



Contract No. HHSM-500-2012-000091 – Task Order HHSM-500-T0004

Multi-stakeholder Input on a National Priority: Improving Population Health by Working with Communities

Meeting Summary

The National Quality Forum (NQF) convened an in-person meeting of the Population Health Framework Committee on January 9th and 10th, 2014. An online archive of the meeting is available [here](#).

Committee Member Attendance

Please see Attachment 1 for the list of Committee members in attendance.

Welcome and Overview of Meeting Objectives

Session led by Bruce Siegel and Kaye Bender, Population Health Framework Committee co-chairs.

- Dr. Siegel welcomed the Committee, federal liaisons, and other participants to the *Multi-stakeholder Input on a National Priority: Improving Population Health by Working with Communities* in-person meeting. Dr. Siegel also reviewed the following meeting objectives:
 - Establish consensus and commitment on the project scope and goals;
 - Discuss key findings from the analysis of frameworks and develop recommendations for the Community Action Guide; and
 - Operationalize next steps and identify areas for the Committee to directly engage in the further development of the Community Action Guide.

Opening Remarks

Remarks were provided by Christine Cassel, President and CEO, NQF and Nancy Wilson, Government Task Lead, Agency for Healthcare Research and Quality (AHRQ).

- Dr. Cassel offered opening remarks and expressed her thanks to the committee, and excitement for this important work that will advance collaboration across multiple sectors. Dr. Cassel noted that this work was particularly timely and can help inform new delivery models that focus on population-based care.
- Dr. Wilson thanked the Committee for their participation and commitment to population health. She explained that the project builds on the three-part aim of the National Quality Strategy (NQS) of achieving *better care*, *affordable care*, and ensuring *healthy people, healthy communities*. An integral priority of the NQS is to work with communities to improve population health through the provision of clinical preventive services, interventions that promote healthy lifestyle behaviors and those that address the socio-economic and environmental determinants of health.

- Through this project, HHS, in collaboration with other federal agencies, intends to move closer to achieving the goal of achieving healthy people and healthy communities by developing a common framework and implementation guide that communities, the clinical care delivery system, and the public health system can use to improve population health.

Stage Setting and Committee's Charge

Session led by Elisa Munthali, Managing Director, Performance Measurement, NQF.

To ensure that the Committee had a shared understanding of the intended audience of the Community Action Guide and the project's scope and goals, Ms. Munthali provided background information and additional context to help frame the project.

- The Community Action Guide is intended to be a practical resource that will offer guidance on how can individuals and multi-stakeholder groups come together to address community health improvement; decide who should be at the table during these discussions; identify the processes and methods communities should use to assess their health; identify the data that are available to assess, analyze and address community health issues, and measure improvement; identify incentives that can drive alignment and coordination to improve community health; and identify methods for communities to assess whether their initiative is achieving results and ensure a feedback loop is in place for shared learning.

Ms. Munthali reminded the audience that the development of the Community Action Guide is an iterative process that includes several opportunities for input and refinement from multi-stakeholders throughout this multi-year project.

- At the end of this base year (calendar year one), NQF will develop the first draft of the Guide.
- In option year one (calendar year two), if funded, 10 communities (referred to as Feedback Communities) that are willing to implement the proposed Community Action Guide will be selected to provide feedback about their experiences and successes; barriers to implementation; resource constraints; and recommended solutions. The communities will be selected using specified criteria. (NQF staff will develop the criteria in the beginning of option year one with guidance from the advisory group and HHS.)
- In option year two (calendar year three), if funded, the committee and feedback communities will work together to refine the Community Action Guide - addressing issues that arose during pilot testing. Option year two will cumulate with the final Community Action Guide.

The Committee was very enthusiast about the opportunity to work with communities in option year one and recommended several sites to consider for selection.

Population Health across NQF Programmatic Areas

Session led by Allen Leavens, Senior Director, Strategic Partnerships, NQF.

Dr. Leavens provided an overview of NQF's current work on population health, which emphasizes alignment with the NQS' three-part aim and opportunities to advance multi-stakeholder engagement

between the projects. In addition to this project, NQF is convening a multistakeholder committee to evaluate and endorse health and well-being performance measures across all levels of analysis and care settings. The Measures Application Partnership (MAP) will also convene a multistakeholder group to recommend a family of population health measures to the Centers for Medicare and Medicaid Services (CMS) for specific public accountability programs.

