Measure Prioritization Advisory Committee

Web Meeting #1

Friday, May 21, 2010
4:00 pm-6:00 pm EST

Welcome & Introductions

Presenters

Ellen Stovall, Committee Co-Chair
Senior Health Policy Advisor, National Coalition for Cancer Survivorship (NCCS)

George Isham, Committee Co-Chair
Medical Director and Chief Health Officer, HealthPartners

Janet Corrigan
President and Chief Executive Officer, NQF

Tom Valuck
Senior Vice President, Strategic Partnerships, NQF

Nalini Pande
Senior Director, Strategic Partnerships, NQF

Christy Bethell
Director of The Child and Adolescent Health Measurement Initiative (CAHMI), Associate Professor, School of Medicine, Dept of Pediatrics, Oregon Health & Science University

Charlie Homer
President and Chief Executive Officer, NICHQ

Peter Briss
Special Advisor, Centers for Disease Control and Prevention

Conference Call Agenda

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Welcome & Introductions

- Project Overview
- Role of the Measure Prioritization Advisory Committee

Measure Development & Endorsement Agenda

- Recap Medicare Stream and Introduce New Streams
- Laying the groundwork: Integrated Framework for Performance Measurement

Prioritization of Child Health Conditions & Gap Domains

- Child health conditions and gap areas for consideration
- Committee resources and background materials

Review Homework- Proposed Child Health Ranking

- Homework Assignment
- Committee resources and background materials

Prioritization of Population Health Gap Domains

- Population health gap areas for consideration
- Committee resources and background materials

Next Steps

Objectives

- Provide overview of committee charge and previous work
- Set context for and explain new streams and proposed process for the work ahead
- Identify key issues
- Set up next steps for in-person meeting

Project Overview

- Identification and prioritization of additional measure streams:
  - **Child Health**: Ranking of conditions, ranking of gap domains and sub-domains, and identification of key issues
  - **Population Health**: Ranking of gap domains and sub-domains and identification of key issues
  - **HIT Meaningful Use Quality Measures**: Ranking of gap domains and sub-domains and identification of key issues
- Development of a working Agenda with a broad vetting process with measure developers and other key stakeholders, as well as opportunity for public comment and review

Purpose:

The charge of the Measure Prioritization Advisory Committee is to determine the priorities for a measure development agenda to address identified gaps in endorsed measures. Ideally, fulfillment of the measure development agenda will meet the need for measures that are patient-centered, evidence-based, comprehensive, longitudinal, address multiple levels of accountability, and allow for shared accountability, among other desirable characteristics.

Measure Development & Endorsement Agenda

Building an Agenda for Measure Development and Endorsement

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Multiple streams contributing to the identification of gaps in endorsed measures, such as:

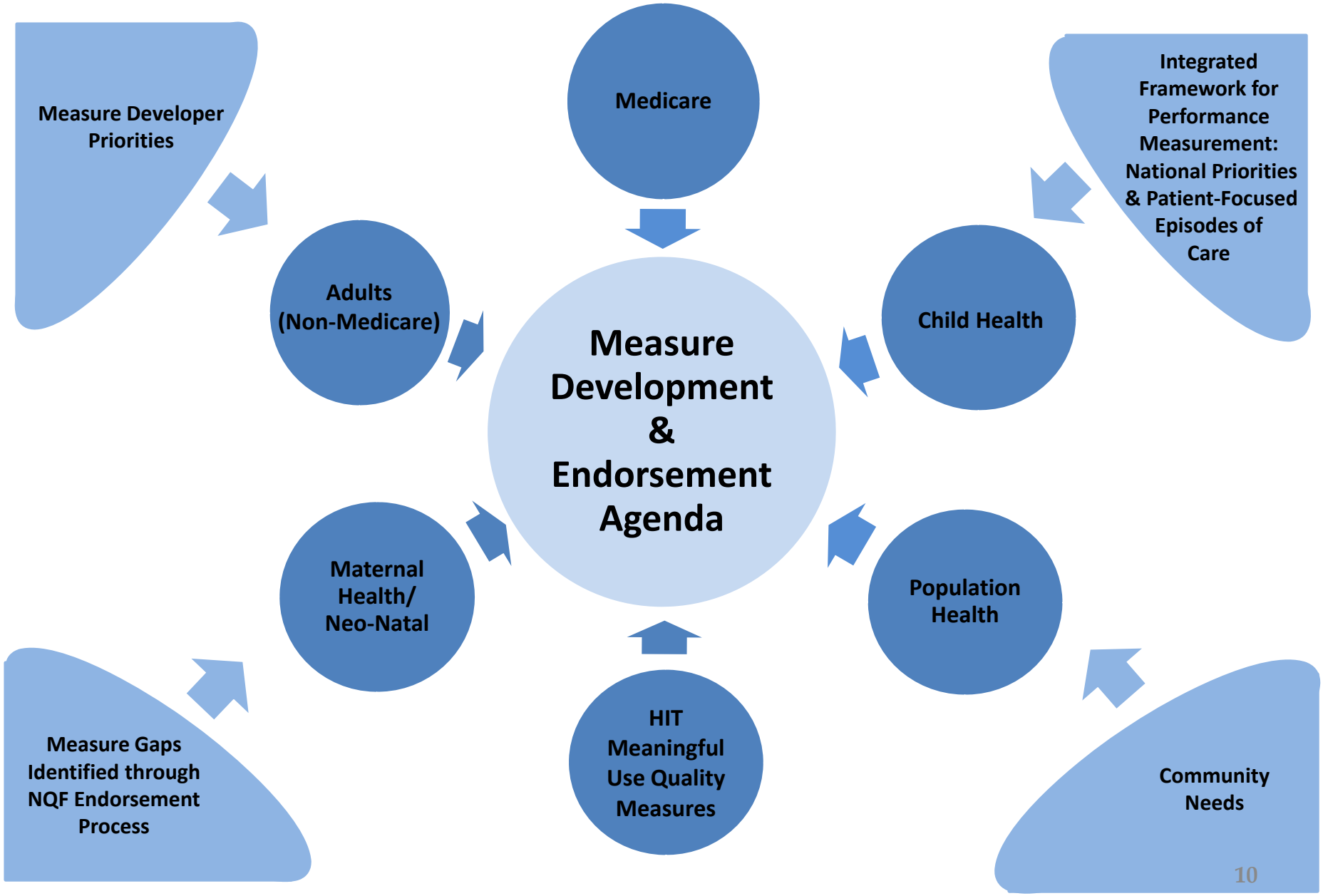
- Medicare (previous Committee work)
- Child Health (current phase)
- Population Health (current phase)
- HIT Meaningful Use Quality Measures (current phase)
- Maternal health and neo-natal health (next phase)
- Adults (non-Medicare) (next phase)

Cross-check streams contributing to the identification of gaps in endorsed measures:

