100 Million Healthier Lives

A measure that matters

Somava Saha Stout, MD MS

Vice President, Institute for Healthcare Improvement

CONVENED BY

Institute *for* Healthcare Improvement

Our time together

1. Measures that matter: Well-Being In the Nation (WIN) framework and measures

2. Diving deeply into Cantril's ladder as a measure

Who am I?

- Vice President, Institute for Healthcare Improvement
- Exec Lead, 100 Million Healthier Lives
- Former VP Cambridge Health Alliance
- Primary care doctor
- Harvard Medical School

National Committee on Vital and Health Statistics (WIN) Framework

NCVHS

NCVHS Measurement Framework for Community Health and Well-Being, V4

This document was developed by the NCVHS Population Health Subcommittee drawing from a wide range of evidence, including an environmental scan conducted by the Committee, and with input from the public through a year-long, iterative process. This version of the Framework incorporates feedback received during the NCVHS Population Health workshop held in September 2016. In its capacity as a Federal Advisory Committee, the Committee has turned over the Framework to a non-governmental organization (NGO) whose leadership volunteered to steward its ongoing development, maturation, pilot, implementation and ongoing refinement in collaboration with federal, state, local governmental and non-governmental organizations. For questions, please contact NCVHS at ncvhsmail@cdc.gov.

https://www.ncvhs.hhs.gov/wp-content/uploads/2013/12/NCVHS-Measurement-Framework-V4-Jan-12-2017-for-posting-FINAL.pdf

National Committee on Vital and Health Statistics (NCVHS) is a Federal Advisory Committee – reports to secretary of HHS

Was changed with identifying *multi-sector* measures to support population and community health and wellbeing and address social determinants of health

Report from January 2017

Handed off the process of developing measures to 100 Million Healthier Lives

What is the Well-Being In the Nation Measurement Framework?

- The Well-Being In the Nation (WIN) Measurement Framework offers a set of common measures to assess and improve population and community health and well-being across sectors that was developed with contributors from each sector and with local communities.

- The framework was developed by the National Committee on Vital and Health Statistics; measure development was facilitated by 100 Million Healthier Lives, with input from 100+ people and organizations.

- NQF served on the Stewardship Group and NQF criteria was used in evaluating measures.

- The framework is divided into three elements: core measures, leading indicators, and a full flexible set of measures.

www.winmeasures.org

- Landscape analysis of 500+ measures

- Cycle 1: What's missing?
  - Process: Participants were invited to suggest additions to the list of candidate metrics being considered.
  - Output: Complete metrics list compiled

- Cycle 2: Prioritization
  - Process: In each domain participants were asked to prioritize 10 metrics for each the National and Community measures based on the measure's importance, value/usefulness, and usability to stakeholders
  - Output: Candidate metrics lists for each domain at each National and Community levels were reduce to ~20 most selected measures

- Cycle 3: Evaluation
  - Process: In each domain participants were asked to prioritize 5 metrics for each the National and Community measures, then evaluate their importance, feasibility, usability and value on a scale of 1 (least) to 3 (most) using NQF decision criteria

- Cycle 4: Multisector expert validation and community testing

- Cycle 5: Alignment with related measurement initiatives, such as Healthy People 2030

