



### 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.<sup>1</sup> Population health describes the “health outcomes of a group of individuals, including the distribution of such outcomes within the group.”<sup>2</sup>

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

This multistakeholder Standing Committee has been established to evaluate newly submitted and maintenance patient safety measures and to make recommendations for which measures should be endorsed as consensus standards and considered for use in performance improvement accountability applications. NQF will convene this Committee to provide guidance and input to accomplish the project objectives:

- 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 to NQF members for consideration under the Consensus Development Process (CDP)

## Committee Structure

The Committee will include no more than 25 individuals.

### Terms

New Standing Committee members are appointed to a two- 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, immediately following the close of the roster commenting period.

### Participation on the Committee requires a significant time commitment.

Committee members are expected to participate in all scheduled meetings. Over the course of the Committee member's term, additional meetings will be scheduled, or meetings may be rescheduled.

### Committee participation includes:

- Participating in the scheduled Orientation Web Meeting (two hours)
- Identifying and disclose potential biases (real or perceived)
- Reviewing all measure submission forms (approximately two hours per measure)
- Completing all surveys and evaluations
- Attending all scheduled evaluation meetings. These may be in-person meetings (one full day in Washington, DC) or a series of webinars (typically two hours each)
- Leading discussion of some measures at calls or meetings, and participating in the discussion and voting on ratings and recommendations for all measures
- Reviewing meeting summaries and/or draft reports
- Completing measure evaluation by reviewing the comments received on the draft report and then participating on the post-comment webinar (2 hours)
- Completing additional measure evaluations by conference call or webinar if needed
- Participating in additional calls or webinars as necessary

**Table of Scheduled Meeting Dates: Fall 2020**

Meeting	Date/Time
Standing Committee Orientation Web Meeting	January 7, 2021 2:00-4:00PM
Standing Committee Measure Evaluation Web Meeting 1	February 17, 2021 1:00-3:00PM
Standing Committee Measure Evaluation Web Meeting 2	February 18, 2021 1:00-3:00PM

Meeting	Date/Time
Standing Committee Post-Comment Web Meeting	June 3, 2021 1:00-3:00PM

## Preferred Expertise and Composition

Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, 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 onto a committee.

NQF is seeking five nominees for this Committee with relevant expertise in:

- Care delivery in underserved communities
- Community health
- Geriatrics
- Gerontology
- Healthcare disparities (e.g., race, ethnicity, language)
- Minority health
- Oral Health
- Health system, managed care
- Patients/caregivers with experience related to prevention and population health issues

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 them 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
  - A brief description of nominee expertise highlighting experience relevant to the committee

Nominations due by Monday, November 2, 2020 6:00 pm ET

- A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
- 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 nominations 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 Monday, November 2, 2020**.

## Questions

If you have any questions, please contact Chris Dawson at 202-783-1300 or [populationhealth@qualityforum.org](mailto:populationhealth@qualityforum.org). Thank you for your interest.

---

- 1 OECD. *Tackling Wasteful Spending on Health*. OECD; 2017. [https://www.oecd-ilibrary.org/social-issues-migration-health/tackling-wasteful-spending-on-health\\_9789264266414-en](https://www.oecd-ilibrary.org/social-issues-migration-health/tackling-wasteful-spending-on-health_9789264266414-en). Last accessed March 2020.
- 2 Kindig D, Stoddart G. What Is Population Health? *Am J Public Health*. 2003;93(3):380-383.