NATIONAL QUALITY FORUM

Agenda

Health Workforce Committee Web Meeting
January 28, 2014 | 1:00 pm – 3:00 pm ET

Committee Members Instructions:

Follow the instructions below 15 minutes prior to the scheduled start time.

1. Direct your web browser to the following URL: nqf.commpartners.com
2. Under "Enter a meeting," type in the meeting number **916938** and click on "Enter."
3. In the "Display Name" field, type in your first and last name and click on "Enter Meeting." Audio will be transmitted through the phone, so turn off your computer speakers.
4. Dial **1-888-802-6696** and use confirmation code **26486890**. Note: All committee members will have an open line.
5. If you need technical assistance during the meeting, you may press *0 to alert an operator or send an email to: nqf@commpartners.com.

Public Participant Instructions:

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4. Steps 1-3 will allow you to access streaming audio and slides. Should you wish to make a comment over the phone during the meeting, also dial **1-866-921-3724** and use confirmation code **26486890**.
5. If you need technical assistance during the meeting, you may press *0 to alert an operator or send an email to: nqf@commpartners.com.

Web Meeting Objectives:

- Review project scope, committee's role, and timeline
- Review draft conceptual framework and environmental scan of measures
- Discuss key questions to further refine framework and scan

1:00 pm **Welcome, Meeting Objectives, Introductions, Disclosures of Interest**
Ann LeFebvre, Co-Chair
Melissa Gerdes, Co-Chair
Ann Hammersmith, NQF General Counsel

1:35 pm **Project Background**
Wendy Prins, Senior Director, NQF

1:45 pm **Draft Conceptual Framework and Preliminary Environmental Scan of Measures**
Allison Ludwig, Senior Project Manager, NQF
Angela Franklin, Senior Director, NQF

2:15 pm **Committee Discussion of Key Questions Raised by Conceptual Framework and Environmental Scan of Measures**

Ann LeFebvre, Co-Chair
Melissa Gerdes, Co-Chair

- Important considerations regarding framework and scope
  - Is this draft framework:
    - The appropriate conceptualization for workforce deployment?
    - Sufficiently comprehensive to reflect appropriate workforce deployment across populations, geographical regions, health conditions?
    - Sufficiently resource neutral to reflect appropriate workforce deployment across populations, geographical regions, health conditions?
  - Should other frameworks or work in this area be considered?
  - Are there domains/subdomains that should be included/excluded?
  - Are there influencing factors that should be included/excluded
- Important considerations regarding measurement in identified priority gap areas
  - What outcomes are expected as workforce deployment is improved, or effective?
  - What evidence based processes exist that impact desired outcomes?
  - What types of tools or methods may be used or adapted to create measures that could be endorsed by NQF?
  - Who should be held accountable by the performance measures for the workforce?
  - What data sources should be considered?
  - What areas of measurement are most supported by existing evidence?
  - What types of measures would be most valuable in measuring workforce deployment? (E.g. structure, process, outcome, etc.)
- Identify existing measures and measure concepts that could successfully address workforce deployment in targeted domains
  - Discussion

2:45 pm **Opportunity for Public Comment**

2:55 pm **Next Steps**

Allison Ludwig

- April 15-16, 2014: Committee In-Person Meeting

3:00 pm **Adjourn**

Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas

NATIONAL QUALITY FORUM

Health Workforce Committee Web Meeting

January 28, 2014

Welcome, Meeting Objectives, Introductions, Disclosures of Interest

Health Workforce Committee Web Meeting Objectives

- Review project scope, committee's role and timeline
- Review draft conceptual framework and environmental scan of measures
- Discuss key questions to further refine framework and scan

