

MEASURE DEVELOPMENT & ENDORSEMENT AGENDA PROJECT

MEASURE PRIORITIZATION ADVISORY COMMITTEE

I. Introduction

Despite many ongoing government and private sector efforts to standardize measures to assess the delivery of healthcare, the quality and cost of care continue to be highly variable in the United States. There is a strong need for the development of quality measures that will ensure broad transparency on the value of care and support performance-based payment and quality improvement around the most prevalent conditions that account for the greatest share of healthcare spending. Thus, an assessment and strategic evolution of the current portfolio of measures is needed to ensure that the “right” measures are included.

Section 183 of the Medicare Improvements for Patients and Providers Act of 2008 provides funding for a consensus-based entity to prioritize, endorse, and maintain valid quality performance measures. This legislation and the National Quality Forum’s (NQF’s) subsequent contract with the U.S. Department of Health and Human Services (HHS) afforded NQF with the opportunity for the Formulation of a National Strategy and Priorities for Healthcare Performance Measurement. To achieve these goals, NQF approached the evolution of its endorsed measures portfolio strategically by constructing a working Measure Development and Endorsement Agenda. Key objectives of the project include:

- Alignment with the development of a national strategy for health care performance measurement;
- Construction of a clear agenda to encourage direction of resources to high leverage areas;
- Continuous scan of the environment to identify and make mid-course corrections, as necessary; and
- Alignment of this work with payment reform in the context of the Affordable Care Act (ACA) and meaningful use in the context of the American Recovery and

Reinvestment Act (ARRA) since both of these laws require a robust set of performance measures to serve a variety of needs: meaningful use measures, various new and emerging payment systems, and expanded public reporting.

Background

In March 2010, NQF convened the current Measure Prioritization Advisory Committee (Committee)¹ to tap the Committee's ongoing expertise and build on the Medicare conditions and gap prioritization work. The Committee was charged with developing a consolidated list of measure gap domains and sub-domains for the construction of a Measure Development and Endorsement Agenda. The consolidated list of measure gap domains and sub-domains was constructed based on the Committee's prioritization of:

- Medicare conditions as well as Medicare measure gap domains and sub-domains;
- Child health conditions and risks as well as child health measure gap domains and sub-domains; and
- Population health measure gap domains and sub-domains.

Key issues were captured during the course of the Committee's deliberations to provide context for interpreting the lists of priority conditions and measure gaps that emerged from the prioritization process.

Public Comment

This document outlines measure gaps and priorities for quality measurement, along with the Committee's key issues, for the purpose of collecting feedback from NQF members and the public. The report is comprised of three main sections: Consolidated List Measure Gaps; Child Health Conditions, Risks and Measure Gaps; and Population Health Measure Gaps. NQF is seeking member and public comment with regard to the following areas:

¹ NQF established the Measure Prioritization Advisory Committee in 2009 to provide strategic guidance to HHS regarding gaps in quality measures under the previous HHS Task 6 work on Medicare prioritization. In May 2010, NQF's Measure Prioritization Advisory Committee submitted to HHS *The Prioritization of High-Impact Medicare Conditions and Measure Gaps* report. This report provided a prioritized list of 20 high-impact Medicare conditions as well as strategic guidance for prioritization of gaps in Medicare.

- General comments on the Measure Development and Endorsement Agenda project;
- Comments on the prioritized, consolidated list of measure gap areas and key issues;
- Comments on the prioritization of child health conditions, child health measure gap areas, and key issues; and
- Comments on the prioritization of population health measure gap areas and key issues.

NQF has previously sought public comment on the Medicare conditions, gap areas, and key issues in its [Medicare prioritization public comment report](#). To access additional information on the Medicare prioritization project, please visit the [Medicare prioritization project's website](#).

Additional information detailing the Committee's process and key issues for this phase of the project can be found in the presentation that accompanies the educational webinar scheduled for Thursday, September 23, 2010 from 2:00 – 4:00 pm ET. This webinar will offer an opportunity for members and the public to learn more about the scope of work and charge of the Committee; the process the Committee undertook to arrive at the prioritized lists of conditions, risks and measure gaps; and to ask questions in preparation for the comment period, which begins Monday, September 20, 2010 and ends on Thursday, October 19, 2010. Those wishing to comment but not able to participate in the webinar should review the webinar materials prior to submitting their comments. To access the form for public comment and additional background materials, please visit the Measure Development and Endorsement Agenda [project website](#).

HHS Report

A comprehensive report detailing the prioritized list of gap domains and sub-domains – as well as the Committee's key issues, themes that arise during the public comment period, and additional details about the Committee's process – will be provided to HHS as the project's final deliverable. This report to HHS will also incorporate findings from an environmental scan of pipeline measures (measures that are in development, have specifications, and have not yet been submitted to NQF) as well as the results of a

Committee exercise that examined the consolidated list of prioritized measure gap domains and sub-domains from a future-oriented perspective. For this exercise, Committee members were asked to consider what measure gaps would exist ten years from now (in the year 2020) and how that would influence their priority rankings.

