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

NATIONAL QUALITY FORUM

In-Person Meeting: Day 1

April 14, 2016

Welcome & Meeting Objectives

Kaye Bender, PhD, RN, FAAN, Committee Co-chair
Steven Teutsch, MD, MPH, Committee Co-chair
Elisa Munthali, MPH, NQF Vice President

Meeting Objectives

- Discuss key learnings that emerged during the project in the areas of communication, partnerships and collaboration, sustainability, and measures and priorities
- Explore how measures used by Field Testing Groups align with national measure sets
- Examine how FTGs select measures to match organizational priorities
- Consider use of data sets and availability to achieving measurement goals
- Summarize how this project informs the national discussion and how this work continues to evolve

Agenda at a Glance- Day 1

- Introductions and Disclosure of Interests
- Review key activities, findings, and outcomes of the project during the last three years
- Field Testing Group (FTG) panel presentations
  - Communication
  - Partnership & Stakeholder Collaboration
  - Sustainability & Working through Evolution
  - Measures & Priorities

Agenda at a Glance- Day 1 (continued)

- Population health measurement
  - Review insights from FTG measures, including how they relate to the IOM Vital Signs core measure domains
  - Combined federal efforts in population health measure domains
  - Breakout discussion
  - Measurement selection exercise
- Public comment
- Recap and next steps
- Adjourn

Introductions and Disclosure of Interests

Marcia Wilson, PhD, MBA, NQF Senior Vice President

Leslie Vicale, MPH, NQF Project Manager

Population Health Framework Standing Committee Members

- **Kaye Bender, PhD, RN, FAAN (Co-chair)**
  - Public Health Accreditation Board, Alexandria, VA
- **Catherine M. Baase, MD**
  - Dow Chemical Company, Midland, MI
- **Georges C. Benjamin, MD, FACP, FACEP**
  - American Public Health Association, Washington, DC
- **Scott D. Berns, MD, MPH, FAAP**
  - National Initiative for Children's Healthcare Quality, Boston, MA
- **Christina Bethell, PhD, MBA, MPH**
  - Bloomberg School of Public Health, Department of Population, Family & Reproductive Health, Baltimore, MD
- **Steven M. Teutsch, MD, MPH (Co-chair)**
  - UCLA Fielding School of Public Health, Los Angeles, CA
- **Kevin L. Bowman, MD, MBA, MPH**
  - WellPoint, Inc., Baltimore, MD
- **Debra L. Burns, MA**
  - Minnesota Department of Health, St. Paul, MN
- **Anne De Biasi**
  - Trust for America's Health, Washington, DC
- **Beverly Franklin-Thompson, PharmD, MBA**
  - GlaxoSmithKline, Piney Flats, TN
- **Susan L. Freeman, MD, MS, FACPE, FACE**
  - America's Essential Hospitals, Washington, DC

Population Health Framework Standing Committee Members

- **Rahul Gupta, MD, MPH, FACP**
  - West Virginia Department of Health and Human Resources, Charleston, WV
- **Shelley B. Hirshberg, MA**
  - Leadership/Executive Coach, Williamsville, NY
- **Keith C. Kosel, PhD, MHSA, MBA**
  - VHA Inc., Irving, TX
- **Doris Lotz, MD, MPH**
  - New Hampshire Department of Health and Human Services, Concord, NH
- **J. Lloyd Michener, MD**
  - Duke University Medical Center, Durham, NC
- **Doriane C. Miller, MD**
  - Center for Community Health and Vitality of the University of Chicago Medical Center, Chicago, IL
- **David B. Nash, MD, MBA**
  - Thomas Jefferson University, Philadelphia, PA
- **Jeremy Sanders, MPA**
  - Common Table Health Alliance, Memphis, TN
- **David Stevens, MD, FAAFP**
  - Milken Institute School of Public Health, George Washington University, Washington, DC
- **Matthew Stiefel, MS, MPA**
  - Kaiser Permanente, Oakland, CA
- **Julie Trocchio, RN, MS**
  - Catholic Health Association of the United States, Washington, DC

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Population Health Framework Field Testing Groups

- Colorado Cross-Agency Collaborative
- Community Service Council of Tulsa
- Designing a Strong and Healthy NY (DASH-NY)
- Empire Health Foundation
- Geneva Tower Health Collaborative
- Kanawha Coalition for Community Health Improvement
- Michigan Health Improvement Alliance
- Oberlin Community Services and The Institute for eHealth Equity
- Trenton Health Team, Inc.
- The University of Chicago Medicine Population Health Management Transformation

Population Health Framework Project Staff

- Marcia Wilson, PhD, MBA, Senior Vice President
- Elisa Munthali, MPH, Vice President
- Diane Stollenwerk, MPP, Consultant
- Leslie Vicale, MPH, Project Manager
- Donna Herring, MPH, Project Analyst
- Danitza Valdivia, Administrative Manager

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Housekeeping and General Meeting Items

- Wi-Fi
- Action Guide 2.0
- Virtual attendees
- Committee Roster and Field Testing Group descriptions
- Wall of Population Health thoughts, ideas, and questions
- Microphones
- Bathrooms
- STAND, STRETCH, and MOVE AROUND!

Opening Remarks

Nancy Wilson, MD, MPH,
Agency for Healthcare Research & Quality (ARHQ)

Marcia Wilson, PhD, MBA, NQF Senior Vice President

Project Background & Evolution

Leslie Vicale, MPH, NQF Project Manager

NQF: What We Do

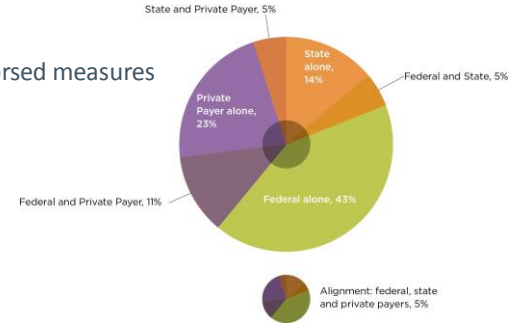
Improve health and healthcare quality through measurement

- Gold standard for endorsement and selection of quality measures for public and private programs
- An essential forum – over 430 organizational members across multiple stakeholder groups, with consumer/ purchaser majority on NQF's board of directors
- Quality leadership –reach consensus on healthcare's complex measurement issues (e.g., risk adjustment, linking cost and quality, patient-reported outcome measures)

NQF and Measurement

NQF endorses measures for accountability applications (public reporting, payment programs, accreditation, etc.) as well as quality improvement.