Well-being In the Nation (WIN) Measurement Framework (NCVHS Framework)
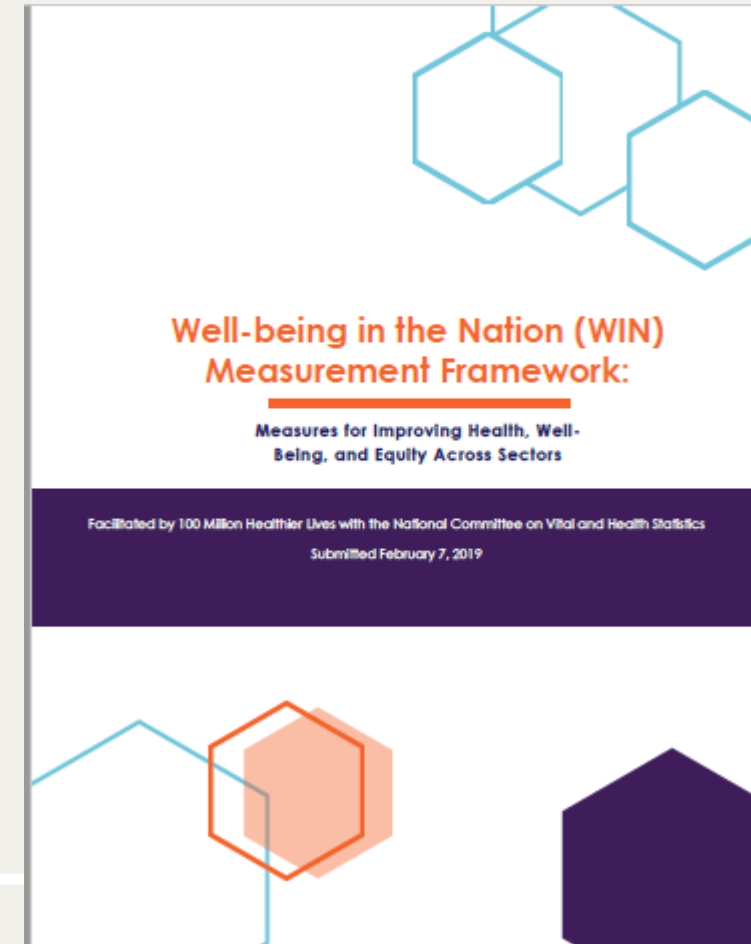
1. Core measures
   - Well-being of people
   - Well-being of places
   - Equity
2. Leading indicators
   - 12 domains and associated subdomains related to determinants of health (upstream, midstream, downstream)
3. Full flexible set (developmental measures)
   - 12 domains and associated subdomains

Well-being in the Nation (WIN) Measurement Framework:

Measures for Improving Health, Well-Being, and Equity Across Sectors

Facilitated by 100 Million Healthier Lives with the National Committee on Vital and Health Statistics

Submitted February 7, 2019

Well-being In the Nation (WIN) Measures

1. **Wellbeing of people**
   - People's perception of their well-being
   - Life expectancy
2. **Wellbeing of places**
   - Healthy communities index (USNWR/CHRR)
   - Child poverty
3. **Equity**
   - Differences in subjective well-being
   - Years of potential life gained
   - Income inequality, graduation rates
   - Differences by demographic variables (race, place, gender, educational level, language, sexual identity, etc.)
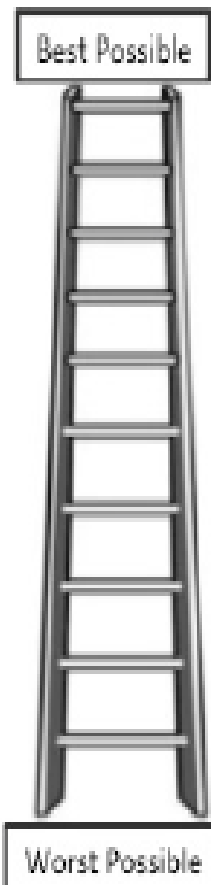

Well-being of People

Well-being of Places

Equity

www.winmeasures.org

Cantril's ladder: People reported well-being

Common Measures for Adult Well-being

Best Possible

1. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

Indicate where on the ladder you feel you personally stand right now.

0   1   2   3   4   5   6   7   8   9   10

2. On which step do you think you will stand about five years from now?

0   1   2   3   4   5   6   7   8   9   10

3. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

0   1   2   3   4   5   6   7   8   9   10

Worst Possible

Life evaluation

% people thriving
% people struggling
% people suffering

Overall life eval index:
%thriving - % suffering

Age
Sex
Race/Ethnicity
Education
Zip code
Veteran status

www.winmeasures.org

- Cantril's ladder - Two simple questions

- Administered 2.7 million times, highly validated

- Relates to morbidity, mortality, cost

- Useful for risk stratification

- Works across sectors

- Recommended by OECD

Ways people are using Cantril's ladder measures in their work

1. Coaching with an individual patient
2. Risk stratification (2 examples)
   a. At the practice level to rapidly diagnose who needs what
   b. At the population planning level
3. Identification of equity populations
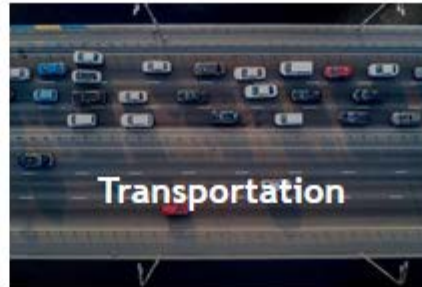4. Evaluation
5. Population level surveillance