Discussion of the Environmental Scan of Frameworks

Session led by Diane Stollenwerk, President, StollenWerks Inc.

Ms. Stollenwerk led discussion on the environmental scan and written analysis, with an overview of the approach, key definitions, selection criteria, and detailed discussion on the findings including overall themes, cross-case insights for further analysis, and practical challenges. She posed nine discussion points to the committee to illicit further guidance. Prior to the meeting, NQF staff identified specific committee members to lead discussion on those topic areas.

- After considering more than 700 community, state, and federal frameworks and initiatives, the scan was narrowed down to 72 based on guidance from the advisory group, and finally to 40 frameworks and initiatives using nine specified criteria for inclusion in the environmental scan. (The nine criteria were informed by the [Teutsch and Jacobson white paper on population health](#) and by the advisory group.)
- Tremendous amount of variation exists with regard to the mix of conceptual frameworks, programs and implementation resources; levels of experience for those involved in population health improvement; cultures vary across organizations, sectors, and communities; and several organizations, sectors and communities have traditionally approached their work in silos.
- In terms of the overall themes, while several frameworks and initiatives in the scan address all of the criteria elements informed by Teutsch, Jacobson, and the advisory group, none include all of the key implementation resources (e.g. activities that address a specific health need; data sources; implementation of a population health improvement program; measure domains or measures; or tools).
 - The analysis also revealed that multi-level engagement is important and many frameworks and initiatives aligned action at two or more levels (e.g. local; state; and/or national).
 - Another key finding from the analysis is that priority topics for population health improvement are wide ranging from behavioral health to education to health information management or exchange.
 - Furthermore, many frameworks and initiatives address social, environmental, and behavioral determinants and nearly all address behavioral determinants.
 - Planning appears to be more common than measuring success against goals.
 - The abundance of measure domains, measures, and data sources may be counter-productive.
 - The format of tools helps to ensure their usefulness.

Ms. Stollenwerk also highlighted several cross-case insights for further committee discussion including the opportunities that new infrastructure and public policy create; the importance of using culturally appropriate, plain language; and variation in stakeholder involvement.

While the environmental scan and written analysis were well-received, Committee members offered additional broad input:

- Consider population health beyond the intersection of the public health and clinical care delivery systems.
- A life course approach should be adopted as opposed to only a point in time.
- In addition to conducting a community health needs assessment a complimentary assessment of a community's assets was recommended.
- State of readiness and resilience are key factors to consider and a community's ability to adapt and mature.

Building the Community Action Guide: Multi-Level Engagement at community/local, state and federal levels

Session led by Paul Jarris, Association of State and Territorial Health Officials (ASTHO) (reactant).

Dr. Jarris and the Committee recommended several suggested approaches and/or considerations that will ensure the Guide supports multi-level engagement. The Committee also spoke candidly about the challenges.

- Leverage NQF's role as a neutral convener of multi-stakeholder interests.
- Recognize the cultural differences between the clinical care delivery system, public health and private sectors, not just in terms of language but also social values (e.g. equity and fairness) and incentives (e.g. make the business case/value proposition).
 - Develop audience-specific communications strategy.
- Identify areas of shared interest that will advance engagement (e.g., disease-specific).
- Engage non-traditional partners starting in this formative year (e.g., community development agencies, faith-based communities).
- Guide must be nimble, with wide application for communities at various points on the "readiness for implementation" spectrum.
- Revise the current project title "*Multi-stakeholder Input on a National Priority: Improving Population Health by Working with Communities*" to one that resonates with multiple audiences (e.g., "community health action guide").
- Articulate how this initiative will be different from other efforts to improve population health (e.g. change format from a static document to a dynamic application).
- Population health improvement is a process – outcomes take time.
 - Include both short and long-term goals for improving population health in Guide.

Building the Community Action Guide: Public-private partnerships

Session led by Renee Frazier and James Galloway (reactants).

Ms. Frazier (Committee member) and Dr. Galloway (CDC-federal liaison) shared their perspectives on public-private partnerships to improve population health. The following considerations were discussed:

- Recognize the distinct differences that might exist between stakeholders.
 - Important to show mutual respect and “cultural humility” in these coalitions.
- Provide guidance on how to promote power equity (e.g., develop charters that define equity, roles, values, expectations and decision-making process) so that every partner is empowered to contribute equally.
- Describe method for identifying the right interventions and learning from experience (e.g., Plan, Do, Study, Act cycle).
- Link data to values – determine what is important to measure.
- Develop self-assessment tool to gauge readiness to engage.
- Include guidance on leadership skills including facilitation, building trust, adaptability, etc.