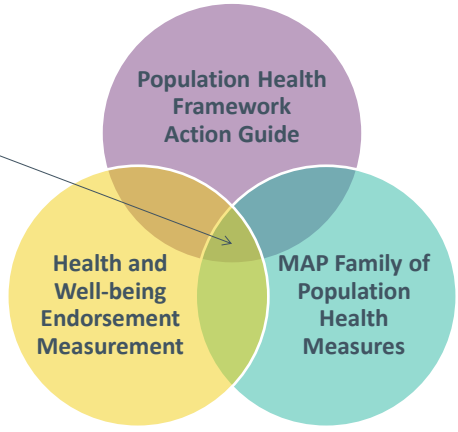
- Approximately ~600 endorsed measures
- Various users
  - Federal
  - State
  - Community
  - Facility



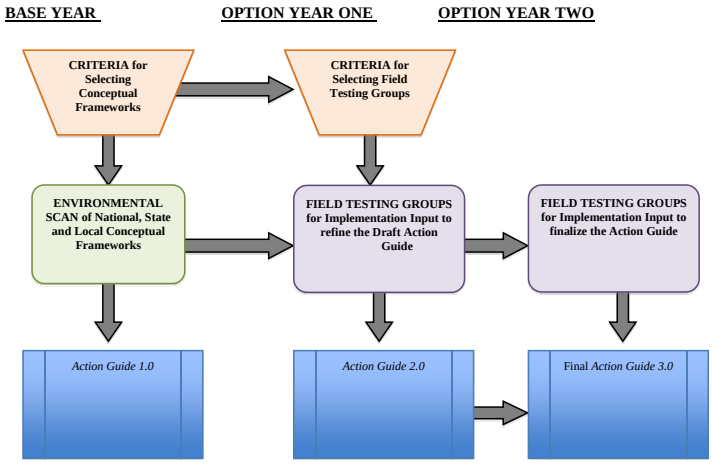
National Quality Strategy

NQF's Current Work on Population Health

- Aligned with NQS' Three-Part Aim
- Focus beyond medical model – increased emphasis on determinants of health and improvement activities
- Address measurement, measure gaps, methodological and other challenges of population health measure development
- Opportunity to leverage population health activities and to exchange ideas between committees



Starting with the End in Mind: Connections across Project Deliverables



Key Lessons Learned From Year Two: Working with Field Testing Groups (FTGs)

- FTGs expressed strong interest in further exploring population health measurement issues, including:
  - Measuring social determinants
  - Attributing population health outcomes to specific interventions
  - Improving timeliness and granularity of data
- Selection of measures may be dictated by program requirements and/or data availability
- Measurement resources in the Action Guide may need refinement
  - Discussed creating QPS Portfolio(s) of measures in use
  - "Menu of measures" approach

Year Three: Approach to Measures & Data Sources

- The final project year is focused on gathering information about how measures and data sources are being used for population health improvement
- Measure-specific information is being compiled into a spreadsheet format
  - Various measure fields and categories are being refined and/or standardized to a greater extent
- Additional feedback and issues about data sources used or needed for measurement was gathered from the FTGs

Final Project Year:

Insights from the Field Testing Groups:

A Series of Panel Presentations

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Panel Discussion: Communication

- Moderator: Rahul Gupta, MD, MPH, FACP, Committee Member
- Field Testing Groups
  - Laura Ross-White, Community Service Council of Tulsa
  - Torney Smith, Empire Health Foundation
  - Mary Kushion, Michigan Health Improvement Alliance

Break

Panel Discussion: Partnership & Stakeholder Collaboration

- Moderator: Shelley Hirshberg, MA, Committee Member
- Field Testing Groups
  - Melissa Cullum, Geneva Tower Health Collaborative
  - Judy Crabtree, Kanawha Coalition for Community Health Improvement
  - Brenda Battle, The University of Chicago Medicine Population Health Management Transformation

Panel Discussion: Sustainability & Working through Evolution

- Moderator: Ann De Biasi, Committee Member
- Field Testing Groups
  - Kimberly Libman, Designing a Strong and Healthy NY
  - Alison Carl-White, Empire Health Foundation
  - Cynthia Andrews, Oberlin Community Services and The Institute for eHealth Equity

NQF Member and Public Comment

Lunch

Panel Discussion: Priorities & Measures

- Moderator: Keith Kosel, PhD, MHSA, MBA, Committee Member
- Field Testing Groups
  - Camille Harding, Colorado Cross-Agency Collaborative
  - Laura Ross-White, Community Service Council of Tulsa
  - Gregory Paulson, Trenton Health Team, Inc.

Population Health Measurement on a Broad Level

David Stevens, MD, FAAFP, Committee Member

Diane Stollenwerk, MPP, Consultant

Population Health Measurement Environment

Many population health measures and a variety of core sets exist, such as…

- IOM Vital Signs Core Metrics
- County Health Rankings Measures
- RWFJ Culture of Health Measures
- NQF-endorsed Health & Well-Being Measures

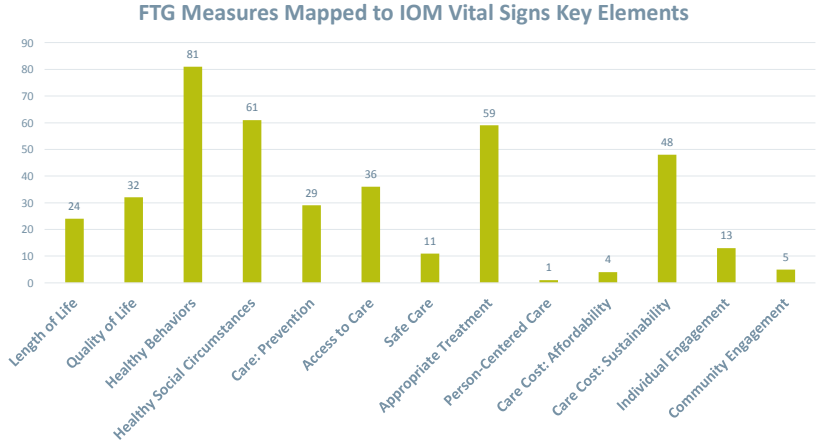
…but this can make it challenging for groups in the field to choose specific measures and be able to compare results.