Leading Indicators

Indicators with strong validity, importance, and data availability

An example of Diabetes Prevention Program adaptation at Downtown Women's Center Results

Figure 1. % of people suffering

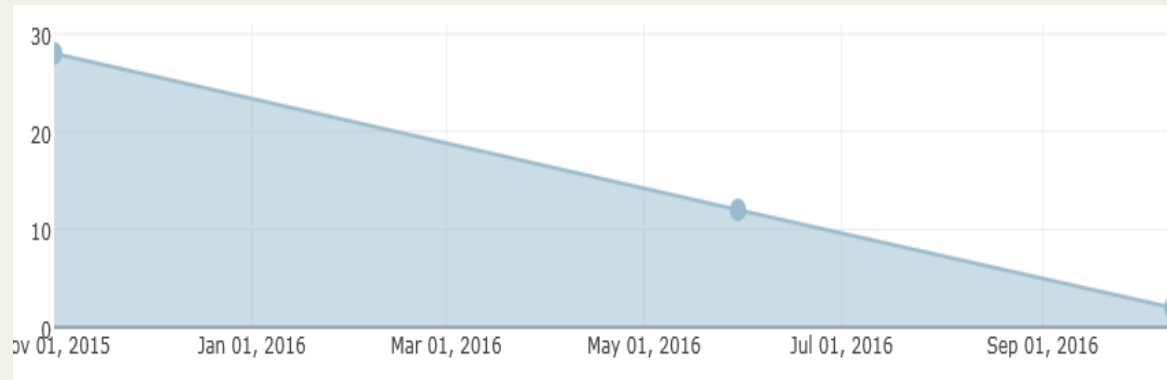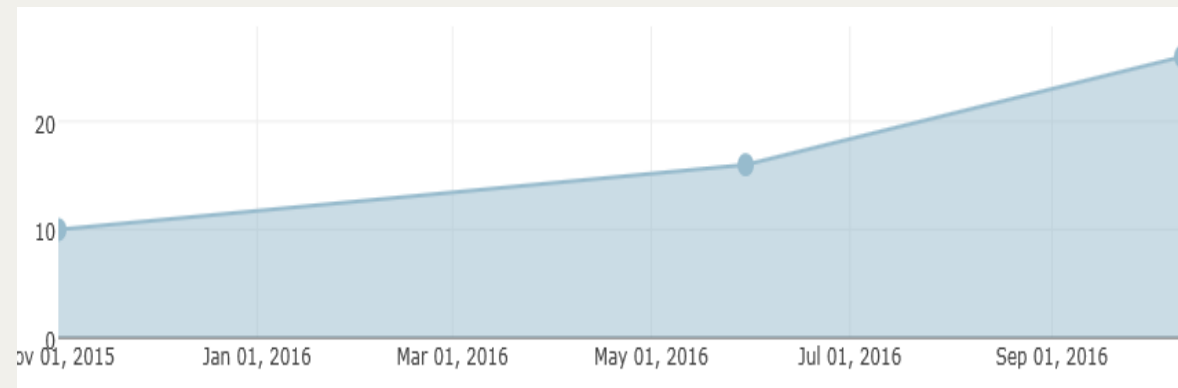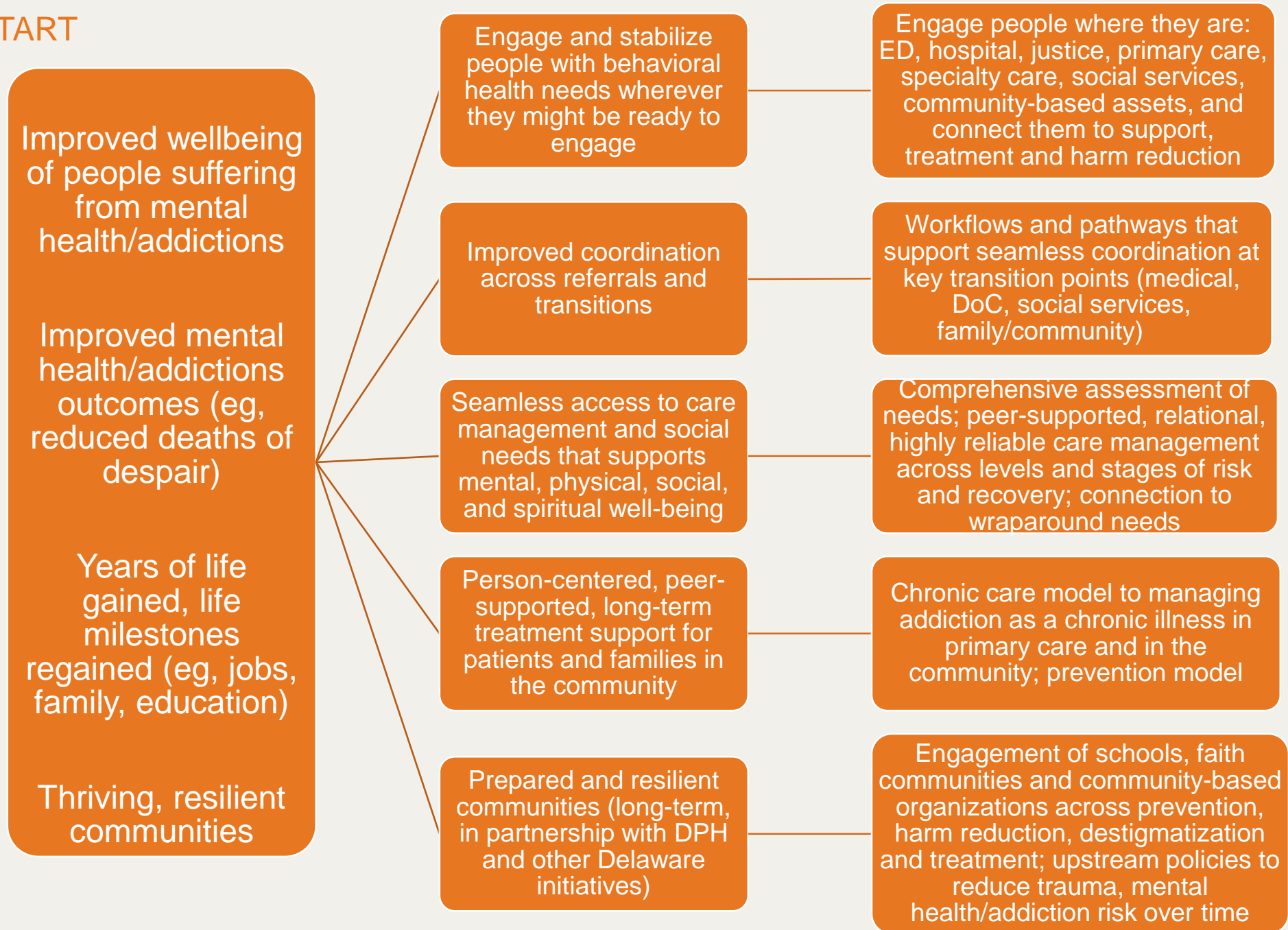Figure 2. % of people thriving

