Measure Prioritization Advisory Committee

Web Meeting #2: Measure Development & Endorsement Agenda

July 22, 2010

Committee Charge

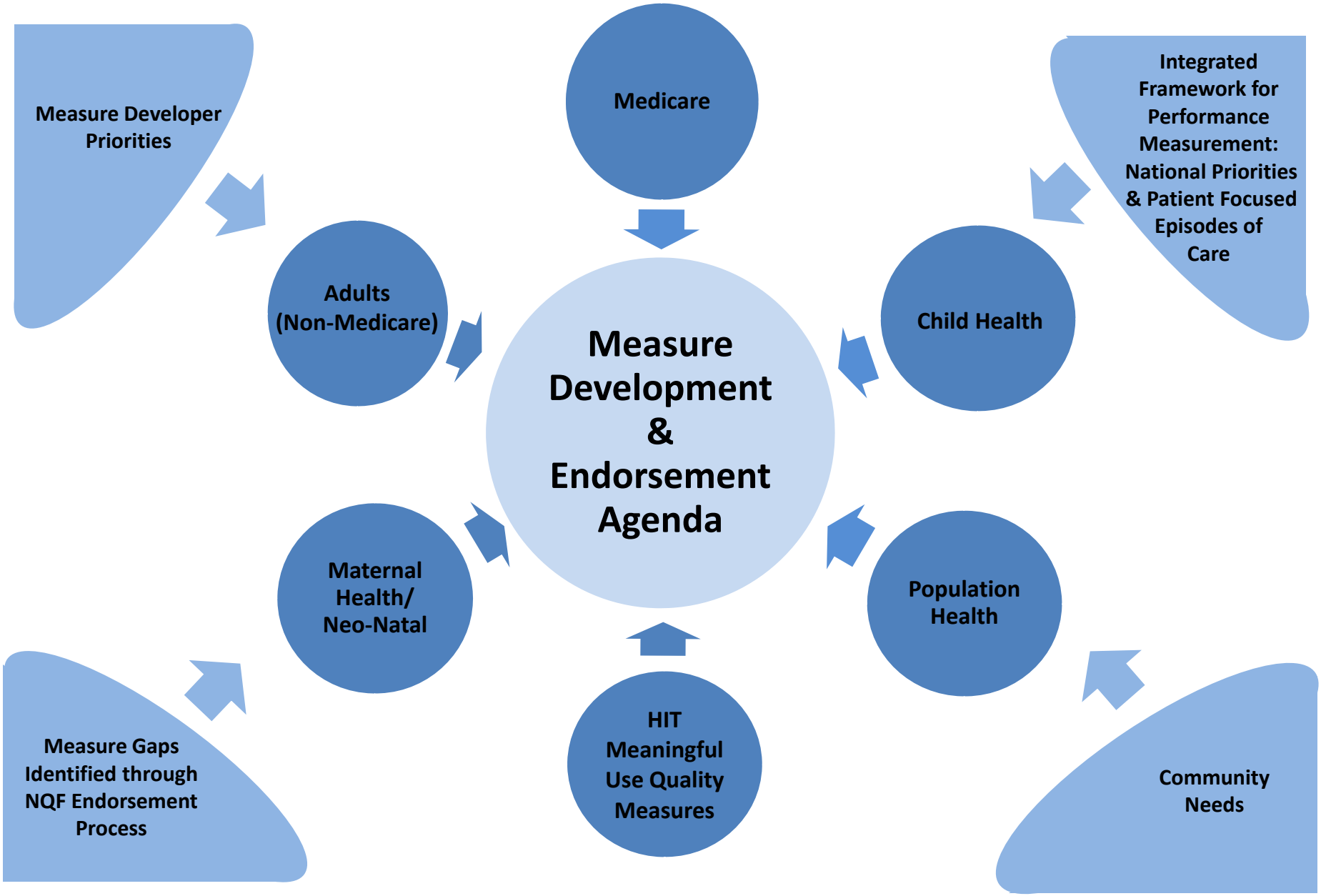
The charge of the Measure Prioritization Advisory Committee is to determine the priorities for a measure development agenda to address identified gaps in endorsed measures.

Meeting Objectives

- Set context for, and explain proposed process for the work ahead
- Review voting results for child health and population health
- Set context for HIT meaningful use quality measure gap stream
- Review priorities from select measure developers
- Discuss disparities issues
- Set up next steps

Background & Context-Setting

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

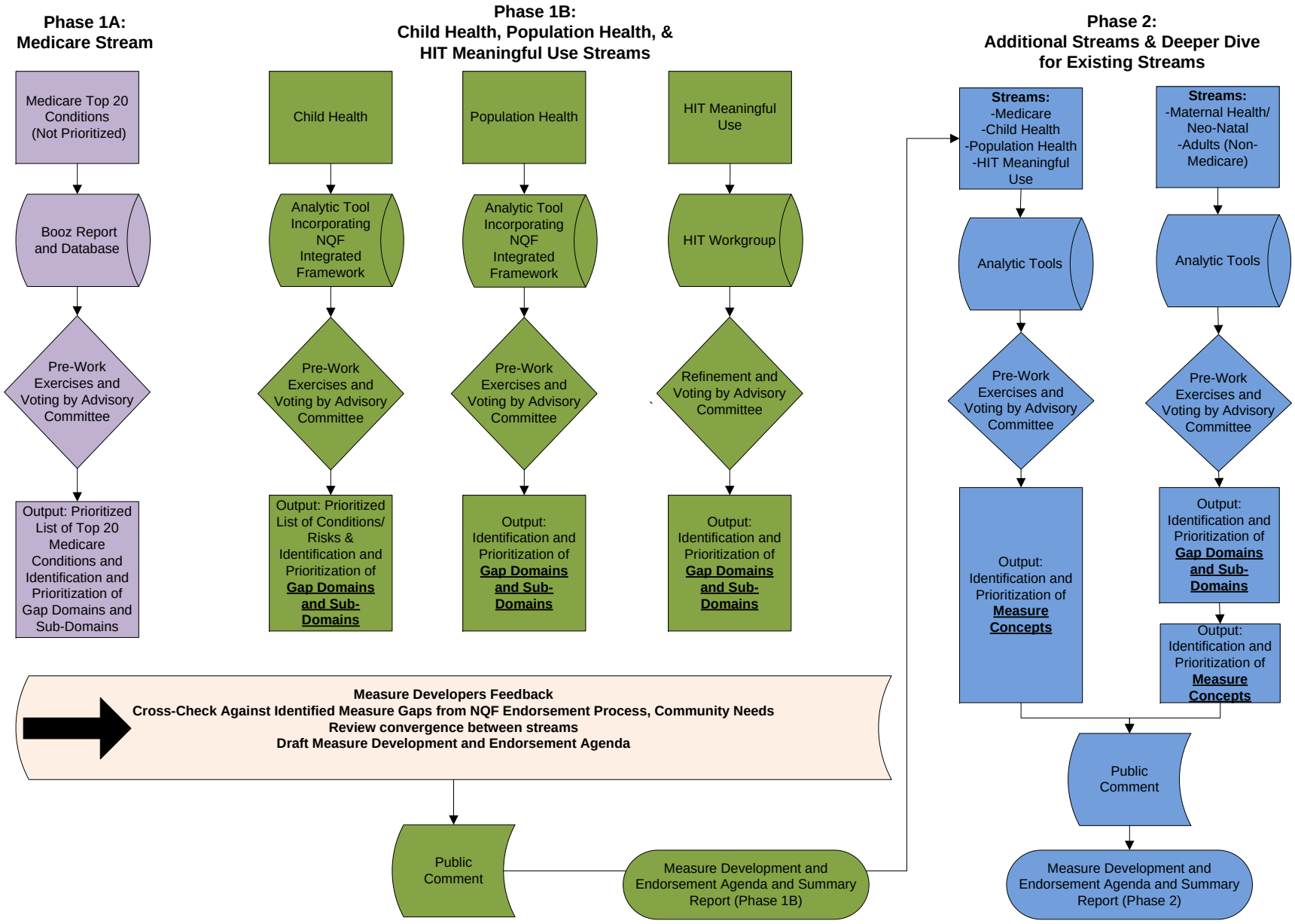


Booz Allen Hamilton Environmental Scan of Pipeline Measures

- Booz is currently in the process of conducting an Environmental Scan of pipeline performance measures relating to the National Priorities Partnership (NPP) Priorities, including Child Health and Population Health