Vital Signs: Core Metrics for Health and Health Care Progress

Population Health Measurement: IOM Vital Signs and Measures Used by FTGs

- Field Testing Groups are using at least 400 measures
- IOM Vital Signs report suggests: domain, key element, core measures focus, best current measure
- FTG measures mapped to the IOM Vital Signs key elements:
  - Length of Life
  - Quality of Life
  - Healthy Behaviors
  - Healthy Social Circumstances
  - Care: Prevention
  - Access to Care
  - Safe Care
  - Appropriate Treatment
  - Care Cost: Affordability
  - Care Cost: Sustainability
  - Individual Engagement
  - Community Engagement

320 Field Testing Group Measures Mapped to the IOM Vital Signs Categories



Common Topics of the FTG Measures Mapped to the IOM Vital Signs Categories

Length of Life	Length of life, death rates (disease, injury, etc.)
Quality of Life	Self-reported health, driving alone, disease incidence rates
Healthy Behaviors	Obesity / BMI, teen pregnancy, low birth weight, physical activity, healthy eating, etc.
Healthy Social Circumstances	High school graduation, educational attainment, air pollution, fast food restaurants, housing, poverty, etc
Care: Prevention	Immunization rates, screening rates
Access to Care	Uninsured rate, ED utilization, rates / numbers of provider types (dentists, MH, PCP)

Common Topics of the FTG Measures Mapped to the IOM Vital Signs Categories, cont.

Safe Care	Specific infection rates, medication reconciliation, fall risk
Appropriate Treatment	Preventable hospitalization, readmissions, prenatal care, care coordination, BH / CHF / etc treatment
Person-Centered Care	Would patient refer hospital (satisfaction rate for marketing)
Care Cost: Affordability	Uninsured rates, efficiency
Care Cost: Sustainability	Death rates; ED utilization; avoidable hospitalization; one measure on sustainable funding
Individual Engagement	General literacy rate, Interest in information, engagement/ activation, information provided
Community Engagement	Social support; culturally appropriate programs

66 Field Testing Group Measures were not Mapped to the IOM Vital Signs Categories

- Measures that did not fit the IOM Vital Signs framework
  - Effectiveness and Outcomes of Stakeholder Collaboration
    - » 37 measures
  - Health Care Facility Referral or Use Rates, Payer
    - » 17 measures
  - Measure topics that are extremely broad, such as: public health, population change, BHT
    - » 11 measures

Insights from Measure Mapping Process

- IOM Vital Signs is not the only framework that can be used
- Many FTG measure names not specific enough to indicate what exactly is being measured (e.g., BMI, high cholesterol)
- No FTG measures on actual affordability of health care services or expenditures on health care, or person-centered care
- Gaps: IOM framework does not address
  - Rates (death, disease incidence)
    - » There are many influences: behavior, environment, care access
  - Multi-stakeholder or -sector collaboration and coordination
    - » Action Guide makes the case that such collaboration is essential to success

Population Health Measure Domains:
A Combined Federal Effort

Denise Koo, MD, MPH
Advisor to the Associate Director for Policy
Centers for Disease Control and Prevention

National Quality Forum
April 14, 2016

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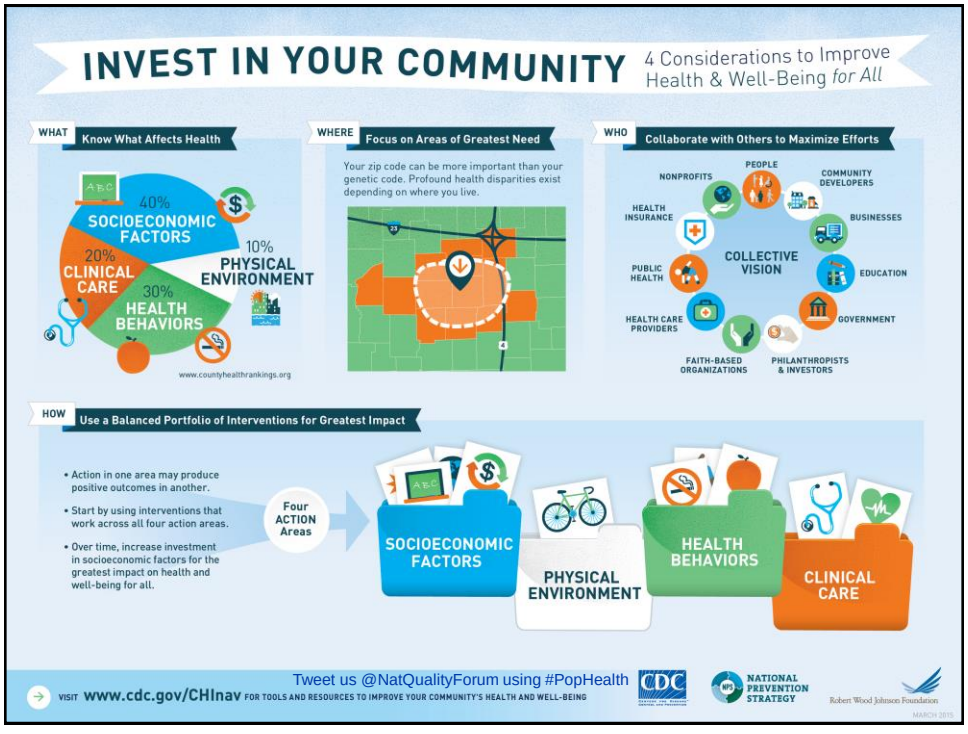

What is a healthy, safe, and thriving community? How to measure such?

- Goal: set of 10-12 *domains* that advances multi-sectoral collaboration to improve community health and well-being
  - Roughly proportionate to contribution to health outcomes