– Women for Wellness Program –

Leading indicators:

84% improvement in healthier lives

92% improved blood pressure

44% improved A1C

Delaware START

Improved wellbeing of people suffering from mental health/addictions

Improved mental health/addictions outcomes (eg, reduced deaths of despair)

Years of life gained, life milestones regained (eg, jobs, family, education)

Thriving, resilient communities

Engage and stabilize people with behavioral health needs wherever they might be ready to engage — Engage people where they are: ED, hospital, justice, primary care, specialty care, social services, community-based assets, and connect them to support, treatment and harm reduction

Improved coordination across referrals and transitions — Workflows and pathways that support seamless coordination at key transition points (medical, DoC, social services, family/community)

Seamless access to care management and social needs that supports mental, physical, social, and spiritual well-being — Comprehensive assessment of needs; peer-supported, relational, highly reliable care management across levels and stages of risk and recovery; connection to wraparound needs

Person-centered, peer-supported, long-term treatment support for patients and families in the community — Chronic care model to managing addiction as a chronic illness in primary care and in the community; prevention model

Prepared and resilient communities (long-term, in partnership with DPH and other Delaware initiatives) — Engagement of schools, faith communities and community-based organizations across prevention, harm reduction, destigmatization and treatment; upstream policies to reduce trauma, mental health/addiction risk over time

Adopters of the WIN Measures

1. US News & World Report
2. American Heart Association
3. National Councils on Aging
4. HERO (Employers)
5. Health systems - Kaiser Permanente, Health Partners, Methodist Healthcare Ministries, SCALE
6. States – Delaware, New York, California
7. Federal agencies – VA, CDC, ACL
8. Public health agencies – Association of State and Territorial Health Officials
9. Funders – Wellbeing Trust, Robert Wood Johnson Foundation, Cargill Foundation
10. Well Being Alliance partners (30 national partners)
11. Technology groups: Community Commons, LiveStories
12. Other measurement efforts – CityHealth Dashboard, USNWR, Healthy Places Index, SIREN
13. Other sectors: Housing (Enterprise), CDFIs (Build Healthy Places Network), Transportation, Business, Media
14. 100 Million Healthier Lives partners – All In, IHI, DASH, Empath, SCALE communities, etc
15. Healthy People 2030

Where can I learn more?

