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 Field Testing Groups on November 20th and 21th, 2014. An online archive of the meeting is available on the Population Health Framework [project webpage](#).

Field Testing Group Attendance

Please see Attachment 1 for the list of Field Testing Group members in attendance.

Day 1 - Welcome and Overview of Meeting Objectives

Session led by Allen Leavens, Senior Director, and Helen Burstin, Chief Scientific Officer.

Dr. Leavens and Dr. Burstin welcomed the Field Testing Groups to the meeting. Dr. Burstin acknowledged the importance of the community voice and asked the Field Testing Groups (FTGs) to provide feedback on what information they need at the local level to make meaningful improvements in population health.

Dr. Leavens gave a brief overview of the agenda and reviewed the following meeting objectives:

- Create a shared understanding of the project's goals and objectives;
- Learn about and get to know each of the Field Testing Groups;
- Discuss initial reactions to the *Action Guide 1.0*; and
- Gather input on plans for the upcoming project year.

NQF Population Health Projects

Session moderated by Allen Leavens and Elisa Munthali, Senior Managing Director.

Dr. Leavens and Ms. Munthali provided an overview of the National Quality Strategy, including long-term goals for working with communities to promote health and well-being.

- Ms. Munthali provided an overview of NQF, performance measurement, and the process and criteria to evaluate measures for endorsement. She also highlighted NQF's current work on population health, which includes the Health and Well-Being Endorsement Maintenance and Population Health Framework projects, both of which use a multistakeholder Committee.

- Dr. Leavens provided an overview of the Measure Applications Partnership (MAP) families of measures. The families of measures can be used to build core sets of measures that can be used for specific applications. While developing a population health family of measures, a MAP Task Force created four potential use cases where such measures might be applied: federal programs for providers, accountable care organizations, community health needs assessment (CHNA), and public health. In addition, Dr. Leavens highlighted the measurement gaps that were identified between the Health and Well-Being and the MAP Population Health Family projects.

Action Guide 1.0
Session presented by Diane Stollenwerk, Consultant.

Ms. Stollenwerk presented the *Action Guide 1.0*, which is intended to be useful for everyone attempting to improve population health, without being voluminous or duplicating efforts. Ms. Stollenwerk explained that since there is not as much publicly available guidance regarding population health measurement, it is an area where the Action Guide can be more robust. She also provided an overview of each of the 10 elements in the Action Guide, including context about how to apply the elements.

Field Testing Group members then offered reflections on the *Action Guide 1.0*:
- One FTG member asked about the distinction between public health and population health, to which others responded that public health is the infrastructure, while population health is the focus of the infrastructure. Another participant added that public health is often driven by a federal or state agency, and may not necessarily include healthcare, educational achievement, and other factors considered in a population health approach.
- One participant described first conducting multiple small CHNAs, and then creating one big health needs assessment to encompass each of the smaller ones in order to get the most accurate picture of a community.
- Several FTG members emphasized the challenges of communication, particularly in terms of the political environment, and how it affects priority setting, action planning, and sustainability. Many participants emphasized the vital need to engage public policy leaders in advocacy efforts.
- FTG members were interested in information that would help them understand the policy incentives that exist at the local, state, and national levels in areas such as healthcare, transportation, housing, and urban planning to help stakeholders think more broadly about coordination.
- While FTG members appreciated the brevity and structure of the Action Guide, they suggested adding a section to cover "common challenges and ideas for how to overcome the challenges" in a case study format based on their experiences.

Field Testing Group Self-Assessments
Session moderated by Diane Stollenwerk, Consultant.

NQF staff presented themes identified in the FTG self-assessments, such as commonly prioritized topic areas, previously completed CHNAs, leadership strategies, and approaches to establishing collaborative structures. Several groups are addressing similar priority areas, such as obesity, tobacco use, chronic disease, and mental health. In addition, all groups previously conducted at least one CHNA, but they were used in different ways. There is diversity among the groups in terms of collaborative structures. While many collaboration efforts include healthcare organizations and a state or local Department of Health, some groups are extending broadly to involve faith-based organizations, social service agencies, education facilities, analytics/technology firms, and a variety of other partners.

FTG members then reflected on the self-assessments:
- Several FTG groups described their priority setting process, which included use of one-on-one interviews with communities, community forums, county health profiles, and the public health accreditation process as influential inputs. Each of the groups emphasized the need to have community involvement in order to effectively improve population health.
- Several FTG members raised the concern that there needs to be a clearer distinction between a self-assessment, Community Health Needs Assessment, asset mapping, and the process for selecting priority areas. While these are different elements, they are often approached as one effort.
- The FTGs noted the importance of cultural competency and humility before approaching communities, and how building trust in the coalition helps sustainability.