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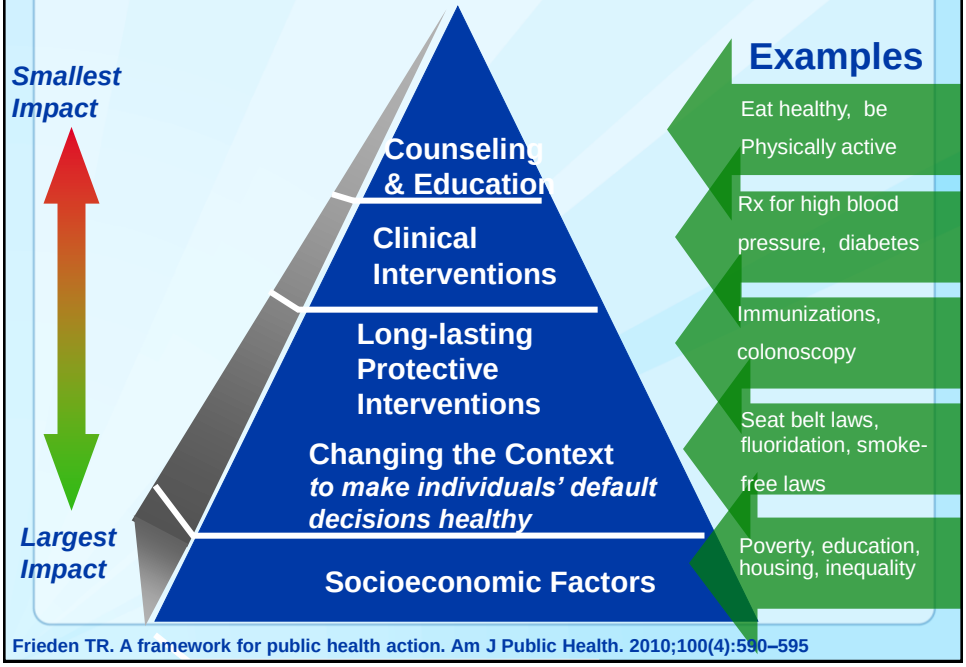
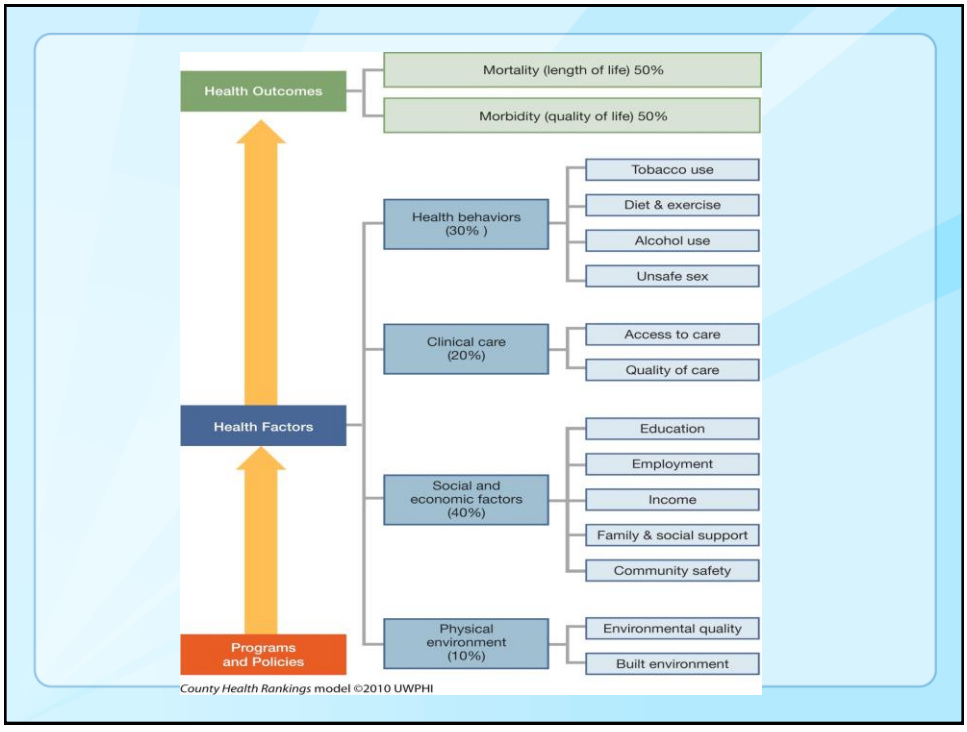
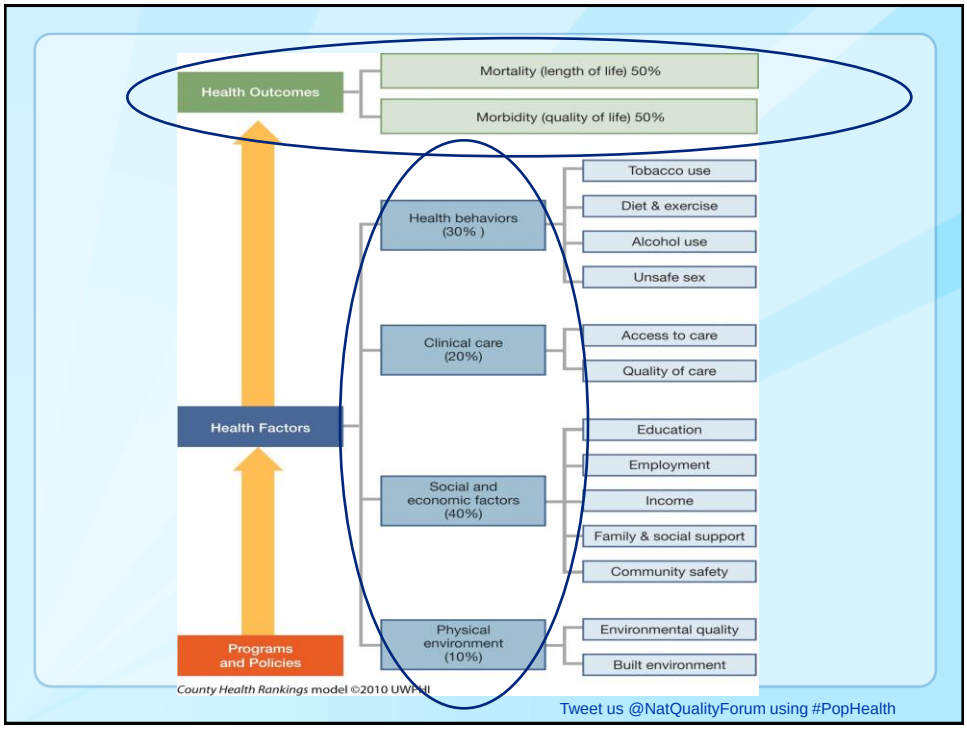
Factors that affect health



Frieden TR. A framework for public health action. Am J Public Health. 2010;100(4):590–595


Health Outcomes
Mortality (length of life) 50%
Morbidity (quality of life) 50%
Health Factors
Health behaviors (30%)
Tobacco use
Diet & exercise
Alcohol use
Unsafe sex
Clinical care (20%)
Access to care
Quality of care
Social and economic factors (40%)
Education
Employment
Income
Family & social support
Community safety
Physical environment (10%)
Environmental quality
Built environment
Programs and Policies
County Health Rankings model ©2010 UWPHI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Programs and Policies
County Health Rankings model ©2010 UWPHI
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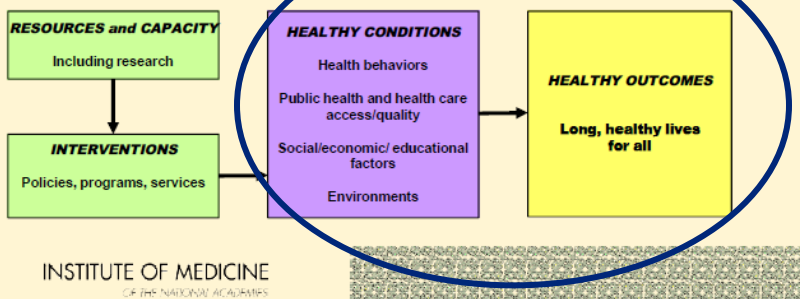
IOM 2012. Toward Quality Measures for Population Health and the Leading Health Indicators