II. Consolidated List of Measure Gaps

As shown in *Figure 1* below, the consolidated list of measure gap domains and sub-domains was constructed based on the Committee's prioritization of:

- Medicare conditions as well as Medicare measure gap domains and sub-domains;
- Child health conditions and risks as well as child health measure gap domains and sub-domains; and
- Population health measure gap domains and sub-domains.

Additional inputs or cross-checks to the consolidated list included:

- Integrated Framework for Performance Measurement ([National Priorities Partnership](#) Priorities and the NQF-endorsed [Patient Focused Episodes of Care Framework](#))
- Measure developer priorities;
- Health Information Technology (HIT) meaningful use deliberations;
- Disparities-sensitive domains and sub-domains;
- Gaps identified by the NQF endorsement process; and
- Community needs.

The Committee considered, as a key input to its work, the NQF Integrated Framework for Performance Measurement, comprised of the National Priorities Partnership (NPP) Priorities and the NQF-endorsed Patient-Focused Episodes of Care Framework. The Integrated Framework highlights the full spectrum of patient-focused performance measurement, including longitudinal and cross-cutting aspects. Further, the Committee considered themes that emerged from measure developer priorities.² These themes

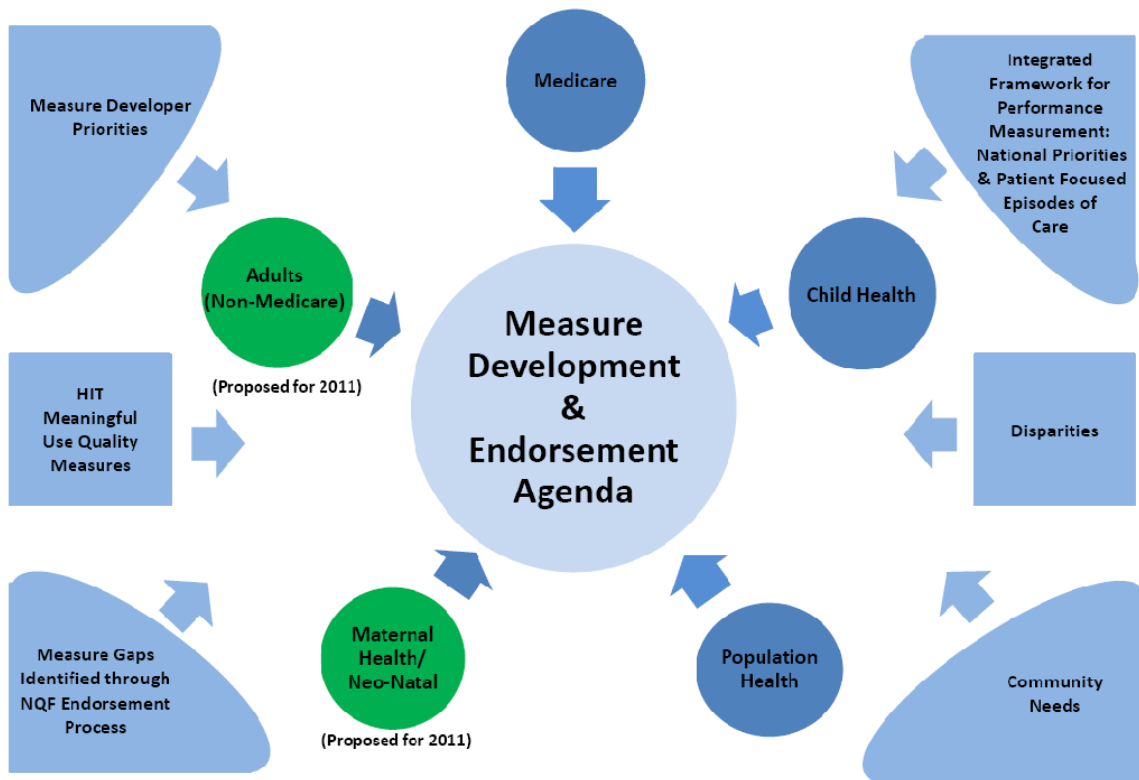
² The Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid Services (CMS), The Joint Commission, National Committee for Quality Assurance (NCQA), and the Physician

included: care coordination, efficiency/overuse, child health, safety, functional status, and palliative care. Key measure developer issues included: comprehensive measure dashboards, composite measures addressing both quality and cost, e-measure specifications for electronic health records (EHRs), and the need for measures addressing multiple chronic conditions. The Committee also considered the prioritization of gaps when looking through the lens of HIT meaningful use deliberations as well as disparities-sensitive domains and sub-domains. Further, the Committee considered, as an input, gaps identified through the NQF endorsement process. The source for these identified gaps was a review of more than 20 NQF Consensus Development Process (CDP) reports. Finally, the Committee was asked to consider community needs as part of the prioritization process.