Health Workforce Committee Members

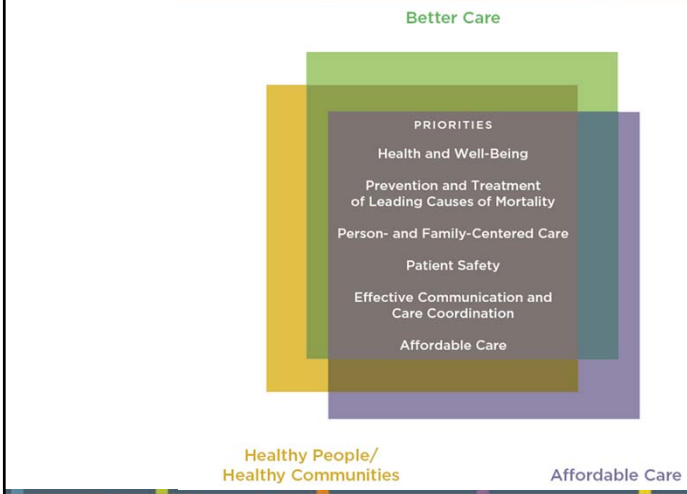
CO-CHAIRS	
Ann Lefebvre, MSW, CPHQ	University of North Carolina at Chapel Hill
Melissa Gerdes, MD	Methodist Health System
COMMITTEE MEMBERS	
Evaline Alessandrini, MD, MSCE	Cincinnati Children's Hospital Medical Center
Howard Berliner, ScD	Service Employees International Union (SEIU)
Barbara Brandt, PhD	University of Minnesota
Amy Khan, MD, MPH	Saint Mary's Health Plan
Christine Kovner, PhD, RN, FAAN	New York University, College of Nursing
Peter Lee, MD, MPH, FACOEM	General Electric
Gail MacInnes, MSW	Paraprofessional Healthcare Institute (PHI)
Tami Mark, PhD, MBA	Truven Health Analytics
Jean Moore, BSN, MSN	State University of New York at Albany School of Public Health
Robert Moser, MD	Kansas Department of Health and Environment
Sunita Mutha, MD	University of California San Francisco
Robert Phillips, MD, MSPH	American Board of Family Medicine
William Pilkington, PhD	Cabarrus Health Alliance
Jon Schommer, PhD	University of Minnesota
Julie Sochalski, PhD, RN	University of Pennsylvania, School of Nursing
Charles vonGunten, MD, PhD	Ohio Health Kobacker House
Gregg Warshaw, MD, AGSF	University of Cincinnati College of Medicine
Andrew Zinkel, MD, FACEP	HealthPartners

Project Background

The Affordable Care Act: A Framework and Resources for Measurement-Based Improvement

- Section 3014 amended Section 1890 of the Social Security Act requiring the consensus-based entity (NQF) to "synthesize evidence and convene key stakeholders to make recommendations…on…priorities for health care performance measurement in all applicable settings," to include:
  - gaps in endorsed quality measures, including measures within priority areas identified by the Secretary under the national strategy;
  - areas in which quality measures are unavailable or inadequate to identify or address such gaps; and
  - areas in which evidence is insufficient to support endorsement of quality measures in priority areas identified by the Secretary.

The National Quality Strategy: Three Aims and Six National Priorities



National Priorities Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

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Priority Setting for Health Care Performance Measurement: 2013-14 Focus Areas

- Adult Immunizations
- Alzheimer's Disease and Related Dementias
- Care Coordination
- Health Workforce
- Person-Centered Care and Outcomes

NATIONAL QUALITY FORUM

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Health Workforce Project Overview

Project Purpose and Objectives

To provide HHS with recommendations on priorities for performance measurement by:

- Providing multistakeholder guidance on high-leverage measurement areas related to health workforce deployment
- Identifying existing measures and measure concepts that may be useful for performance measurement
- Prioritizing opportunities and next steps for measure development and endorsement

Step 1. Convene Multistakeholder Committee

- For each topic area, NQF has convened a multistakeholder committee to provide guidance to meet the project objectives.
- A small subgroup of thought leaders provided preliminary input on the project while the full committee was being seated

Step 2. Identify and/or Modify Conceptual Measurement Framework

- NQF has conducted a preliminary environmental scan to select and adapt relevant conceptual frameworks for the project.
- The framework will offer measure domains and subdomains that align with the three-part aim of improving health, quality, and cost.
  - A draft framework and preliminary environmental scan are before the Committee today
- Committee members and other stakeholders will provide guidance to staff on the draft framework.

Step 3. Conduct Measure Gap Analysis

- NQF staff will conduct an environmental scan of evidence, measures, and measure concepts that map to the domains and subdomains of the conceptual framework
- The committee will consider high-priority opportunities for measure development and endorsement and will assist with identifying potential measures and concepts
- The committee will consider the relevance and applicability of identified measures and concepts

Step 4. Develop Committee Recommendations

- The committee will prioritize opportunities for performance measure development, endorsement, and use.
- To prioritize, the committee will consider importance, level of evidence, and feasibility of measurement.
- The committee will develop recommendations for submission to HHS.