About WIN Measures:

Download measures, slides, and other tools at
www.winmeasures.org

About the WIN Network: www.winnetwork.org

About 100 Million Healthier Lives: www.100mlives.org

Soma Saha – ssaha@ihi.org or somavasaha@gmail.com

100 Million Healthier Lives

Examples of use

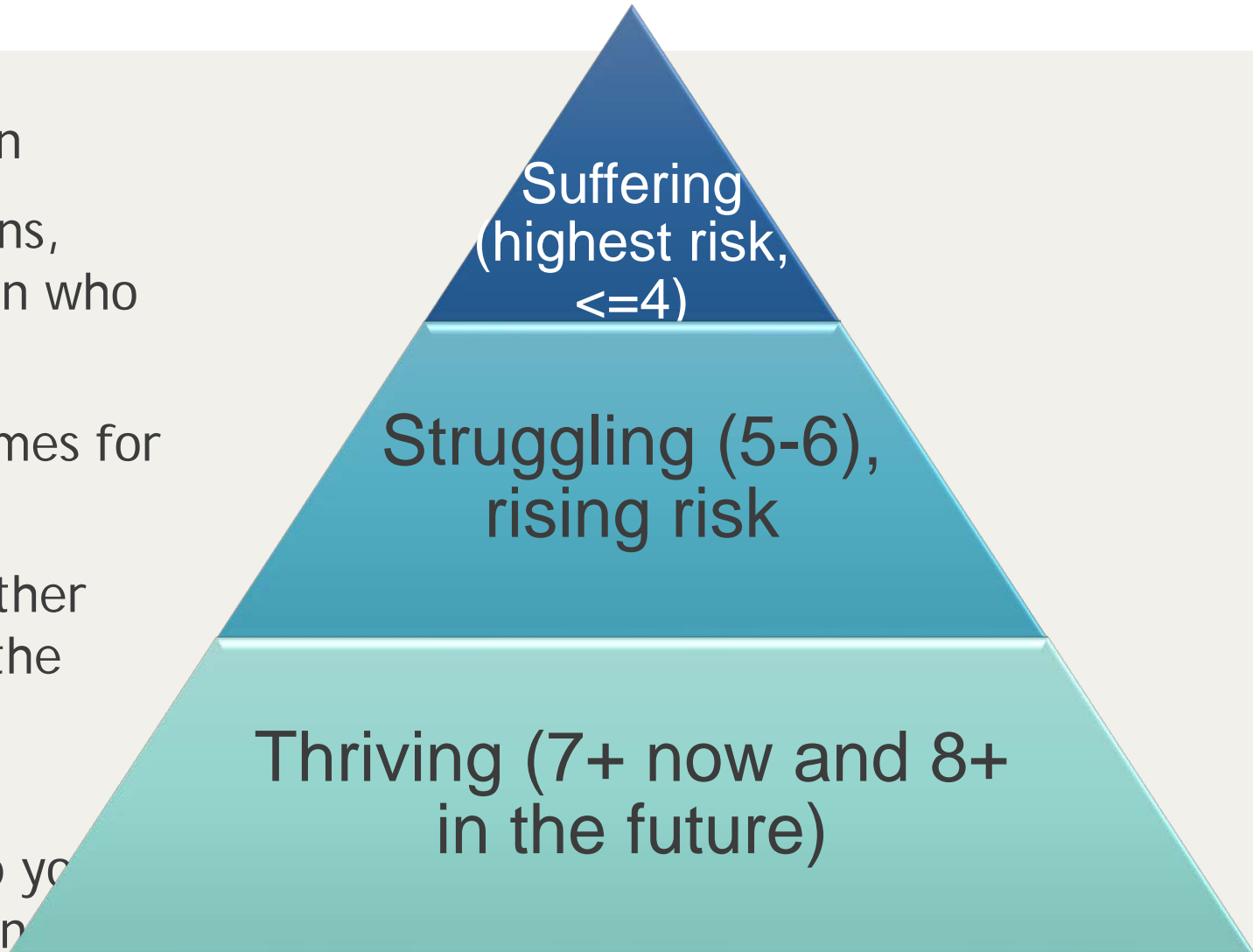# 1. Coaching with an individual patient

- Set goals and a path to getting there
  - "You say you can imagine your life being at a 7 in 5 years. What does that look like for you? (get a vivid picture)
    - What will it take to get there? Let's chart a path to that.
    - What barriers are getting in the way of achieving that? [social needs screening]
    - "How can we make sure your health is in such a good place that it doesn't hold you back from that?"

- Using motivational interviewing to roll with resistance for someone who feels hopeless
  - "Why isn't your life worse than a 4 on this ladder?" (helps people identify the things they have to live for, resilience factors, which can be built on)

2b. Risk stratification and program planning

1. Population level risk stratification

2. Using the two well-being questions, calculate the % of your population who are in each category

3. Understand what is driving outcomes for each group using real examples

4. Plan the care management and other interventions needed to address the needs for prevention and care management

5. The additional questions can help yo focus on a particular area that is n

Suffering (highest risk, <=4)

Struggling (5-6), rising risk

Thriving (7+ now and 8+ in the future)

PEOPLE'S PERCEPTION OF THEIR WELL-BEING