We are also seeking public comment on the focus of the next phase of the Measure Development and Endorsement Agenda project, proposed for 2011. The next phase of the project, for example, could focus on community needs, including the identification of payment reform and public reporting gaps. This subsequent phase could also focus on adults (non-Medicare) and maternal health/neonatal priority conditions and measure gaps, as shown in Figure 1 below.

Consortium for Performance Improvement (PCPI) as convened by the American Medical Association (AMA) contributed to the measure developer priorities that the Committee considered. The report to HHS will also incorporate findings from an environmental scan of pipeline measures (measures that are in development, have specifications, and have not yet been submitted to NQF) from a broad array of measure developers.

Figure 1: Streams Feeding the Measure Development and Endorsement Agenda Project



Prioritization of Consolidated List of Measure Gap Domains and Sub-Domains

The Committee was tasked with prioritizing a consolidated list of measure gap domains and sub-domains based on its prior work in Medicare as well as work conducted during this phase of the project in child health and population health. The Committee used a modified Delphi approach to reach final agreement on the prioritization of a consolidated list of measure gap domains, as shown in Table 1, and sub-domains, as shown in Tables 2 and 3. Table 2 presents the results for the measure gap sub-domains clustered under the eight overarching measure domains, and Table 3 presents the results for the measure gap sub-domains listed in order from highest to lowest based on raw score. The Committee members considered the following dimensions in determining their priority gaps:

- Impact / burden (including prevalence and cost);
- Improvability / variability (including actionability and effectiveness); and
- Feasibility (including data source and burden of measurement).

Table 1: Prioritized List of Measure Gap Domains

Domains	Votes
Resource Use / Overuse	16
Care Coordination & Management	15
Health Status	8
Safety Processes & Outcomes	8
Patient & Family Engagement	7
System Infrastructure Supports	5
Population Health	4
Palliative Care	0

Table 2: Prioritized List of Measure Gap Sub-Domains by Domain

Sub-Domains	Votes
Domain 1: Care Coordination & Management	
Communication	11
Medication Management (Appropriateness, Adherence)	9
Transitions*	9
Having a Medical or Health Home	4
Appropriate and Timely Follow-up	3
Effective Care Plans	2
Help Coordinating Care	1
Domain 2: Systems Infrastructure Supports	
System Capacity & HIT	8
Patient/Family Centered Systems of Care	7
Research, Quality Improvement, and Knowledge Dissemination	7
Workforce Development	4
Performance Measurement	3
Domain 3: Health Status	
Function, Symptoms, and Quality of Life	16
Productivity	2
Well Being	2
Burden of Illness	0

Mortality/Length of Life	0
Domain 4: Palliative Care	
Advance Preparations Defined and Honored	2
Pain Management and Symptom Relief	2
Access to Supportive Services	1
Access to Spiritual, Cultural, and Psychological Needs	0
Caregiver/Family Burden	0
Domain 5: Patient & Family Engagement	
Shared Decision Making **	19
Self-Management***	6
Experience ^	0
Domain 6: Population Health	
Effective Preventive Services^^	10
Healthy Lifestyle Behaviors^^^	7
Population Health Outcomes	4
Community Index	2
Environmental Factors	1
Social Determinants	1
Domain 7: Resource Use/Overuse	
Appropriateness/Efficiency	23
Direct Cost†	2
Indirect Cost	0
Domain 8: Safety Processes & Outcomes	
Prevention of Adverse Events	13
Medication Safety	9
Standardized Hospital Acquired Infection (HAI)	2
Ambulatory Setting	2

* Accountability, Success/Failure Rates

** Bridge Gap Between Expert and Public Knowledge, Patient Communication and Knowledge Regarding Consent & Safety

*** Activation, Consumer Empowerment

^ Satisfaction, Health Literacy, Communication, Respect and Cultural Sensitivity

^^ Cardiovascular Disease Prevention, Early and Continuous Screening, Child and Adolescent Health, Cancer Prevention, Injury Prevention, Vaccine-Preventable Illness

^^^ Physical Activity, Diet, Smoking, Risky Alcohol Use, Health Promotion

† Overuse of Procedures and Surgery, Medication Overuse, Avoidable Emergency Department and Hospital Readmission, Duplicate Testing

Table 3: Prioritized List of Measure Gap Sub-Domains

Sub-Domains	Votes
Appropriateness/Efficiency	23
Shared Decision Making	19
Function, Symptoms, and Quality of Life	16
Prevention of Adverse Events	13
Communication	11
Effective Preventive Services	10
Medication Management (Appropriateness, Adherence)	9
Medication Safety	9
Transitions	9
System Capacity & HIT	8
Healthy Lifestyle Behaviors	7
Patient/Family Centered Systems of Care	7
Research, Quality Improvement, and Knowledge Dissemination	7
Self-Management	6
Having a Medical or Health Home	4
Population Health Outcomes	4
Workforce Development	4
Appropriate and Timely Follow-up	3
Performance Measurement	3
Advance Preparations Defined and Honored	2
Ambulatory Setting	2
Community Index	2
Direct Cost	2
Effective Care Plans	2
Pain Management and Symptom Relief	2
Productivity	2
Standardized HAI	2
Well Being	2
Access to Supportive Services	1
Environmental Factors	1