Health outcome logic model

Influenced by the Donabedian framework *(structure, process, outcomes)*

Reflects the definition of quality in public health

Focuses on the *outcome* segment of the Donabedian framework and Conditions and Outcomes from the PHQF definition



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Criteria for Sources of Health Metrics

- Health as primary goal/focus (not just healthcare)
- Crosscutting, focus beyond healthcare and inclusion of other sectors
- Explicit inclusion of social determinants
- Focused on population
- National in scope

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Major Cross-cutting Health Metrics Efforts

- Healthy People 2020 Leading Health Indicators
- National Prevention Strategy
- America's Health Rankings
- County Health Rankings
- Community Health Status Indicators
- Institute of Medicine Core Metrics/Vital Signs
- Robert Wood Johnson Foundation Culture of Health

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PH 3.0 Metrics Domains Initially Considered

Category	Domain	Example Metrics
Outcomes	Life expectancy	LE at birth, YPLL before age 75
	Well-being	Self-rep. physical/mental health, poor physical days/mo
Health behaviors	Obesity and related	BMI, active living, diet
	Tobacco	Adult smokers, adol. last 30d
	Substance abuse	Binge drinking, alcohol-impaired deaths, drug depend.
Physical environment	Air quality	# days air quality >100
Social and economic	Education	Ontime high school grad rate
	Poverty	% living below poverty
	Housing	High housing costs (30 or 50% income)
	Safety	Violent crime, injury deaths
Clinical care	Access to care	# or % with health insur or pcp
	Quality of care	Preventable hospitalizations

Another Example: Healthy Communities Index Primary Domains

- Environmental Hazards
- Health Systems and Public Safety
- Neighborhood Characteristics
- Transportation
- Natural Areas
- Housing
- Employment Opportunities
- Educational Opportunities
- Social cohesion
- Economic Health

U.S. Department of Housing and Urban Development

AARP Livability Index for Quality of Life in Communities

- Environment (clean air & water)
- Transportation (safe, convenient)
- Housing (affordability/access)
- Neighborhood (access to life, work & play)
- Opportunity (income inequality, high school graduation rate, jobs/worker)
- Health (prevention, access, quality—includes healthy behaviors, preventable hospitalizations)
- Engagement (voting rates, social engagement)

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Considerations

- "Population health" as ultimate goal
- Other good sources of crosscutting metrics efforts?
- Easily understood and applied domains/metrics
- Balance of actions/process and outcomes
- Balancing local flexibility and ownership with national comparability
- Data timeliness and availability at local level

- **Now is the time: see complementary NCVHS effort on next few slides (see NCVHS site for more information)**

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National Committee on Vital and Health Statistics Population Health Subcommittee

(slides from NCVHS meeting, Feb. 2016)

Overall NCVHS Project Goals

- To contribute to the development of a consistent way of describing and measuring community health that goes beyond but includes health services delivery.
- To support the Department of Health and Human Services
  1. identify measures of community well-being and its determinants across all essential domains;
  2. move toward parsimony in measurement at geographic levels from the neighborhood to the nation; and
  3. facilitate multi-sector partnerships at all geographic levels, especially the sub-county level.

Background

November 2015 Workshop

- Identify a balanced and parsimonious set of domains that multi-sectoral local partnerships can use to assess, measure, and improve local health and well-being.
- Reviewed straw domains drafted by the *Public Health 3.0* Initiative of the Office of the Assistant Secretary of Health
- Common framework would broaden and simplify community-level measurement; but framework must permit flexible local applications

Workshop generated strong interest in learning more about current related activities

Environmental Scan: Purpose

Primary

- Identify existing measurement frameworks, core domains, indicators, and indicator data sets in non-health sectors

Secondary

- Identify data sources for sub-county-level measurement

Community Health and Well-Being
NCVHS Domains and Subdomains
DRAFT March 2016

- Health
- Environment
- Education
- Economy
- Public Safety
- Civic and Community Engagement
- Housing
- Transportation
- Demographics
- Need to consider: health equity, bias

Discussion

Break

Breakout Session

Population Health Measurement: Discussion Questions

- Frameworks
  - Did you use a framework when selecting measures? If so, what was the framework?
  - How was it helpful? What were the limitations?
- Measures
  - What process did you use to select measures?
  - What issues drove how your group prioritized available measures?
  - If your group isn't satisfied with the measures you are using, why? What would make that mix of measures better?

Measure Selection Exercise

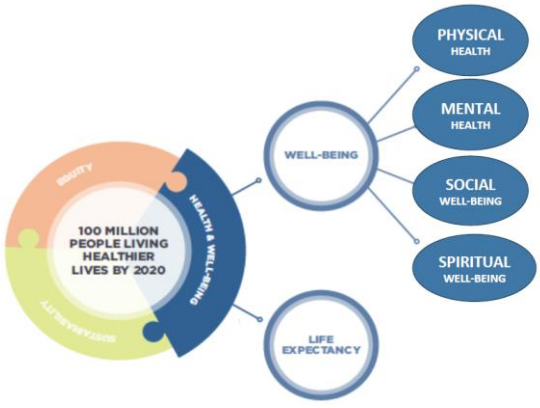
Matthew Stiefel, MS, MPA, Committee Member

Elisa Munthali, MPH, NQF Vice President

Overall Conceptual Framework for 100 MHL

Stiefel MC, Riley CL, Roy B, Ramaswamy R, Stout S. 100 Million Healthier Lives Measurement System: Progress to Date. 100 Million Healthier Lives Metrics Development Team Report. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at 100mlives.org)

Measuring Health and Well-Being



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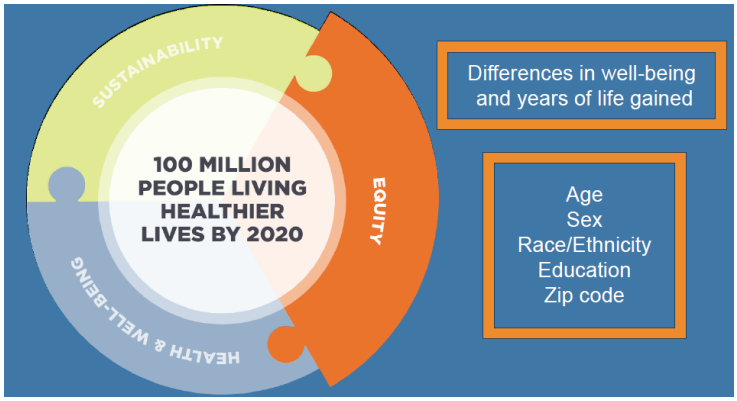
Measuring Equity