General Project Timeline (2013-2014)

Sep-Nov	• Scan and synthesize evidence to inform development and modification of a framework to systematically identify measurement opportunities related to health workforce deployment.
Oct	• Obtain preliminary multistakeholder guidance and expertise on proposed measurement framework
Nov	• Conduct preliminary environmental scan of measures and outreach to identify measures and measure concepts mapping to proposed framework domains
Dec	• Deliverable #1: Draft conceptual framework and environmental scan
Jan-April	• Convene multistakeholder committee for feedback on draft framework; suggested measures and concepts for applicability to framework domains; and suggested priorities for filling critical gaps

General Project Timeline (2013-2014)

Feb	• Conduct broader environmental scan of measures and measure concepts
Mar-May	• Analyze **measures and concepts against the framework and obtain committee recommendations on highest-priority gaps**
June	• Deliverable #2: **Draft report** containing conceptual framework, full environmental scan, and committee recommendations on priorities for care coordination measurement
July	• Hold public comment period and **public webinar** to obtain additional multistakeholder input on draft committee recommendations
Aug	Deliverable #3: **Final report on highest-leverage opportunities for measure development, endorsement, and use**

Health Workforce Project Objectives

- Guided by a multistakeholder committee, this project will consider and prioritize opportunities to measure workforce deployment in the context of prevention efforts and care coordination
- The work is intended to help broaden the current scope of measurement related to workforce, considering elements across the spectrum of healthcare delivery and examining opportunities for measurement beyond healthcare delivery
- The project will identify existing measures and measure concepts that could successfully measure care coordination in targeted areas
- A final report will provide recommendations regarding high-leverage opportunities and next steps for measure development, endorsement, and use.

Draft Conceptual Framework

Framework Definitions

Healthcare Workforce

- "All people engaged in actions whose primary intent is to enhance health" – WHO
  - The clinical, non-clinical and LTSS workforce will be considered

Care Coordination

- "Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshaling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care." – AHRQ Care Coordination Measures Atlas
  - The experience of care coordination from community and volunteer workforce perspectives will also be considered

Framework Definitions, continued

Primary Care

- "Primary Care is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." – IOM

Health

- "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." – WHO

National Prevention Strategy

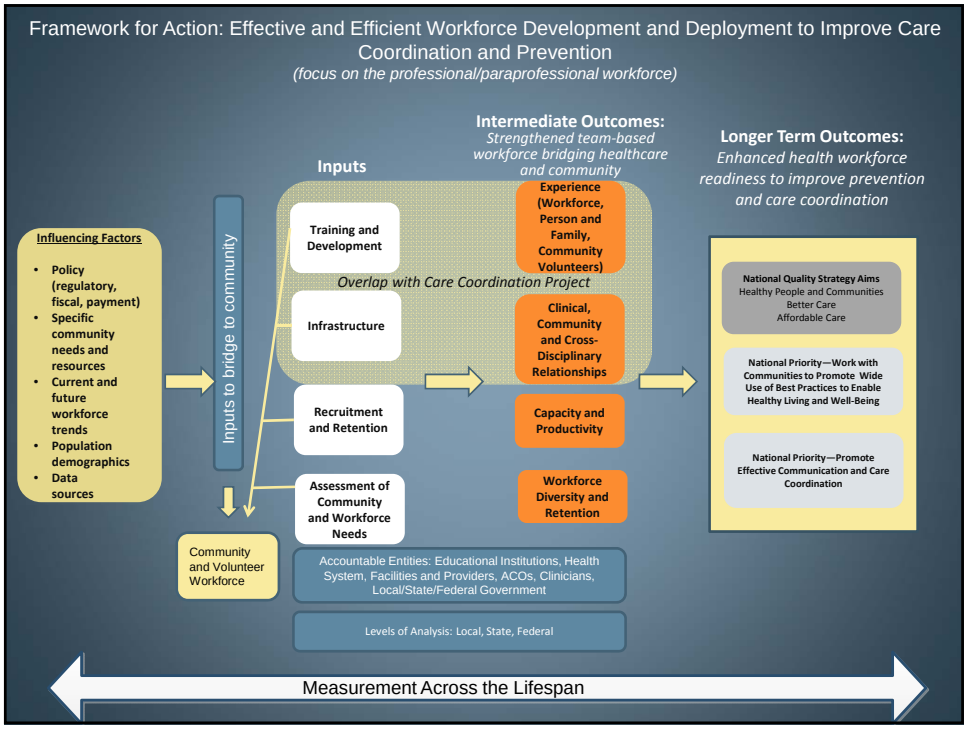
- Aim: "To guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives."
- Vision: "Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness."
- Goal: "Increase the number of Americans who are healthy at every stage of life."

