



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

Meeting Summary

The National Quality Forum (NQF) convened a web meeting of the Population Health Framework Committee on March 5, 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, MD, MPH, Population Health Framework Committee co-chair.

- 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* web meeting. He provided an update of activities since the January in-person meeting, including the development of the first iteration of the Community Action Guide.
- Dr. Siegel also reviewed the following meeting objectives:
 - Finalize the draft Community Action Guide for public comment; and
 - Discuss additional questions to guide the development of the Community Action Guide.

Opening Remarks

Remarks were provided by Karen Adams, Vice President, Strategic Partnerships, NQF.

- Dr. Adams launched the web meeting by setting the context, including the audience, purpose, and scope for the population health project.
- Additionally, Dr. Adams reviewed the timeline and the work to date on this project. Noting the iterative process, feedback from the committee will be incorporated in the Draft Action Guide that is posted for NQF member and public comment. It is important to have this additional guidance from the committee before the Guide is posted to ensure broad feedback from multiple stakeholder groups. The last step in the project base year will be to finalize the draft Guide. In the subsequent option years, focus would then shift to gathering input and feedback from community groups which would be used to make refinements to the Guide.

Draft Community Action Guide Development

Session led by Diane Stollenwerk, Consultant to NQF, President, StollenWerks Inc.

To ensure that the Committee had a shared understanding of the Community Action Guide, Ms. Stollenwerk reiterated that the Guide is intended to be a practical resource that will offer guidance on how individuals and multi-stakeholder groups can come together to address population health improvement. The Guide describes ten key elements for improving population health, which were synthesized from the Jacobson and Teutsch paper previously commissioned by NQF, the environmental scan completed for this project, and the committee's discussion during the 2-day committee meeting in January 2014.

Ms. Stollenwerk gave a brief overview of each of the ten elements:

1. *A self-assessment about readiness to engage in this work.* Beginning with a self-assessment can identify strengths and weaknesses in current activities, as well as reveal gaps or areas where there is a need for more resources or improvement. This self-assessment could help determine the starting point, because the ten elements do not need to be followed in numeric order.
2. *Leadership across the region and within organizations.* Leadership is needed to bring together groups from different sectors and promote a "trusted broker."
3. *An organizational planning and priority-setting process.* This element expresses the importance of transparency and equity in how decisions are made, and through planning an evaluation approach will provide insights for other key elements in the Guide.
4. *A community health needs assessment and asset mapping process.* This element is to ensure that the priority areas are aligned with the actual needs and available resources for the community.
5. *An agreed-upon, prioritized set of health improvement activities.* This element involves agreeing upon and prioritizing one or a small number of priority areas for health improvement activities. Contributing factors and root causes should be considered to help identify potential solutions.
6. *Selection and use of measures and performance targets.* Starting with identified goals and measurable objectives relevant to the priority topics, measure results provide feedback on whether the initiative is achieving performance targets. There should be an ideal menu of measures to help assess progress.
7. *Audience-specific strategic communication.* Communication requires "cultural humility" to recognize and adapt to differences across audiences and speak to social values of fairness and equity.
8. *Joint reporting on progress toward achieving intended results.* Joint reporting establishes the accountability of each organization to the others in the initiative.
9. *Indications of scalability.* This element encourages groups to identify and emphasize activities that can be used by others, as well as to recognize which activities are unique to a particular group.
10. *A plan for sustainability.* In addition to developing a sustainable business model, adaptability and resilience are key characteristics of sustainable initiatives.

Overall, the committee was very enthusiastic about the key elements, and offered additional input:

- Health improvement activities require resources, and the Guide could more clearly state that the self-assessment step could identify groups already engaged in an area to facilitate coordination or take on a leadership role.
- The Guide should highlight a logic model or driver diagram to help explain the elements.
- There is a need for continuous learning and a platform to share lessons between groups working on similar activities.

Committee Strategic Discussion

Session led by Kaye Bender, PhD, RN, FAAN, Population Health Framework Committee co-chair.

Dr. Bender framed the committee strategic discussion by stating that the environmental scan identified a plethora of measures, data sources, and resources listed in the appendices of the Guide. She asked the committee for their input on whether any of these items should be removed before the public comment period.

Committee members offered the following suggestions on measures and data resources:

- A few committee members proposed including a defined list of measures, such as relevant NQF performance measures, in the body of the Guide; other measure resources could then be listed in the appendix.
- Other members cautioned against having a narrow set of measures due to the diversity of communities and their needs. They suggested a menu-driven approach.
- After discussion, the committee recommended adding a framework to organize the measures. The organizing framework could also help provide links between measures and available data sources.

In addition, the committee advised asking more direct and open-ended questions, such as “how could the Guide be made more useful?” to guide feedback gathered during the public comment period.

Shared Common Definitions for the Action Guide

Session led by Elisa Munthali, MPH, Managing Director, NQF and Matthew Stiefel, MS, MPA

After the in-person meeting in January, the committee requested Matt Stiefel and Steven Teutsch to work on definitions of common terms to be used in the Guide.

- Ms. Munthali provided an overview of NQF’s foundational work on population health definitions and reiterated the importance of presenting a set of common terms in the Guide. The definitions included in the Jacobson and Teutsch paper were therefore used as a starting point, along with significant input from the multi-stakeholder committee.
- Mr. Stiefel explained the importance of defining population health, and the difference between population and individual health.

Several committee members raised concern that the definition for disparities may not resonate with communities, specifically the phrase “...differences in the quality of health care that are not due to

access-related factors...”, which may be an outcome of disparities and inequity. Committee members suggested NQF staff revise the definition within the context of health equity.

Opportunity for Member and Public Comment

A member of the public commented that the Guide is actionable and suggested offering a chart book or a set of slides to attach with the technical Guide documents to make the document more accessible for community audiences.

Next Steps and Project Timeline

- The first draft of the Guide was shared with the Committee during the 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 on April 2, 2014.
- 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 1, 2014.

**Attachment 1: Task 4 Population Health Framework Members in Attendance
March 5, 2014 Web Meeting**

Population Health Framework Members
Bruce Siegel, Co-Chair
Kaye Bender, Co-Chair
Beverly Franklin-Thompson, GlaxoSmithKline
Charles J. Homer, National Initiative for Children's Healthcare Quality
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
Jeffrey Levi, Trust for America's Health
Keith C. Kosel, VHA Inc.
Kevin L. Bowman, WellPoint, Inc.
Matthew Stiefel, Kaiser Permanente
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