

## **NATIONAL QUALITY FORUM**

### **CALL FOR MEASURES: POPULATION HEALTH MEASURES: ENDORSEMENT MAINTENANCE PROJECT**

#### **BACKGROUND**

Population health is the collective well-being and functional ability of an identified group of people to experience their full capabilities. It has multiple environmental, behavioral, social and biological determinants. Population health is generally understood as a systems-level concept that describes health outcomes of a group of individuals that are measured through a broad spectrum of public health, clinical care, socio-economic, and physical environmental determinants that function interdependently and cumulatively. Population health not only focuses on disease and illness across multiple sectors, but also on health and wellbeing, prevention and health promotion, and disparities in such outcomes and improvement activities within a group and/or between groups. Identifying valid and reliable measures of performance across these multiple sectors can be challenging. Data collection, health assessments at individual and aggregate levels, payment structures, quality of patient care and public health interventions, and other components present challenges in shaping widespread, standardized implementation of population health measures, but overcoming these challenges is critical to any strategy to understand and improve it.

Given the multi-dimensional focus of population health, developing strategies to strengthen the measurement and analysis of population health - longitudinally and cross-sectionally - and the explanation of health outcomes for specific populations, can be best accomplished using a collaborative approach that includes public health, healthcare delivery systems, and other key sectors whose policies, practices, and procedures influence health. Social, environmental and behavioral factors can have significant negative impact on health outcomes and economic stability,<sup>i</sup> and these along with other upstream determinants contribute to 60 percent of American deaths<sup>ii</sup>. Using the right measures can determine how successful these initiatives are and help focus future work to improve population health in appropriate areas.

Recognizing population health as a core societal value and fundamental aim of both public health and healthcare systems, the National Quality Strategy (NQS) includes three interlinked aims—better care, affordable care, and healthy people/communities. The NQF-convened National Priorities Partnership (NPP) as part of their input to the Secretary of Health and Human Services on the NQS<sup>iii</sup> recommended a three-tiered approach to population health to address the national priority of working with communities to promote the wide use of best practices to enable healthy living and well-being. This includes:

1. Promoting healthy living and well-being through community interventions that result in improvement of social, economic, and environmental factors.
2. Promoting healthy living and well-being through interventions that result in adoption of the most important healthy lifestyle behaviors across the lifespan.
3. Promoting healthy living and well-being through receipt of effective clinical preventive services across the lifespan in clinical and community settings.

In the first phase of this project, NQF focused on receipt of clinical preventive services and immunization measures across the lifespan; most, but not all, of these measures focused on clinical settings. In Phase 2,

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the project will shift focus to population-level measures inclusive of the other two approaches, including a focus on healthy lifestyle behaviors and community interventions that improve health and well-being, as well as social and economic conditions (especially those that lead to structural inequality constraining health and healthcare quality).

## **CALL FOR MEASURES**

In this Call, NQF seeks community- and population-level performance measures that are appropriate for government, community, healthcare system and multi-stakeholder accountability, including, but not limited, to the following determinants and outcomes of population health:

- **Health outcomes**
  - Health outcomes of individuals, including health/functional status, life expectancy, mortality, and quality of life;
  - Measures that assess the health of a total population or a subset of a population (subpopulation), including disparities across the population; and
  - Measures that cover the lifespan, including those that focus on children, adolescents, and the elderly.
- **Determinants of health**
  - Adoption of healthy lifestyle behaviors;
    - Population-level measures in the following priority areas are encouraged:
      - Overweight/obesity;
      - Physical activity (screening, promotion, etc.);
      - Tobacco use (e.g., screening, smoking cessation, etc.); and
      - Nutrition/Diet (screening, promotion, etc.)
  - Receipt of health promotion and education services;
  - Modifiable social, economic, and environmental determinants of health with demonstrable relationship to population health outcomes.

## **ADDITIONAL GUIDANCE FOR SUBMISSION**

- The NQF Population Health Steering Committee that will evaluate and make recommendations for endorsement of submitted measures has developed additional guidance and context for measure developers that are considering submitting measures to this project. This guidance is largely informed by the [Commissioned Paper on Population Health](#) and highlights attributes from the six conceptual measurement frameworks that are presented in the paper. Each depicts domains for assessing and measuring total population, determinants of health and health improvement activities and includes illustrative examples. The following guidance synthesizes these measurement frameworks by emphasizing the attributes that describe the types of measures NQF seeks through this project:
  - Population health measures can reflect any point along the following continuum:
    - determinants of health/upstream factors, including socioeconomic, social norms, health care, physical environment factors and preventive health services;
    - individual factors (i.e., behavioral physiologic and genetic factors);
    - intermediate outcomes (disease and injury);

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- states of health, including health and function and death; and
- quality of life.
- Measures that can help achieve health equity in the distribution of disease and illness, and reduce disparities in health and healthcare will be prioritized.\*
- Health determinant measures should describe the causal pathway to population health intermediate or quality of life outcomes, with estimates or assessment of the magnitude of the impact. (Measure submitters should reference the applicable measurement framework from the [commissioned paper](#) that grounds the causal pathway.)
- Measures that assess health improvement priorities of both the government public health system and clinical care system will be given higher preference.
- Measures based on existing national, state, or local measurement and planning (e.g., Healthy People 2020, Behavioral Risk Factor Surveillance System [BRFSS]) will be prioritized.

*\*Note: Two other NQF projects focus on overlapping areas related to disparities and behavioral health. The other projects assess measures at the clinical level of analysis rather than the population-level of analysis.*

## COMPLETING THE MEASURE SUBMISSION FORM

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#). (**Note:** While NQF's measure evaluation criteria are appropriately specified for population-level performance measurement, [additional guidance and context](#) are required to address methodological issues specific to population-level performance measurement.) Additionally, the following must be met:

- A. The measure steward is in the public domain, or a [measure steward agreement](#) is signed.
- B. The measure/owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of innovation, but at least every three years.
- C. The intended use of the measure includes both accountability and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.\*
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

\*Measures without testing on reliability and validity will not be eligible for submission, although, a few exceptions may apply. Please consult with [NQF staff](#) prior to submission to determine whether an exception applies for your measure.

**To submit a measure, please complete the following:**

- Online measure submission form (available on the [project page](#))
- [Measure steward agreement](#)

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*NQF Call for Measures  
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Please note that materials will not be accepted unless accompanied by a fully-executed [measure steward agreement](#). All materials not meeting this requirement will be returned to the sender.

**Materials must be submitted using the online submission process by 6:00 pm ET on May 1, 2012.** If you have questions, please contact Elisa Munthali at 202-783-1300 or via email, [populationhealth@qualityforum.org](mailto:populationhealth@qualityforum.org).

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<sup>i</sup> Nash DB, Reifsnyder J, Fabius R, Pracilio VP. *Population Health: Creating a Culture of Wellness*, Sudbury, Massachusetts: Jones & Bartlett Learning; 2011.

<sup>ii</sup> Kindig DA, Asada Y, Booske B, A population health framework for setting national and state health goals, *JAMA*, 2008;299(17):2081-2083.

<sup>iii</sup> Input to the Secretary of Health and Human Services on Priorities for the National Quality Strategy.

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