Given the likely variation from community to community, the Committee identified a core set of partners to include, but not limited to: funders, “trusted brokers” (e.g., NQF), healthcare providers, targeted constituents (e.g. advocacy groups, aging populations), community translators (e.g. churches), and elected officials.

Building the Community Action Guide: Community Health Needs Assessment (CHNA)

Session led by Charles Homer and Julie Trocchio (reactants).

Following a thorough overview of the current community health needs assessment (CHNA) requirements, Ms. Trocchio and Dr. Homer led the committee through discussion on the role of CHNA and the Community Action Guide.

- *How should the Community Action Guide balance the need for communities to conduct their own CHNA to identify priorities and the value of encouraging aligned focus on high priority improvement topics, including addressing disparities?*
 - Hospital quality assurance programs are very rigorous, but they are less so in terms of community health improvement.
 - Concentrated focus - consider small pockets where assessment is needed instead of surveying the entire community.
 - Use a common set of metrics instead of detailed metrics.

Building the Community Action Guide: Data (cycle time, granularity & frequency) measures, and tools

Session led by Christina Bethell, Shelley Hirshberg, and Debbie M. Jackson, Federal Liaison, National Committee on Vital and Health Statistics (reactants).

The reactants shared their experiences with implementing population health improvement initiatives, many with great success and innovative approaches. The reactants also outlined several challenges that communities typically experience with the implementation process and the types of resources that are most helpful to communities (e.g., data sources, tools to support specific health improvement activities, measures).

- Recognize that data represent values – they point to what individual partnerships deem important. Partners and the data need to be agile enough to shift for the collective data need.
- Data accessibility includes knowing where to find it and how to use it appropriately.
- Need increased data granularity for data across populations (e.g., health plans)
- Collaborate with local groups who work with data so the data and related outcomes are more useful to communities.
- Population health measurements require consideration of the life course – relevant information about the identified population. It is multidimensional - less condition specific. It must also consider data directly from people about their functional status, risks, strengths etc. from standardized methods.
- Current cycle times may be appropriate unless expected and frequent change.

Building the Community Action Guide: Measuring success and evaluating impact

Session led by Bruce Siegel, MD, MPH and Matthew Stiefel, MS, MPA (reactants).

- *What are the steps that can create a practical path to enable and encourage program evaluation?*
 - Provide specific measures in the Community Action Guide to use as examples for evaluation.
 - Recognize that communities are at various points in the uptake/implementation and evaluation process.
 - Include simulation tools of self and participation readiness assessment.
 - Address evaluation in incremental stages (e.g. in version 1.0 of guide (first draft) – assess measurement infrastructure; continue analysis and provide further guidance in versions 2.0 and 3.0)
 - Focus on three-part aim of NQS.
 - Consider how individual communities can learn throughout the process and learn across systems.
 - Adopt social network analysis with consideration of common starting points. Need to articulate sense of urgency – why this is the right time?
 - Promote interactive learning (e.g. develop core slide deck with voiceover that explains why evaluation is important? What is health? How does it happen?)
 - Promote as a learning platform – requires shared learning.
- *Should the Action guide encourage transparency with the entire community around the results of the initiative?*
 - Transparency will result in a number of pilots and allows an exchange of health information, recognition (who’s involved?), and further understanding of the community.
 - Transparency needed for decision making processes and outcomes.

Building the Community Action Guide: Sustainability and Scalability

Led by Bruce Siegel and Kaye Bender.

- *What are the principles that should be used in the Action Guide to help define sustainability and scalability?*
 - Include balanced perspectives at the table.
 - Population health is a multi-dimensional movement – need to focus on nurturing support, health equity, fairness, and social justice.

- Adopt aspirational language for the guide.
 - Humility and relationship building should exist at levels (e.g., community, health care delivery system, public and private sectors).
- *Which public policy issues are important to highlight as opportunities for sustainable approaches to population health improvement?*
 - Recognize the role of Medicare and other third-party payers.
 - Holistic restructuring of overall payment system – to use resources in ways to drive better health overall and not just better healthcare.
 - Leadership, funding, political support, adaptability etc. Organizational capacity; policy is important in sustainability (internal and external).
 - Recognize that leadership characteristics have impact on sustainability.
 - Consider communities as network of communities – might help guide be more dynamic. Communities attribute learning to the entire network.
 - Include adverse childhood experiences data.