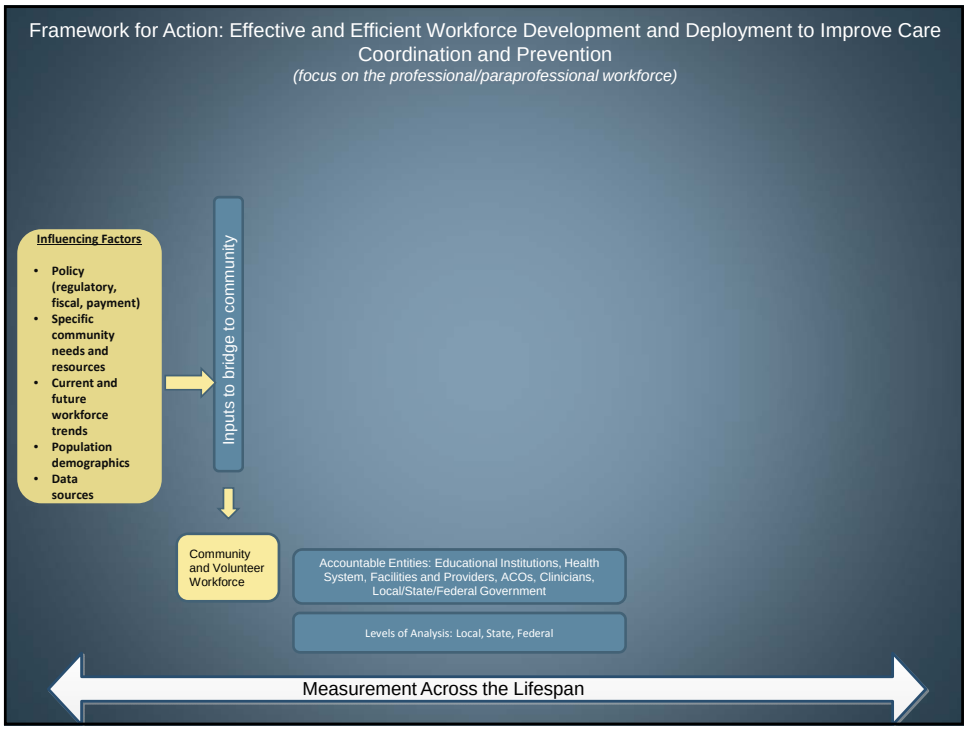
Frameworks and Resources Considered

- AHRQ Care Coordination Measures Atlas
- AHRQ Clinical-Community Relationships Measures Atlas and Evaluation Roadmap
- Institute of Medicine - Health Professions Education: A Bridge to Quality
- NQF Multiple Chronic Conditions Measurement Framework
- HHS and Health Resources and Services Administration input

Development of Framework

- Overarching lens of assessing the community's needs and workforce in terms of prevention and care coordination (bottom of framework)
- Inputs and outputs captured from literature and reviewed frameworks
  - Domains stated were frequently mentioned
- Center of the model derived from the "IOM - Health Professions Education: A Bridge to Quality" (2003), which keeps focus on the person


