



Prevention and Population Health Standing Committee Web Meeting

The National Quality Forum (NQF) convened a public web meeting for the Prevention and Population Health Standing Committee on September 18, 2019.

Welcome and Review of Web Meeting Objectives

Kate Buchanan, NQF Senior Project Manager, welcomed participants to the web meeting and provided opening remarks. She also reviewed the meeting agenda, which included a review of definitions related to value-based care for population health measurement and a discussion of potential guiding principles, or criteria, for value-based care population health measures.

Definitions of Value-Based Care for Population Health Measurement

Tom McInerney, Committee co-chair, and Nicole Williams, NQF Director, opened the discussion by providing a recap of the preliminary decisions from the June 27 strategic webinar on defining value and population health measurement.

Value

Committee members continued their dialogue on defining value and emphasized the lens through which value is viewed varies depending on an individual's role (i.e., a healthcare professional would view value differently from a patient, who would view it differently from a hospital or health system). One participant also mentioned the importance of equity as it relates to value and recommended a small change to the current definition to include wording on equity. The Committee's new working definition would be – *Value is defined as a comparison between benefit versus cost plus harm, **that does not impair equity**, regardless of whether the focus is on population versus individual health.* Value as it relates to quality measurement was discussed, with Committee members noting that incremental improvements to health should be worth the cost and burden to measure those improvements. It was noted, however, that how value is viewed in quality measurement does and will differ from the more global view of value within healthcare.

Benefit

Committee members continued the discussion of the definition for benefit, using the suggested definition from the prior webinar: *Benefit in the context of value means the extension of length of life or an impact that improved quality of life.* The group noted the difference between benefit and cost, citing a benefit to one individual could be a cost for another. Other concerns raised by Committee members included the lack of clear definition for quality of life and acknowledging that improving length of life doesn't always equate to improving quality. One member also mentioned the term, quality of life years/quality-adjusted life year (QALY), specifically, how that relates to equity and improving health outcomes. The Committee also mentioned cost and harm as related and important factors in defining benefit. The group agreed that the terms cost and harm should be defined separately as a subset of the benefit. For the purposes of the proposed definition, Committee members suggested changing "or" to "and"

such that benefit would require both the extension of length of life and an improvement in quality of life: *Benefit in the context of value means the extension of length of life **and** an impact that improved quality of life.*

There was also further discussion on the unit of analysis for these definitions (i.e., individual health or population health). NQF staff reminded the Committee that the focus is population health, and the definitions would be used beyond this specific project for NQF work more broadly.

Population Health

During the discussion of population health, Committee members mentioned the broader concepts related to total population health which, included geographic area, subgroups of populations, determinants of health, etc. Dr. Steven Teutsch noted that the paper he had prepared, [An Environmental Scan of Integrated Approaches for Defining and Measuring Total Population Health by the Clinical Care System, the Government Public Health System and Stakeholder Organizations](#), provided a geographic focus, and then subpopulations.

Committee members agreed to adopt the following definition of total population health for future use:

Total population health refers to improving the overall health status and health outcomes of interest to the clinical care system, the government public health system, and stakeholder organizations. Total population health is influenced by subpopulations within the clinical care system, governmental public health system, and stakeholder groups; determinants of health (i.e., genetics and individual biology, clinical care, behaviors, social environment, and physical environment); and health improvement activities across the prevention-diagnosis-treatment continuum.

Community Health

Committee members discussed the general concept of community health, but considering the broad definition of population health they had agreed on, they decided that having a separate distinction for community health would not be useful, citing that communities and populations should be viewed as one together, not separate.

Public Health

The Committee discussed public health as a general concept, mentioning the distinction between population health and public health. One participant offered the idea that population health focuses on outcomes and public health is often viewed as the process by which the outcome is achieved. Ultimately, the group agreed that a separate definition for public health was not helpful to the purpose of this work and referred to the agreed upon definition of total population health.

Quality of Life (QoL)

Committee members discussed quality of life (QoL) and the accompanying concepts at length, since they relate to value and benefit. Members noted the distinction between an individual's perspective of QoL versus quality from the perspective of improving outcomes for a larger

population. Social determinants of health (SDOH) were also cited as contributing factors to QoL and developing a broader definition. This led to a deeper discussion around the challenges of identifying population-based measures that truly show the broader picture of influence on total population health. A Committee member noted that, currently, the measures within the NQF portfolio addressing population health largely are from the perspective of a health system, which defines population health differently than does the broader field. The group ultimately decided to recommend that the definition of QoL be further expanded.

Based on the Committee's feedback on the definitions, the following changes will be made and presented to the group for consideration during a future meeting:

- The updated definitions of benefit and total population health will be presented again for consideration;
- The definitions of public health and community health will be omitted for the purposes of this project;
- The definitions of cost and harm will be explored; and
- The definition of quality of life and quality of life years/adjusted quality of life years will be further expanded.

Guiding Principles of Value-Based Care for Population Health Measurement

Amir Qaseem, Committee co-chair, and Debjani Mukherjee, NQF Senior Director, introduced the discussion of the guiding principles and the mapping exercise that NQF staff had undertaken using the Institute of Medicine (IOM) core measurement domains from [Vital Signs Core Metrics for Health and Health Care Progress \(2015\)](#). NQF staff noted that the goal of mapping the Committee's prevention and population health portfolio to the IOM core measurement domains was to categorize the population health measures in a way that helps the Committee ascertain the value of these measures from a population perspective.

The Committee cautioned that when discussing how to categorize measures, the distinction between measurement and measures is very important. Specifically, measurement is an umbrella concept that oversees multiple individual measures and that domains of measurement define high-need areas for improving quality nationally. This clarification was made as a segue to discussing the actual mapping of the measures.

The discussion of this mapping effort highlighted that the *Vital Signs* report focused on nonclinical parts of health in assigning these core measurement areas. The Committee ultimately decided that the framework in the *Vital Signs* report is inappropriate for measure categorizing and mapping as it relates to value and population health measurement because the report and its core measurement domains were not widely adopted—i.e., few settings have adopted this framework.

The Committee agreed that the framework that should be used for mapping purposes in the future should be based on elements of the definition of value, such as benefit, harm, QALY, and cost along, with other considerations such as life expectancy, well-being, and equity. However, members of the Committee highlighted that capturing cost implications of measures is not always feasible. It was emphasized that cost is difficult to capture, and it may need to be

addressed using some type of a confidence scaling/consensus-based approach, absent hard data.

Public Comment

Ms. Buchanan opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Yetunde Ogungbemi, NQF Project Manager, informed the Committee that its work for the spring 2019 cycle has concluded. The Committee will reconvene in the winter to discuss measures under review for the fall 2019 cycle. Staff closed the meeting by expressing NQF's appreciation to Dr. Steven Teutsch, who is stepping down from the Committee at the end of the year. Committee members also expressed their appreciation to Dr. Teutsch for his many contributions to the Committee's work during the past decade.