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



Health Workforce Advisors

October 31, 2013

# Health Workforce Advisors Web Meeting Objectives

- Review project objectives and timeline
- Discuss important considerations for a health workforce conceptual framework
- Provide early input on the environmental scan of measures, resources to explore and additional considerations for achieving project objectives

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#### Health Workforce Advisors

- Barbara Brandt, PhD—University of Minnesota
- Nancy Hanrahan, PhD, RN, FAAN—Center for Health Outcomes and Policy Research
- Anne Lefebvre, MSW, CPHQ—University of North Carolina at Chapel Hill
- Robert Moser, MD—Kansas Department of Health and Environment
- Sunita Mutha, MD—University of California-San Francisco
- George Zangaro, MD—HRSA (invited)
- John Snyder, MD, MS—HHS Liaison

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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.

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The National Quality Strategy:
Three Aims and Six National Priorities

Better Care

PRIORITIES

Health and Well-Being
Prevention and Treatment of Leading Causes of Mortality
Person- and Family-Centered Care
Patient Safety
Effective Communication and Care Coordination
Affordable Care

National Priorities Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

# Priority Setting for Health Care Performance Measurement: 2013 Focus Areas

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

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#### **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

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## Health Workforce Project Overview

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### Health Workforce Project Objectives

- The project will specifically develop a framework for measurement that captures elements necessary to assess effective and efficient deployment. Elements within the framework may include:
  - the use and roles of community health workers and safety net providers in promoting and providing prevention and care coordination and reducing disparities in these areas:
  - team-based primary care and prevention services across settings;
  - the use of telehealth and telemonitoring;
  - workforce training, education and retention;
  - delivery system infrastructure and community integration supports, and
  - the quality and cost-effectiveness of care coordination through appropriate workforce deployment.

The framework will be further informed by input from the committee and an environmental scan.

 A final report will provide recommendations regarding high-leverage opportunities and next steps for measure development, endorsement, and use.

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#### **Step 1.** Convene Multistakeholder Committee

- For this work, NQF will convene a multi-stakeholder committee (15-20 members) and consult with an internal HHS Health Workforce Group to provide expertise and guidance to meet the project objectives
- This smaller group of thought leaders will be part of the larger committee, but is asked to provide preliminary input on the project as the full committee is being seated

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# **Step 2.** Identify and/or Modify Conceptual Measurement Framework

- NQF will conduct an environmental scan and propose relevant conceptual frameworks with the goal of providing practical measurement guidance to the field regarding
  - Effective and efficient deployment of the healthcare workforce to promote and provide prevention and care coordination, including:
    - » Priority areas for performance measure development, and
    - » Potential bodies of evidence, accountable entities and shared accountability, and data sources

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# **Step 2.** Identify and/or Modify Conceptual Measurement Framework (cont.)

- The draft framework will offer measure domains and subdomains that align with the triple aim of improving health, quality and cost
- Key leaders will provide guidance to staff on the draft framework

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### **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 identified conceptual framework
- The committee will consider high-priority opportunities for measure development and endorsement and will assist with identifying potential measures and concepts for consideration
- The committee will consider the applicability of identified measures and concepts

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## **Step 4.** Develop Committee Recommendations

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

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## General Project Timeline (2013-2014)

Timeframe	Major Activity
SeptNov. 2013	Scan and synthesize evidence to inform the development and modification of a measurement framework to systematically identify measurement opportunities related to health workforce deployment.  Framework to be used to assess the comprehensiveness and adequacy of available measures  Framework to be informed by early guidance from key leaders
Oct. 2013	Obtain preliminary multistakeholder guidance and expertise on proposed measurement framework via a web meeting with key leaders <u>Deliverable 1:</u> Summary of key leaders discussion.
NovDec. 2013	Further develop framework, and conduct preliminary environmental scan of measures and outreach to identify measures and measure concepts mapping to proposed framework domains
Dec. 2013	Deliverable 2: Submit draft conceptual framework and draft environmental scan (December 16, 2013)
Jan. 2014	Convene multistakeholder committee via a web meeting to obtain feedback on draft framework, suggested measures and concepts for applicability to framework domains, and suggested priorities for filling critical gaps <a href="Deliverable 3:">Deliverable 3:</a> Summary of multistakeholder committee web meeting.