Framework for Action: Effective and Efficient Workforce Development and Deployment to Improve Care Coordination and Prevention
(focus on the professional/paraprofessional workforce)
Intermediate Outcomes:
Strengthened team-based workforce bridging healthcare and community
Longer Term Outcomes:
Enhanced health workforce readiness to improve prevention and care coordination
Inputs
Influencing Factors
Policy (regulatory, fiscal, payment)
Specific community needs and resources
Current and future workforce trends
Population demographics
Data sources
Inputs to bridge to community
Training and Development
Infrastructure
Recruitment and Retention
Assessment of Community and Workforce Needs
Overlap with Care Coordination Project
Experience (Workforce, Person and Family, Community Volunteers)
Clinical, Community and Cross-Disciplinary Relationships
Capacity and Productivity
Workforce Diversity and Retention
National Quality Strategy Aims
Healthy People and Communities
Better Care
Affordable Care
National Priority—Work with Communities to Promote Wide Use of Best Practices to Enable Healthy Living and Well-Being
National Priority—Promote Effective Communication and Care Coordination
Community and Volunteer Workforce
Accountable Entities: Educational Institutions, Health System, Facilities and Providers, ACOs, Clinicians, Local/State/Federal Government
Levels of Analysis: Local, State, Federal
Measurement Across the Lifespan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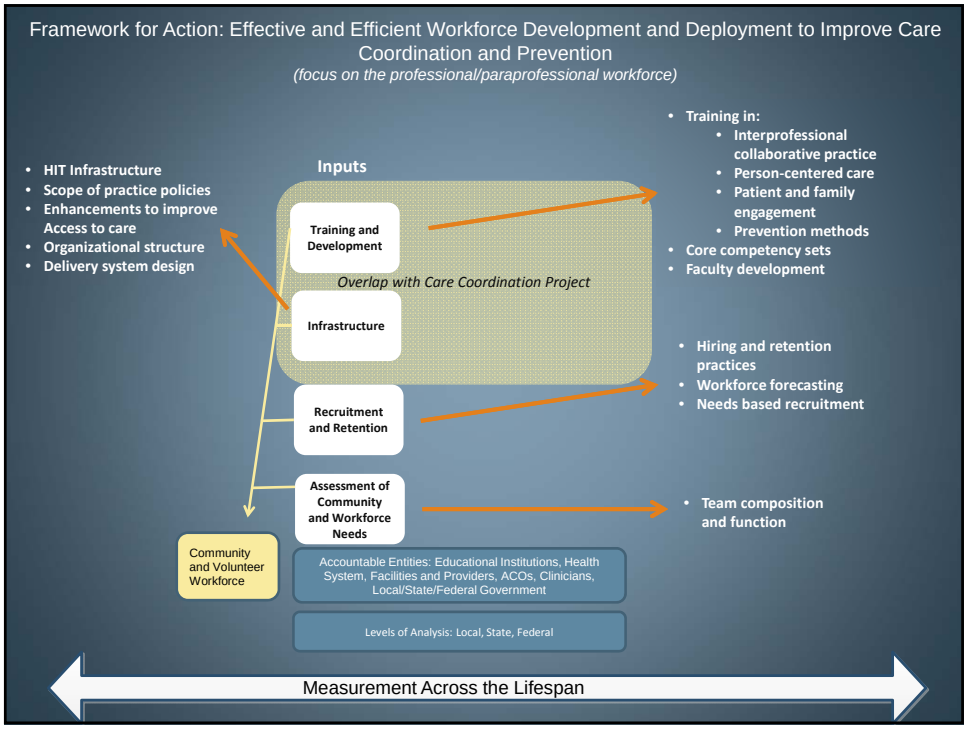
Framework for Action: Effective and Efficient Workforce Development and Deployment to Improve Care Coordination and Prevention
(focus on the professional/paraprofessional workforce)
HIT Infrastructure