- Environmental Scan focuses on two core sources:
  - Interviews with measure developers
  - Website searches of key words based on a taxonomy of defined search terms

Measure Development & Endorsement Agenda Project Overview



Medicare Conditions and Gap Domains and Sub-Domains

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Medicare Conditions

	Condition	Votes
1.	Major Depression	30
2.	Congestive Heart Failure	25
3.	Ischemic Heart Disease	24
4.	Diabetes	24
5.	Stroke/Transient Ischemic Attack	24
6.	Alzheimer's Disease	22
7.	Breast Cancer	20
8.	Chronic Obstructive Pulmonary Disease	15
9.	Acute Myocardial Infarction	14
10.	Colorectal Cancer	14
11.	Hip/Pelvic Fracture	8
12.	Chronic Renal Disease	7
13.	Prostate Cancer	6
14.	Rheumatoid Arthritis/Osteoarthritis	6
15.	Atrial Fibrillation	5
16.	Lung Cancer	2
17.	Cataract	1
18.	Osteoporosis	1
19.	Glaucoma	0
20.	Endometrial Cancer	0

Gap Domains

Health Status
Functional Status
Burden on Patients and Families
Productivity
Care Coordination
Communication
Patient Follow-up
Medication Management
Accountability for Care Coordination
Use of Care Plans
Cost/Efficiency
Appropriateness/Efficiency
Direct Costs
Indirect Costs
Patient & Family Engagement
Patient Engagement
Patient Experience and Satisfaction
Shared Decisionmaking
Patient Self-Management
Patient Activation
Population Health
Effective Preventive Services
Healthy Lifestyle Behaviors
Safety
Ambulatory Safety
Medication Adherence/Use
Prevention of Serious Events
Standardized HAI Rates

Gap Sub-Domains

Gap Area	Votes
Appropriateness/Efficiency	23
Communication	13
Patient Follow-up	11
Direct Costs	11
Effective Preventive Services	11
Functional Status	9
Medication Management	8
Accountability for Care Coordination	8
Use of Care Plans	7
Patient Engagement	7
Healthy Lifestyle Behaviors	7
Burden on Patients and Families	6
Patient Experience and Satisfaction	6
Ambulatory Safety	6
Medication Adherence/Use	6
Shared Decisionmaking	5
Patient Self-Management	5
Prevention of Serious Events	5
Indirect Costs	4
Standardized HAI Rates	3
Productivity	2
Patient Activation	2

Child Health Conditions and Risks and Gap Domains and Sub-Domains

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Child Health Conditions and Risks

Condition and Risk	Votes
Tobacco Use	29
Overweight/Obese (≥85th 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

Gap Domains

Gap 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

Gap Sub-Domains

Gap 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

Child Health Gap Sub-Domains (Continued)

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Gap Sub-Domains

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

Population Health Gap Domains and Sub-Domains

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Gap Domains

Gap 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

Gap Sub-Domains

Gap 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 QOL)	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

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	5

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: Gap Domains

Gap Domains
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)

Output 2: Gap Domains & Sub-Domains

Gap Areas	Votes
Domain: Health Status (Mortality and Healthy Years)	
Sub-Domain: Health Status (symptoms, function, and QOL)	13
Domain: Measures of Health Care and Public Health System Performance	
Sub-Domain: Coordination of care processes across sectors and care coordination across the patient-focused episode to include community context	10
Domain: Health Status (Mortality and Healthy Years)	
Sub-Domain: Wellness/well-being	9
Domain: Lifestyle Behaviors	
Sub-Domain: Physical Activity	8
Domain: Measures of Health Care and Public Health System Performance	
Sub-Domain: System infrastructure and policies	8
Domain: Lifestyle Behaviors	
Sub-Domain: Diet	6
Domain: Health Status (Mortality and Healthy Years)	
Sub-Domain: Length and quality of life (healthy life years)	6

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
Tobacco Use	29
Overweight/Obese	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	9
Autism, Asperger's, PDD, ASD	8
Developmental delay (diag.)	6
Environmental allergies	4
Learning Disability	4
Anxiety problems	3
ADD/ADHD	1
Vision problems not corrected by glasses	1
Bone, joint or muscle problems	1

Output 2: Gap Domains

Gap Domains
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)

Output 3: Child Health Gap Domains & Sub-Domains

Gap Areas	Votes
Domain: Population Health	
Sub-Domain: Population health outcomes	15
Domain: Clinical Effectiveness	
Sub-Domain: Appropriate tests and follow-up	15
Domain: Care Coordination	
Sub-Domain: Having a Medical or "Health Home"	14
Domain: Safety	
Sub-Domain: Adverse events	13
Domain: Population Health	
Sub-Domain: Early and continuous screening and appropriate, timely follow-up	12
Domain: Clinical Effectiveness	
Sub-Domain: Medications (appropriateness, management, adherence)	12
Domain: Clinical Effectiveness	
Sub-Domain: Self care management and support	12

Output 4: Key Issues

- Lump vs. splitting
- Child vs. adolescent
- Implication of child health/development on adult health/ functioning
- Abuse, neglect, poverty: sociocultural considerations
- Shared decision-making re: surgery
- Developmental learning vs. physical health
- Add oral health, tobacco use
- Consider adding "prevention" block and consider aggregation concerns

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 Meaningful Use Quality Measures

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

Committee Progress to Date

NQF
National Quality Forum

Feb. 2010

- Convene Measure Prioritization Advisory Committee to prioritize high-impact conditions and identified measure gaps (HHS-specified conditions and dimensions/criteria).

March 2010

- Convene Measure Prioritization Advisory Committee to consider additional measure streams to inform measure development and endorsement agenda.

May 2010

- Convene Measure Prioritization Advisory Committee to explain new streams and proposed process and review child health conditions and risks ranking exercise.

June 2010

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

Committee Scope of Work & Timeline

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National Quality Forum

July 2010

- Convene Measure Prioritization Advisory Committee to set context for the HIT Meaningful Use Quality Measure gap stream, review disparities issues as well as discuss measure developer priorities

August 2010

- Convene Measure Prioritization Advisory Committee to prioritize HIT Meaningful Use Quality 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.

Sept. - Oct. 2010

- NQF will seek comments from NQF Members and the public on the Measure Development and Endorsement Agenda. The comments will be used to inform a final report to HHS as well as next steps in formulating a comprehensive national strategy and priorities for healthcare performance measurement.

HIT Meaningful Use Quality Measure Gaps

ONC Perspective

Gretzky Group Update

Priorities from Select Measure Developers

AHRQ

AHRQ's Measurement Activities

- National Healthcare Quality Reports
- Consumer experience surveys (CAHPS)
- Culture surveys (SOPS)
- PSOs (including Common Formats)
- Consumer reporting (in development)
- Medicare Patient Safety Monitoring System (MPSMS)
- Quality Indicators – QIs & PSIs
- Medical Expenditure Patient Surveys (MEPS)

AHRQ's Common Formats

- Standardize the patient safety event information collected
  - Common language & definitions
  - Standardized rules for data collection
- Allow aggregation of comparable data at local, PSO, regional, & national levels
- Facilitate exchange of information, learning

Conceptual Framework

- Limit initial focus to safety: preventing harm to patients from the delivery of health care
- Develop for specific delivery settings:
  - Hospitals first
  - Designed as QI tool for use by hospitals
- Start with first phase of improvement cycle – the initial report
- Construct in modules

Scope

- Common Formats apply to *all* patient safety concerns, not a limited set of conditions/events
  - Incidents – patient safety events that reached the patient, whether or not there was harm
  - Near misses (or close calls) – patient safety events that did not reach the patient
  - Unsafe conditions – any circumstance that increases the probability of a patient safety event

Technical Specifications v1.1

- Implementation Guide – CDA – for data submission to national level
- Common Formats flow charts
- Validation rules & errors document
- Data Dictionary
- Local specifications

CMS

Vision for 2010-2011:

- To produce robust measure sets across settings and by measure types utilizing the episodes of care model
  - Focusing on four priority clinical conditions - hypertension, musculoskeletal diseases, diabetes, and sepsis.
  - Particular focus on outcome measures, including functional status and quality of life measures.
  - Continued development of electronic specifications of measures to use in the ARRA HITECH and PQRI pay for reporting programs.

