



## Multistakeholder Input on a National Priority: Improving Population Health by Working with Communities

The National Quality Forum (NQF) convened a public web meeting of the Population Health Framework Committee on February 25, 2015. An online archive of the meeting is available [here](#).

### **Committee Member Attendance**

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

### **Field Testing Group Attendance**

Please see Table 2 for the list of Field Testing Group members in attendance.

### **Welcome and Overview of Meeting Objectives**

Session led by Kaye Bender, PhD, RN, FAAN, and Bruce Siegel, MD, MPH, Population Health Framework Committee co-chairs, and Nancy Wilson, MD, MPH, Government Task Lead, AHRQ.

Dr. Bender and Dr. Siegel welcomed the Committee, Field Testing Groups, federal liaisons, and public participants to the meeting. Dr. Wilson thanked the Field Testing Groups and the Committee for piloting a new approach to developing consensus that actively engages communities working to improve population health.

Dr. Siegel reminded participants that we are now in the second year of this 3-year project. The first year culminated in the development of the Action Guide 1.0. The next stage of this project is to explore the Guide's usefulness in practical settings and situations in which efforts to improve population health are actually taking place. To do this, ten field testing groups (FTGs) were selected to provide input on refining the Action Guide.

Dr. Siegel also reviewed the agenda and the following meeting objectives:

- Introduce Field Testing Groups to the committee, and cover highlights from recent site visits
- Review key themes of homework assignment #2
- Consider potential refinements to the Action Guide; and
- Gather feedback on the draft measure chart

### Updates on work with Field Testing Groups

Session led by Bruce Siegel and Allen Leavens, MD, MPH, Senior Director.

Dr. Siegel introduced the ten FTGs and noted each of the site visit dates, both those that have already occurred and those that are upcoming. The FTGs represent a range of geographical locations, primary areas of focus, settings, and target populations.

Dr. Leavens provided background on the site visits that have occurred so far. He noted that even though the site visits were not part of the initial plan, they were added per the suggestion of the committee members. He added that the site visits bring out many aspects of the FTGs that otherwise would not have been revealed, and have provided incredible insights that can be used to refine the *Action Guide 1.0*. Dr. Leavens then asked the three FTGs that have completed their site visits to provide an overview of the activities that took place.

First, Monica Chierici described the site visit to Designing a Strong and Healthy New York (DASH-NY). Ms. Chierici mentioned that the site visit began with the NQF committee members joining their steering committee meeting, and then the group went to the New York Academy of Medicine (NYAM), which is the organization that houses the DASH-NY work. At NYAM, the group participated in a cross-unit research meeting. Ms. Chierici highlighted how there was robust conversation throughout the visit, particularly regarding how the different elements of the *Action Guide 1.0* could be most useful to groups like them.

Second, Melissa Cullum gave an overview of the site visit to the Geneva Tower Health Collaborative in Cedar Rapids, Iowa. Ms. Cullum mentioned that the site visit began at the Geneva Tower, which is an apartment complex for a specific sub-population where they are focusing their efforts. Next, the group visited partner organizations, including the Linn County public health department and the Abbe community mental health center. The day ended at Mercy hospital, where time was allocated to discuss the elements of the *Action Guide 1.0*. Ms. Cullum mentioned that because Geneva Tower Health Collaborative is earlier in the process than some of the other FTGs, it was helpful for them to focus on planning and priority-setting, as well as to learn how to navigate the NQF Quality Positioning System (QPS) tool to obtain more information about quality measures.

The third site visit overview was provided by Judith Crabtree, who described the Kanawha Coalition for Community Health Improvement (KCCHI). Ms. Crabtree described how their site visit began with an overview of the coalition's 20-year history, including describing the people, geography and the industries in the Charleston, WV area. She mentioned that the NQF participants met with key volunteers on the workgroups addressing issues such as obesity, nutrition, lack of physical activity, and drug abuse. Ms. Crabtree explained how she provided their Steering Committee and partner organizations with information about the ten elements from the *Action Guide 1.0* in advance. Several members of the Steering Committee were familiar with NQF's work, while others were not, so the NQF team provided an overview of the organization and more detail on the project objectives. Ms. Crabtree encouraged NQF

to provide this overview during all site visits. Lastly, she noted that their coalition appreciated the opportunity to share their successes and also hear from external experts on how to address some of their challenges. The KCCHI Steering Committee is already planning to incorporate the input received when planning next steps at an upcoming retreat.