Scope of practice policies
Enhancements to improve Access to care
Organizational structure
Delivery system design
Inputs
Training and Development
Overlap with Care Coordination Project
Infrastructure
Recruitment and Retention
Assessment of Community and Workforce Needs
Community and Volunteer Workforce
Training in:
Interprofessional collaborative practice
Person-centered care
Patient and family engagement
Prevention methods
Core competency sets
Faculty development
Hiring and retention practices
Workforce forecasting
Needs based recruitment
Team composition and function
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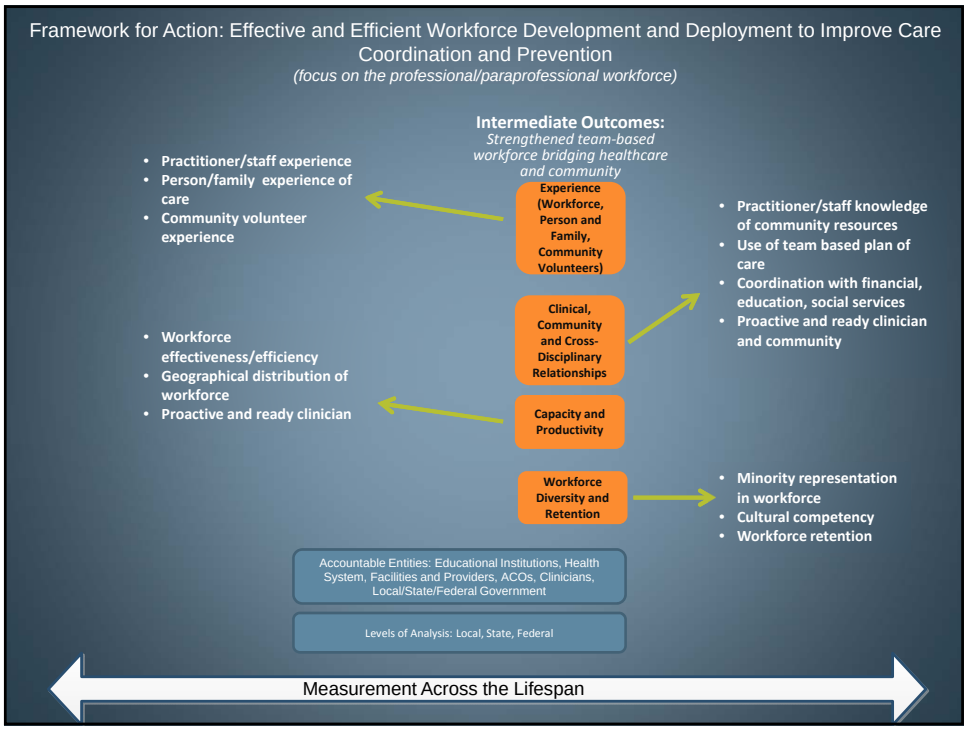
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Intermediate Outcomes:
Strengthened team-based workforce bridging healthcare and community
Practitioner/staff experience
Person/family experience of care
Community volunteer experience
Experience (Workforce, Person and Family, Community Volunteers)
Practitioner/staff knowledge of community resources
Use of team based plan of care
Coordination with financial, education, social services
Proactive and ready clinician and community
Clinical, Community and Cross-Disciplinary Relationships
Workforce effectiveness/efficiency
Geographical distribution of workforce
Proactive and ready clinician
Capacity and Productivity
Workforce Diversity and Retention
Minority representation in workforce
Cultural competency
Workforce retention
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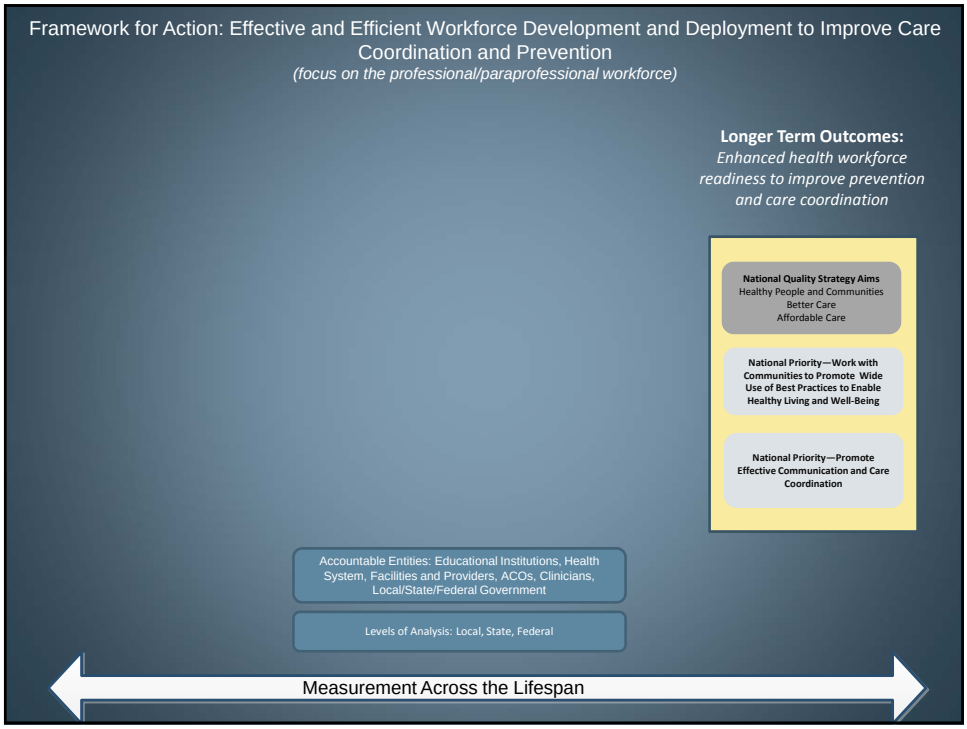
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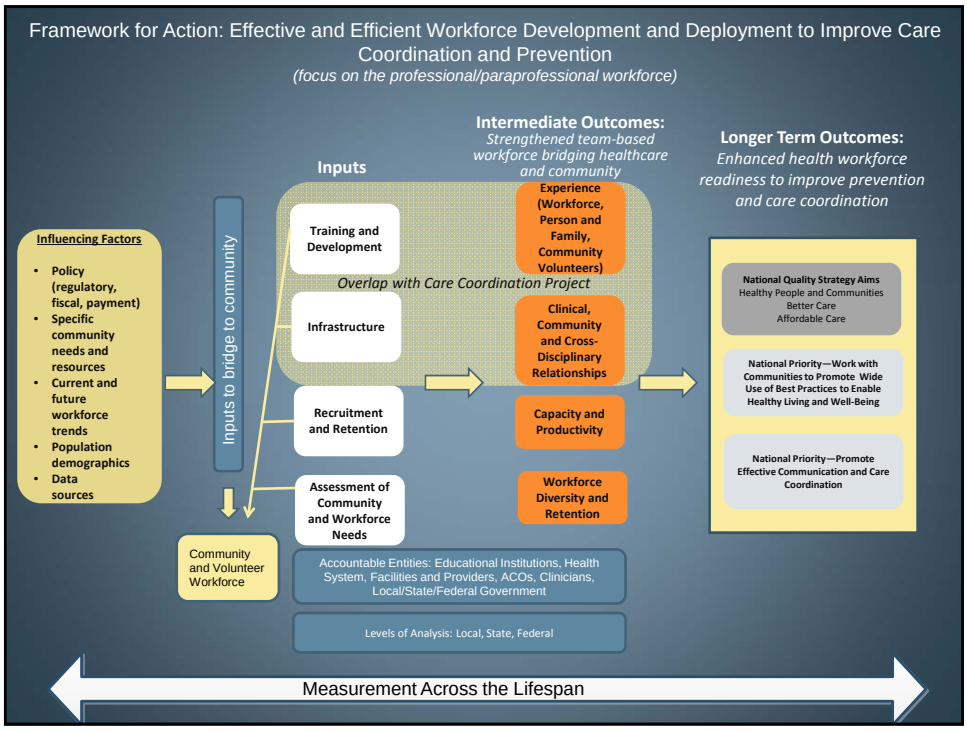
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Measurement Across the Lifespan

