



## Health and Well-Being Standing Committee

### BACKGROUND

Social, environmental, and behavioral factors can have significant negative impact on health outcomes and economic stability,<sup>1</sup> and these along with other upstream determinants contribute to 60 percent of deaths in the United States;<sup>2</sup> yet only 3 percent of national health expenditure is spent on prevention, while 97 percent is spent on health care services.<sup>3</sup> Population health includes a focus on health and well-being, along with disease and illness, prevention and health promotion, and disparities in outcomes and improvement activities within a group and/or between groups. Developing strategies to strengthen the measurement and analysis of health and well-being given its multi-dimensional focus can be best accomplished using a collaborative approach that includes public health, healthcare delivery systems, and other key sectors whose policies, practices, and procedures influence health. Using the right measures can determine how successful initiatives are in reducing this mortality and excess morbidity and help focus future work to improve population health in appropriate areas.<sup>4</sup>

As an extension of NQF's most recent Population Health Endorsement Maintenance project, which was informed by the [National Quality Strategy \(NQS\)](#) three-tiered approach to working with communities to promote healthy living and well-being and the [Jacobson and Teutsch commissioned paper on Integrated Approaches for Defining and Measuring Total Population Health](#), this multiphase project seeks to identify and endorse measures that can be used to assess health and well-being across all levels of analysis, including healthcare providers and communities. An additional resource is NQF's [Population Health Action Guide 2.0](#), which is a framework to identify key drivers of population health across communities.

The project will evaluate measures that assess health-related behaviors, community-level indicators of health and disease, primary prevention and screening, practices to promote healthy living, community interventions; and modifiable social, economic, environmental determinants of health with a demonstrable relationship to health and well-being.

---

<sup>1</sup> Nash DB, Reifsnyder J, Fabius R, Pracilio VP. Population Health: Creating a Culture of Wellness, Sudbury, Massachusetts: Jones & Bartlett Learning; 2011.

<sup>2</sup> Kindig DA, Asada Y, Booske B, A population health framework for setting national and state health goals, JAMA, 2008;299(17):2081-2083.

<sup>3</sup> Bipartisan Policy Center. 2012. Lots to lose: How America's health and obesity crisis threatens our Economic Future. Washington, DC: Bipartisan Policy Center.

<sup>4</sup> National Research Council. Population Health Implications of the Affordable Care Act: Workshop Summary. Washington, DC: The National Academies Press, 2013.

The Health and Well-Being project also will review maintenance measures, using the most recent NQF measure evaluation criteria, including measures targeting physical activity, cervical and colorectal cancer screening, pneumococcal vaccination, and other preventive care and screening measures.

## COMMITTEE CHARGE

A multi-stakeholder Standing Committee has been established to evaluate newly-submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee works to identify and endorse new performance measures for accountability and quality improvement that specifically address health and well-being, across multiple care settings. Additionally, the Committee continues to evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee also will continue to:

- oversee the portfolio of health and well-being measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio
- provide advice or technical expertise about the subject to other committees (i.e., cross cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#)

## COMMITTEE STRUCTURE

This Committee is an existing standing committee comprised of 19 individuals, with members serving terms that may encompass multiple measure review cycles.

### ***Terms***

Standing Committee members will initially be appointed to a 2- or 3-year term. Each term thereafter would be a 3-years, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the [Standing Committee Policy](#).

**Participation on the Committee requires a significant time commitment.** To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be

rescheduled; new dates will be set based on the availability of the majority of the Committee. Each measure review cycle generally runs about seven months in length.

**Committee participation includes:**

- Review of measure information forms during each cycle of measure review
- Each Committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours per measure) and provide a preliminary evaluation at the in-person meeting
- Each Committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q &A calls (1 hour)
- Attendance at in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls, as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and at in-person meeting

**Table of scheduled meeting dates**

The in-person meeting date is scheduled and listed below. The remaining meeting dates will be finalized based on Committee availability.

Meeting	Date/Time
Orientation Call (2 hours)	TBD
Measure Evaluation Q & A	TBD
In-person Meeting (2 days in Washington, D.C.)	September 12-13, 2016
Post-meeting Follow-up Call (2 hours)	TBD
Post Draft Report Comment Call (2 hours)	TBD

**PREFERRED EXPERTISE & COMPOSITION**

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF is looking to fill six Committee member seats for the Health and Well-Being Standing Committee. We are specifically seeking consumer, purchaser, and health plan representatives, along with experts on e-measures. Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, interventions, or procedures associated with health and well-being, across multiple care settings. We also are seeking expertise in community-based organizations, public health agencies, school health programs, disparities, and care of vulnerable populations.

**Please review the NQF [Conflict of Interest Policy](#) to learn about NQF's guidelines for actual or perceived conflicts of interest.** All potential Standing Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a Committee.

NQF will require Committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with that measure. A potential or current member may not be seated on a Committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

## CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. [Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals is *not permitted*.] Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

## APPLICATION REQUIREMENTS

Nominations are sought for individuals with relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise associated with preventive, population, and community health. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Standing Committee, please **submit** the following information:

- a completed [online nomination form](#), including:
  - a brief statement of interest
  - a brief description of nominee expertise highlighting experience relevant to the committee
  - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development
  - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*

- a completed Disclosure of Interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

#### DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on June 10, 2016**.

#### QUESTIONS

If you have any questions, please contact Zehra Shahab at 202-783-1300 or [healthandwellbeing@qualityforum.org](mailto:healthandwellbeing@qualityforum.org). Thank you for your interest.