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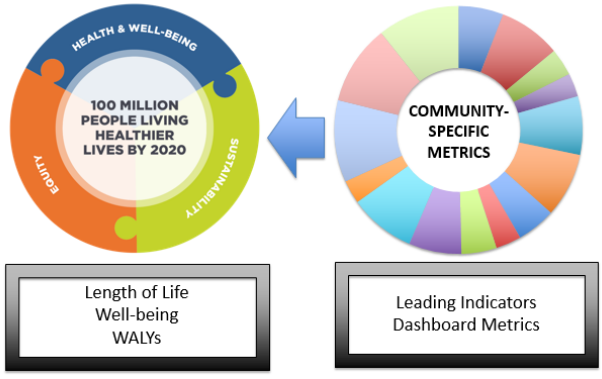
Counting Healthier Lives



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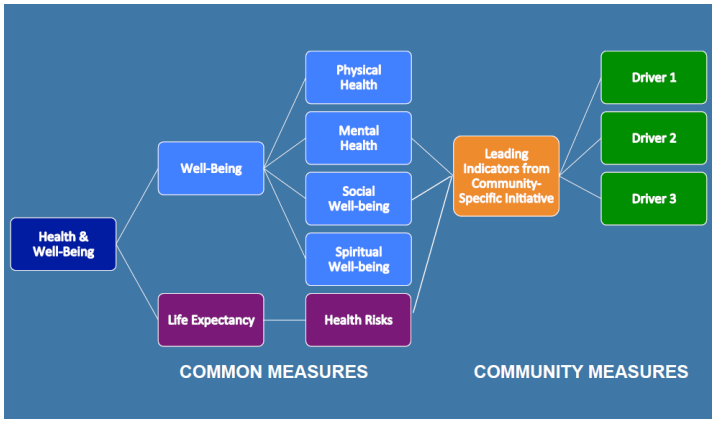
Driver Diagram



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Menu of Measures at All Levels

Individual/Population	Community	Society
Length of life	Physical health: Access to healthy foods, walkability	Federal funding for pedestrian and bike programs
Well-being	Mental health: Perceived safety	Inequality in educational attainment
WALYs	Social wellbeing: High school graduation rate, unemployment rate	Percent growth in healthcare spending
Differences in health & well-being	Social wellbeing: social connectedness	Corporate contributions to education and community development
Years of potential life gained	Spiritual wellbeing: civic pride, hope, resilience	Political rights

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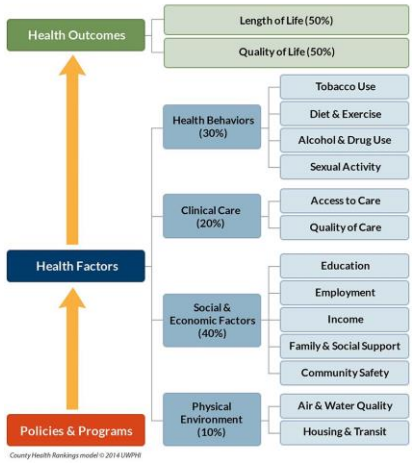
Menu of Measures: Organization from County Health Rankings



Primary Measure Sources

Agency	Measure Title
Centers for Disease Control and Prevention (CDC)	Behavioral Risk Factor Surveillance System (BRFSS)
Community Commons	Maps & Data
Gallup-Healthways	Well-Being Index
Institute for Healthcare Improvement (IHI)	IHI Whole System Measures 2.0 Workgroup (white paper forthcoming on www.ihi.org)
Institute for Healthcare Improvement (IHI)	Triple Aim
Institute of Medicine (IOM)	Core Measures
National Institutes of Health (NIH)	NIH Toolbox for Assessment of Neurological and Behavioral Function
Organisation for Economic Co-operation and Development	Better Life Index
National Institutes of Health	Patient Reported Outcomes Measurement Information System (PROMIS)
Robert Wood Johnson Foundation	Culture of Health Assessment (2015)
Social Progress Imperative	Social Progress Index

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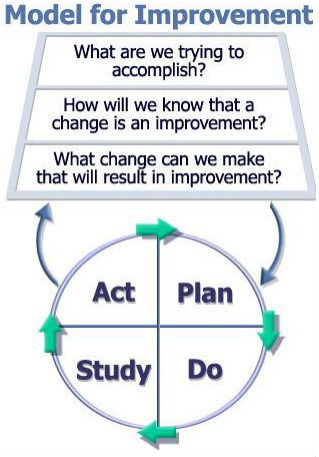
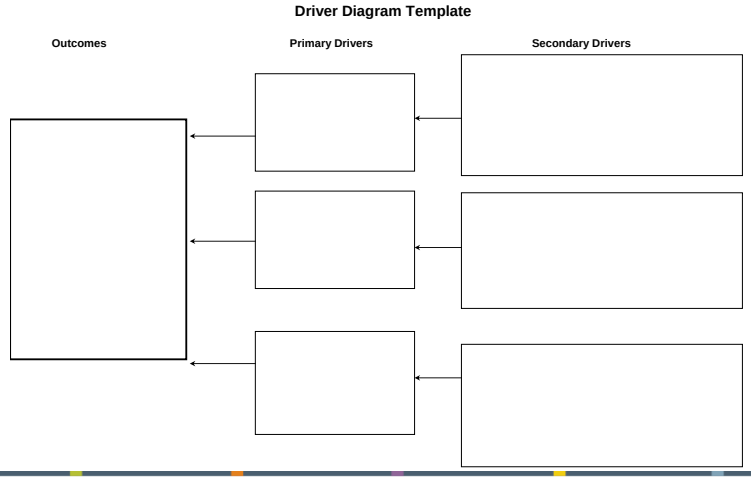
Metrics that Matter Wizard

https://vimeo.com/159515203

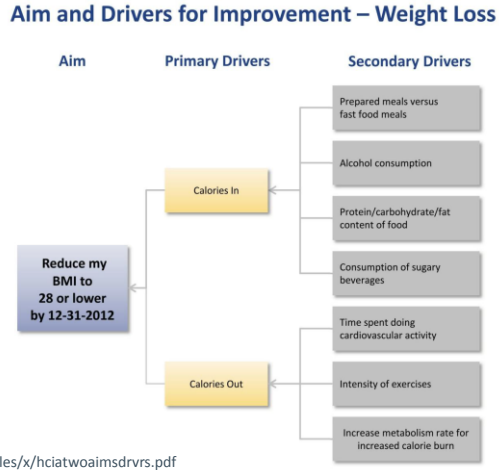
Measures selection exercise: Plan-Do-Study-Act model



Measures selection exercise: Driver Diagram Template



Measures selection exercise: Driver Diagram Example



https://innovation.cms.gov/files/x/hciatwoaimsdrvrs.pdf

Case Study: The Colorado Cross-Agency Collaborative

Camille Harding, Colorado Department of Health Care Policy & Financing

SIM GOAL

By 2019, 80% of Coloradans will have access to comprehensive care that integrates physical and behavioral health, using increasingly value-based payment models.