NQF Committee Members and FTGs then offered reflections regarding the site visits:

- One Committee member, who had been on two of the three site visits, noted some of the differences and similarities between the two FTGs. She pointed out that Kanawha is a more established collaboration since it has existed for over 20 years, while DASH-NY is only 5 years old, and how this influences their sustainability and assessment decisions. She also highlighted that the structures of the Kanawha coalition and DASH-NY are quite different. However, she noted that time was spent on discussing the challenges of leadership and metrics at both sites, indicating that despite the differences there are some common issues. FTG representatives agreed, and offered further feedback on how they are approaching sustainability.
- Multiple committee members emphasized that it will be important to include a broad array of population health measures in the Guide, including metrics that can demonstrate the business case for these types of collaborative efforts. In addition, the importance of access to timely and actionable data was raised.
- Another committee member highlighted the need to also identify metrics that capture the impact of coalitions of organizations, such as DASH-NY, in addition to metrics for organizations in the community doing the direct work.

### **Review of February Homework Assignment**

Session led by Kaye Bender, and Leslie Vicale, Project Manager.

Ms. Vicale gave an overview of the key themes from the FTG homework assignment for the February web meeting, which focused on Action Guide Element #3: Organizational Planning and Priority Setting Process and Element #5: An Agreed-Upon, Prioritized Set of Health Improvement Activities. She described how some FTGs followed a structured process, while others used an organic approach, engaging community members. Ms. Vicale noted that many FTGs tasked their boards and committees to help identify priority areas, and most were influenced by national priorities for population health improvement as well. Metrics used for evaluation were provided by some FTGs, while others are still in the process of selecting measures. Ms. Vicale also provided an overview of some of the health improvement activities being carried out by FTGs, such as increasing access to care, integrating physical and behavioral health, and enhancing data management or IT infrastructure. Each of these activities influences the “asks” they develop for stakeholders.

Dr. Bender acknowledged the importance of the FTG homework assignments, particularly to test the methods and approaches described in the Action Guide, and to help identify where there are still gaps in the content. She noted that she can already see where these early themes will be useful to help move to the *Action Guide 2.0*.

### **Action Guide Refinements**

Session led by Kaye Bender, and Elisa Munthali, MPH, Senior Managing Director.

Ms. Munthali echoed Dr. Bender's comments that the homework assignments, along with the feedback from the site visits and web meetings, will be key for NQF this year to help revise the *Action Guide 1.0*. Ms. Munthali mentioned that there has been general agreement that the tools and resources in the Action Guide 1.0 have been helpful. She asked the FTGs specifically about their experiences with Element #3 and Element #5, what has worked, and whether they had any further suggestions on these two elements.

Cynthia Andrews from Oberlin described that they are a 60-year old social services agency in Oberlin, Ohio, and traditionally had been more focused on reactive emergency assistance and food distribution to meet the needs of their population. Ms. Andrews explained that by working with the other FTGs and local partners, it has afforded them a strategic opportunity to plan and act more proactively on behalf of their clients.

Next, Michael Witham and Laura Ross-White from Tulsa mentioned that with the historical structure of their coalition, there have been trust issues and a great deal of confusion regarding the coalition's work, particularly when the leadership transition occurred. Ms. Ross-White noted the importance of identifying strengths and weaknesses in their partnering organizations when forming work groups. She also suggested that guidance on different types of committee structures should be incorporated into the Guide. Mr. Witham added that data access has been a challenge for some of their work, but that he hopes it will soon be resolved by a new system that will link health information across settings.

A committee member asked the FTGs to reflect on whether aggregating and sharing data would be useful in helping their efforts to overcome trust issues by identifying common issues through the data analysis. He also asked whether FTGs were able to connect with broader efforts, such as the state innovation model projects, to help with sustainability resources. Ms. Andrews agreed that data is an important part of their work, and that the Oberlin FTG is definitely interested in exploring potential state resources that may be available.

Another committee member added an observation that he thinks the planning and priority setting element in the Guide is very dependent on other elements, such as community health needs assessment and asset mapping. He noted that perhaps we need to better link the ten elements of the Action Guide to not be so discrete or linear in setup, but instead focus more on how these elements interrelate to each other.

