



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 July 13, 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 (FTG) 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.

Dr. Bender and Dr. Siegel welcomed the Committee, FTG members, federal liaisons, and public participants to the meeting. Dr. Bender recognized the tremendous work and collaboration demonstrated throughout the second year of the project by the Field Testing Groups and Committee members.

After reminding the Committee and FTGs that their lines would be left open to facilitate discussion throughout the call, Dr. Bender outlined the meeting objectives:

- Review highlights and lessons learned from Field Testing Group Engagement Activities;
- Discuss public comment themes and identify final updates needed for the Action Guide 2.0; and
- Gather feedback on future project plans.

Dr. Siegel then reviewed the agenda topics, which included: highlights from the second project year engagement activities and key lessons learned; discussion of the public comments received for the draft Action Guide 2.0 and final updates planned for this version; and engaging in initial dialogue about future plans for the third project year with regards to envisioning the Action Guide 3.0, considering the role of other Population Health initiatives, and gathering input for next steps on the FTG measures chart.

Second Project Year- Field Testing Group Engagement Activity Highlights

Session led by Bruce Siegel and Leslie Vicale, Project Manager.

Dr. Siegel introduced the next section focused on engagement activities and lessons learned during the second project year. He noted that an overview of each FTG had been given during an earlier meeting, but took the opportunity to thank the FTGs for all their valuable input on the Action Guide over the prior year. Dr. Siegel described how site visits were a particularly useful way for committee members and FTGs to discuss Action Guide topics in more depth, such as issues around use of measures and data.

Site visits also served as an effective mechanism for FTGs to convene stakeholders and raise awareness within their own communities. FTGs tended to be very candid about their successes and challenges during site visits, and the Committee members were able to offer and obtain insights. These types of interactions between the FTGs and Committee members facilitated an environment of bi-directional learning. For example, Dr. Siegel noted how Committee members provided input on linking data sources to the Trenton Health Team during the site visit he attended, and he was able to learn useful lessons about telehealth modalities applied in an urban setting. In some cases, contact between Committee members and FTGs continued to occur after visits were completed.

Ms. Vicale then summarized some of the key lessons learned during the site visits, such as: strong leadership is critical in maintaining collaboration among diverse partners; planning and priority setting should be systematic and drive measure selection; performance measures that emphasize community engagement can promote collaboration; early wins are important for maintaining motivation; financial representatives should be included in planning population health efforts; and policy change can be an important form of health intervention.

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

- One size doesn't fit all, so it's important to recognize that groups working on population health often need tools rather than a specific pathway identified.
- Components of the Action Guide can be used in different sequences to address individual needs and priorities of community work.
- The role of a neutral convener can be essential.
- Think very broadly when considering collaboration with broader members of the community – an example mentioned incorporating data and insights from EMS.
- Various local and state government agencies are all invested in community health work and may need to pay more attention to cross-agency harmonization.

Review of Action Guide 2.0 Public Comments

Session led by Kaye Bender, Allen Leavens, MD MPH, Senior Director, and Diane Stollenwerk, MPP.

Dr. Bender introduced this session by noting that a variety of updates had been incorporated into a draft version of the Action Guide 2.0 in response to input from the Field Testing Groups collected over the past project year, but the updated version did retain much of the original format and content. Public comments received on the draft Action Guide 2.0 were generally supportive. Some of the suggested additions or changes raised in comments appeared to be fairly straightforward to address, while others pointed to interesting ideas for future consideration.

Dr. Leavens then provided an overview of the key issues raised during the public comment period, including: a recommendation to add emphasis on the role of a “trusted convener” and “backbone organization” as described in the collective impact model; requests to include more references to the role of health plans in population health efforts; suggestions to highlight the role of employers and the workplace in affecting health; comments related to increasing the focus on children and families; and examples and resources to consider for inclusion. Several comments also addressed broader issues around the format and content that may be useful to keep in mind for the upcoming project year.

Subsequently, Ms. Stollenwerk provided a summary of key content changes incorporated in the draft Action Guide 2.0 thus far. Particular emphasis was placed on: updating the first element to address issues around the challenges of building and maintaining collaboration; refining content about managing relationships and assessing stakeholder commitment; adding examples, specifically around the work of the FTGs; adding or expanding resources on certain topic areas; and establishing better flow and linkages among the Action Guide elements.

