



Prevention and Population Health

BACKGROUND

The United States continues to lag behind other nations in key population health indicators such as infant mortality, obesity, and life expectancy, despite spending more on healthcare than any other nation in the world.¹ Population health describes the “health outcomes of a group of individuals, including the distribution of such outcomes within the group.”²

Performance measurement is necessary to assess whether healthcare stakeholders are using strategies to increase prevention and improve population health. Strengthening measurement of prevention and population health will require joint efforts from communities, public health entities, and other nonhealthcare stakeholders (e.g., education, transportation, and employment) that influence health outcomes. Growing evidence demonstrates that targeted programs and policies can prevent disease, increase productivity, and yield billions of dollars in savings for the U.S. healthcare system. The United States can reduce the incidence of morbidity and premature mortality by identifying the right measures and implementing evidence-based interventions.

The Prevention and Population Health Standing Committee oversees the vast majority of NQF’s portfolio of prevention and population health measures, which includes measures for immunization, pediatric dentistry, and weight/BMI among others.

COMMITTEE CHARGE

A multistakeholder Standing Committee has been established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee works to identify and endorse new performance measures for accountability and quality improvement that specifically address prevention and population health. Additionally, the Committee continues to evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee’s primary work is to evaluate the submitted measures against NQF’s standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee will also continue to:

- Oversee the portfolio of measures
- Identify and evaluate competing and related measures
- Identify opportunities for harmonization of similar measures
- Recommend measure concepts for development to address gaps in the portfolio
- Provide advice or technical expertise about the subject to other committees (i.e., cross-cutting committees or the Measure Applications Partnership)
- Ensure input is obtained from relevant stakeholders

- Review draft documents
- Recommend specific measures and research priorities to NQF members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP standing committees, review our [Committee Guidebook](#).

COMMITTEE STRUCTURE

The Committee will include no more than 25 individuals seated for one year.

Terms

New standing committee members are appointed to a two-year or three-year term with the ability to extend for one additional term of two years; Committee members may serve two consecutive terms, for a total of five years (or 10 evaluation cycles). The committee member's term on a standing committee begins upon selection to the committee, immediately following the close of the roster commenting period.

Participation on the Committee requires a significant time commitment.

To apply, you should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls may be scheduled, or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the Committee.

Committee participation includes:

- Participate in the scheduled orientation call (2 hours)
- Identify and disclose potential biases (real or perceived)
- Review all measure submission forms (approximately 2 hours per measure)
- Complete all surveys and evaluations
- Attend all scheduled evaluation meetings. These may be in-person meetings (1-2 full days in Washington, DC) or a series of webinars (typically 2 hours each)
- Lead discussion of some measures at calls or meetings and participate in the discussion and vote on ratings and recommendations for all measures
- Review meeting summaries and/or draft reports
- Complete measure evaluation by reviewing the comments received on the draft report and then participating on the post-comment webinar (2 hours)
- Complete additional measure evaluations by conference call or webinar if needed
- Participate in additional calls or webinars as necessary
- Present measures and lead discussions for the Committee on conference calls, webinars, and other meetings

Fall 2019 Scheduled Meeting Dates

Meeting	Date/Time
Committee Orientation Meeting (2 hours)	January 9, 2020, 11:00 am - 1:00 pm ET
Committee Measure Evaluation Web Meeting (2 hours)	February 18, 2020, 11:00 am - 1:00 pm ET
Committee Measure Evaluation Web Meeting (2 hours)	February 20, 2020, 11:00 am - 1:00 pm ET
Committee Post-Comment Web Meeting (2 hours)	May 5, 2020, 12:00 pm - 2:00 pm ET

PREFERRED EXPERTISE AND COMPOSITION

Committee members are selected to ensure representation from a variety of stakeholders, including patients, purchasers, providers, health professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated.

NQF is seeking nominees with relevant expertise in a city, county, or state public health department and a patient/caregiver.

Please review the NQF [Conflict of Interest Policy](#) to learn about how NQF identifies potential conflict of interest. All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

Consideration and Substitution

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals are *not permitted*. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Prevention and Population Health Committee, please **submit** the following information:

- A completed [online nomination form](#), including:
 - A brief statement of interest

Nominations due by Wednesday, October 30, 2019 6:00 pm ET

- A brief description of nominee expertise highlighting experience relevant to the committee
- A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development.
- Curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nomination form for committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **6:00 pm ET on Wednesday, October 30, 2019**.

QUESTIONS

If you have any questions, please contact Kate Buchanan and Yetunde Ogungbemi at 202-783-1300 or populationhealth@qualityforum.org. Thank you for your interest.

¹ Organisation for Economic Co-operation and Development (OECD). Health at a Glance 2017: OECD Indicators factsheet. Paris, France: OECD Publishing; 2017. <https://www.oecd.org/unitedstates/Health-at-a-Glance-2017-Key-Findings-UNITED-STATES.pdf>. Last accessed March 2018.

² Kindig D, Stoddart G. What is population health? *Am J Public Health*. 2003;93(3)380-383.