### **Measures Chart Overview and Discussion**

Session led by Bruce Siegel and Allen Leavens.

Dr. Leavens gave an overview of the measures chart that NQF is creating to capture the key measures/indicators used by the FTGs. The measures chart is based on the format of the alignment tool,

a prior project coordinated by NQF to track the use of measures across AF4Q communities. The chart includes measures from several major initiatives focusing on population health: County Health Rankings; Healthy People 2020 Leading Health Indicators; Medicare Shared Saving Program (MSSP); and Public Health Accreditation Board (PHAB). The chart is intended to serve as a tool which may help promote greater awareness of measures being used by the various communities, and also may be useful for promoting alignment. Dr. Leavens mentioned that one of the challenges is determining how to best categorize measures in topic and sub-topic areas, such as health improvement activities, determinants of health, and health outcomes. Measure attributes in the chart include age range targeted, data source, level of use, and NQF number (where applicable).

Committee members then reflected on the measures chart:

- One committee member asked how much alignment we might expect to see at this stage among the FTGs. Dr. Leavens responded that it depends to a great extent on how we define alignment. He noted that when you get down to the specific measures, there can be variability in the details of a measure, so the answer depends on whether we're looking for general alignment around topic areas or specific alignment on exact measure specifications..
- Committee members supported the inclusion of a narrative with the measures chart to help facilitate measure selection by users of the Guide, since that is a strategic process in itself. Additionally, a committee member suggested that there should also be narratives about the how the specific FTGs determined the metrics to use for their activities, which could help guide other communities who identify with their structure or objectives.
- One committee member cautioned that since the measures chart could contain a large number of measures, it would be helpful to organize the measures around the determinants of health and in a hierarchical design.
- Another committee member noted that it may be useful to think about how measures can correspond to early, medium and long-term goals, so that communities can maintain motivation with some early wins and then determine the most appropriate measures to use in each subsequent phase.

### **Opportunity for Member and Public Comment**

There were no public comments.

### **Next Steps**

- Monthly FTG calls and homework assignments from March to May
- Upcoming FTG site visits
- Mid-May to Mid-June: Public Comment on Draft Report of *Action Guide 2.0*
- July 13, 2015: Committee and FTG Web Meeting

**Table 1: Task 4 Population Health Framework Committee in Attendance  
February 25, 2015 Web Meeting**

<b>Population Health Framework Committee Members</b>
<b>Kaye Bender, Co-Chair</b>
<b>Bruce Siegel, Co-Chair</b>
Georges C. Benjamin, American Public Health
Christina Bethell, Child and Adolescent Health Measurement Initiative
Kevin L. Bowman, WellPoint, Inc.
Anne De Biasi, Trust for America's Health ( <i>substitute</i> )
Beverly Franklin-Thompson, GlaxoSmithKline
Reneé Frazier, Common Table Health Alliance
Charles J. Homer, National Initiative for Children's Healthcare Quality
Shelley B. Hirschberg
Paul E. Jarris, Association of State and Territorial Health Officials
J. Lloyd Michener, Duke University Medical Center
David Stevens, National Association of Community Centers
Matthew Stiefel, Kaiser Permanente
Steven M. Teutsch, UCLA Fielding School of Public Health
Julie Trocchio, Catholic Health Association of the United States

**Table 2: Task 4 Population Health Framework Field Testing Group Members in Attendance  
February 25, 2015 Web Meeting**

<b>Population Health Framework Field Testing Group Members</b>
Camille Harding, Colorado Department of Health Care Policy and Financing (HCPF)
Chris Wells, Colorado Department of Health Care Policy and Financing (HCPF)
Laura Ross-White, Community Services Council of Greater Tulsa
Michael Witham, Community Services Council of Greater Tulsa
Monica Chierici, Designing a Strong and Healthy NY (DASH-NY)
Melissa D. Cullum, Geneva Tower Health Collaborative
Judith M. Crabtree, Kanawha Coalition for Community Health Improvement
Brenda Grant, Kanawha Coalition for Community Health Improvement
Mary Kushion, Michigan Health Improvement Alliance
Stephanie Leibfritz, Michigan Health Improvement Alliance
Cynthia H. Andrews, Oberlin Community Services and the Institute for eHealth Equity
Brenda A. Battle, The University of Chicago Medical Center