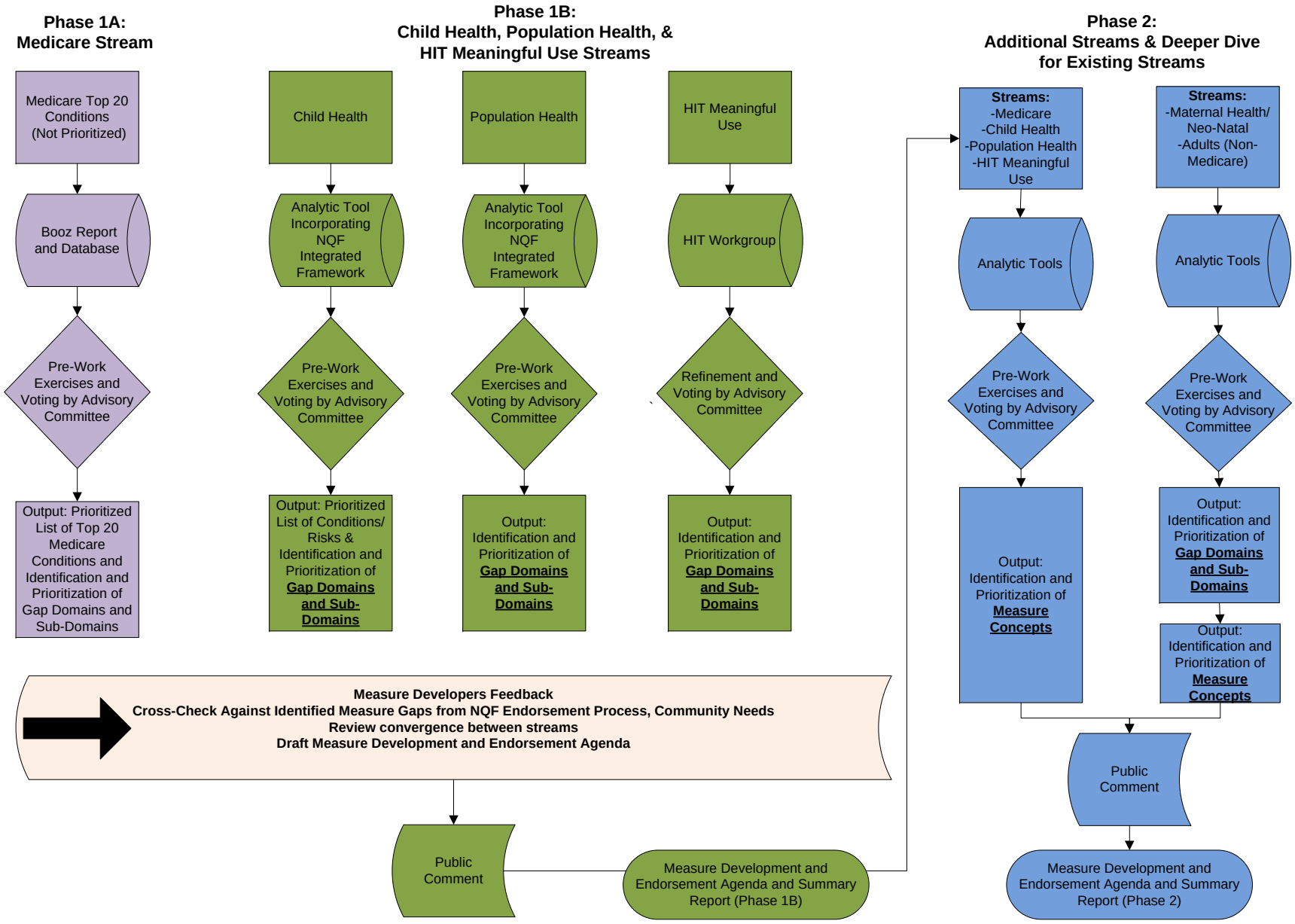
- Integrated Framework for Performance Measurement: NPP priorities and the patient-focused episodes of care
- Gaps identified through NQF endorsement process
- Measure developer priorities
- Community needs for health assessment and public reporting

Agenda: This phase will focus on measure gap domains and sub-domains. Next phase will focus on measure concepts for each stream.

Streams Feeding Phase I and II of the Measure Development and Endorsement Agenda



Measure Development & Endorsement Agenda Project Overview



Measurement Development and Endorsement Agenda

Medicare

Output 1: Ranked Conditions

Condition	Votes
1. Depression	30
2. Congestive Heart Failure	25
3. Ischemic Heart Disease	24
4. Diabetes	24
5. Stroke/TIA	24
6. Alzheimer's Disease	22
7. Breast Cancer	20
8. COPD	15
9. AMI	14
10. Colorectal Cancer	14
11. Hip/Pelvic Fracture	8
12. CRD/CKD	7
13. Prostate Cancer	6
14. RA/OA	6
15. Atrial Fibrillation	5
16. Lung Cancer	2
17. Cataract	1
18. Osteoporosis	1
19. Glaucoma	0
20. Endometrial Cancer	0

Output 2: Measure Gap Areas by Measure Domain

Gap Area	Votes
Health Status	
Function	9
Burden	6
Productivity	2
Care Coordination	
Communication	13
Patient Follow-up	11
Medication Management	8
Accountability	8
Use of Care Plans	7
Cost/Efficiency	
Appropriateness/Efficiency	23
Direct Cost	11
Indirect Cost	4
Patient & Family Engagement	
Engagement	7
Experience & Satisfaction	6
Shared Decision Making	5
Self-Management	5
Activation	2
Population Health	
Effective Preventive Services	11
Healthy Lifestyle Behaviors	7
Safety	
Ambulatory Setting	6
Medication Adherence/Use	6
Prevention	5
Standardized HAI	3

Output 3: Prioritized Measure Gap Areas

Gap Areas	Votes
Appropriateness/Efficiency	23
Communication	13
Patient Follow-up	11
Direct Cost	11
Effective Preventive Services	11
Function	9
Medication Management	8
Accountability	8
Use of Care Plans	7
Engagement	7
Healthy Lifestyle Behaviors	7
Burden	6
Experience & Satisfaction	6
Ambulatory Setting	6
Medication Adherence/Use	6
Shared Decision Making	5
Self-Management	5
Prevention	5
Indirect Costs	4
Standardized HAI	3
Productivity	2
Activation	2

Output 4: Key Issues

- Limitations of a condition-by-condition approach
- Inclusion of upstream risk-factors
- Burden as a criterion for prioritization
- Population-based measurement
- Implementation gaps

Population Health

Output 1: Measure Gap Areas by Measure Domain

Gap Areas	Votes
Domain 1	
Sub-Domain 1	
Domain 2	
Sub-Domain 2	
Domain 3	
Sub-Domain 3	
Domain 4	
Sub-Domain 4	
Domain 5	
Sub-Domain 5	
Domain 6	
Sub-Domain 6	
Domain 7	
Sub-Domain 7	