Development Priorities:

- **Care Coordination**
  - Measures of care coordination in the context of emerging care models (e.g., ACOs, Medical Home Model, etc.)
  - A standardized set of questions relating to patients' feedback regarding care coordination should be included in patient survey instruments for all health care settings.
  - A set of harmonized measures on medication reconciliation across setting and across all conditions is needed. Emphasis of these measures should be on achieving medication reconciliation in a timely manner to assure quality care.
  - More measures relating to preventable ED visits are needed in settings other than home health, e.g., ambulatory care, nursing home, health plans.
  - A comprehensive, robust set of measures that addresses all aspects of care coordination, applicable to all population and all health care settings is needed.

- **Meaningful Use of EHRs Measures**
  - Development of EHR-based measures that utilize a greater amount of direct clinical data as compared to claims-based measures.
  - Development of outcomes measures that are directly paired with process measures (that include a scientific/medical evidence base). Consequently, we will be able to better gauge quality performance and establish a baseline evaluation for possible future agency plans for pay for reporting
  - Identification and implementation of a methodology for assessing outcomes for EPs that include small samples of patients in the numerator.
  - Broadening measures for all Eligible Professional (EP) specialties for HITECH.

- **Palliative Care**
  - The CMS hospice and palliative care measures developed under contract with CCME need further development.
  - Measures are needed for fatigue and delirium since these are common symptoms suffered by patients at the end of life. Delirium measures currently exist in the nursing home and home health settings; if measures for these conditions are developed for end of life patients, the measures should be harmonized as much as possible.
  - The CARE Instrument includes items that address physical and mental symptoms often experienced by patients at the end of life. It is a potential data source for hospice measures. If hospice measures will be developed using CARE Instrument items, these measures should be harmonized with the other CMS hospice/palliative care, nursing home, and home health measures.
  - Only one process measure was planned for development for social, spiritual, or psychological needs in 2009/2010. A potential source for measures relating to this goal is a patient or caregiver survey similar to CAHPS.

- **Resource Use/Efficiency**
  - Measures to assess and reduce duplicated services due to test results not being available.
  - Measures to assess appropriateness and overuse of consultations and preventive screening, i.e., Pap smears.
  - Measures to assess appropriate use of procedures such as cardiac catheterization, echocardiography, colonoscopy, joint replacements, and upper GI endoscopy.
  - Consider efficiency measures developed from QASC/Brookings across episodes of care when available.
  - Measures to assess system level efficiencies (e.g. preventable hospital or ED use)

- **Patient and Family Engagement**
  - Additional measures in all setting should be developed in prospective harmonization across settings that assess patient experience of care.
  - Additional measures in all setting should be developed that assess a patient's experience with the coordination of their care.
  - Measures to assess patient experience with culturally competent care must be developed
  - Measures should be developed within the following NPP sub-domains:
    - *Patient Experience of Care*
    - *Tools and Support Systems for Self Management*
    - *Treatment Options*
    - *End of Life Care*

- **Patient Safety**
  - Development of Sepsis prevention measures across the spectrum of care settings and attribution-levels (facility, providers, and systems).
  - Development of outcome and process measures related to the hospital acquired conditions (HACs) and other healthcare acquired infections (HAIs) and serious reportable events (SREs). Harmonized measures for all other appropriate settings should be developed concurrently.
  - Development of harmonized patient safety measures, such as pressure ulcers, falls, and urinary catheter related UTIs and medication errors for all settings. In addition to outcome measures, the sets should include process measures which examine key prevention areas for each topic.
  - Development of medication safety measures for the nursing home setting. This includes both process and outcome measures.
  - Harmonize existing measures of patient safety across all settings.

- **Multiple Chronic Conditions**
  - Measures of quality that are predictive of disability
  - Specific measures for pairings of conditions
  - Avoidance of poly-pharmacy and drug-drug interactions
  - Preventing acceleration of chronic diseases – particularly impact of obesity on chronic conditions.

- **Additional CHIPRA-specific Priorities:**
  - Availability of care in a range of ambulatory and inpatient settings
  - Racial, ethnic, and SES disparities
  - Duration of coverage
  - Prevention broadly
  - Acute conditions for children including healthy birth, premature birth, risk of physical and mental conditions

Joint Commission

Vision for 2010-2011:

Available to meet Accreditation Requirements

- VTE measures NEW (publicly report 1st time 9/10)
- Stroke NEW (publicly report 1st time 9/10)
- Perinatal care measures NEW (data collection with 4/10 discharges)
- Global immunization measures (date TBD)
- Alcohol/tobacco measures (date TBD)

Under development for other uses

- Blood management measures
- Sudden cardiac arrest measures

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New Joint Commission Framework for Future Development of Quality Measures

Accountability Measures

Measures with highest validity that meet specific criteria
(QI, P4P, Public Reporting)

- Strong evidence base demonstrating that given care processes leads to improved outcomes
- Measure accurately captures whether the evidence-based care process has been provided
- Measure addresses a process that has very few intervening care processes that must occur before the improved outcome is realized
- Implementing the measure has little or no opportunity of inducing unintended adverse consequences