Help Coordinating Care	1
Social Determinants	1
Access to Spiritual, Cultural, and Psychological Needs	0
Burden of Illness	0
Caregiver/Family Burden	0
Experience	0
Indirect Cost	0
Mortality/Length of Life	0

Key Issues

Table 4 provides a review of key issues raised and considered by the Committee with regard to the identification and prioritization of measure gap areas in the consolidated list of gap domains and sub-domains. These comments were collected as the Committee worked through each stage of the prioritization process and will be presented in the final report to HHS along with themes that arise during the comment period. Please consider these issues as you formulate your comments for submission.

**Table 4:
Measure Prioritization Advisory Committee Key Issues: Consolidated List of Measure Gap Domains and Sub-Domains**

Theme	Committee Member Comments	Implications
Scope	- The Committee discussed the importance of focusing members' voting on measure gap priorities, as opposed to priorities for performance improvement.	The primary role of the Committee is to identify measurement gaps and to prioritize these gaps for measure development and endorsement.
Domains and Sub-Domains: Definitions	- The Committee discussed that in some cases, the group did not necessarily agree on common definitions for certain domains and sub-domains.	Many of the identified domains and sub-domains reflect accepted categories, but experts may disagree on definitions. The Committee reviewed additional clarifications of several domains and sub-domains.

Theme	Committee Member Comments	Implications
Domains and Sub-Domains: Overlapping Concepts	<ul style="list-style-type: none"> - The Committee noted that the measure gap domains and sub-domains are not mutually exclusive and identified overlapping concepts: <ul style="list-style-type: none"> • The sub-domains of <i>Population Health Outcomes and Community Index</i> under the <i>Health Status</i> domain overlap with the <i>Population Health</i> domain. • The sub-domain <i>Transitions</i>, under <i>Care Coordination</i>, could be inclusive of the sub-domain <i>Appropriate and Timely Follow-Up</i>. • The sub-domain <i>Advance Preparations Defined and Honored</i> may be considered a part of the domain <i>Patient and Family Engagement</i>. 	<p>The Committee considered the issues around overlapping concepts and moved the <i>Population Health Outcomes</i> and <i>Community Index</i> sub-domains from the <i>Health Status</i> domain to the <i>Population Health</i> domain. The Committee considered the other issues but did not modify the list of sub-domains.</p>
Domains and Sub-Domains: Relationship between the Two Levels	<ul style="list-style-type: none"> - The Committee discussed that the voting results for measure gap domains and sub-domains were independent of each other (e.g., the <i>Population Health</i> domain ranked 7th out of 8 domains while the <i>Effective Preventive Services</i> sub-domain under the <i>Population Health</i> domain ranked 6th out of 38 sub-domains). 	<p>The ranked domain list provided the opportunity for the Committee to concentrate on high-level measure gaps while the sub-domain list offered the group the opportunity to focus on the next level of granularity.</p>
Clustering/Tiering of Results	<ul style="list-style-type: none"> - A participant noted that the voting results are clustered; that is, the ranking of some domains and sub-domains differed by a single vote. 	<p>The Committee discussed the importance of using a tiered approach in reviewing the voting results.</p>
Ambulatory Care	<ul style="list-style-type: none"> - The Committee noted that there is a lack of quality measures for the ambulatory setting, given the focus to date on measurement within institutional settings. - The Committee noted the low ranking of the <i>Ambulatory Setting</i> sub-domain within the <i>Safety Processes and Outcomes</i> domain despite the dearth of quality measures in that area. 	<p>The Committee considered the issues around ambulatory care but did not modify the sub-domains or the rankings.</p>

Theme	Committee Member Comments	Implications
Disparities/Access	<ul style="list-style-type: none"> - The Committee debated whether disparities and access should be separate domains or considerations in ranking all domains and sub-domains. 	Based on Committee discussion, disparities became a cross-check stream. The Committee reviewed disparities-sensitive domains and sub-domains prior to voting on the consolidated list of measure gaps. The Committee decided not to include access as a separate domain.
Resource Use/Overuse	<ul style="list-style-type: none"> - In defining the <i>Direct Cost</i> sub-domain, the Committee considered total cost to the health care system as well as costs to payers, families, and society. - Resource use is affected by other domains and sub-domains (e.g., safety, shared decision making). 	The Committee acknowledged the importance of these issues as reflected by the voting results. <i>Resource Use/Overuse</i> was ranked as the highest measure gap domain. <i>Appropriateness and Efficiency</i> was ranked as the highest sub-domain. Further, the sub-domain, <i>Shared Decision Making</i> , under the <i>Patient & Family Engagement</i> domain, was ranked as the second highest sub-domain.
Palliative Care	<ul style="list-style-type: none"> - Palliative care voting results do not reflect the importance of this topic, rather the relative prioritization of this area for future measure development. 	The Committee noted the importance of measure gaps for Palliative Care despite its low ranking.
System Infrastructure Supports	<ul style="list-style-type: none"> - The Committee noted that infrastructure supports are critical to achieve performance in all other measure gap domains. The <i>System Infrastructure Supports</i> domain permeates all others. 	The Committee recognized that while the <i>System Infrastructure Supports</i> domain did not emerge as a top priority in the domain voting results, much of the potential improvement in other measure gap domains will depend on infrastructure support.