Output 2: Prioritized Measure Gap Areas

Gap Areas
Gap Area 1
Gap Area 2
Gap Area 3
Gap Area 4
Gap Area 5
Gap Area 6
Gap Area 7
Gap Area 8
Gap Area 9
Gap Area 10

Output 3: Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Child Health

Output 1: Ranked Conditions

Condition	Votes
Condition 1	
Condition 2	
Condition 3	
Condition 4	
Condition 5	
Condition 6	
Condition 7	
Condition 8	
Condition 9	
Condition 10	

Output 2: Measure Gap Areas by Measure Domain

Gap Areas	Votes
Domain 1	
Sub-Domain 1	
Domain 2	
Sub-Domain 2	
Domain 3	
Sub-Domain 3	
Domain 4	
Sub-Domain 4	
Domain 5	
Sub-Domain 5	
Domain 6	
Sub-Domain 6	
Domain 7	
Sub-Domain 7	

Output 3: Prioritized Measure Gap Areas

Gap Areas
Gap Area 1
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Gap Area 5
Gap Area 6
Gap Area 7
Gap Area 8
Gap Area 9
Gap Area 10

Output 4: Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Final Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Domain	Sub-Domain	Sub-Sub-Domain	Prioritized Medicare Conditions Measures	Population Health Measures and Gaps	Child Health Measures and Gaps	HIT Measures and Gaps
Domain 1: Outcome	Mortality					
	Health Status (Morbidity, Health Patient Experience	Function	9			
		Burden	6			
		Productivity	2			
Domain 2: Cost and	Cost and Resource Use (38)	Appropriateness/ Efficiency	23			
		Direct Cost	11			
		Indirect Cost	4			
Domain 3: Process	Population Health (Prevention	Effective Preventive	11			
		Healthy Lifestyle Behaviors	7			
	Clinical Care Processes					
	Care Coordination (47)	Communication	13			
		Patient Follow-up	11			
		Medication Management	8			
		Accountability	8			
		Use of Care Plans	7			
	Patient and Family Engagement (25)	Engagement	7			
		Experience & Satisfaction	6			
		Shared Decision Making	5			
		Self-Management	5			
		Activation	2			

HIT

Output 1: Measure Gap Areas by Measure Domain

Gap Areas	Votes
Domain 1	
Sub-Domain 1	
Domain 2	
Sub-Domain 2	
Domain 3	
Sub-Domain 3	
Domain 4	
Sub-Domain 4	
Domain 5	
Sub-Domain 5	
Domain 6	
Sub-Domain 6	
Domain 7	
Sub-Domain 7	

Output 2: Prioritized Measure Gap Areas

Gap Areas
Gap Area 1
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Gap Area 7
Gap Area 8
Gap Area 9
Gap Area 10

Output 3: Key Issues

- Key Issue #1
- Key Issue #2
- Key Issue #3
- Key Issue #4
- Key Issue #5

Building an Agenda for Measure Development and Endorsement

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- Responsive to NPP and DHHS priorities
- Link development agenda to endorsement plan
- Broad outreach to and vetting with stakeholders
- Close coordination with measure developers
- Ongoing process to update the agenda

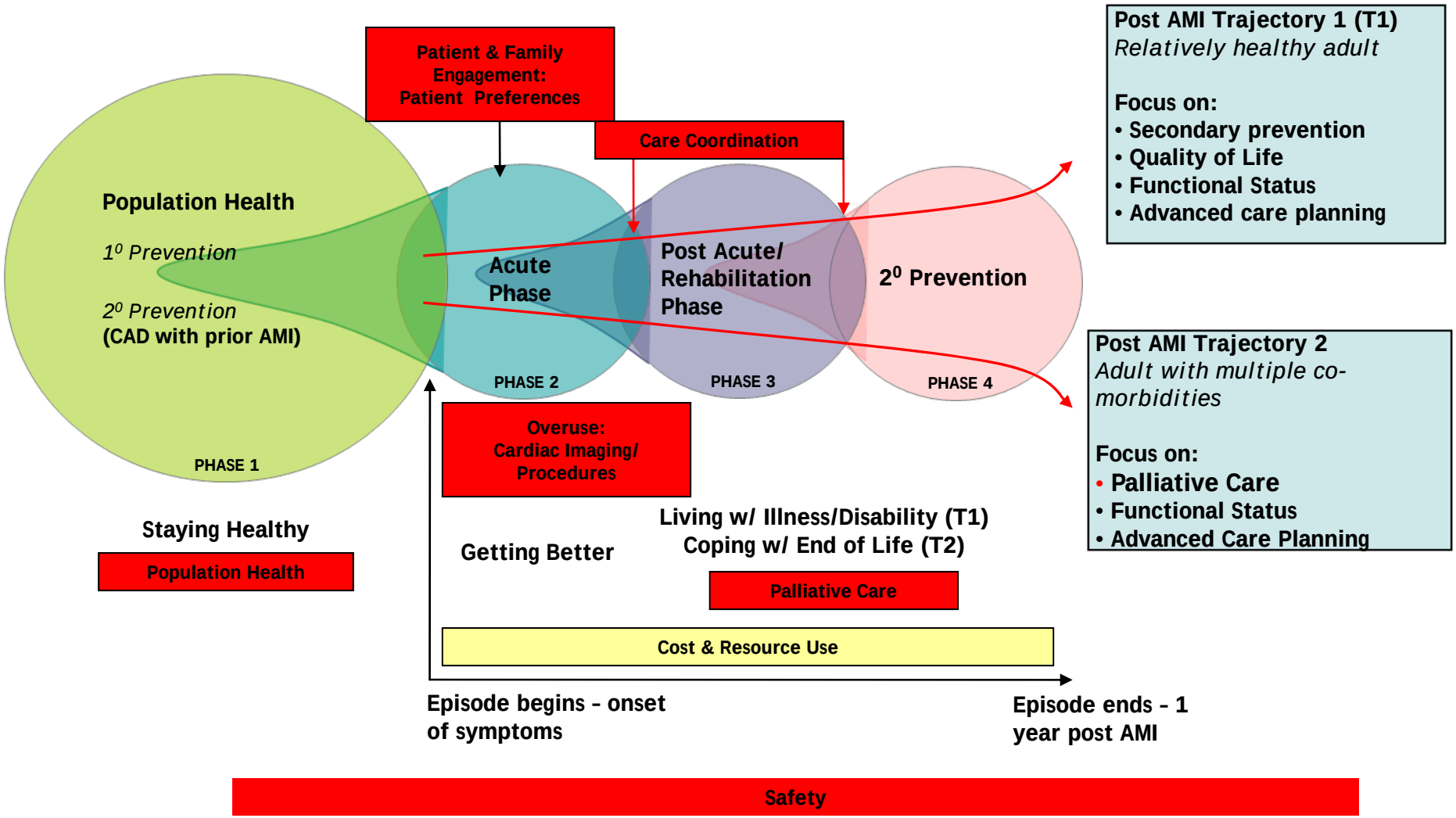
Questions Regarding the Measure Development & Endorsement Agenda, Process or New Streams?