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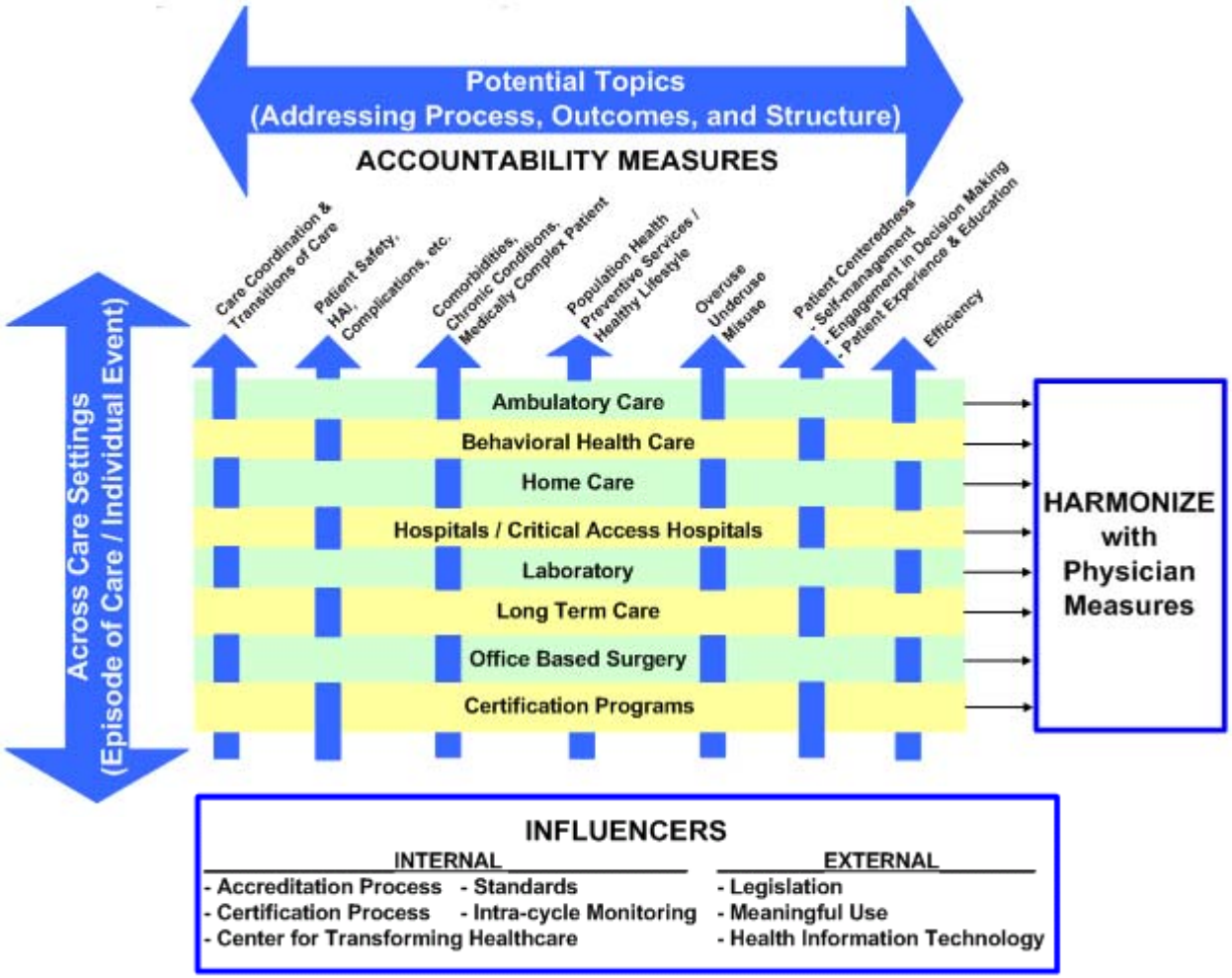
Quality Measurement & Improvement Across the Continuum of Care



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NCQA

Vision for 2010-2011:

- Adapt and tailor measures for optimal use in electronic data environments
- Begin creating new measures uniquely adapted to EHRs environments
- Create new composites related to both quality and resource use-cost (efficiency)

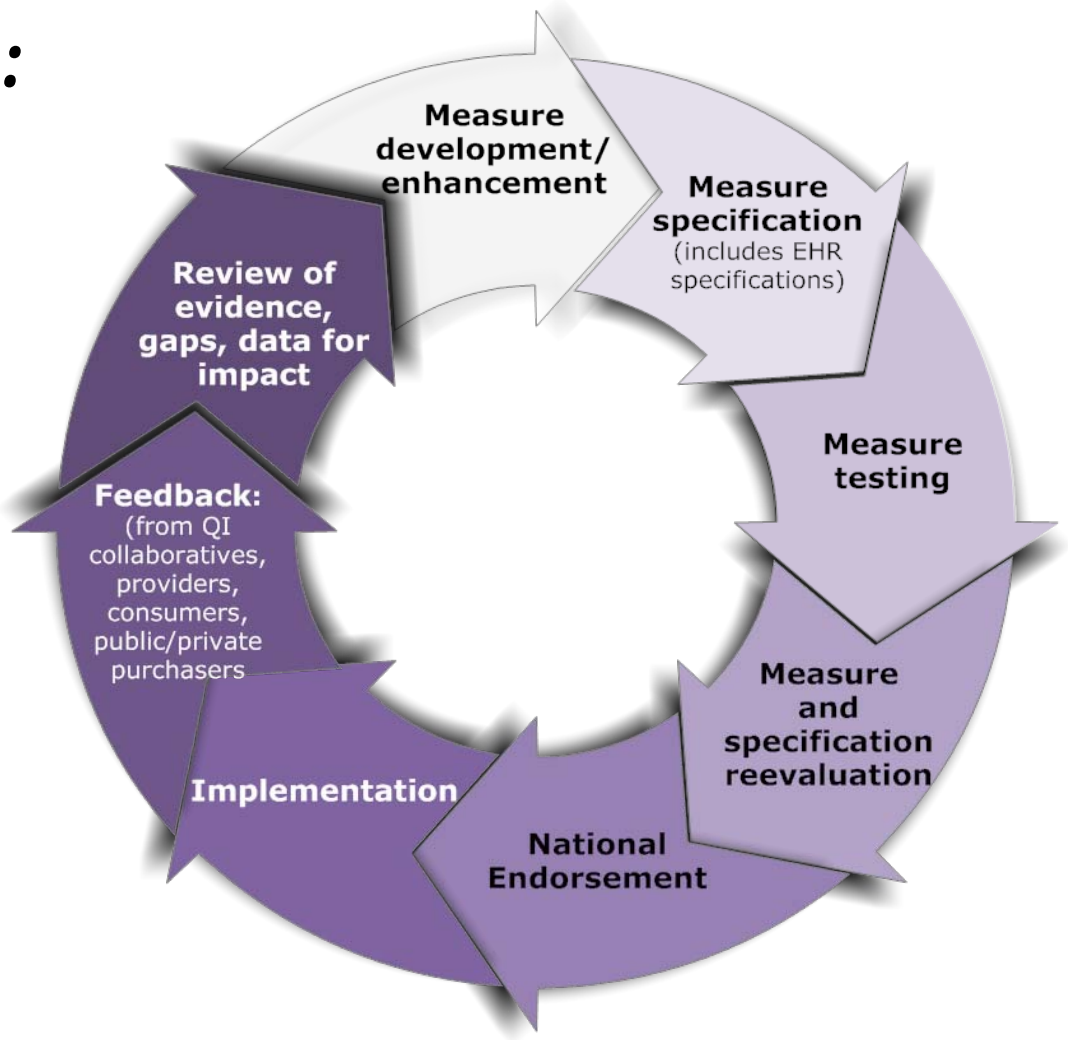
Priorities: In general follow National Priorities Partnership

- Cost related (resource use, utilization, ambulatory sensitive admission, readmission, appropriateness)
- Total cardiovascular risk measures linkage to CDS
- Care Coordination
- Child health –Medicaid and CHIPRA
- Addressing measurement in small populations

PCPI as Convened by AMA

Vision for 2010-2011:

- **Comprehensive approach to measure development (including timely data to inform measurement, testing, implementation vehicles identified, foster QI)**
- **Comprehensive measure sets or "dashboards" (multiple measure types, for multiple settings & levels of analysis)**
- **Leveraging data from electronic health records and clinically-enhanced data sets**



Priorities:

- Measure "dashboards": portfolio of measures applicable across inpatient & outpatient settings; outcome/process/structure; individual clinicians/care teams/facilities
- Composite measures where useful
- Specifying measures for EHRS/meaningful use
- Expanded measure testing (eg, Care Transitions)
- Overuse/inappropriate use
- Care coordination, safety, other NPP priorities

Specific measure topics prioritized:

- Overuse/inappropriate use[1]
  - Percutaneous Coronary Intervention
  - Maternity Care
  - Sinusitis
  - Cardiac Diagnostic Imaging
  - Diagnostic Imaging
  - Back Pain Management
- Other new measure development
  - Dementia
  - Atopic Dermatitis[2]
  - Radiation Dose Optimization[2]

1 Collaborative work with NCQA and relevant medical specialty societies

2 Collaborative work with relevant ABMS member boards

Key Committee Considerations

Summary of Measure Developers' Priorities

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Priorities:

- Care Coordination
  - In the Context of Emerging Care Models (e.g., ACOs, Medical Home, etc)
- Efficiency/Overuse
  - Appropriateness
  - Resource Use
  - Avoidable Admissions/Readmissions/ED Visits
- Child Health
  - Prevention Broadly
  - Racial, Ethnic, and SES Disparities
- Safety
  - HACs/HAIs
  - Medication Reconciliation

Summary of Measure Developers' Key Issues

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Issues:

- Comprehensive Measure "Dashboards"
- Composite Measures Addressing Quality & Cost
- E-Measure Specifications for EHRs/Meaningful Use
- Measures Addressing Multiple Chronic Conditions

Committee Discussion

- Where are measure developers already aligning and taking a leadership role in filling important gap domains identified by the Committee?