III. Child Health Conditions, Risks, and Measure Gaps

As part of the Measure Development & Endorsement Agenda Project, the Committee prioritized child health conditions and risks as well as child health measure gaps. Before engaging in these prioritization exercises, the Committee reviewed key considerations in child health quality measurement. These considerations included a broad framework for child health quality and performance measurement with a focus on:

- Healthy development and risks along with conditions and diagnoses;
- A dependence on familial and community factors;

- A broad distribution of childhood conditions;
- The high level of diversity among children, impacted by issues of socio-economic status, race, and ethnicity; and
- Alignment with the Children’s Health Insurance Program Reauthorization Act (CHIPRA) core measures.

Prioritization of Child Health Conditions and Risks

Child health experts from the Child and Adolescent Health Measurement Initiative (CAHMI) and the National Initiative for Children’s Healthcare Quality (NICHQ) provided the Committee with an initial list of child health conditions and risks for prioritization. The Committee considered key child health [background materials](#) and used a modified Delphi approach to reach final agreement on the prioritization of the list of child health conditions and risks presented in Table 5 below. The Committee members considered the following dimensions in determining their priority conditions:

- Prevalence;
- Quality of life (current and future)/burden of illness;
- System improvability – methods and models exist or are feasible to develop;
- Infrastructure for measurement success; and
- Motivation for and support for change (legislation, regulation, certification).

Table 5: Child Health Conditions and Risks

Conditions and Risks	Votes
Tobacco Use	29
Overweight/Obese ($\geq 85^{\text{th}}$ percentile BMI for age)	27
Risk of developmental delays or behavioral problems	20
Oral Health	19
Diabetes	17
Asthma	14
Depression	13
Behavior or conduct problems	13
Chronic Ear Infections (3 or more in the past year)	9
Autism, Asperger's, PDD, ASD	8
Developmental delay (diag.)	6
Environmental allergies (hay fever, respiratory or skin allergies)	4
Learning Disability	4
Anxiety problems	3
ADD/ADHD	1
Vision problems not corrected by glasses	1
Bone, joint or muscle problems	1
Migraine headaches	0
Food or digestive allergy	0
Hearing problems	0
Stuttering, stammering, or other speech problems	0
Brain injury or concussion	0
Epilepsy or seizure disorder	0
Tourette Syndrome	0

Prioritization of Child Health Measure Gaps

Informed by the initial list of gap areas identified by the National Priorities Partnership's (NPP) Child Health conference, "Promoting Alignment: National Priorities and Child Health Measures Conference" and accompanying report³, the Committee prioritized

³ National Quality Forum (NQF) and National Initiative for Children's Healthcare Quality (NICHQ). *Promoting Alignment: National Priorities and Child Health Measures Conference Summary Draft Report*. (May 2010). Washington, DC.

measure gap domains and sub-domains in the area of child health. The Committee used a modified Delphi approach to reach final agreement on the prioritization of child health measure gap domains and sub-domains presented in Tables 6 and 7, respectively. The Committee members considered the following dimensions in determining their priority gaps:

- Value / impact / potential impact on quality of life across the lifespan;
- Usability / feasibility (including burden of measurement);
- Ability to influence and prevent disease;
- Evidence base; and
- Measurable outcomes which can motivate care innovation.

Table 6: Child Health Measure Gap Domains

Domains	Votes
Care Coordination, including Transitions	15
Clinical Effectiveness in Acute and Chronic Care Management	14
Patient, Family, & Caregiver Engagement	12
Population Health including Primary and Secondary Prevention & Communities	12
Overuse (includes waste, efficiency, and appropriateness)	10
Safety	3
Palliative Care	0

Table 7: Child Health Measure Gap Sub-Domains

Sub-Domains	Votes
Domain 1: Patient and Family Engagement	
Shared decision-making	11
Bridge gap between expert and public knowledge	10
Patient/family centered systems of care	8
Communication, respect cultural sensitivity	7
Health literacy	6
Consumer empowerment, including transparency	3
Patient experience with care	3
Patient/family activation	2
Domain 2: Care Coordination including Transitions	
Having a Medical or “Health Home”	14
Access to referrals and appropriate follow-up	11
Success/failure rates in handoffs	11

