



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

Meeting Summary

The National Quality Forum (NQF) convened a web planning meeting of the Population Health Framework Advisory Group on October 23, 2013. An online archive of the meeting is available [here](#).

Workgroup Member Attendance

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

Welcome and Overview of Meeting Objectives

Session led by Karen Adams, Vice President, Strategic Partnerships, NQF

- Dr. Adams welcomed both the advisory members and public participants to the *Multi-stakeholder Input on a National Priority: Improving Population Health by Working with Communities* (Short title: Population Health Framework) planning meeting.
- Dr. Adams also reviewed the meeting objectives:
 - Provide a project overview and outline desired outcomes;
 - Receive guidance on the environmental scan of frameworks, including selection criteria and approach to the environmental scan analysis; and
 - Provide feedback on the initial list of frameworks for inclusion in the scan.

Opening Remarks from our Sponsor

Session led by Nancy Wilson, Government Task Lead, AHRQ

- Dr. Wilson thanked the Advisory Group for their participation and commitment to population health. She explained that this important work builds on the three part aim of the National Quality Strategy (NQS).
- While Dr. Wilson recognized the tremendous gains the field has made towards improving the clinical care delivery system and advances in developing payment reform models for more affordable care, she acknowledged that the field has not moved far enough to improve the health of communities. Through this project, HHS intends to move closer to achieving the goals of healthy people and healthy communities, by developing a common framework and implementation guide which communities, the clinical care delivery system and the public health system can use to improve population health.

Project Overview

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



- Ms. Munthali reviewed the project's scope and goals These include:
 - Develop a common framework and action guide for communities that will offer practical guidance on how they can work with the public health system and the clinical care system to improve population health.
 - Establish shared definitions to ensure better coordination and alignment.
 - Address the following key questions:
 - How can individuals and multi-stakeholder groups come together to address community health improvement?
 - Who should be at the table during these discussions?
 - What processes and methods should communities use to assess their health?
 - What data are available to assess, analyze and address community health issues, and measure improvement?
 - What incentives can drive alignment and coordination to improve community health?
 - How can communities advance more affordable care by achieving greater alignment, efficiency, and cost of savings?
 - Additionally the community action framework and implementation guide will,
 - 1) identify key drivers for population health across communities;
 - 2) identify opportunities to align federal programs as well as public- and private-sector programs in an effort to reduce measurement burden; and
 - 3) Identify measures to fill gaps associated with population health and affordability.
- Advisory Group members noted several key observations that must be considered in order to advance this work.
 - Explicitly outline recommended approaches or steps that communities can use to facilitate collaborative work towards improving population health.
 - Assess whether or not community- level groups have the bandwidth to come together throughout all stages of the project.
 - Recognize that communities are keenly aware of their needs and what incentives and resources must be in place for them to move health initiatives forward.
 - Identify a clear, agreed-upon understanding of what "Community" means.
 - Consider the larger holistic view of what a community is, outside the tradition boundaries of health and human services. The framework must consider the systematic inputs that affect a community.
 - Recognize that many top-down federal policies have aggregated effects on local communities; for example, Medicaid, transportation, and education policies, all impact access to healthcare services.
 - Recognize that communities cannot be limited by geopolitical boundaries.



- Ms. Munthali also presented a visual schematic of the connectivity between the inputs and deliverables throughout the duration of the project, highlighting the importance of keeping the ultimate goal in mind at all stages of the project and how the various steps build on each other.
 - During the base year, NQF will conduct an environmental scan of about 35 to 40 federal, state, and local frameworks that will lay the foundation for the first iteration of the community action framework and implementation guide.
 - The advisory group will provide guidance on the scope of the selection criteria for frameworks in the environmental scan.
 - In option year one, NQF will select about 10 feedback communities that are willing to implement the proposed community action framework. These communities will provide feedback about their experiences and successes; barriers to implementation; resource constraints; recommended solutions; and other concerns and relevant information.
 - In option year two (the final year), the committee and the feedback communities will work together to refine the framework to address any issues that arise during pilot testing.
 - The end product will be the community action framework and implementation guide that will provide practical guidance to communities on how they can work with the public health system and clinical care delivery system to improve population health.
- The Advisory Group provided timely guidance on the project plan. They emphasized the need to,
 - Clarify terms and language (e.g., framework, community, etc.) at the onset of the project to eliminate mix messaging. This will ensure effective and clear communication to the targeted audiences.
 - Recognize that communities are at varying points along the spectrum of implementation with regards to their population health improvement activities.
 - Involve communities earlier, to create a more informed, iterative development process. For example, communities can provide valuable feedback to further refine the draft framework before it is implemented in the field.
 - Make the case upfront as to why this framework should be utilized in comparison to all the other laudable frameworks.
 - Identify what actions can be taken at various community levels (i.e., local, state, and federal) to maximize the effectiveness of improvement within a community.