Laying the Groundwork:

Integrated Framework for Performance Measurement

- National Priorities Partnership:
  - Patient and Family Engagement
  - Population Health
  - Safety
  - Care Coordination
  - Palliative and End-of-life Care
  - Overuse
- Patient-focused episodes of care

Integrated Framework for Performance Measurement



Foundational Work

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Questions Regarding the Integrated Framework for Performance Measurement?

Prioritization of Child Health Conditions and Gap Domains

Key Concepts and Population-based health and Quality of Care Summary

Prepared by Christina Bethell as a starting point
for ongoing Measure Prioritization Advisory Committee deliberations.
Presented by Charlie Homer with additional commentary as needed.

Recent Policy Developments

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Children's Health Insurance Plan Reauthorization Act (CHIPRA), 2009

- Requires specification and use of core measures by states (list provided). Current set recognized as a modest yet critical set of measures and currently being tested in many states. Many additional RFPs out to advance measurement and core measures (Centers of Excellence).

Health Reform Legislation-2010

- Requires health plans to proactively advertise to members that they cover all Bright Futures recommended care by Sept 23, 2010.
- Extends dependent coverage up to age 26.
- Enables demonstrations on global budgets and Accountable Care Organizations (Medicaid focus).
- Incentives for professionals to develop HIT systems.
- Qualified Health Plans must contract with providers and hospitals that maintain quality measurement and improvement initiatives.

Provider Maintenance of Certification-2010

- All pediatricians and family physicians required to demonstrate quality measurement and improvement activities (patient experience of care and clinical quality measures).

Enduring Themes in Child Health (The 4 D's)

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1. **Children are Developing:** Some Implications:

   - Focus on healthy development and risks as well as conditions and diagnoses (diagnoses elusive or delayed for many "conditions").

   - Consider lifelong impact and early life windows of opportunity (Heckman; Adverse Childhood Events Study [ACES]).

   - Readiness for school and work affected early and at key junctures. Health care does/can/should play a prominent role in influencing range of factors. Measures powerful to motivate shifts needed.

Enduring Themes in Child Health (The 4 D's)

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2. **Children are Dependent**: Some Implications:
   - Address range of factors impacting health (family well-being; community safety, support and resources; school resources for health, coordination with school, child care, etc.).
   - Engage adults in measurement & improvement (parental education and behaviors key focus for child health; LifeCourse Theory and ACES studies-health of parents essential to health of child inescapable).
   - Youth engagement in measurement and improvement (go up to age 26 in keeping with health reform definition of "dependent").
   - Engage adult healthcare community (especially prenatal/pre-prenatal and maternity care and adult mental and behavioral health communities; adult specialty care for youth transition to adulthood).

Enduring Themes in Child Health (The 4 D's)

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3. Children's Diagnoses Are Diverse and Often Delayed: Some Implications:

- Children with Special Health Care Needs (CSHCN) Common Focus: Broad definition - Children with ongoing conditions requiring greater amounts or types of health related services than required by children generally.

- Precision Issues: Most units of analysis yield insufficient numbers of any one condition to support precision in quality measures for purposes of accountability/transparency and public reporting.

- Early Identification Issues: Consequences vs. DX dependent denominators required to ensure early ID of CSHCN.

- Multiple Condition Issues: Most children with a condition/syndrome have multiple conditions/syndromes that cut across/require engagement of a range of health and community systems.

- System Performance Issues: Cross cutting system improvements most likely to have biggest impact on improving care in near term.
  - Because good care mandates coordination/collaboration, child health could lead the way in this arena (shovel ready, incentives via CHIPRA, etc.)

4. **Children are Disproportionately Diverse:** Some Implications:

- Measures must allow stratification for minority and vulnerable populations.
  - Collecting socio-economic status (SES) and other relevant data at the child level to allow such stratification is a key consideration and implies some level of parent/youth report and/or EMR linkage (given HIPAA, etc.).
  - Past efforts have maximized administrative data; more meaningful measures will require EMR using standardized fields populated using standardized measurement and integration of parent/youth-reported data (required for many areas) into EMR (or separately).
  - Valid measures of health, risks, conditions, outcomes, engagement, medical home, and provision of Bright Futures/preventive care require this.

Children's Health Risks and "Conditions"

- 14%-19% CSHCN
  - 10.3 to 14.2 million children age 0-17
  - Higher if go up to age 26 (Health Reform legislation)
- 45%-50% have one or more common high risks and diagnosed conditions/syndromes assessed in the National Survey of Children's Health (NSCH)
- Large subpopulation and geographic variations

See Christy Bethell's Memo and Excel Spreadsheet with ranking of conditions data

Top Child Health Conditions and Risks

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- Overweight/Obese (≥85th percentile BMI for age)
- Risk of developmental delay
- Environmental allergies (hay fever, respiratory or skin allergies)
- Learning Disability
- Asthma
- ADD/ADHD
- Chronic Ear Infections (3 or more in the past year)
- Behavior or conduct problems
- Migraine headaches
- Stuttering, stammering or other speech problems
- Developmental delay
- Food or digestive allergy
- Anxiety problems
- Depression
- Bone, joint or muscle problems
- Hearing problems
- Vision problems not corrected by glasses
- Autism, Asperger's, PDD, ASD*
- Epilepsy or seizure disorder
- Diabetes
- Brain injury or concussion
- Tourette Syndrome

*** Pervasive Developmental Disorder (PDD) and Autism Spectrum Disorders (ASD)**

Children's Health Risks and "Conditions"