Help coordinating care	4
Effective transition to adult services	2
Domain 3: Population Health including Primary and Secondary Prevention & Communities	
Population health outcomes	15
Early and continuous screening and appropriate, timely follow-up	12
Community and neighborhood resources, support and safety	8
Population health oriented systems of care (needs assessment, shared accountability, etc)	4
Health Promotion	2
Domain 4: Clinical Effectiveness in Acute and Chronic Care Management	
Appropriate tests and follow-up	15
Medications (appropriateness, management, adherence)	12
Self care management and support	12
Effective care plans	10
Burden of Illness, Symptoms & Functional Status	6
Domain 5: Safety	
Adverse events	13
Patient communication and knowledge regarding consent & safety	2
Medication and sedation safety	1
Domain 6: Overuse	
Overuse of procedures and surgery	11
Medication overuse	10
Avoidable ED and hospital readmission	7
Duplicate testing	2
Domain 7: Palliative Care	
Caregiver/family burden	2
Advance preparations defined and honored	1
Pain management and symptom relief	0
Access to supportive services	0
Access to spiritual, cultural and psychological needs	0

Key Issues

Table 8 provides a review of key issues raised and considered by the Committee with regard to the prioritization of child health conditions and risks as well as measure gap areas. These comments were collected as the Committee worked through each stage of the prioritization process and will be presented in the final report to HHS along with themes that arise during the comment period. Please consider these issues as you formulate your comments for submission.

Table 8: Measure Prioritization Advisory Committee Key Issues: Child Health

Theme	Committee Member Comments	Implications
<p>Considerations for Prioritizing Child Health Conditions, Risks, and Gaps: Defining the Child Health Population</p>	<ul style="list-style-type: none"> - The Committee considered that children and their conditions and risks at various ages are fundamentally different than the conditions and risks of adults. Conditions and risks were viewed in the context that children are developing, dependent, disproportionately racially and ethnically diverse, and have varied and often delayed diagnoses. 	<p>The Committee ranked the list of conditions and risks with these core principles in mind.</p>
<p>Considerations for Prioritizing Child Health Conditions, Risks, and Gaps: Defining the Child Health Population</p>	<ul style="list-style-type: none"> - The Committee considered the cut-off age for the pediatric population in light of continued development into young adulthood. - The Patient Protection and Affordable Care Act covers children under their parents’ insurance until age 26 in certain circumstances. - Stratifying by age and other factors would yield a different prioritized list but may miss developmental issues across the strata. 	<p>The Committee chose to use age 18 as a cut-off for defining the population of children. It did not choose to stratify the child health conditions and risks by age groups.</p>
<p>Considerations for Prioritizing Child Health Conditions, Risks, and Gaps: Approach to Defining Conditions and Risks</p>	<ul style="list-style-type: none"> - The Committee considered whether it should approach the prioritization voting from an illness model or a healthy child model given the focus on conditions. - Some participants commented that the condition-focused nature of the list made it difficult to underscore the role of prevention. 	<p>The Committee considered adding a prevention block to the list of conditions and risks. Adding a wellness domain under the child health stream was also considered.</p>
<p>Considerations for Prioritizing Child Health Conditions, Risks, and Gaps: Approach to Defining Conditions and Risks</p>	<ul style="list-style-type: none"> - The risk category, <i>Risk of Developmental Delays or Behavioral Problems</i>, is not concrete and therefore is harder to measure when compared to other conditions from the Child Health list of conditions and risks. It was noted that the conditions within the ranked list of conditions and risks are more readily diagnosed than the risks. 	<p>The Committee noted the importance of incorporating risk areas in the list of conditions, despite operational challenges, given that diagnoses are elusive or delayed for many conditions.</p>

Theme	Committee Member Comments	Implications
<p>Considerations for Prioritizing Child Health Conditions, Risks, and Gaps: Approach to Defining Conditions and Risks</p>	<ul style="list-style-type: none"> - There is a small evidence base for child health conditions and risks; it is important to use the information that is available. - The difficulty in obtaining cost data on child health conditions at a national level affected the Committee’s use of “cost” within its list of voting criteria. 	<p>The Committee discussed the need for more data around child health conditions and risks, including their associated costs.</p>
<p>Additional Conditions and Risks</p>	<ul style="list-style-type: none"> - The Committee considered adding screenings, immunizations, and additional Healthy People goals as well as tobacco use and oral health to the list of conditions and risks. - A public participant suggested broadening the “vision problems not corrected by glasses” category to “undetected vision problems and associated learning difficulties” as a more comprehensive gap area. - A participant noted that co-morbidity and multiple chronic conditions should be considered. 	<p>The Committee chose to include oral health and tobacco use to the list of conditions and risks considering their prevalence, costs, and downstream effects.</p>
<p>Lifelong Impact of Child Health and Development</p>	<ul style="list-style-type: none"> - A participant noted that while child health tends to focus on high cost conditions among children such as congenital problems and serious injuries, it is important to also include a significant focus on development and impact on life trajectories, preventable negative events, and hidden long-term costs to society. - The Committee considered the significant implications of childhood risk factors on downstream adult health (e.g., diabetes and cardiovascular risk factors). - A participant noted the importance of learning and achieving developmental milestones in addition to overall physical health. - Mental health issues among children are under-diagnosed, have life-long impact, and large cost implications; this is especially important from employer/payer perspectives. 	<p>The Committee noted that the health care system should be addressing lifelong impact through different stages of development from birth to late adolescence and adulthood. Measures would need to be specified to account for this.</p>