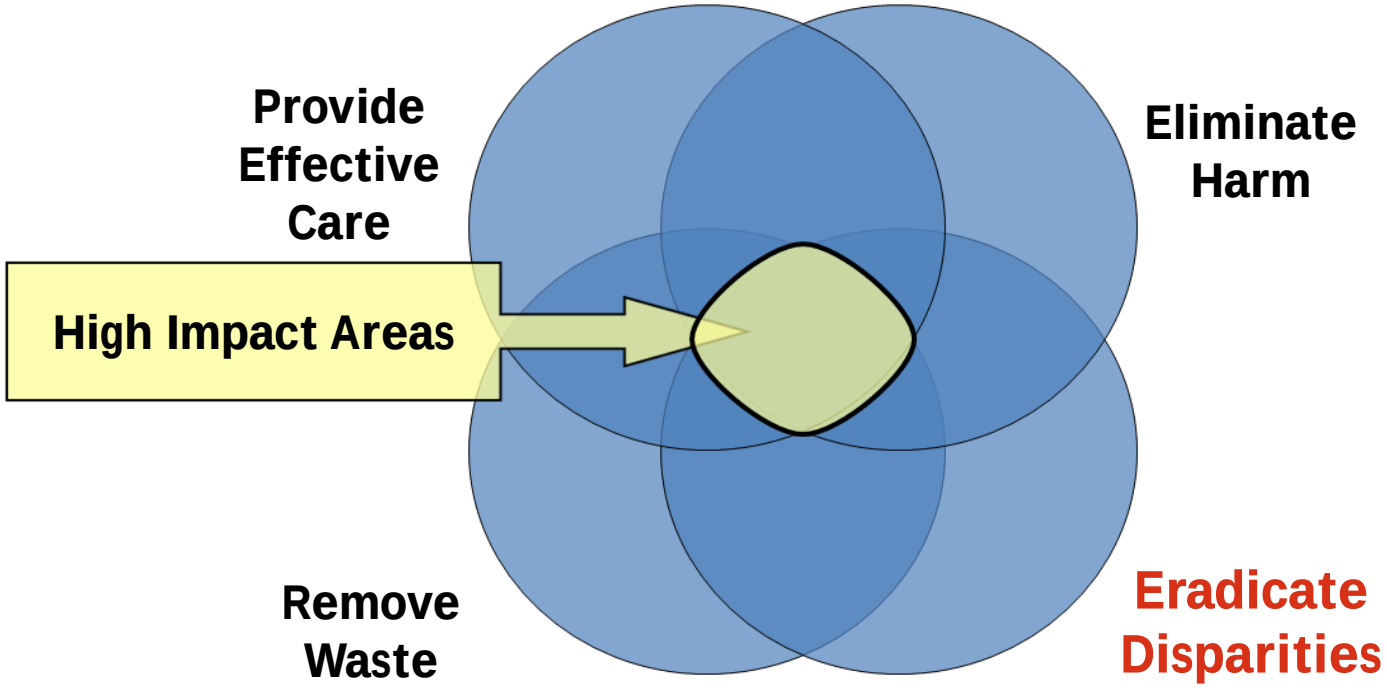
- Based on where measure developers are currently focusing, are there any additional priority areas or populations the Committee should consider?

Disparities

Building Disparities into the Prioritization Committee Rankings

Helen Burstin, MD, MPH
Senior Vice President
Performance Measures

Selecting the National Priorities



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Quality and Disparities Measurement

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- Assessment of quality by race, ethnicity, primary language and socioeconomic status should be a routine and expected part of performance measurement
  - **Inclusion in the Quality Data Set (QDS)**
- Need to collect race, ethnicity, primary language, and socioeconomic status data in an efficient, effective, patient-centered manner or consider indirect methods
  - **Endorsed HRET toolkit (cultural competency project)**
- Identify measures that are "disparity-sensitive" and routinely stratify quality data
  - **Identified disparity-sensitive criteria**

Primary Criteria: Disparity-Sensitive Criteria

- **Prevalence**
  - Is this disease or condition among the most prevalent in the disparity population?
- **Impact of the condition**
  - Does the condition have a relatively high impact on the health of disparity population—e.g., mortality, QOL, stigma?
- **Impact of the quality process**
  - What proportion of the target population are likely to benefit from broader implementation of the targeted quality process?
- **Quality gap**
  - How large is the gap in quality between the disparity population and the benchmark populations?

Secondary Criteria: Disparity-Sensitive Measures

- **Ease and feasibility of improving the quality process**
  - Any evidence that care can be improved for healthcare disparity populations, whether an intervention exists to reduce the disparity, and that gaps between different groups can be closed.

- **Low health literacy**
  - Any evidence that low literacy negatively affects health outcomes for that specific measure's leverage point.

- **Unintended or Adverse Consequences**
  - Example: measures that might penalize safety net providers based on factors that are beyond their control

Disparity-Sensitive Measures

- Ambulatory care project:
  - Identified 35 "disparity-sensitive" measures at the clinician level (hypertension, diabetes, mental health, asthma, heart disease, immunization, screening/prevention, patient experience)
  - Includes 14 AHRQ Prevention Quality Indicators – capture potentially avoidable hospitalizations for ambulatory care-sensitive conditions
- Plan to review **all** measures in the NQF portfolio across sites and providers to identify disparity-sensitive measures

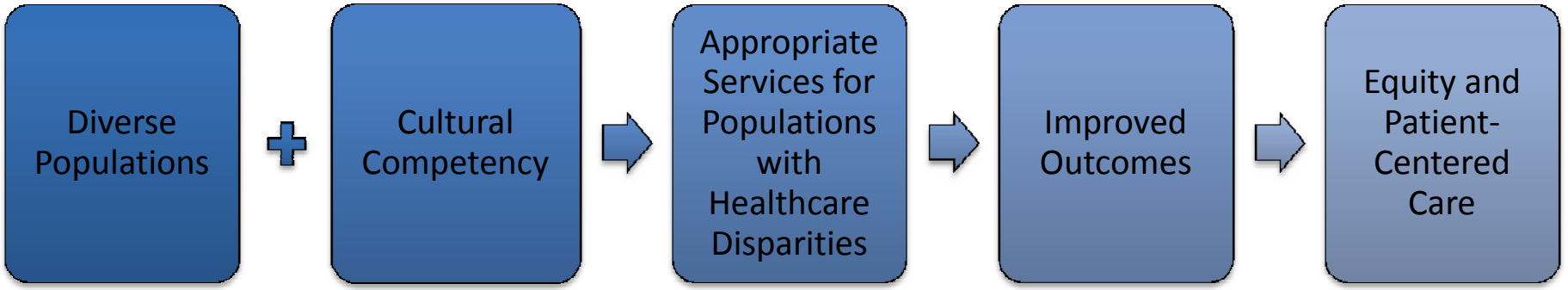
CDP Projects: Examples of Disparity-Related Gaps

- Outcome measures that address the reduction of healthcare disparities.
- Assess availability of appropriate interpreter services
- Examine disparities related to socioeconomic status and 30-day readmission rates
- Creation of measures that assess quality and disparities specifically for at-risk populations.
- Best practices for pay-for-performance and measurement efforts that are most likely to reduce disparities.

Approaches to Disparities Measurement

- **Disparity-sensitive measures:**
  - For disparity sensitive measures, quality measures should be routinely stratified by race, ethnicity, language, and SES.
- **Cross-cutting measures:**
  - Cultural competency measures (e.g., access to interpreter services)
  - Disparities measures (e.g., routine collection of race, ethnicity)
- **Population-specific measures:**
  - Focus on targeted population-specific measurement concerns (e.g., screening foreign-born adults for chronic hepatitis B)

Reducing Disparities Through Culturally Competent Care



Adapted from Brach C, Fraser I, Can cultural competency reduce racial and ethnic health disparities? a review and conceptual model, *Med Care Res Rev*, 2000; 57: 187 – 217.

