.

We're hoping that we can - I'll speak with Dawn and Steve after this and see about a timeline. We hope we can get something to you, a final look at the paper before we post it as a final paper. And we're hoping to post it during the week of April 23.

And so in the next two weeks you'll be hearing from me with the final paper, just your final thoughts on that before we post it as the commission paper on population health.

And I just wanted to remind you that the Call for Measures is up. It was posted last week on April 2. It will remain open for the next couple of weeks. So we close it on May 1.

And so thank you very much. I've heard from several people on the committee that you are distributing the Call for Measures and telling people about the project and about the opportunity to submit to this project. And I encourage you to continue to do that.

And I think that's it from my end. Kurt I don't know if you had anything?

Kurt Strange: No.

Elisa Munthali: Okay. Well thank you all very much and I'll be in touch online.

Dawn Jacobson: Yes, thanks everybody.

Male: Thank you.

Male: And thanks a lot to Dawn and Steve for all your work on this.

Steve Teutsch: Thanks to all of you. We feel - really appreciate all the input and discussion.

Dawn Jacobson: Thanks you guys. Bye.

Steve Teutsch: Bye-bye.

Male: Bye.

Operator: That does conclude today's conference. Thank you for your participation.

Male: Thank you.

END