NATIONAL QUALITY FORUM

Meeting Summary

Contract No. HHSM-500-2012-00009I – 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 June 10th and 11th, 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 meeting.

Dr. Bender reviewed the following meeting objectives:

- Review the revisions to the Community Action Guide;
- Discuss how resources and emerging measure sets available for communities completing a Community Health Needs Assessment can inform the Community Action Guide;
- Identify criteria for selection and operationalize next steps for the Option Year 1 Feedback Communities; and
- Identify principles for the format of future versions 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 expressed her thanks to the committee, and excitement for this important work that will advance collaboration across multiple sectors. Dr. Cassel remarked that at NQF regional gatherings, several stakeholders have underscored the importance of focusing on community health. She noted the release of a new report by the President's Council of Advisors on Science and Technology that addresses systems engineering in healthcare, which included the recommendation to integrate community health and public health more closely with healthcare delivery. She also updated the Committee about NQF's recent reorganization that emphasizes greater alignment between the measure endorsement and selection processes.

Dr. Wilson also thanked the Committee for their ongoing participation and engagement in this work. She acknowledged the Committee's ambassadorship to the project, which is a key driver in advancing population health.

Community Action Guide: High-level Review of Revisions Based on Public Comments
Session moderated by Kaye Bender, Co-Chair.

Dr. Bender highlighted a summary of changes to the guide since the last version, and noted comments that will be explored further in future iterations of the guide. She described that content was added to the Guide regarding:

- Addressing gaps and disparities
- Considering the health needs of people with disabilities
- Engaging broader community as a key stakeholder
- Recognizing the importance of policy levers and engaging policy makers

Several Committee members commented on the revisions:

- One Committee member noted that the term 'community' was not defined in the Guide. Another Committee member replied that because communities are so diverse, it is challenging to create a clear definition that is inclusive of all communities. Others pointed out that the term 'community health' has been used for a long time with varying connotations, but 'population health' conveys a newer approach. Finally, one Committee member suggested eliciting feedback from groups who use the Guide on this issue, particularly noting the similarities and differences in how groups define themselves as a community.
- One Committee member felt that the Guide could place more emphasis on the non-medical determinants of health, which would help engage the wider community.
- The Committee also encouraged mentioning the inclusion of health plans as an important partner in working with communities.

Looking Forward: Implementation Tools for Community Health Needs Assessments (CHNA)
Session presented by Denise Koo, MD, MPH, and Pamela Schwartz, MPH.

Dr. Denise Koo presented CDC's Community Health Improvement Technical Package for Community Health Needs Assessments (CHNA). The objective is to leverage the IRS CHNA requirement of non-profit hospitals as an opportunity to collaborate on community health improvement and to identify impactful interventions for selection of high-priority areas. Dr. Koo highlighted the six components of the Technical Package: making the case, visual model of health improvement, process for community health improvement, menu of interventions, tools and resources, and case studies and examples.

Ms. Pamela Schwartz presented on Kaiser Permanente's experience with the CHNA process, including their CHNA data platform, that was developed to drive meaningful change. Ms. Schwartz described how Kaiser's approach focused on leveraging data on demographics, health outcomes, and drivers of health. Through this work, Kaiser Permanente identified certain health needs that were frequently prioritized by

communities, including issues related to obesity, mental health, and access to healthcare. In addition, Kaiser is providing training and technical assistance to community-based organizations, schools, and clinics, and disseminating health education materials to safety net patients and uninsured community members.

Committee members then offered reflections on the presentations from CDC and Kaiser Permanente:

- One Committee member expressed the need for better understanding of community health needs assessments, especially in medical schools and hospital administration programs. He emphasized the importance of making the case for a collaborative approach, one that facilitates discussion among multiple stakeholders.
- The Committee expressed the importance of defining accountability with regard to measures.
- One member highlighted the differences between urban and rural community health needs assessments, and reiterated that community leaders should be cognizant of varying needs within and between these areas.
- Several Committee members emphasized the significance of collaboration and ongoing engagement. The Committee believed that while several groups can be working in the same area, efforts should not be duplicated.