Day 2 - Opening Remarks
Remarks were provided by Christine Cassel, President and CEO, NQF.

Dr. Cassel expressed her thanks to the Field Testing Groups for their participation in this important work, and indicated that she anticipates this effort 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 also updated the groups about NQF's recent reorganization that emphasizes greater alignment between the measure endorsement and selection processes. Dr. Cassel noted the increasing focus on community-based measures, particularly in population health improvement efforts.

Deeper Dive on Measures
Session led by Allen Leavens, Senior Director and Elisa Munthali, Senior Managing Director.

Dr. Leavens and Ms. Munthali began with definitions for indicators, metrics, and measures and gave an overview of measurement issues in population health. Ms. Munthali explained the relationship between the total population and subpopulations, and how the intersection of the three main subpopulations (clinical care system, government/public health system, and stakeholder systems) of the total population is where we can maximize the utility of a shared or integrated set of measures. Dr. Leavens highlighted measurement issues such as: a shortage of reliable and valid measures for social

determinants of health; limited availability of data sources at the local level; and the need for better alignment of the wide variety of measures being used.

FTG members reflected on measurement issues:
- Several groups described their use of measures, including NQF-endorsed and HEDIS measures, and also resources such as the County Health Rankings in their improvement efforts. Several groups noted that their selection of measures is driven in part by program requirements and data availability.
- FTG groups felt that a core set of population health measures would be useful to include in the Action Guide, particularly to know where to begin, but they also recommended accounting for the flexibility needed to address unique aspects of different locations, situations, etc.
- The FTGs discussed topics that should be covered by measures, including both clinical measures and social determinants of health. A few groups agreed with keeping the starter sets of measures currently referenced in the *Action Guide 1.0*, and recommended listing the data sources associated with these measures.

Field Testing Group Engagement Plan and Site Visit Planning
Session presented by Elizabeth Carey, Senior Project Manager.

Ms. Carey described the general structure of activities planned for the rest of the project year, which would include monthly conference calls from January to May, site visits to the FTG locations, and two public web meetings with both the Committee and the Field Testing Groups. She gave an overview of proposed topics for the monthly meetings, which are based on the ten elements of the *Action Guide 1.0*. In addition, Ms. Carey explained the objectives for site visits are to better understand the communities, provide opportunities for the FTGs to interact with the committee members, and to gather feedback from the FTGs that will be reflected in the next version of the Action Guide. NQF plans to foster collaborative learning among the FTGs, NQF, and the Population Health Framework Committee. Throughout this engagement, NQF will be incorporating feedback and planning changes needed for the *Action Guide 2.0.*

FTG members reflected on the engagement plan and objectives for site visits:
- The FTGs responded enthusiastically to the site visit discussion. They highlighted the importance of not only showing successes and accomplishments, but also sharing any struggles and possible solutions to address those challenges.
- Several participants echoed the desire for a mechanism to share tools, documents, and any other resources that they find useful in their improvement efforts.
- FTGs wanted to know more about the purpose of the site visits, and NQF staff noted that the multistakeholder committee had recommended this approach so that there could be interaction with the communities where the actual work is being done. The FTGs noted that it would be helpful to put a tighter timeframe around the site visits for planning purposes, and also inquired about whether NQF would want to schedule site visits during unique events, such as the day of a conference or a steering committee meeting. NQF staff noted that there is some flexibility

around these factors as long as the feedback obtained will influence the updates needed for the Action Guide.

Next Steps

NQF staff will match each of the Field Testing Groups with Committee members for site visits based on expertise requested from the Field Testing Group sites and Committee member interests, as well as scheduling availability. Preliminary assignments and other related topics will be discussed during the Committee web meeting on December 2, 2014.

Task 4 Population Health Framework Field Testing Group Members in Attendance

November 20-21, 2014 In-Person Meeting

Population Health Framework Field Testing Group Members
Colorado Departments of Health Care Policy and Financing (HCPF)
Community Service Council of Tulsa
Designing a Strong and Healthy NY (DASH-NY)
Empire Health Foundation
Kanawha Coalition for Community Health Improvement
Mercy Medical Center and Abbe Center for Community Mental Health -- A Community Partnership with Geneva Tower
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