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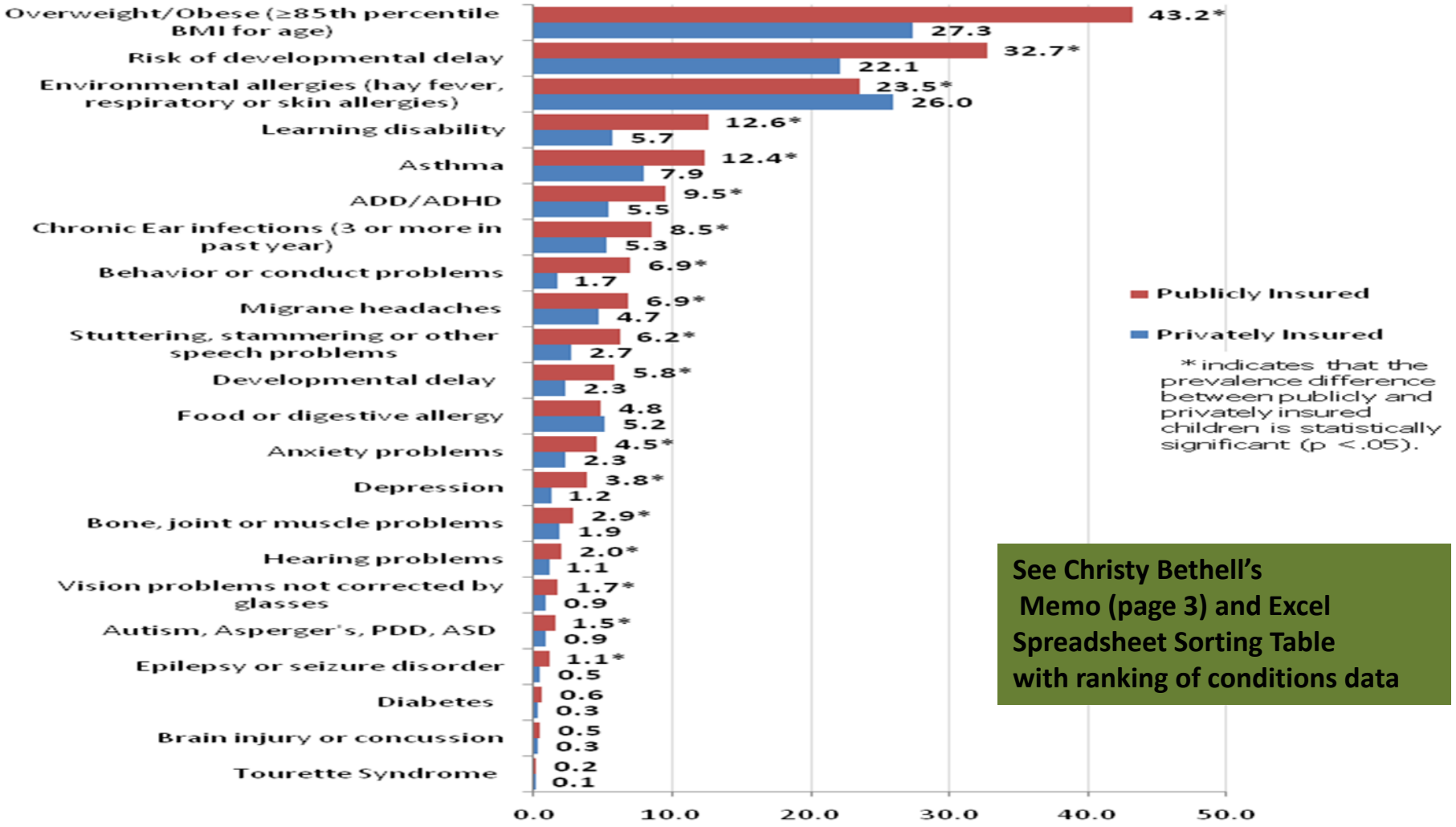

See Christy Bethell's Memo (page 3) and Excel Spreadsheet Sorting Table with ranking of conditions data

Criteria for Consideration

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Integrated Criteria Model

- Prevalence and capacity for measurement in priority units of analysis
- Impact on short- and long-term health, quality of life (child, family), and costs of care
- Potential to stimulate system improvements that will "raise all boats"
- Focus where there are
  - » Resources for measurement or to develop measurement capacity
  - » Measures that are salient, can be communicated effectively, and can engage key partners (providers, families, purchasers etc.) to support improvement
  - » Models for improvement available or emerging
  - » Motivation and support for change (e.g. CHIPRA measure areas, pay for performance focus areas, etc.)
  - » Other resources to support improvement

Prevalence Summary: 2007 NSCH

- **Highest**
  - Overweight/obesity (31.6%)
  - Moderate/high risk for developmental delay (26.4%)
  - Allergies
  - Asthma
  - ADHD/ADD
- **Lowest**
  - Tourette syndrome (0.1%)
  - Brain injury (0.3%)
  - Diabetes (0.4%)
  - Epilepsy (0.6%)

1. Majority have multiple conditions
2. Majority have complex needs (beyond RX meds)

- **Summary from the most recent National Survey of Children With Special Health Care Needs (2005/06)**
  - 20% CSHCN Ages 0-11 met each core measure (insurance, well-visit, medical home)
    - 7.1% for Cystic Fibrosis to 23.9% for Diabetes
  - 13.7% CSHCN Ages 12-17 met core criteria (insurance, well visit, medical home, transition to adulthood)
    - 3.3% for MR/Developmental Delay to 34.4% for Arthritis/Joint Disorder

Quality Gaps: Minimal Cross-Cutting Quality Index Across "Conditions"

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- **Summary from the most recent National Survey of Children's Health (2007/08)**
  - Focus: Minimal Quality Index
    - Insurance coverage adequate
    - At least one well-visit
    - Meets 3-part medical home criteria (personal doctor/usual source; family centeredness; care coordination if needed-low bar measure)
  - Highest/Best:
    - Allergies (39.3%), Developmental Delay, Overweight/Obesity, Asthma, ADD/ADHD (34.7%)
  - Lowest/Worse:
    - Vision problems not corrected by glasses (19.9%), Autism/ASD (21.7%), Anxiety, Speech Problems, Depression (26.2%)

Quality Gaps: Minimal Cross-Cutting Quality Index Across "Conditions"

- **Summary from the most recent National Survey of Children's Health (2007/08)**

  - Focus: Problems Accessing Needed Specialists (44.9% to 27.7%)
    - **Highest/Worse**: Autism/ASK, Brain Injury, Epilepsy, Depression, Behavior/Conduct Problems
    - **Lowest/Best:** Diabetes, Allergies, Asthma

  - Focus: Needed, Did Not Receive ANY Mental Health Services (64.6% to 27.5%)
    - **Highest/Worse**: Autism/ASK, Brain Injury, Epilepsy, Depression, Behavior/Conduct Problems
    - **Lowest/Best:** Depression, Anxiety, Behavior/Conduct Problems
      - **Note**: if parents report the condition, already assumes some level of access to obtain diagnosis (example of how these are low-bar measures)

- HHS Secretary priorities for the quality measurement program required by CHIPRA
- AHRQ and CMS convening public expert meeting late February for input into the measurement technical criteria
- AHRQ issued a funding announcement for a children's healthcare quality measurement program
- IOM committee to make recommendations regarding: improving timeliness, quality, transparency and accessibility of information about child health and healthcare quality
- NQF child outcome measurement steering committee to identify and endorse child health outcome measures
- NQF CHIPRA project will solicit additional measures suitable for CHIPRA (process and outcome measures) (starts July 2010)

AHRQ Funding Announcement: High Priority Topics

AHRQ recently issued a funding announcement for a children's healthcare quality measurement program. High priority topics include:

- Specific sites and types of care (inpatient care, specialty care, substance use care, mental health prevention and treatment quality)
- Health outcome measures
- Measures of the "most integrated healthcare settings"
- Availability of service measures
- Duration of enrollment and coverage measures

Recent Year Identification of High Leverage Gap Areas for Quality Measurement

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- Patient & Family Engagement
- Care Coordination including Transitions
- Population Health including Communities
- Care Delivery: Acute Care and Chronic Care Management
- Safety
- Overuse
- Palliative Care
- Others?