Measuring Cultural Competency

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- In 2009, NQF endorsed a framework and preferred practices
- NQF identified high-priority research and measure development to advance evaluation of cultural competency
- Built consensus around major questions:
  - ✓ What constitutes culturally competent care?
  - ✓ Who is accountable to ensure it is delivered?
  - ✓ How do health systems and providers measure cultural competency?
  - ✓ Can we attribute culturally competent healthcare to improved health outcomes?

Defining Cultural Competency

Cultural competency is the ongoing capacity of healthcare systems, organizations and professionals to provide for diverse patient populations high quality care that is safe, family and patient- centered, evidence-based, and equitable.

Cultural Competency Framework - Domains

1. Leadership
2. Integration into management systems and operations
3. Patient-Provider Communication
4. Care Delivery and Supporting Mechanisms
5. Workforce Diversity and Training
6. Community Engagement
7. Data Collection, Public Accountability, and Quality Improvement

Policy Recommendations → Preferred Practices → Measures

IOM Policy Recommendation:

An entity collecting data from individuals for purposes related to health and healthcare should collect data on granular ethnicity using categories that are applicable to the population it serves.

NQF-Endorsed Preferred Practice:

- Ensure that, at minimum, data on an individual patient's race and ethnicity and primary written and spoken language are collected in health records and integrated into the organization's management information systems. Periodically update the language information.

Opportunities for Measurement:

- Number of patients who have appropriate data collected on race, ethnicity, and primary written and spoken language

Measurement Domains

- **Health Status**
  - Functional Status
  - Burden on Patients and Families
  - Productivity
- **Care Coordination**
  - Communication
  - Patient follow-up
  - Medication management
  - Accountability for coordination
  - Use of care plans
- **Cost/Efficiency**
  - Appropriateness
  - Efficiency
  - Costs (Direct/Indirect)
- **Patient & Family Engagement**
  - Patient Experience and Satisfaction
  - Shared Decisionmaking
  - Patient Self-Management
  - Patient Activation
- **Population Health**
  - Effective Preventive Services
  - Healthy Lifestyle Behaviors
- **Safety**
  - Ambulatory Safety
  - Medication Adherence/Use
  - Prevention of Serious Events
  - Standardized HAI Rates

Domain Rankings: Link to Disparities

Would domain rankings change if viewed through the disparities lens?

- Care Coordination, including transitions
  - Higher likelihood of uncoordinated care for vulnerable populations without access to medical home
- Patient, Family, & Caregiver Engagement
  - Patient experience not often captured for all populations (e.g., language issues)
- Population Health
  - Strong interest in community determinants of health
- Overuse
  - Stronger interest in **underuse** of effective interventions (disparity-sensitive clinical measures)

Measurement Domains: Link to Disparities

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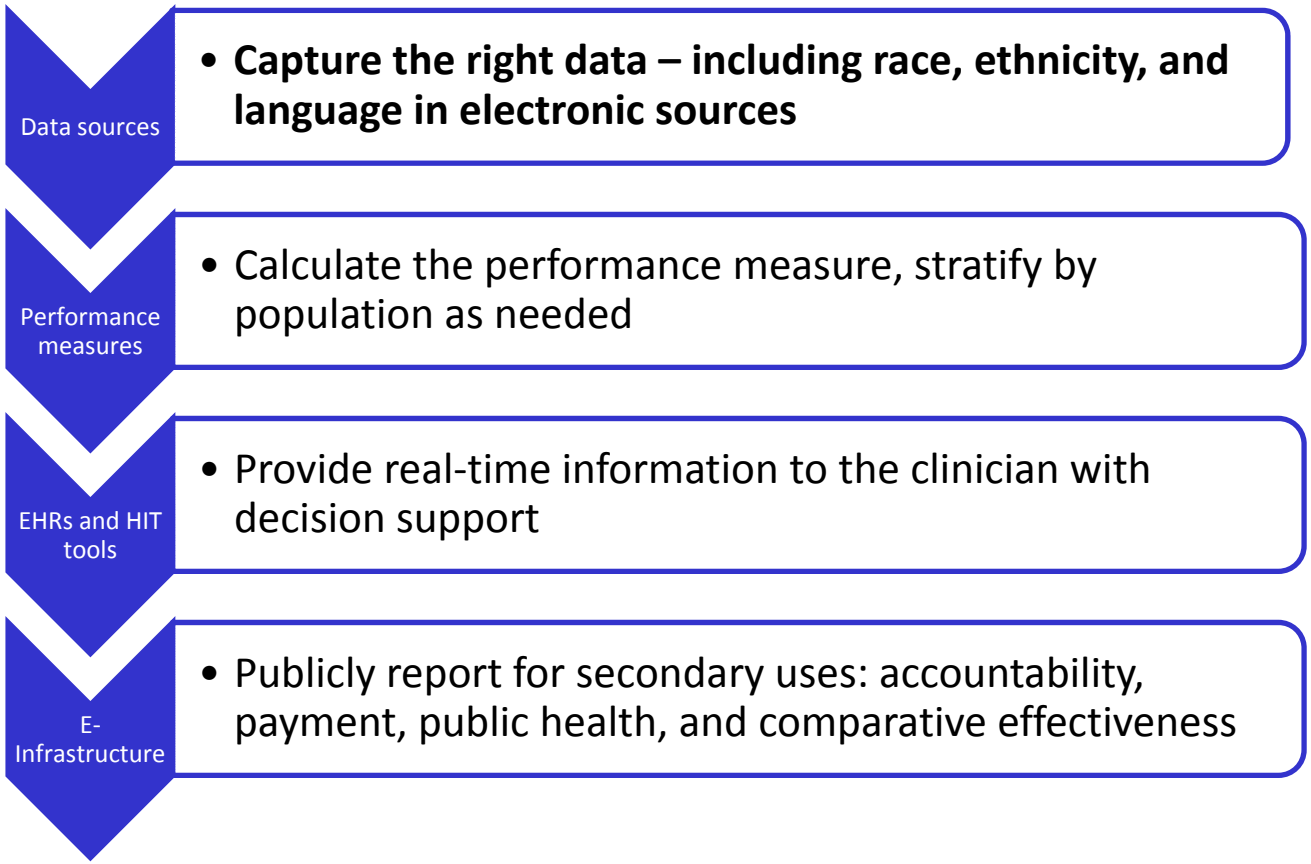
- **Health Status**
  - Functional Status
  - Burden on Patients and Families
  - Productivity
- **Care Coordination**
  - Communication
  - Patient follow-up
  - Medication management
  - Accountability for coordination
  - Use of care plans
- **Cost/Efficiency**
  - Appropriateness **(Underuse)**
  - Efficiency
  - Costs (Direct/Indirect)
- **Patient & Family Engagement**
  - Patient Experience and Satisfaction
  - Shared Decisionmaking
  - Patient Self-Management
  - Patient Activation
- **Population Health**
  - Effective Preventive Services
  - Healthy Lifestyle Behaviors
- **Safety**
  - Ambulatory Safety
  - Medication Adherence/Use
  - Prevention of Serious Events
  - Healthcare Associated Infections

Disparities Measurement: Link to Health IT:



Comments/questions

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Committee Exercise

Committee Exercise

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Proposed Exercise:

1. Committee members perform a preliminary voting of the consolidated list of gap domains and sub-domains.
2. Committee members submit 2 excel spreadsheets (the first on domains and the second on sub-domains) to NQF staff along with their primary considerations and rationale by COB July 29.
3. Committee members submit questions or comments related to the preliminary voting exercise.
4. NQF staff collate and compile results for the in-person August meeting.