Preliminary Environmental Scan of Measures

Preliminary Measure Scan Results

- Scan included a review of 5,962 measures
- 252 measures identified as potential health workforce measures

Environmental Scan of Measures by Domain

Health Workforce Domain	Number of Measures
Training and Development	99
Experience with Care	78
Workforce Capacity and Productivity	46
Infrastructure	34
Clinical, Community and Cross-Disciplinary Relationships	22
Staff Experience	7
Workforce Diversity and Retention	3
Recruitment & Retention	2
Assessment of Community and Workforce Needs	0

Input Into Environmental Scan

- Sources used in conducting the environmental scan:
  - NQF Portfolio
  - CMS 2013 Measures Under Consideration
  - HHS Inventory
  - Clinical-Community Relationships Measures Atlas
  - National Quality Measures Clearinghouse
  - Health Indicators Warehouse
  - Consultant survey
- Are there other sources we should consider?

Input Into Environmental Scan

NQF Endorsed Measures

- Experience of Care
- Infrastructure
- Training and Development
- Capacity and Productivity
- Staff Experience
- Workforce Diversity and Retention

Gap areas

- Clinical, Community and Cross-Disciplinary Relationships
- Recruitment & Retention
- Assessment of Community and Workforce Needs

Input Into Environmental Scan
NQF Endorsed Measures, cont.