Key Issues for Consideration

1. Defining health problems and conditions for quality measurement
   - Broad-based, consequences-based definition of CSHCN vs. condition specific?
   - Address risks as well as established conditions (e.g., obesity, risk for developmental delay)?
   - Address categories of conditions? (e.g., mental and behavioral health, oral health, etc).
   - Focus on more chronic/ongoing conditions than acute? Focus on conditions with data to anchor to? Conditions listed on slide 27 do not reflect:
     - Common causes of death—(e.g., accidents, congenital anomalies, and cancer for young children and accidents, homicide, and suicide for teens, etc).
     - Most common reasons for health care visits. (e.g., well child care and common acute health issues)
   - Focus on syndromes and problems as well as conditions? Some of the "conditions" on the list are not diagnoses per se, but syndromes or "problems" (e.g., learning disabilities, behavior or conduct problems, etc.). Others are more diagnosis driven like Tourette or depression. Many conditions are not listed (e.g., Down Syndrome, Cystic Fibrosis, CP, etc.).

Key Issues for Consideration

2. Defining quality measurement gap areas: Cross-cutting and disease specific clinical measures
   - Focus on measures that can shift the system (given the need for this for children's health)?
   - Most "gap areas" (recently identified) focused on shifting the system (policy, financing, workforce, and other structural changes will be needed ultimately for high performance to be achieved in many areas defined in frameworks/categories presented here today).
   - Focus on measures that are disease specific and do not push system change per se? Many will require EMR—not uniform, standardized fields do not equal standardized data populating those fields.
   - Focus on measures that are already defined as a priority (e.g., health legislation and/or CHIPRA focuses on obesity, developmental screening, preventive care as defined in Bright Futures required by health plans by Sept. 23, 2010, etc.).

Key Issues for Consideration

3. Defining "child" – 0-17 vs. up to age 26 (health reform legislation goes up to age 26 for dependent coverage now)

4. Placing prenatal, pre-prenatal and neonatal care into OB/Maternity NQF Stream?

5. Not including insurance coverage, duration, adequacy measures as "quality" measures here?

Questions Regarding Child Health Conditions and Potential Measure Gap Areas?

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Homework–Prioritization of Child Health Conditions

Homework Assignment

- Submit a preliminary ranking and any considerations, assumptions, or other issues with regard to the top child health conditions.
- This ranking will serve to:
  - Provide a starting point for the committee's prioritization discussion on June 14 & June 15;
  - Elucidate convergence/divergence regarding rankings; and
  - Identify issues for further discussion that will inform committee deliberations.

Homework Assignment

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Proposed Exercise:

1. Committee members perform a preliminary ranking of the conditions utilizing the data and information provided.
2. Committee members submit their rankings to NQF staff along with their primary considerations and rationale.
3. Committee members submit questions or comments related to the ranking exercise and the data.
4. NQF staff collate and compile results for in-person meeting.

Committee Resources & Background Materials

- Synthesis of evidence related to top child health conditions and criteria for ranking
  - See Christy Bethell's Memo and Excel Spreadsheet with ranking of conditions data
- IOM Report Brief: Children's Health, the Nation's Wealth: Assessing and Improving Child Health
- A Profile of Leading Health Problems and System Performance for Children Using the 2007 National Survey of Children's Health
- Marlene Miller *Ambulatory Pediatrics* article.

Top Child Health Conditions and Risks

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- Overweight/Obese (≥85th percentile BMI for age)
- Risk of developmental delay
- Environmental allergies (hay fever, respiratory or skin allergies)
- Learning Disability
- Asthma
- ADD/ADHD
- Chronic Ear Infections (3 or more in the past year)
- Behavior or conduct problems
- Migraine headaches
- Stuttering, stammering or other speech problems
- Developmental delay
- Food or digestive allergy
- Anxiety problems
- Depression
- Bone, joint or muscle problems
- Hearing problems
- Vision problems not corrected by glasses
- Autism, Asperger's, PDD, ASD*
- Epilepsy or seizure disorder
- Diabetes
- Brain injury or concussion
- Tourette Syndrome

*** Pervasive Developmental Disorder (PDD) and Autism Spectrum Disorders (ASD)**

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Conditions should be rated based on the following dimensions:

- **Prevalence**
- **Quality of Life (current and future)/Burden of Illness**
- **System Improvability –methods and models exist or feasible to develop**
- **Infrastructure for measurement success**
- **Motivation for and support for change (legislation, regulation, certification)**

Prioritization of Child Health Conditions

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Child Health Risks and Conditions - Prioritization

Importance for each risk/condition: 1 = high; 22 = low

Child Health Conditions	Rank
Overweight/Obese (≥85th percentile BMI for age)	1
Risk of developmental delay	2
Environmental allergies (hay fever, respiratory or skin allergies)	3
Learning Disability	4
Asthma	5
ADD/ADHD	6
Chronic Ear infections (3 or more in the past year)	7
Behavior or conduct problems	8
Migraine headaches	9
Stuttering, stammering or other speech problems	10
Developmental delay	11
Food or digestive allergy	12
Anxiety problems	13
Depression	14
Bone, joint or muscle problems	15
Hearing problems	16
Vision problems not corrected by glasses	17
Autism, Asperger's, PDD, ASD*	18
Epilepsy or seizure disorder	19
Diabetes	20
Brain injury or concussion	21
Tourette Syndrome	22
*Pervasive Developmental Disorder (PDD), Autism Spectrum Disorders (ASD)	

Questions Regarding the Process of Prioritizing the Child Health Conditions?

Prioritization of Population Health Gap Domains

Purpose:

Improve the health of the population.

Vision:

We envision communities that foster health and wellness as well as national, state, and local systems of care fully invested in the prevention of disease, injury, and disability – reliable, effective, and proactive in helping all people reduce the risk and burden of disease.

Goals:

The Partners will work together to ensure that:

- All Americans will receive the most effective preventive services recommended by the U.S. Preventive Services Task Force (USPSTF).
- All Americans will adopt the most important healthy lifestyle behaviors known to promote health.
- The health of American communities will be improved according to a national index of health.