Opportunity for Member and Public Comment

One commenter mentioned HRSA's commitment to improve population health. Another commenter questioned whether there is a common definition of 'needs' for the CHNA process. An additional commenter pointed out that the alignment of local health improvement plans can help to lay the foundation for the implementation phase.

Community Health Needs Assessments: Data Sources and Measures

Session presented by Katharine Reynolds, MHA and James Bradford, MD; Lori Coyner, MA; and Joan Quinlan, MPA.

Katharine Reynolds and James Bradford from the South Carolina Department of Health and Human Services described South Carolina's Medicaid agency, which recently created a clinical quality and population health department. Dr. Bradford described the state's ongoing quality improvement efforts in maternal and child health. Ms. Reynolds described the state's dual eligible demonstration project and their process for selecting measures.

Lori Coyner from Oregon Health Authority gave an overview of the work she has been involved with using data and measures to support population health improvement. The Medicaid expansion in Oregon includes the use of coordinated care organizations (CCOs) that assume financial risk and receive incentives for quality outcomes. Each CCO has a Community Advisory council that oversees a community health assessment and adopts a community health improvement plan. The community health assessments contain analysis and plans for development of public and private resources, capacities, and metrics based on ongoing community health assessment activities and population health priorities. She explained the challenges of obtaining actionable data and gave a few principles for measure selection.

Joan Quinlan of the Massachusetts General Hospital's Center for Community Health Improvement described how their CHNA influenced the strategic plan for the hospital. Ms. Quinlan also discussed how MGH'S Center for Community Health Improvement is working across the health impact pyramid through reducing barriers, enhancing cultural competence, and influencing the policy system and change in communities. Their health improvement plan uses *Healthy People 2020* goals to measure progress.

Committee members then reflected on the panel presentations:

- One Committee member supported providing a broad menu of measures for communities, with a clear numerator and denominator. However, it was acknowledged there are also resource barriers to consider in terms of gathering, cleaning up, and analyzing data.
- A committee member suggested that work with feedback communities should include obtaining input from them on how measures could be made better. In addition, it was suggested that each of the ten elements in the Action Guide could have an associated measure.
- The Committee noted that while the Oregon Health Authority has a core set of measures, it seemed clinically focused and there should be more population health measures. One Committee member questioned how data can best be used to drive changes necessary to make improvements.

Committee Strategic Discussion: Review Sample Measure Sets

Session led by Allen Leavens, MD, MPH, Senior Director and Elisa Munthali, MPH, Managing Director.

Elisa Munthali gave an overview of NQF's current work on population health, which currently includes three projects: Population Health Framework, Health and Well-Being Endorsement Measurement, and MAP Family of Population Health Measures. She described the health and well-being portfolio of measures and acknowledged the gaps that were identified during the Health and Well-Being Committee's deliberations.

Allen Leavens described the Measure Applications Partnership's work on a Family of Population Health Measures, which involved selecting measures from the NQF portfolio, Leading Health Indicators, and County Health Rankings initiative. He explained that the MAP Population Health Task Force also created four potential use cases: federal programs for providers, accountable care organizations (ACOs), community health needs assessments (CHNA), and public health.

Committee members reflected on the Measure Applications Partnership's Population Health Family of Measures as a potential starting point for a set of recommended measures included in the Action Guide:

- The Committee had divergent feelings regarding the topic areas of measurement, and suggested considering how measures factor into the trajectory of upstream health factors.
- Some Committee members felt that aspirational measures could be chosen, and that we should not limit it to just those measures that already exist.
- Several Committee members encouraged having more measures rather than less because communities are diverse and will likely have varying needs. However, one Committee member

suggested choosing a smaller set of core measures that will grow, while still providing a broad enough set for the communities to select from depending on their needs.
- Several members acknowledged the importance of going to feedback communities and directly asking them what is useful for them.

Day One Recap

Dr. Siegel summarized the discussions into four themes: the dynamic nature of this project, the need for technical assistance and support, the desire to move from duplication to synergism, and the need for an organizing framework around measurements.

Look Ahead to Year Two: Feedback Communities

Session moderated by Bruce Siegel, Co-Chair.