Discussion of Frameworks: Analytic Approach to the Environmental Scan

Session led by Diane Stollenwerk, President, StollenWerks Inc. and Allen Leavens, Senior Director, Strategic Partnerships, NQF

- Ms. Stollenwerk presented the five proposed criteria for identifying the appropriate frameworks for inclusion in the environmental scan and the initial analysis.
 1. Greatest potential impact: addressing high impact needs, topics or conditions.



2. Across the lifespan: affecting individuals at various stages, birth to end of life.
 3. Geographic diversity: urban / rural, regions of the U.S.
 4. Involves two or three of the following:
 - a. clinical care,
 - b. public health, and
 - c. other stakeholders
 5. Involves most or all of the following core elements identified in recommendation #7 of the [Jacobson and Teutsch white paper on population health conceptual frameworks and improvement activities](#):
 - a. Organizational **planning and priority-setting** process;
 - b. Integrated **community health and needs assessment** process;
 - c. Agreed-upon, **prioritized subset of health improvement activities** for which organizations direct resources and/or develop capacities;
 - d. Responsibility for **leading a health improvement activity** in the region;
 - e. **Selection of measures and performance targets** for population health outcomes, determinants of health, and health improvement activities;
 - f. **Use of those indicators**, measured at the total population level, linked to the health improvement activities; and
 - g. **Reporting on progress** toward improving population health outcomes.
- The individual criteria will help the committee prioritize the top 40 frameworks or initiatives for inclusion in the initial environmental scan.
 - Advisory group members offered the following recommendations for the selection criteria:
 - Consider changing the title of the final deliverable to something that denotes “action”, a guide that can be utilized. For many stakeholders the word “framework” implies something that is conceptual, not actionable;
 - Need to assess whether the framework has actually moved the needle forward in a meaningful way;
 - Include criterion that assess sustainable and scalable systems to improve positive economic impact;
 - Embrace criterion around equity and disparities;
 - Build in an evaluation component around goal setting - assess the impact of each goal, and observed results; and
 - Perform a community health needs assessment for accomplishing agreed upon activities and use the data collected to help communities move towards improving population health.
 - Dr. Leavens noted that NQF staff has identified 60 frameworks and initiatives for inclusion in the initial environmental scan. With the committee’s guidance, NQF staff will distill the preliminary list of 60 federal, state, and local frameworks and initiatives as they are assessed against the criteria.



- Advisory group members were asked to forward information about additional frameworks or initiatives, highlighting the potential dimensions for convergence and divergence both within and across frameworks or initiatives, such as focus area, domains based on recommendation #7 in the Jacobson and Teutsch white paper, determinants of health, intermediate outcomes (e.g. measures that assess risk behaviors; physiologic conditions, access, coverage, and use of preventive services), and final outcomes (e.g. morbidity; mortality; birth rates; quality of life).

Opportunity for Member and Public Comment

There were no questions or comments from the public.

Next Steps

Session led by Elisa Munthali

- NQF staff will synthesize the feedback received from the Advisory Group's discussion and will work with HHS to refine the framing of the project, with consideration of audience and language, and the inclusion of community groups earlier in the process. Ms. Munthali also informed the Advisory Group of the following upcoming activities:
 - Post of the proposed committee roster for public comment, November 1, 2013.
 - Following public comment, finalize the committee on November 22, 2013.
 - Full Committee Meeting, January 9-10, 2014 at NQF Offices, Washington DC.



Attachment 1: Population Health Framework Advisory Group Members in Attendance

Population Health Framework Advisory Group Members	
Name	Organization
Catherine M. Baase, MD	Global Director of Health Services, Dow Chemical Company
Kaye Bender, PhD, RN, FAAN	President and CEO, Public Health Accreditation Board
Paul Jarris, MD, MBA	Executive Director, Association of State and Territorial Health Officials
Lloyd Michener, MD	Professor and Chair of the Department of Community and Family Medicine, Duke University Medical Center
David Nash, MD, MBA	Dean of the Jefferson School of Population Health
Bruce Siegel, MD, MPH	President and CEO, America's Essential Hospitals
David Stevens, MD	Associate Medical Director & Director of the Quality Center, National Association of Community Health Centers
Nancy Wilson, MD, MPH	Government Task Leader, HHS/AHRQ