Population Health: Potential Gap Areas for Consideration

- Examine what the health care delivery system should do within the healthcare delivery system and in partnership with public health and other community systems to have a maximum impact on health

- Address the most highly impactful USPSTF A and B ranked clinical preventive services, e.g.,
  - ABCs for cardiovascular risk prevention
  - CRC screening
  - Adult immunizations

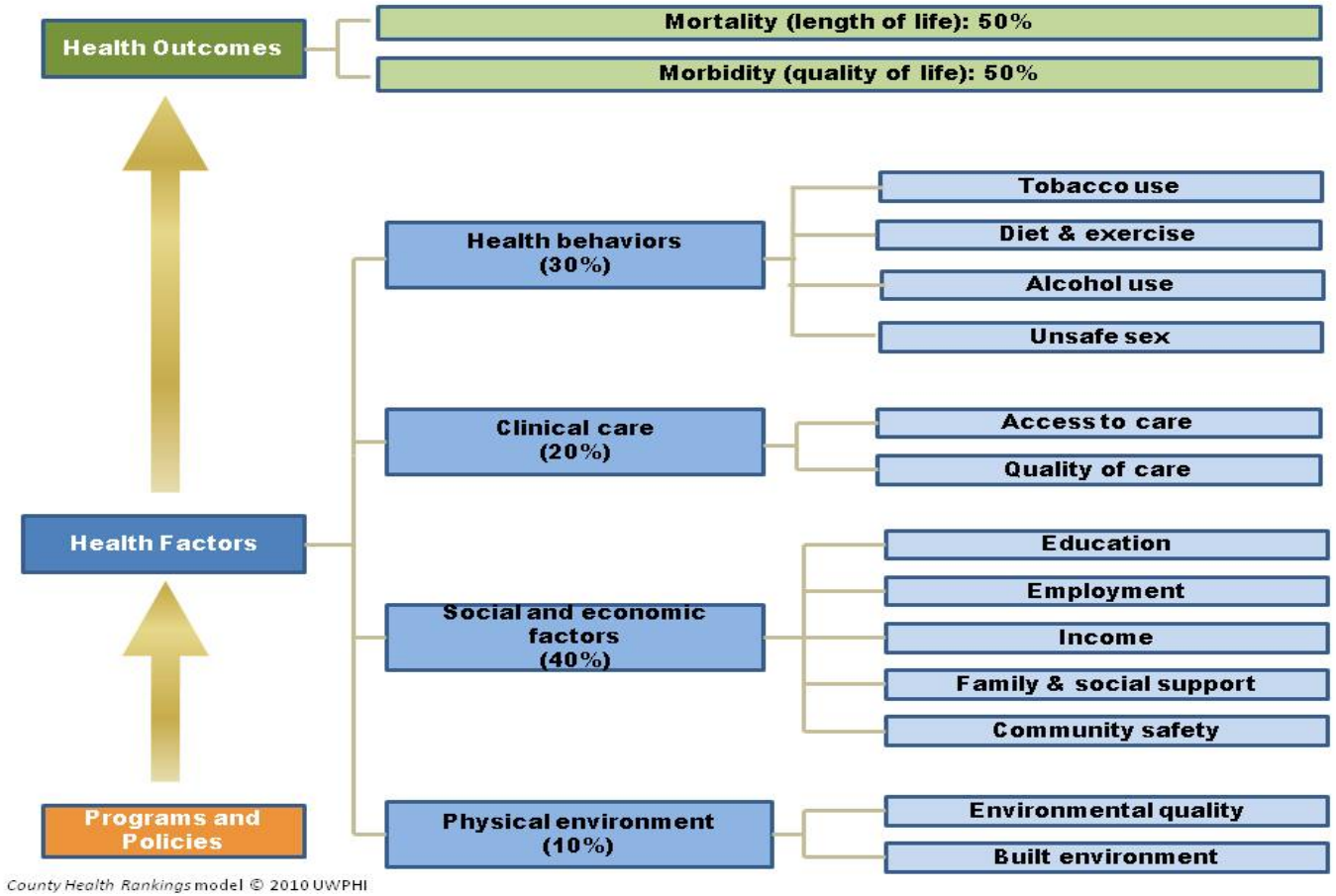
- Address the most important health behaviors, e.g.,
  - Smoking
  - Physical activity
  - Nutrition
  - Risky Alcohol Use

- Consider system level measures for healthcare delivery and public health.

- Consider models that include but also extend beyond the traditional realm of the healthcare delivery system to identify measure gap areas for inclusion in the measure development and endorsement agenda.

There are Many Examples of Population Health Models that Focus Beyond Healthcare Delivery

County Health Rankings: Factors Considered



Health System & Public Health Infrastructure Capabilities for Further Development

- Re-design of care processes to address highest impact services and behaviors
  - Measure it
  - Remind about it
  - Pay for it
  - Make it automatic (opt out vs. opt in)
- Encourage links across sectors
- Care coordination across the patient-focused episode to include community context
  - (behaviors and some services will not be entirely addressed within the walls of the health care system)
- Use of HIT for measurement and quality improvement
- Consider integrating healthcare and public health data
- Development of multi-disciplinary teams and community coalitions

Source: Adapted form Institute of Medicine, *Crossing the Quality Chasm.*

What Might the Health Care System Measure to Best Stimulate Health Improvement?

Domain 1: Clinical Preventive Services

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- Most Impactful and Underutilized Services are most likely to Move the Needle on Health
  - Cardiovascular disease prevention (e.g., ABCS)
  - Cancer prevention (e.g., CRC screening)
  - Other?
- Composites?

Domain 2: Lifestyle Behaviors

- Address most important causes of burden
  - Diet
  - Physical Activity
  - Smoking
  - Risky Alcohol Use

Domain 3: Mortality and Healthy Years

- Is the health system affecting overall measures of health or lifespan?
  - Measures of Mortality
  - Measures of length and quality of life

- NQF endorsement of a community health index.
- Are the health care and public health systems acting to promote health and prevent disease?
  - These can include social and environmental issues if these will be actionable by likely consumers of NQF measures.
- Are appropriate activities, policies, and programs in place?
- Are efforts coordinated?

Questions Regarding Other Potential Measure Gap Areas for Population Health?

Next Steps

Immediate Next Steps

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- Prioritize identified child health conditions (June 2010).
- Identify important measure gap areas for child health and population health (June 2010).
- Identify important measure gap areas for HIT Meaningful Use Quality Measures (July/August 2010).
- Develop prioritized measure development and endorsement agenda (August 2010).

Committee Scope of Work & Timeline

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June 2010

- Convene Measure Prioritization Advisory Committee to prioritize child health conditions and measure gap areas for child health and population health

July 2010

- Convene Measure Prioritization Advisory Committee to identify important measure gap areas for HIT Meaningful Use Quality Measures and discuss measure developer priorities

August 2010

- Convene Measure Prioritization Advisory Committee to prioritize HIT Meaningful Use Quality Measures measure gap areas and finalize a measure development and endorsement agenda.

Sept. 2010

- Conduct an informational web meeting to present background information, discuss the Committee's process, and provide an opportunity for the public to ask questions prior to the public comment period.