- #0204 – Skill Mix (RN, LVN/LPN, UAP, and contract)
- #0205 – Nursing Hours per Patient Day
- #0206 – Practice Environment Scale – Nursing Work Index (composite and five subscales)
- #0486 – Adoption of Medication E-Prescribing
- #0487 – EHR w/EDI Prescribing Used in Encounters Where a Prescribing Event Occurred
- #0488 – Adoption of HIT
- #0489 – Ability of providers with HIT to receive Laboratory data electronically directly into their qualified/certified EHR system as discrete searchable data elements
- #1888 - Workforce development measure derived from workforce development domain of the C-CAT
- #1892 – Individual engagement measure derived from the individual engagement domain of the C-CAT
- #1894 – Cross-cultural communication measure derived from the cross-cultural communication domain of the C-CAT
- #1896 - Language services measure derived from language services domain of the C-CAT
- #1898 - Health literacy measure derived from the health literacy domain of the C-CAT
- #1901 – Performance evaluation measure derived from performance evaluation domain of the C-CAT
- #1902 – Clinician/Groups' Health Literacy Practices Based on the CAHPs Item Set for Addressing Health Literacy
- #1904 – Clinician/Groups' Cultural Competence Based on the CAHPS© Cultural Competence Item Set
- #1905 - Leadership commitment measure derived from the leadership commitment domain of the C-CAT
- #1919 - Cultural Competency Implementation Measure

Discussion of Key Questions Raised by Conceptual Framework

Discussion Questions
Scope

- Is this draft framework:
  - The appropriate conceptualization for workforce deployment?
  - Sufficiently comprehensive to reflect appropriate workforce deployment across populations, geographical regions, health conditions?
  - Sufficiently resource neutral to reflect appropriate workforce deployment across populations, geographical regions, health conditions?

Discussion Questions
Scope, cont.

- Should other frameworks or work in this area be considered? Currently considered:
  - AHRQ Care Coordination Measures Atlas
  - AHRQ Clinical-Community Relationships Measures Atlas and Evaluation Roadmap
  - IOM- Health Professions Education: A Bridge to Quality
  - NQF MCC Measurement Framework

Discussion Questions
Scope, cont.

- Are there domains/subdomains that should be included or excluded? Currently included:

Domains	Sub-domains
• Training and Development	• Specific trainings • Core competency sets • Faculty development, training
• Infrastructure	• HIT infrastructure • Scope of practice policies • Enhancements to improve access to care • Organizational structure • Delivery system design
• Recruitment and Retention	• Hiring and retention practices • Workforce forecasting • Needs based recruitment
• Assessment of Community, Workforce Needs	• Team composition and function

Discussion Questions
Scope, cont.

- Are there influencing factors that should be included/ excluded? Currently included:
  - Policy (regulatory, fiscal, payment)
  - Specific community needs and resources
  - Current and future workforce trends
  - Population demographics
  - Data sources

Discussion Questions
Considerations Regarding Measurement

- What outcomes are expected as workforce deployment is improved, or effective?
- What evidence based processes exist that impact desired outcomes?
- What types of tools or methods may be used or adapted to create measures that could be endorsed by NQF?
- Who should be held accountable by the performance measures for the workforce?
- What data sources should be considered?
- What areas of measurement are most supported by existing evidence?
- What types of measures would be most valuable in measuring workforce deployment? E.g. structure, process, outcome, etc.

Opportunity for Public Comment

Next Steps

Next Steps

- Send additional thoughts or resources to NQF
- Continuation of Scan for Measures and Measure Concepts
- Health Workforce Committee in-person meeting April 15-16, 2014
- Draft final report will be available for public comment in June/July 2014
- Final report due to HHS in August 2014

For More Information

Content Area	Name and Title	Contact Information
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Care Coordination	Lauralei Dorian, Project Manager Sarah Lash, Senior Director	ldorian@qualityforum.org slash@qualityforum.org
Health Workforce	Allison Ludwig, Senior Project Manager Angela Franklin, Senior Director	aludwig@qualityforum.org afranklin@qualityforum.org
Person-Centered Care and Outcomes	Mitra Ghazinour, Project Manager Karen Pace, Senior Director	mghazinour@qualityforum.org kpace@qualityforum.org
Overall Project Management and Oversight	Camille Smith, Senior Project Manager Wendy Prins, Senior Director	csmith@qualityforum.org wprins@qualityforum.org

Thank you for joining us