Theme	Committee Member Comments	Implications
Factors Affecting Children's Health: Caregiver/Parent Engagement	<ul style="list-style-type: none"> - The Committee considered that children are dependent on their families and caregivers for their care. - A participant noted that it is important to measure the quality of communication between providers and families (e.g., shared decision making). This is critical in addressing disparities and increasing health literacy and informed decision making. - Health literacy affects the ability of parents/caregivers to act upon provider recommendations. - Patient and family engagement can translate into success in early identification of child health problems and effectiveness of treatment. 	The Committee agreed that these issues are important to consider with regard to the Child Health <i>Patient, Family and Caregiver Engagement</i> domain.
Factors Affecting Children's Health: Access	<ul style="list-style-type: none"> - The Committee considered the concept of meaningful access to care, taking into account measures focused on the availability of culturally appropriate services. - A second dimension related to access is the affordability of health services, from out-of-pocket costs to coverage by insurance. 	The Committee agreed that these issues are important to consider in child health measurement, especially under the domain of <i>Care Coordination</i> .
Factors Affecting Children's Health: Family Factors	<ul style="list-style-type: none"> - Family well being and health-related behaviors influence child health. - A participant noted that measures might explore the concept of family and caregiver health interactions (e.g., childhood asthma is influenced by smoking habits of parents). Conversely, childhood illness can exact a toll on adult health and care burden for the family. 	The Committee agreed that these issues are important to consider in child health measurement, especially under the domains of <i>Population Health</i> and <i>Patient, Family, and Caregiver Engagement</i> .
Factors Affecting Children's Health: Social and Environmental Factors	<ul style="list-style-type: none"> - Poverty in and of itself is an indicator of family instability leading to risk of poor health outcomes. - Other factors include physical environment (e.g., air quality, abuse and neglect, and community safety). 	The Committee agreed that these issues are important to consider in child health measurement, especially under the domain of <i>Population Health</i> .

Theme	Committee Member Comments	Implications
Alignment with CHIPRA	- The Committee stressed the importance of aligning child health measure gaps with Children’s Health Insurance Program Reauthorization Act (CHIPRA) core measures.	The Committee reviewed measure gaps identified by the AHRQ National Advisory Council Subcommittee (SNAC) on Children’s Healthcare Quality Measures for Medicaid and CHIP Programs. The Committee also reviewed the AHRQ Centers of Excellence Priority Areas.

IV. Population Health Measure Gaps

As part of the Measure Development & Endorsement Agenda Project, the Committee prioritized population health measure gaps. The Committee considered various population health models that focused beyond the healthcare delivery system, including the Kindig model⁴ and the State of the USA (SUSA) model.⁵ Further, the Committee discussed the need for composite measurement in population health measures. The Committee also discussed the Institute for Healthcare Improvement’s (IHI) Triple Aim⁶ focus on population health, experience of care, and total cost as a framework for developing composite measures.

Prioritization of Population Health Measure Gaps

Informed by the initial list of gap areas identified by NPP’s [population health workgroup report](#), the Committee prioritized measure gap domains and sub-domains in the area of population health. The Committee considered population health [background materials](#)⁷ and used a modified Delphi approach to reach final agreement on the prioritization of population health measure gap domains and sub-domains presented in Tables 9 and 10,

⁴ Kindig DA, Asada Y, Booske B, A population health framework for setting national and state health goals, *JAMA*. 2008;299(17):2081-2083.

⁵ Wold C, Health Indicators: A Review of Reports Currently in Use, Conducted for the State of the USA. July 2008. Available at http://www.cherylwold.com/images/Wold_Indicators_July08.pdf

⁶ Institute for Healthcare Improvement. The Triple Aim. Available at <http://www.ihl.org/IHI/Programs/StrategicInitiatives/TripleAim.htm>

⁷ See slide 2 from the link provided.

respectively. The Committee members considered the following dimensions in determining their priority gaps:

- Impact / burden (including prevalence and cost);
- Improvability / variability (including actionability and effectiveness); and
- Feasibility (including data source and burden of measurement).