Meeting Schedule

In-person Meeting #1:

June 14-15th, 2010 (Washington, DC)

Web Meeting #2:

July 22nd, 2010 (10:00 am – Noon EST)

In-person Meeting #2:

August 18-19th, 2010 (Washington, DC)

Web Meeting #3:

September 23rd, 2010 (2:00 – 4:00 pm EST)

General Questions?

Appendix

National Priorities Partnership

32 stakeholder organizations

- Consumers
- Purchasers/Employers
- Health professionals/providers
- Health Plans
- Accreditation/certification groups
- Quality alliances
- Suppliers/Industry
- Community/Regional Collaboratives
- Public sector: CMS, AHRQ, CDC, NIH, NGA

- Co-Chairs:
  - Donald Berwick
    Institute for Healthcare Improvement
  - Margaret O'Kane
    National Committee for Quality Assurance

Patient and Family Engagement

- Engage patients and their families in managing their health and making decisions about their care
- Areas of focus:
  - Patient experience of care
  - Patient self-management
  - Informed decision-making

Population Health

- Improve the health of the population
- Areas of focus:
  - Preventive services
  - Healthy lifestyle behaviors
  - National index to assess health status

Safety

- Improve the safety and reliability of America's healthcare system
- Areas of focus:
  - Healthcare-associated infections
  - Serious adverse events
  - Mortality

Care Coordination

- Ensure patients receive well-coordinated care within and across all healthcare organizations, settings, and levels of care
- Areas of focus:
  - Medication reconciliation
  - Preventable hospital readmissions
  - Preventable emergency department visits

Palliative and End-of-Life Care

- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Areas of focus:
  - Relief of physical symptoms
  - Help with psychological, social and spiritual needs
  - Effective communication regarding treatment options, prognosis
  - Access to high-quality palliative care and hospice services

Overuse

- Eliminate overuse while ensuring the delivery of appropriate care
- Areas of focus:
  - Inappropriate medication use
  - Unnecessary lab tests
  - Unwarranted maternity care interventions
  - Unwarranted diagnostic procedures
  - Unwarranted procedures
  - Unnecessary consultations
  - Preventable emergency department visits and hospitalizations
  - Inappropriate nonpalliative services at end of life
  - Potentially harmful preventive services with no benefit

Patient-Focused Episodes of Care Project

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- Co-chaired by Elliott Fisher & Kevin Weiss
- Developed a comprehensive measurement framework to evaluate efficiency across extended episodes of care including:
  - Clear definitions
  - A discrete set of domains
  - Guiding principles for implementation
- Selected two priority conditions - AMI & LBP - to serve as operational examples to measure, report and improve efficiency across episodes

Patient-Focused Episodes of Care

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- Patient-focused orientation
  - Follows the natural trajectory of care over time
- Directed at value
  - Quality, costs, and patient preferences
- Emphasizes care coordination
  - Care transitions and hand-offs
- Promotes shared accountability
  - Individual, team, system
- Addresses shared decision making
  - Attention to patient preferences
- Needed to support fundamental payment reform

Patient-Focused Episodes of Care Domains

- Patient-level outcomes (better health)
  - Morbidity and mortality
  - Functional status
  - Health-related quality of life
  - Patient experience of care
- Processes of care (better care)
  - Technical
  - Care coordination/transitions /care planning
  - Decision quality – care aligned with patients' preferences
- Cost and resource use (less overuse, waste, misuse)
  - Total cost of care across the episode
  - Patient opportunity costs

Child Health: Brief Historical Milestones and Context

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Pre-1998

- **NCQA** included a small number of child-specific measures in HEDIS (well visits, immunizations, other measures include children but not stratified/sampled for children-e.g. "follow up after mental health hospitalization"). CAHPS team drafts first version of child survey (Homer).
- Since 2000 **NCQA** added the revised Child CAHPS and CAHPS CCC and several new appropriate medication use measures (e.g. antibiotics, inhalers, antidepressants) and included children in physician recognition projects and in Primary Care Medical Home certification projects. Currently working on a consumer survey to assess medical home building on CAHPS CCC.

1998-2003:

- AHRQ and Packard Foundation fund The Child and Adolescent Health Measurement Initiative **(CAHMI**) to convene a series of national committees including providers, purchasers, families, and policymakers to endorse a framework and criteria and to identify priorities for measurement in each priority outcome for kids (healthy development, staying healthy, getting better, living with illness).
- CAHMI coordinated the development and testing (mostly in health plans and provider groups) of new measures and measure reporting templates in three priority areas (early childhood preventive care, adolescent preventive care, care for children with special health care needs).
- Led to series of measurement tools yielding numerous clinical and experience of care measures aligned with Bright Futures and Medical Home/Chronic Care Model models. Led to CAHPS CCC in HEDIS, PHDS and YAHCS—all endorsed by NQF. Ended national committees in 2003 due to funding limitations.
- CAHMI continues with patient-centered quality projects and runs the **National Data Resource Center** for Child and Adolescent Health, which helps develop and disseminate child health data from national and state level surveys—included are numerous insurance, access and quality measures for state and substate analysis and comparison. (www.childhealthdata.org)

Child Health: Brief Historical Milestones and Context

- **2002-present: AHRQ** leads Pediatric Quality Indicators (**PQIs**) measurement development work to use hospitalization and ED data to assess quality of primary care (avoidable hospitalization) and inpatient care safety

- **2007: RAND** implemented a proprietary medical chart review-based set of 175 quality process measures specific for children—looks at numerous process measures and methods to extract from medical charts and summarize into a set of summary scores. (reported by Rita Mangione Smith in 2007)

- **Numerous other** more narrow efforts have led to measures (some "endorsed" for comparative performance purposes, some not). Many used for QI purposes (vs. accountability and comparison, etc.). (Some proprietary, some public use).

Early Years Consumer-Centered Quality Measurement Framework

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EXAMPLES: Assuming the basics (insurance coverage, etc.)	Healthy Development	Staying Healthy	Getting Better	Living With Illness	End of Life and LTC
Results of Good Care (examples)					
1^{O} Prevention (pre/pre-prenatal; early life and age appropriate ID/FU)					
↓Burden of Illness (child and family) 2^{O} Prevention and Treatment;					
↑Thriving & functioning (readiness for school/work; optimal functioning for age/condition, etc.)					
↓Avoidable negative events (hosp/ER; safety errors)					
Parents/children/youth are effectively engaged and experience care as responsive, caring, supportive, coordinated, comprehensive, culturally sensitive, etc.					
Steps to Good Care (examples)					
Screening and follow up (ongoing for all ages & family)					
Realized access to appropriate care (primary and secondary prevention, acute and chronic condition specific clinical effectiveness measures)					
Effective parent, child, youth and community education and anticipatory guidance					
Medical Home/Chronic Care Model-Oriented Care, including shared decision making, care coordination					