Committee Resources & Background Materials

- **NPP Priorities and patient-focused episode of care framework**
  - NPP Executive Summary

  http://www.nationalprioritiespartnership.org/uploadedFiles/NPP/About_NPP/ExecSum_no_ticks.pdf
  - Patient-Focused Episodes of Care Report – Executive Summary

  http://www.qualityforum.org/Publications/2010/01/Measurement_Framework__Evaluating_Efficiency_Across_Patient-Focused_Episodes_of_Care.aspx

- **Measure Developer priorities** (see July 22 webinar presentation slides on this topic)

- **Gaps identified from the NQF endorsement process** (see materials provided for the July 22 webinar)

- **Disparities-sensitive domains and sub-domains** (see July 22 webinar presentation slides on this topic)

- **HIT-sensitive domains and sub-domains and state of readiness** (see materials provided for the July 22 webinar)

Preliminary voting of gap domains and sub-domains should be based on the following dimensions:

- **Impact/burden (including prevalence, cost)**
- **Improvability/variability (including actionability, effectiveness)**
- **Feasibility (including data source, burden of measurement)**

Convergence & Consolidation of Measure Gap Domains

- Reviewed the Medicare, Child Health, and Population Health Measure Gap Domains & Sub-Domains
- Focused on Convergence of Domains and Sub-Domains Across Measurement Streams
- Consolidated to 8 Domains with 34 Sub-Domains Based Upon Identified Areas of Convergence

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Domains

- Care Coordination & Management
- Health Care& Public Health System Performance
- Health Status
- Palliative Care
- Patient & Family Engagement
- Population Health
- Resource Use/Overuse
- Safety Processes & Outcomes

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Care Coordination & Management

- Communication
- Medication Management (Appropriateness, Adherence)
- Appropriate and Timely Follow-up
- Effective Care Plans
- Transitions
  - Accountability
  - Success/Failure Rates
- Having a Medical or Health Home
- Help Coordinating Care

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Health Care & Public Health System Performance

- Patient/Family Centered Systems of Care*
- System Infrastructure & Policies
- Community Index

*Originally under the Patient & Family Engagement Domain but moved to the Health Care & Public Health System Performance Domain since the NQF team determined this sub-domain to be more focused on "systems of care."

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Health Status

- Function, Symptoms, and Quality of Life
- Burden of Illness
- Wellness/Well Being/Population Health Outcomes
- Mortality/Length of Life
- Productivity

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Palliative Care

- Pain Management and Symptom Relief
- Advance Preparations Defined and Honored
- Caregiver/Family Burden
- Access to Supportive Services
- Access to Spiritual, Cultural, and Psychological Needs

Domain 5: Patient & Family Engagement

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Patient & Family Engagement*

- Self-Management
  - Activation
  - Consumer Empowerment

- Shared Decision Making
  - Bridge Gap Between Expert and Public Knowledge
  - Patient Communication and Knowledge Regarding Consent & Safety**

- Experience
  - Satisfaction
  - Health Literacy
  - Communication, Respect and Cultural Sensitivity

*The sub-domain, Engagement, was eliminated from the list of sub-domains under the Patient & Family Engagement Domain since the NQF team determined that this sub-domain was already incorporated as part of the Patient & Family Engagement Domain and did not see a need for it to be further emphasized or repeated as a sub-domain.

**Originally under the Safety Processes & Outcomes Domain but the NQF team determined this sub-domain to be more focused on "shared-decision-making."

Domain 6: Population Health

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Population Health

- Effective Preventive Services
  - Cardiovascular Disease Prevention
  - Early and Continuous Screening
  - Child and Adolescent Health
  - Cancer Prevention
  - Injury Prevention
  - Vaccine-Preventable Illness

- Healthy Lifestyle Behaviors
  - Physical Activity
  - Diet
  - Smoking
  - Risky Alcohol Use
  - Health Promotion

- Environmental Factors

- Social Determinants

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Resource Use/Overuse

- Appropriateness/Efficiency

- Direct Cost
  - Overuse of Procedures and Surgery
  - Medication Overuse
  - Avoidable ED and Hospital Readmission
  - Duplicate Testing

- Indirect Cost

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Safety Processes & Outcomes

- Prevention of Adverse Events
- Medication Safety
- Ambulatory Setting
- Standardized HAI

Sample #1: Domain Voting

Domain Voting Exercise

You have 3 votes. Please place an "x" under each voting column for your top 3 domains. You may assign multiple votes to 1 domain as well.

Domains	Vote #1	Vote #2	Vote #3
Care Coordination & Management	X	X	X
Health Care & Public Health System Performance			
Health Status			
Palliative Care			
Patient & Family Engagement			
Population Health			
Resource Use / Overuse			
Safety Processes & Outcomes			

Sample #2: Domain Voting

Domain Voting Exercise

You have 3 votes. Please place an "x" under each voting column for your top 3 domains. You may assign multiple votes to 1 domain as well.

Domains	Vote #1	Vote #2	Vote #3
Care Coordination & Management			
Health Care & Public Health System Performance			X
Health Status			
Palliative Care			
Patient & Family Engagement			
Population Health		X	
Resource Use / Overuse	X		
Safety Processes & Outcomes			

Sample #1: Sub-Domain Voting

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Sub-Domain Voting Exercise

You have 9 votes. Please place an "x" under each voting column for your top 9 sub-domains. You may assign multiple votes to 1 sub-domain as well.

Sub-Domains	Vote #1	Vote #2	Vote #3	Vote #4	Vote #5	Vote #6	Vote #7	Vote #8	Vote #9
Care Coordination & Management									
Communicaton									
Medication Management (Appropriateness, Adherence)									
Appropriate and Timely Follow-up									
Effective Care Plans	X	X	X						
Transitions*									
Having a Medical or Health Home									
Help Coordinating Care									
Health Care & Public Health System Performance									
Patient/Family Centered Systems of Care									
System Infrastructure & Policies									
Community Index				X	X	X	X		
Health Status									
Function, Symptoms, and Quality of Life									
Burden of Illness									
Wellness/Well Being/Population Health Outcomes									
Mortality/Length of Life									
Productivity									
Palliative Care									
Pain Management and Symptom Relief									
Advance Preparations Defined and Honored									
Caregiver/Family Burden									
Access to Supportive Services									
Access to Spiritual, Cultural, and Psychological Needs									
Patient & Family Engagement									
Self-Management**									
Shared Decision Making***								X	X
Experience^									
Population Health									
Effective Preventive Services^^									
Healthy Lifestyle Behaviors^^^									
Environmental Factors									
Social Determinants									
Resource Use/Overuse									
Appropriateness/Efficiency									
Direct Cost†									
Indirect Cost									
Safety Processes & Outcomes									
Prevention of Adverse Events									
Medication Safety									
Ambulatory Setting									
Standardized HAI									

*Accountability, Success/Failure Rates

**Activation, Consumer Empowerment

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

^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 ED and Hospital Readmission, Duplicate Testing

Sample #2: Sub-Domain Voting

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Sub-Domain Voting Exercise

You have 9 votes. Please place an "x" under each voting column for your top 9 sub-domains. You may assign multiple votes to 1 sub-domain as well.