Dr. Bender then invited the Committee and FTGs to provide any additional feedback on the draft Action Guide 2.0, public comments, or other related issues:

- One of the FTG representatives noted that he felt the draft Action Guide 2.0 did a good job of capturing lessons learned from the past year;
- Some committee members recommended considering more emphasis on shared accountability and ensuring shared recognition of contributions;
- The role of community benefit and requirements for CHNA, as well as working with the media, were mentioned as potential topic areas for further addressing joint accountability;
- There was a suggestion to emphasize the importance of having a shared vision, which might be initiated by using data to help understand common priorities;
- Incorporating (or linking to) more stories was brought up as a way to potentially guide communities on how they might solve challenges they are facing;
- An FTG representative commented that the updated element diagram was useful, and a committee member added that the including another iterative cycle in the first step might be something to consider in a future version;

- Committee members raised suggestions for future consideration about ways to best summarize issues related to measures, resources, and topics, since many users may be searching for information on specific areas rather than reading the entire Guide.

Future Project Plans

Session led by Bruce Siegel, Allen Leavens, and Diane Stollenwerk.

Dr. Siegel provided an overview of where the project is within the context of the overall timeline. He reviewed the flow chart illustrating the activities and deliverables over the three years of the project. The project is nearing the end of Option Year One, and HHS recently indicated intent to continue funding for Option Year Two – with the end result being the final Action Guide 3.0.

Next, Dr. Leavens highlighted areas that the Committee and FTGs could begin thinking about for the upcoming project year. One central issue is how the format, accessibility, and ongoing usefulness of the Action Guide can be optimized. Initial insight had been sought through the public comment question that asked for feedback on websites and organizations that commenters most strongly rely on for population health improvement guidance. Another important issue for the upcoming project year is how to best address measurement issues. Dr. Leavens briefly described the Institute of Medicine Vital Signs Report and its potential role as a framework for categorizing measures used by the FTGs.

Ms. Stollenwerk then discussed the development of the FTG measures chart during the second year of the project, and went into more detail about future plans to work closely with the FTGs to gather additional info on the measures that they are using. She noted that the chart is still in draft form at this time, and NQF will strive to make it useful for communities in the future. Dr. Siegel then opened it up for Committee members and FTG representatives to provide feedback:

- A number of participants asked if they could review the draft aggregate measures chart;
- Discussion occurred about how this work can make an impact on broader efforts by HHS, and the need to think about its potential to have wider influence on population health efforts through its consensus-based definitions, guidance on measurement, etc.;
- Several comments addressed the need to obtain better understanding and measurement of how various subpopulations (particularly those who are underserved) perceive and prioritize health issues differently;
- One commenter felt it was important to keep a clear message in Action Guide 3.0 that addressing health and well-being has benefits for clinical care as well.

Opportunity for Member and Public Comment

Two public comments via the chat box feature of the web platform were read and noted.

Next Steps

- The final Community Action Guide 2.0 will be delivered to the Department of Health and Human Services on July 31, 2015.

July 13, 2015 Web Meeting Attendance**Table 1: Task 4 Population Health Framework Committee Members Attending**

Population Health Framework Committee Members
Kaye Bender, Co-Chair
Bruce Siegel, Co-Chair
Georges C. Benjamin, American Public Health
Christina Bethell, Child and Adolescent Health Measurement Initiative
Beverly Franklin-Thompson, GlaxoSmithKline
Reneé Frazier, Common Table Health Alliance
Rahul Gupta, Kanawha-Charleston Health Department
Keith Kosel, VHA Inc.
Doris Lotz, New Hampshire Department of Health and Human Services
J. Lloyd Michener, Duke University Medical Center
Dorane Miller, Center for Community Health and Vitality of the University of Chicago Medical Center
David Nash, Thomas Jefferson University
David Stevens, Milken Institute School of Public Health, George Washington University
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 Attending

Population Health Framework Field Testing Group Members
Camille Harding, Colorado Department of Health Care Policy and Financing (HCPF)
Laura Ross-White, Community Services Council of Greater Tulsa
Kimberly Libman, 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
Byron Hunter, The University of Chicago Medical Center
Gregory Paulson, Trenton Health Team, Inc.
Anita Porbeni, Trenton Health Team, Inc.
Torney Smith, Empire Health Foundation