Karen Adams described the draft criteria for selecting feedback communities, with the goal of choosing a variety of groups that together represent a diverse mix of experience levels, geographic areas, and population compositions, but with all having a commitment to involving stakeholders from public health, the broader community, and health care. Dr. Adams provided examples of the types of feedback desired from the communities at each stage of option year one, including which aspects of the guide are most useful, and what tools, data sources, and measures should be kept or added.

Committee members reflected on the draft selection criteria for feedback communities:

- Several members suggested inclusion of specific subpopulations, such as tribal communities. A few members questioned the process to select communities, and whether proposals will be solicited or whether the Committee will help select feedback communities.
- Another Committee member proposed joining efforts among all of the groups that are currently working in this area and selecting the correct overarching framework, with a defined outcome.
- Committee members suggested that it might be more useful to visit communities onsite and better understand their situation, instead of meeting in Washington, D.C.

Format of the Guide: Future Versions

Session presented by J. Lloyd Michener, MD, and Greg Randolph, MD, MPH.

J. Lloyd Michener demonstrated the Practical Playbook, which is a resource intended to bring public health and primary care together. An example was given of working with parents, providers, school staff, community organizations, and local health centers to improve quality of life for children with asthma, which helped reduce asthma-related hospitalizations by 80 percent. Dr. Michener provided information about the very positive response from users of the Practical Playbook thus far, and made a few recommendations about how to build a product for a target audience, while acknowledging the gaps and areas for improvement.

Greg Randolph of the Center for Public health Quality then presented on the public health iMAP tool, and demonstrated specific features that are available on the website. The purpose of the iMAP is to

support implementation of evidence-based interventions, and the tool also incorporates data on issues, such as potential costs and time needed to conduct a given intervention. Dr. Randolph also shared a few lessons learned from experience with the iMAP tool and its initial use by communities, which included the value of customer involvement early in the design process, testing on a small scale first, and sustainability planning.

Committee members reflected on the principles for the format of the Guide:

- One Committee member suggested scanning the environment to better understand the most efficient way to approach this type of work with communities. He further explained that it may not be as simple as asking all individuals to work together, since there are various operational issues.
- Several members echoed that the format of the guide should be electronic, instead of on paper. Through embedding tools, it can allow the resource to flourish and facilitate documenting the organizations' experiences. However, it is important to consider the trajectory of events.
- Committee members emphasized the importance of explicitly noting the strength and value of evidence, particularly in terms that are relevant to communities.
- The Committee acknowledged that there is no single common way to approach population health improvement, and there needs to be some flexibility in the process.

Opportunity for Member and Public Comment

A member of the public commended the iMAP tool that was presented, especially the use of clinical metrics to help the needs assessment, and indicated the level of action that can be taken. Another member of the public noted that the iMAP is more than just a repository; it is a way to disseminate the information.

Next Steps

Based on the Committee's discussions, the Community Action Guide version 1.0 will be finalized on August 1, 2014. In addition, NQF staff will ask a few sub-groups of Committee members to provide additional guidance on the selection criteria for feedback communities and on the evaluative components.

Task 4 Population Health Framework Members in Attendance

June 10-11, 2014 In-Person Meeting

Population Health Framework Members
Kaye Bender, Co-Chair
Bruce Siegel, Co-Chair
Christina Bethell, Child and Adolescent Health Measurement Initiative
Georges C. Benjamin, American Public Health Association
Kevin L. Bowman, WellPoint, Inc.
Debra L. Burns, Minnesota Department of Health
Anne De Biasi, Trust for America's Health *(Substitute)*
Beverly Franklin-Thompson, GlaxoSmithKline
Reneé Frazier, Healthy Memphis Common Table
Rahul Gupta, Kanawha-Charleston and Putnam Health Departments
Shelley B. Hirshberg, Independent Subject Matter Expert
Paul E. Jarris, Association of State and Territorial Health Officials
Keith C. Kosel, VHA Inc.
Doris Lotz, New Hampshire Department of Health and Human Services
J. Lloyd Michener, Duke University Medical Center
Doriane C. Miller, Center for Community Health and Vitality of the University of Chicago Medical Center
David Stevens, National Association of Community Health Centers
Matthew Stiefel, Kaiser Permanente
Steven M. Teutsch, Los Angeles County Department of Public Health
Julie Trocchio, Catholic Health Association of the United States