

ENDORSEMENT SUMMARY:

Population Health Phase II Measures

OCTOBER 2012

Purpose of the Project

Population health is generally understood as a systems-level concept that describes health outcomes of a group of individuals. These outcomes are measured through a broad spectrum of public health, clinical care, socio-economic, and physical environmental determinants that function interdependently and cumulatively.

Population health not only focuses on disease across multiple sectors, but also health and well-being, prevention and health promotion, and disparities in such outcomes and improvement activities within groups. Identifying valid and reliable measures of performance across these sectors can be challenging, given variations in data collection, individual and aggregate health assessments, payment structures, patient care quality, and public health interventions across the country. Overcoming these challenges will be critical to better understanding and improving population health.

NQF has previously endorsed population-level measures. In May 2011 – at the request of the Department of Health and Human Services – NQF began a two-phase project focused on identifying, endorsing, and updating clinical preventive services, healthy lifestyle behaviors, and broader population-level performance measures.

To kick off the project, NQF commissioned the Los Angeles County of Public Health and the Public Health Institute to develop a paper that:

- presented an environmental scan of existing measures and community health priorities;

- proposed analytic frameworks for assessing and measuring population health;
- discussed how to align the clinical care and public health systems;
- outlined methodological issues in population health measurement; and
- addressed gaps in community and population-level measurement.

The Population Health Steering Committee also evaluated NQF's measure evaluation criteria and developed additional guidance and context for measures addressing population health issues. This guidance included developing standardized nomenclature for population-level measure criteria, as well as a standardized framework to help measure developers understand what type of measures the steering committee aimed to endorse.

This work laid the foundation for Phase I of the project, which in May 2012 endorsed [19 measures](#) addressing influenza and pneumococcal immunizations across many healthcare settings, as well as screenings for specific cancers, sexually transmitted infections, and osteoporosis. Phase II then sought to endorse healthy lifestyle behavior and broader population-level measures, including those that can assess social, economic, and environmental determinants of health and outcomes.



What Was Endorsed

Summary of Population Health Phase II Endorsement Maintenance Measures Project

	Maintenance	New	Total
Measure submitted for consideration	4	5	9
Measures withdrawn from consideration	0	1	1
Measures recommended for endorsement	3	2	5
Measures not recommended for endorsement	1 (failed Importance criteria)	2 (failed Importance criteria)	3

Under Phase II of the population health endorsement project, NQF endorsed five measures suitable for accountability and quality improvement. Of the five measures, three were previously endorsed and granted continued endorsement status, and two were newly submitted measures.

Measure stewards included both public- and private-sector healthcare stakeholders, including the Centers for Medicare & Medicaid Services; the National Committee for Quality Assurance; and the Centers for Disease Control and Prevention. A full list of measures is available at the end of this report.

The Need these Measures Fill

The endorsed measures deal with a range of population-level care concerns, including late-stage HIV diagnosis and smoking prevalence, and healthy lifestyle behavior measures, including BMI screening and follow-up care, and nutrition and physical activity counseling for both children and older adults.

Potential Use

These measures are applicable for use in a range of healthcare settings, which will allow and foster

community-level assessments of performance across the country.

Project Perspectives

Despite targeted outreach for new population-level performance measures, NQF received only a handful of new measures for consideration. The steering committee and measure developers noted the inherent challenges in measuring population health, the difficulty in reaching consensus on the concept of population health, and the need for greater collaboration between clinical and public health systems as possible reasons for the low submission rate. In addition, many stakeholders agreed that there is a need for greater alignment among health professionals within the clinical healthcare system and public health system in how they ask health behavior questions; such alignment would make measurement efforts across both systems much more effective.

Given the low submission rates, many gaps in population health measurement remain. The steering committee identified several gaps areas, including:

- individual process and outcome measures;
- measures that assess upstream social, economic, and environmental determinants of health;
- population-level blood pressure screening measures for programs such as the Million Hearts campaign; and
- comprehensive measures, like composites, that take into account process, outcome, access, structure, population experience, population management, and population costs and services.

Comments received from stakeholders during the project also advocated for measures with a focus on environments, especially those that assess children's health within schools; measures that assess patient and population health outcomes that can be linked to public health activities such as improvements in functional status; assessments of community interventions to prevent elderly falls; and measures that focus on counseling for physical activity and nutrition in younger and middle-aged adults.

Endorsed Measures

1999: Late HIV Diagnosis (CDC)

Description: Percentage of persons 13 years and older diagnosed with Stage 3 HIV infection (AIDS) within 3 months of a diagnosis of HIV infection.

2020: Adult Current Smoking Prevalence (CDC)

Description: Percentage of adult (age 18 and older) U.S. population that currently smokes.

0421: Preventive care and screening: Body Mass Index (BMI) Screening and Follow-Up (CMS)

Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.

0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (NCQA)

Description: Percentage of children 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or an OB/GYN and who had evidence of body mass index (BMI) percentile documentation, counseling or nutrition and counseling for physical activity during the measurement year.

0029: Counseling on Physical Activity in Older Adults – a. Discussing Physical Activity, b. Advising Physical Activity (NCQA)

Description:

a. Discussing Physical Activity: Percentage of patients 65 years of age and older who reported: discussing their level of exercise or physical activity with a doctor or other health provider in the last 12 months.

b. Advising Physical Activity: percentage of patients 65 years of age and older who reported receiving advice to start, increase, or maintain their level of exercise or physical activity from a doctor or other health provider in the last 12 months.



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