Table 9: Population Health Measure Gap Domains

Domains	Votes
Clinical Preventive Services	9
Lifestyle Behaviors	9
Health Status (Mortality and Healthy Years)	9
Measures of Health Care and Public Health System Performance	6
Other Factors for a Community Health Index (e.g., social determinants and environmental factors)	4

Table 10: Population Health Measure Gap Sub-Domains

Sub-Domains	Votes
Domain 1: Clinical Preventive Services	
Cardiovascular disease prevention	4
Child and adolescent health	3
Cancer prevention	1
Injury prevention	0
Vaccine-preventable illness	0
Domain 2: Lifestyle Behaviors	
Physical Activity	8
Diet	5
Smoking	3
Risky alcohol use	3
Domain 3: Health Status (Mortality and Healthy Years)	
Health status (symptoms, function, and quality of life)	13
Wellness/well-being	9
Length and quality of life (healthy life years)	5
Mortality	2
Domain 4: Measures of Health Care and Public Health System Performance	

Coordination of care processes across sectors and care coordination across the patient-focused episode to include community context	10
System infrastructure and policies	8
Domain 5: Other Factors for a Community Health Index	
Environmental factors	2
Social determinants	1

Key Issues

Table 11 provides a review of key issues raised and considered by the Committee with regard to the identification and prioritization of measure gap areas in population health. These comments were collected as the Committee worked through each stage of the prioritization process and will be presented in the final report to HHS along with themes that arise during the comment period. Please consider these issues as you formulate your comments for submission.

**Table 11: Measure Prioritization Advisory Committee Key Issues:
Population Health Measure Gap Areas**

Theme	Committee Member Comments	Implications
Defining Communities and Populations: Definitions and Scope	- The Committee considered different levels of analysis; a population can be defined narrowly or broadly depending on the purpose of the measure (e.g., county level, state level).	The Committee approached its work considering multiple levels of analysis.
Defining Communities and Populations: Definitions and Scope	- The Committee considered the boundaries between health care delivery, public health, and other community systems and how they might better interact to improve quality and health outcomes.	The Committee discussed how to bridge the missions of the health care delivery system and the public health system in an appropriate way.
Defining Communities and Populations: Definitions and Scope	- Some participants thought that the public health system was not adequately addressed in the Committee's deliberations.	The Committee acknowledged the importance of the interface between the health care delivery system and the public health system within the <i>Population Health</i> domain.
Defining Communities and Populations: Definitions and Scope	- A participant commented that population health measures are usually oriented to adult health and therefore do not adequately focus on child health.	The Committee considered adding a child health sub-domain to the list of population health sub-domains as well as a population health prevention block to the list of child health conditions and risks. Adding a wellness domain under the child health stream was also considered.

Theme	Committee Member Comments	Implications
Defining Communities and Populations: Accountability and Level of Analysis	<p>- The health care delivery system has varying levels of influence within the system (e.g., use of decision support tool) and outside the system (e.g., access to healthy foods), which has implications for attribution and accountability.</p>	<p>The Committee considered models that include but also extend beyond the traditional realm of the health care delivery system to identify measure gap areas. The Committee designated <i>Measures of Health Care and Public Health System Performance</i> as a measure gap domain under the Population Health stream.</p>
Health Care Delivery and Public Health Integration	<p>- The Committee identified the following gaps in measures focused on linkages between the health care and public health systems:</p> <ul style="list-style-type: none"> • community-level health care resources (e.g., employers and schools), • community-level health resource consumption; and • measures of community health and community engagement (e.g., how well social institutions are engaging in promoting healthy behavior). 	<p>The Committee considered the importance of measuring the level of integration and collaboration between the health care delivery system and the public health system. The Committee designated <i>Measures of Health Care and Public Health System Performance</i> as a measure gap domain under the Population Health stream.</p>
Mental Health	<p>- The Committee considered whether mental health status was adequately reflected in the measure gap domain list given its integral relationship with health status and lifestyle behaviors.</p>	<p>The Committee considered the importance of this issue but did not modify the list of domains or sub-domains.</p>
Clinical Preventive Services	<p>- Committee members stressed the importance of developing composite measures for clinical preventive services. The composites could be measured at both an individual and/or system level.</p>	<p>The Committee discussed the need for composite measurement. The Committee also discussed the Institute for Healthcare Improvement's (IHI's) triple aim focus on population health, experience of care, and total cost as a framework for developing composite measures.</p>

Theme	Committee Member Comments	Implications
Healthy Lifestyle Behaviors	<ul style="list-style-type: none"> - The health care delivery system cannot effectively address healthy lifestyle behaviors in a vacuum; it requires high-functioning preventive and wellness systems and individuals taking responsibility for their own health. - The Committee considered how success or failure in changing lifestyle behaviors might be measured, given the diffusion of responsibility. However, it was thought that measuring community performance in this area may motivate innovation. - The Committee considered activities and measures that might focus on addressing the most important causes of disease (e.g., diet, physical activity, and smoking). 	<p>The Committee considered the importance of these issues under the <i>Lifestyle Behaviors</i> domain.</p>