SIM TRIPLE AIM

Better Experience of Care

Access to integrated care for 80% of Coloradans; improvements in 18 clinical quality measures

Lower Costs

$126.6 million in cost of care savings by 2019; $85 million in annual savings thereafter

Improved Population Health

Improvements in 12 areas of physical and behavioral health

PRIMARY DRIVER

All drivers support each element of the triple aim

Payment Reform
Develop and implement value-based payment models that incent integration and improve quality of care

Practice Transformation
Support practices as they accept new payment models and integrate behavioral and physical health care

Population Health
Engage communities to reduce stigma, promote prevention, and remove barriers to accessing care

Health Information Technology
Promote the secure and efficient use of technology across health and non-health sectors in order to advance integration

SIM Required Measure:

- Total # of beneficiaries Receiving Care through Value Based Payment Model

Cost/Resource Utilization:

- Plan all-Cause Readmissions (1789)
- Psychiatric Readmissions (1789)
- Total Cost of Care (PMPM)

Clinical Quality Measures:

Substance Use Disorder Composite (2597)

Depression Screening (0418)

Population Health:

Adults who are currently depressed (BRFSS) Adolescent Depressive Symptoms (HKC), and suicide rate (Vital Stats)

NQF Member and Public Comment

Day 1 Recap and Next Steps

Adjourn

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

NATIONAL QUALITY FORUM

In-Person Meeting: Day 2

April 15, 2016

Welcome, Day 2 Objectives, and Agenda

Kaye Bender, PhD, RN, FAAN, Committee Co-chair
Steven Teutsch, MD, MPH, Committee Co-chair

Housekeeping and General Meeting Items

- Wi-Fi
- Action Guide 2.0
- Virtual attendees
- Committee Roster and Field Testing Group descriptions
- Wall of Population Health thoughts, ideas, and questions
- Microphones
- Bathrooms
- STAND, STRETCH, and MOVE AROUND!

Twitter

@NatQualityForum

#PopHealth

Meeting Objectives- Review

- Discuss key learnings that emerged during the project in the areas of communication, partnerships and collaboration, sustainability, and measures and priorities
- Explore how measures used by Field Testing Groups align with national measure sets
- Examine how FTGs select measures to match organizational priorities
- Consider use of data sets and availability to achieving measurement goals
- Summarize how this project informs the national discussion and how this work continues to evolve

Agenda at a Glance

- Welcome and Day 2 Objectives
- Data Discussion
  - Recap Day 1, including the measurement discussion
  - Importance of data sources
  - Insights from data source information provided by FTG
  - Breakout session
- Federal Data Sources discussion
- Future of the Action Guide, Measures Chart and related Population Health work
  - How this foundational work can be continued

Highlights from Day 1

Steven Teutsch, MD, MPH, Committee Co-chair

Data Sources: Essential yet Varied

Diane Stollenwerk, MPP, Consultant

Leslie Vicale, MPH, NQF Project Manager

Data Sources: Essential yet Varied

- The ability to measure population health improvement requires access to *useful, usable, appropriate data sources*
- Data come from various sources
  - Local, state, federal government agencies, including public health
  - Administrative claims (health plan, pharmacy, hospital, medical group, etc.)
  - Electronic and paper medical records, including registries
  - Surveys (patients, community members, providers, others)

Data Sources: Essential yet Varied

- Data can be collected at various levels:
  - Individual level
  - Provider level
  - Facility or Organization level
  - By Geography
  - By Subgroup or Population type
- Data availability and use depends on several factors
  - Geographical area
  - Population definitions
  - Collection methods
  - Sample sizes and time frames
  - Aggregation systems

NATIONAL QUALITY FORUM

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Some of the Data Sources Cited by the Field Testing Groups

Examples of Data Sources Used by Some of the Field Testing Groups

Data Source	# of FTG Measures	# of FTGs
American Community Survey (Census Bureau)	7	2
Behavioral Risk Factor Surveillance System (BRFSS / CDC)	60	4
Bureau of Labor Statistics	1	1
Census Data (other)	12	2
Department of Education	3	1
Department of Justice	2	1
Environmental Protection Agency	1	1
Fatality Analysis Reporting System (Nat Highway Safety Adm)	1	1

Examples of Data Sources Used by Some of the Field Testing Groups

Data Source	# of FTG Measures	# of FTGs
Food & Drug Administration	3	2
Maternal & Child Health Bureau (HRSA)	11	1
National Survey on Drug Use and Health (SAMHSA)	2	1
National Vital Statistics (CDC)	2	1
Pregnancy Risk Assessment Monitoring System (PRAMS /CDC)	5	1
State Cancer Profiles (CDC)	12	1
US Department of Agriculture (USDA) Food Atlas	4	1

Examples of Data Sources Used by Some of the Field Testing Groups

Data Source	# of FTG Measures	# of FTGs
County Health Rankings	27	1
EMR / EPIC or other system	39	3
Kids Count Data Center (Annie E. Casey Foundation)	17	1
Medicaid	7	3
No Data Source Listed for Certain Measures	99	6
REMAINING DATA SOURCES: Local, County, State agencies; Schools; Police; Birth Certificates; Unique surveys of patients / residents; Organizational partners		

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Data Source Use: Challenges Identified by FTGs

- Availability of granular data to assess local interventions
- Variation in whether data is collected across regions
- Small sample sizes of surveys
- Ability to integrate and share data
  - Coordination, cross-linking, aggregation, system interoperability
  - Staff and resources available to perform these functions
- Timeliness of available data
  - Program funding or priorities may change, affecting data alignment
- Gaining access to non-medical data to improve population health
- Data privacy and security