Sub-Domains	Vote #1	Vote #2	Vote #3	Vote #4	Vote #5	Vote #6	Vote #7	Vote #8	Vote #9
Care Coordination & Management									
Communicaton	X								
Medication Management (Appropriateness, Adherence)									
Appropriate and Timely Follow-up									
Effective Care Plans									
Transitions*									
Having a Medical or Health Home									
Help Coordinating Care									
Health Care & Public Health System Performance									
Patient/Family Centered Systems of Care									
System Infrastructure & Policies									
Community Index		X							
Health Status									
Function, Symptoms, and Quality of Life									
Burden of Illness			X						
Wellness/Well Being/Population Health Outcomes									
Mortality/Length of Life									
Productivity									
Palliative Care									
Pain Management and Symptom Relief									
Advance Preparations Defined and Honored									
Caregiver/Family Burden				X					
Access to Supportive Services									
Access to Spiritual, Cultural, and Psychological Needs									
Patient & Family Engagement									
Self-Management**					X				
Shared Decision Making***						X			
Experience^									
Population Health									
Effective Preventive Services^^							X		
Healthy Lifestyle Behaviors^^^									
Environmental Factors									
Social Determinants									
Resource Use/Overuse									
Appropriateness/Efficiency									
Direct Cost†	5							X	
Indirect Cost									
Safety Processes & Outcomes									
Prevention of Adverse Events									X
Medication Safety									
Ambulatory Setting									
Standardized HAI									

*Accountability, Success/Failure Rates

**Activation, Consumer Empowerment

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

^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 ED and Hospital Readmission, Duplicate Testing

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Questions Regarding the Preliminary Voting Exercise?

Next Steps

Immediate Next Steps

- Identify important measure gap areas for HIT Meaningful Use Quality Measures (August 2010).
- Develop prioritized measure development and endorsement agenda (August 2010).
- Public Comment (September – October 2010)

Committee Scope of Work & Timeline

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August 2010

- Convene Measure Prioritization Advisory Committee to prioritize HIT Meaningful Use Quality 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.

Sept.-Oct. 2010

- NQF will seek comments from NQF Members and the public on the Measure Development and Endorsement Agenda. The comments will be used to inform a final report to HHS as well as next steps in formulating a comprehensive national strategy and priorities for healthcare performance measurement.

Nov. 2010

- NQF will develop a draft measure development and endorsement agenda for review by the committee and HHS.

Meeting Schedule

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

Medicare Stream: Ranking of Conditions & Identification and Prioritization of Gap Domains and Sub-Domains

Unranked Top 20 Medicare Conditions from HHS

Booz Synthesis of Evidence and Dimensions for Ranking of Conditions:
*Improvability
*Cost
*Variability
*Prevalence
*Disparities

Expert Opinion

Advisory Committee Ranking of Medicare Top 20 Conditions

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: Medicare Gap Domains and Sub-Domains

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 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

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

Domain/Subdomain
Patient-focused Outcomes
Mortality
Morbidity
HRQoL
Functional Status
Safety
Patient Experience
Cost & Resource Use
Cost & Resource Use
Process Measures
Preventive Services/Healthy Lifestyle Behaviors
Clinical Care Processes
Care Coordination
Patient & Family Engagement
Safety Practices

Advisory Committee Voting of Top Measurement Gap Area Domains for all 20 Conditions

Top 6 Domains

- Health Status
- Care Coordination
- Cost /Efficiency
- Patient & Family Engagement
- Population Health
- Safety

Identification & Ranking of Sub-domains w/in Gap Area Domains

Advisory Committee Review of all Voting Results

Child Health Stream: Ranking of Conditions & Identification and Prioritization of Gap Domains and Sub-Domains

Unranked Top Child Health Conditions

Advisory Committee Ranking of Top Child Health Conditions

Output 1: Ranked Conditions

Condition	Votes
Tobacco Use	29
Overweight/Obese	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	9
Autism, Asperger's, PDD, ASD	8
Developmental delay (diag.)	6
Environmental allergies	4
Learning Disability	4
Anxiety problems	3
ADD/ADHD	1
Vision problems not corrected by glasses	1
Bone, joint or muscle problems	1

Output 2: Key Issues

- Lump vs. splitting
- Child vs. adolescent
- Implication of child health/ development on adult health/ functioning
- Abuse, neglect, poverty: sociocultural considerations
- Shared decision-making re: surgery
- Developmental learning vs. physical health
- Add oral health, tobacco use
- Consider adding "prevention" block and consider aggregation concerns

Output 3: Gap Domains

Gap Domains
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)

Output 4: Child Health Gap Domains & Sub-Domains

Gap Areas	Votes
Domain: Population Health	
Sub-Domain: Population health outcomes	15
Domain: Clinical Effectiveness	
Sub-Domain: Appropriate tests and follow-up	15
Domain: Care Coordination	
Sub-Domain: Having a Medical or "Health Home"	14
Domain: Safety	
Sub-Domain: Adverse events	13
Domain: Population Health	
Sub-Domain: Early and continuous screening and appropriate, timely follow-up	12
Domain: Clinical Effectiveness	
Sub-Domain: Medications (appropriateness, management, adherence)	12
Domain: Clinical Effectiveness	
Sub-Domain: Self care management and support	12

NPP Child Health Convening Domains

- Patient and Family Engagement
- Care Coordination including Transitions
- Population Health including Communities
- Clinical Effectiveness
- Safety
- Overuse
- Palliative Care

Disparities

Advisory Committee Voting of Top Measurement Gap Area Domains for all Child Health Conditions

Top 6 Domains

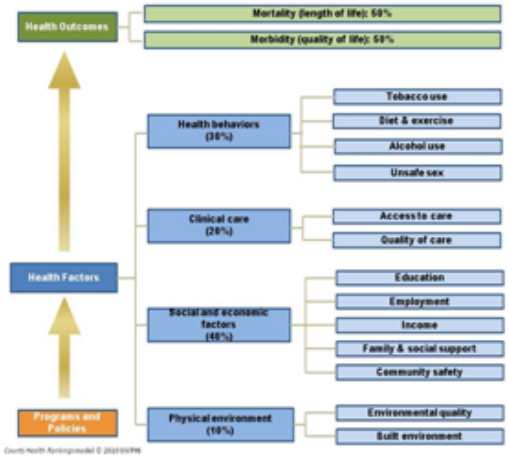
- Domain 1
- Domain 2
- Domain 3
- Domain 4
- Domain 5
- Domain 6

Identification & Ranking of Sub-domains w/in Gap Area Domains

Advisory Committee Review of all Voting Results

Population Health Stream: Identification and Prioritization of Gap Domains and Sub-Domains

Input 1: Kindig Model



NPP Population Health Convening Domains

- Clinical Preventive Services
- Healthy Lifestyle Behaviors
- Community Index of Health

→ Disparities

Input 2: State of the USA Health Indicators

Health Outcomes	Health Systems
Life expectancy at birth	Health care expenditures
Infant Mortality	Insurance coverage
Life expectancy at age 65	Unmet medical, dental, Rx needs
Injury related mortality	Preventive Services
Self-reported health status	Childhood immunization
Unhealthy days physical and mental	Preventable hospitalization
Chronic disease prevalence	
Serious psychological distress	
Health-Related Behaviors	**Social determinants**
Smoking	Socioeconomic status
Physical Activity	Race/ethnicity
Excessive Drinking	Social support
Nutrition	Health literacy
Obesity	Limited English proficiency
Condom Use	Social environment

Advisory Committee Voting of Top Measurement Gap Area Domains

Identification & Ranking of Sub-domains w/in Gap Area Domains

Advisory Committee Review of all Voting Results

Output 1: Key Issues

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

Output 2: Gap Domains

Gap Domains
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)

Output 3: Gap Domains & Sub-Domains

Gap Areas	Votes
Domain: Health Status (Mortality and Healthy Years)	
Sub-Domain: Health Status (symptoms, function, and QOL)	13
Domain: Measures of Health Care and Public Health System Performance	
Sub-Domain: Coordination of care processes across sectors and care coordination across the patient-focused episode to include community context	10
Domain: Health Status (Mortality and Healthy Years)	
Sub-Domain: Wellness/well-being	9
Domain: Lifestyle Behaviors	
Sub-Domain: Physical Activity	8
Domain: Measures of Health Care and Public Health System Performance	
Sub-Domain: System infrastructure and policies	8
Domain: Lifestyle Behaviors	
Sub-Domain: Diet	5
Domain: Health Status (Mortality and Healthy Years)	
Sub-Domain: Length and quality of life (healthy life years)	5