Opportunity for Member and Public Comment

A member of the public asked the committee to promote a culture of transparency and noted the varying degrees of community readiness to share data, particularly if those data are not favorable. Data availability varies from sector to sector (e.g. data are often available at the health department-level but not at the state). The commenter suggested that this resistance could be addressed with less restrictive Memorandum of Understanding (MOU) and cooperative agreements.

Next Steps

Proposed Draft Action Guide Core Elements Recommended during the In-person meeting

Based on the Committee’s discussions, the key elements of the Guide began to solidify and are delineated below. These will be further vetted and refined with the Committee as the project continues as detailed in the Project Timeline section below.

Key elements of the Guide:

- 1) A self-assessment about readiness to engage in this work
- 2) Leadership – relationships and roles, skills in strategy, being a neutral convener to build bridges, trusted broker, adaptability
- 3) An organizational planning and priority-setting process that includes
 - a. An identified method for identifying the right interventions and learning from experience (e.g., Plan, Do, Study, Act cycle)
 - b. How the success of the effort will be evaluated (e.g., driver diagram, clear logic model)
- 4) A community health needs assessment and “asset mapping” process
- 5) An agreed-upon, prioritized subset of health improvement activities
 - a. Responsibility for leading an area of health improvement
 - b. Roles for participating organizations and individuals
- 6) Selection of measures or indicators and performance targets

- a. Use of those same prioritized measures (can be a part of, but does not replace, overall evaluation)
- 7) Audience-specific strategic communication
 - a. Speaking to social values (e.g., equity and fairness)
 - b. Making the business case (e.g., value-proposition, return-on-investment)
- 8) Joint reporting on progress toward achieving the intended results
 - a. Goal is to ultimately share the results with the entire community
- 9) Indications of scalability (deeper within a community and/or across other communities)
- 10) A plan for sustainability (changing infrastructure, payment arrangements, connection with new structures being created due to policy changes, other?)

Project Timeline

- NQF staff will continue to synthesize the feedback received from the discussion at the January 2014 in-person meeting and will begin drafting the Community Action Guide. Staff will continue to work with HHS and members of the committee to receive additional guidance on the questions posed above, including finalizing the definitions of population and community health.
- The first draft of the guide will be shared with the Committee during their March 5, 2014 webinar. The guidance and additional input from the committee will enable NQF staff to further refine the guide.
- The draft guide will be posted to the NQF website for a 15-day public comment period in early April (Dates TBD).
- The comments received on the draft guide will be adjudicated during a public webinar on May 1, 2014.
- The committee will reconvene in Washington, DC to discuss the revised guide on June 10-11, 2014. NQF will further refine the guide with input received during this meeting.
- Version 1.0 of the Community Action Guide will be finalized on August 31, 2014.

**Attachment 1: Task 4 Population Health Framework Members in Attendance
January 9-10, 2014 In-person Meeting**

Population Health Framework Committee Members
Kaye Bender, Public Health Accreditation Board (Co-Chair)
Bruce Siegel, America's Essential Hospitals (Co-Chair)
Beverly Franklin-Thompson, GlaxoSmithKline
Catherine M. Baase, The Dow Chemical Company
Charles J. Homer, National Initiative for Children's Healthcare Quality
Christina Bethell, Child and Adolescent Health Measurement Initiative
David B. Nash, Thomas Jefferson University
David Stevens, National Association of Community Centers
Debra L. Burns, Minnesota Department of Health
Doriane C. Miller, Center for Community Health and Vitality of the University of Chicago Medical Center
Doris Lotz, New Hampshire Department of Health and Human Services
J. Lloyd Michener, Duke University Medical Center
Jeffrey Levi, Trust for America's Health
Julie Trocchio, Catholic Health Association of the United States
Keith C. Kosel, VHA Inc.
Kevin L. Bowman, WellPoint, Inc.
Matthew Stiefel, Kaiser Permanente
Nancy Wilson, Agency for Healthcare Research and Quality (AHRQ)
Paul E. Jarris, Association of State and Territorial Health Officials
Rahul Gupta, Kanawha-Charleston and Putnam Health Departments
Regina Davis Moss, American Public Health Association (<i>Substitute</i>)
Reneé Frazier, Healthy Memphis Common Table
Shelley B. Hirshberg, P2 Collaborative of Western New York
Steven M. Teutsch, Los Angeles County Department of Public Health