Data Source Use: Opportunities Identified by FTGs

- Value in becoming a clearinghouse or creating interoperable data systems for shared by partners/stakeholders
- Data from government agencies is more available than ever
- Communicating the business case helps stakeholders understand why collection of usable data is important to fund
- Hospitals are are increasingly being held responsible for keeping the population they serve healthy and may be more willing to share data with groups engaged in population health improvement work in the community

Breakout Session

Data Sources: Discussion Questions

- Useful Data Sources
  - What makes a local, regional, state or national data set particularly useful? Why are certain data sources more difficult (or perhaps impossible) to use?
  - What three characteristics should always be part of a data source to ensure that it is useful or usable for population health measurement?
- Data Granularity
  - What has been your experience in trying to ensure that measure results are relevant to the level at which you are working to improve population health (e.g., micro or zip code specific, local area, broader region, statewide, national)?
  - How have you addressed this when using different data sources aggregated at different levels of analysis (e.g., local, regional, state, national)?
  - What are the most important issues or concepts to address when "rolling up or rolling down" data sets so they are relevant and useful to your work?

Break

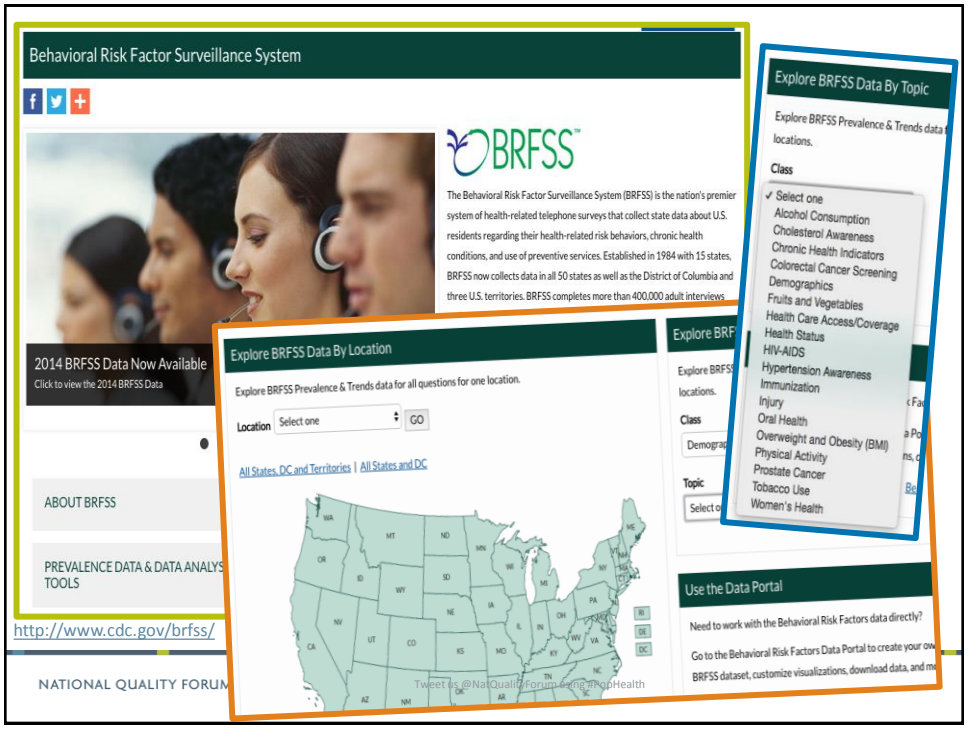
Breakout Session Summary

Federal Data Sources Discussion

Kaye Bender, PhD, RN, FAAN, Committee Co-chair

Federal Data Sources

- Discuss underutilized federal data sources
  - Are there data sources not accessed or accesses less frequently by the FTGs? If so, which sources?
  - Why were these data sources not accessed?
  - What is needed for federal data sources to be more useful?
- Analyzing one example cited in the FTG measures charts: Behavioral Risk Factors Surveillance System (BRFSS)
  - What makes these data most useful?
  - Do challenges exist to using these data? If so, what are they?
  - What characteristics should always be present for a data source to make it useful for organizations at various levels: state, regional, and local?



Future of the Action Guide, Measures Chart & Population Health work

Marcia Wilson, PhD, MBA, NQF Senior Vice President

Future of the Action Guide, Measures Chart & Population Health work

- Action Guide 3.0
  - Updated with insights from the field, with deeper dive on measures and data sources
  - Available online by the end of the project year
- Further Insight Needed on Measures and Data Sources
  - Identify priority population health measures and the data sources that are available and useable by the field
  - Identify characteristics that ensure measures and data sources are useful for population health improvement
  - Explore related needs (e.g.,. Analytic skills and training)

NQF Member and Public Comment

Certificates of Appreciation: Presented to the Field Testing Groups

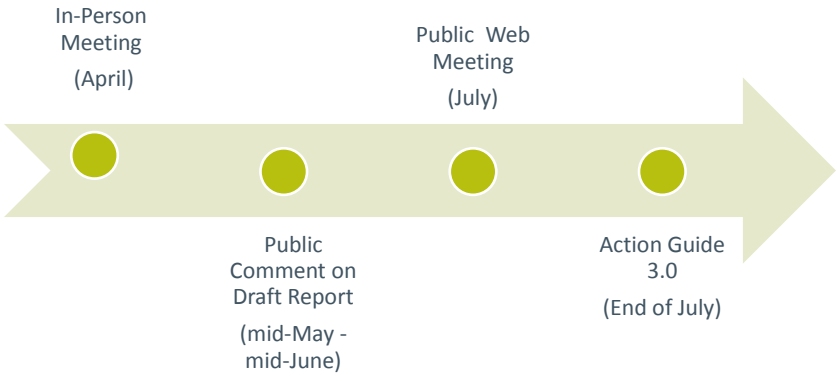
THANK YOU!!!

Project Timeline and Next Steps

2016 FTG & Stakeholder Engagement

- **Action Guide posted for 30- day Public and Member Comment Period**
  - Mid-May – mid-June
- **Committee and FTG Public Web Meeting**
  - July 7, 2016, 2:00 – 4:00pm (ET)
- **Final Action Guide submitted to HHS**
  - August 1, 2016

Project Timeline



Continuing Engagement with NQF

- For more information and to sign up for project alerts please visit the project webpage:
  - Population Health Framework
- For project related questions, please email:
  - populationhealth@qualityforum.org
- Become a Member of NQF
  - Visit: www.qualityforum.org/join
  - Or email: joinnqf@qualityforum.org

Summary & Closing Remarks

Adjourn