How many Delaware residents are thriving? How many are struggling or suffering?

Thriving (2017)
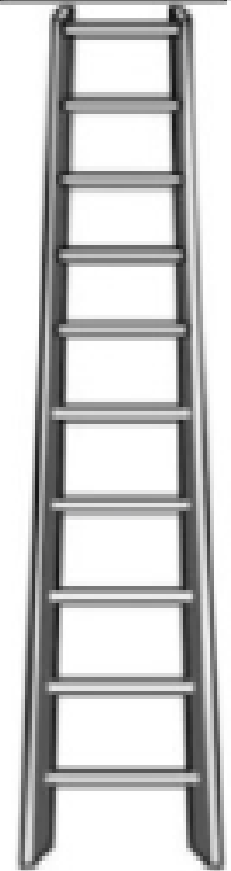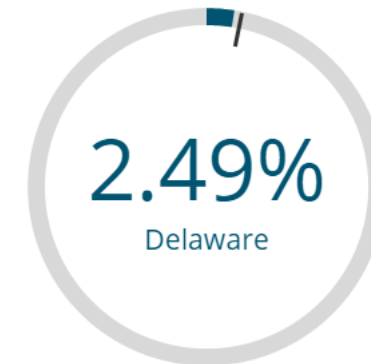
55.36%
Delaware

Struggling (2017)

42.14%
Delaware

Suffering (2017)

2.49%
Delaware
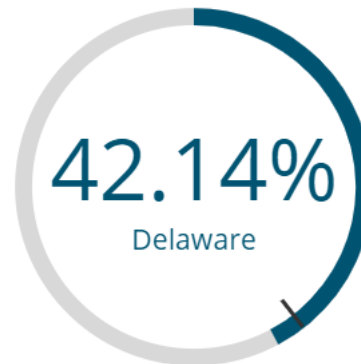
3. Identification of equity populations

Common Measures for Adult Well-being

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Worst Possible

% people thriving
% people struggling
% people suffering

6 major equity lenses

Age
Sex
Race/Ethnicity
Education
Zip code
Veteran status

See what the distribution of thriving, suffering and struggling is based on the factors above.

Fox Cities, Wisconsin

- Used Cantril's ladder to understand who wasn't thriving

- Led to recognition that up to 92% Native populations and 80% African-American populations in certain communities were struggling or suffering and didn't feel they belonged.

- Led to very different conversations about what inclusion might look like across health care systems, business, and community based agencies.

- Have set goals to interrupt cycles of poverty upstream in addition to addressing social needs.

4. Evaluation and continuous improvement

1. Use the first 3 questions of the 100MLives wellbeing assessment (or the whole assessment)
   - before intervention begins
   - during the intervention every 3-6 months
   - after the intervention ends
2. Use the data to reflect and focus, try out new strategies
   - eg, if people are improving in terms of everything except for meaning and purpose, this may be where you need to focus an intervention; try it and see if things get better