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Timeframe	Major Activity
JanFeb. 2014	Conduct broad environmental scan of measures and measure concepts
Mar May 2014	Analyze measures and concepts against the framework and obtain committee recommendations on highest-priority gaps via an in-person committee meeting (early April, 2014)  Deliverable 4: Summary of committee in-person meeting
June 2014	Deliverable 5-7: Draft report containing conceptual framework, environmental scan, and committee recommendations on priorities for measurement (June 16, 2014)     Draft report will include final framework, a summary of relevant measures and measure concepts, the identification of key measure gaps, and recommendations for measure development and endorsement
July 2014	Hold public comment period and public webinar to obtain public feedback on committee recommendations Deliverable 8: Summary of public web meeting
July-Aug. 2014	Key leaders meeting to discuss public comments and make final report revisions
	Deliverable 9: Final report on highest-leverage opportunities for measure development, endorsement, and use (Augus 15, 2014) Final report will consider and address comments from the multistakeholder group, the public, and HHS on the draft report



#### **Working Definitions**

#### Workforce:

 "All people engaged in actions whose primary intent is to enhance health" -WHO

#### **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

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#### Working Definitions, cont.

#### **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."

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#### 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

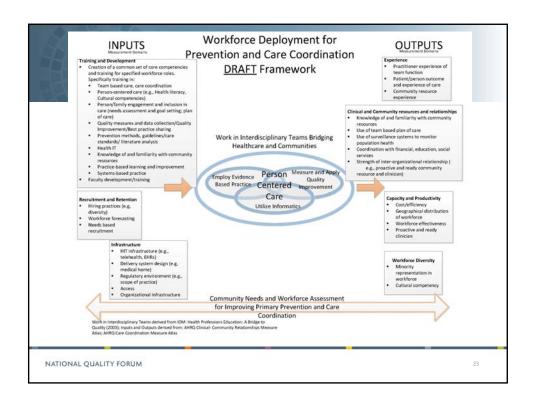
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### Development of Framework

- 1st DRAFT to be refined in coming months
- 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

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## Framework Scoping Discussion

- Should the working definitions be sharpened to focus our work?
- 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?

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## Framework Scoping Discussion

- Should other frameworks or articles be considered?
- Are there domains/subdomains that we should include?
- Are there domains/subdomains that we should exclude?
- What types of measures would be most valuable in measuring workforce deployment?

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#### Considerations for Measurement

- 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?

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## Input Into Environmental Scan

- Measures in NQF Portfolio
  - NQF 1905 Leadership commitment measure derived from the leadership commitment domain of the C-CAT
  - NQF 1888 Workforce development measure derived from workforce development domain of the C-CAT
  - NQF 1919 Cultural Competency Implementation Measure
  - NQF 1896 Language services measure derived from language services domain of the C-CAT
  - NQF 1898 Health literacy measure derived from the health literacy domain of the C-CAT
  - NQF 0489 The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data Elements
- What workforce measures are you aware of in the field?

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#### **Next Steps**

- Nominations period closed October 15
- Committee will be officially seated mid-December
- Send additional thoughts or resources to NQF
- Draft conceptual framework for measurement and results of environmental scan due to HHS mid-December
- Health Workforce Committee web meeting January 2014, exact date TBA
- Health Workforce Committee in-person meeting tentatively April 10-11, 2014

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## For More Information

Content Area	Name and Title	Contact Information
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Care Coordination	Lauralei Dorian, Project Manager Sarah Lash, Senior Director	Idorian@qualityforum.org slash@qualityforum.org
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# Workforce Deployment for Prevention and Care Coordination

#### OUIPUIS Measurement Domains

#### **Training and Development**

- Creation of a common set of core competencies and training for specified workforce roles.
   Specifically training in:
  - Team based care, care coordination
  - Person-centered care (e.g., Health literacy, Cultural competencies)
  - Person/family engagement and inclusion in care (needs assessment and goal setting; plan of care)
  - Quality measures and data collection/Quality
     Improvement/Best practice sharing
  - Prevention methods, guidelines/care standards/ literature analysis
  - Health IT
  - Knowledge of and familiarity with community resources
  - Practice-based learning and improvement
  - Systems-based practice
- Faculty development/training

#### **Recruitment and Retention**

- Hiring practices (e.g, diversity)
- Workforce forecasting
- Needs based recruitment

#### Infrastructure

- HIT infrastructure (e.g., telehealth, EHRs)
- Delivery system design (e.g, medical home)
- Regulatory environment (e.g., scope of practice)
- Access
- Organizational infrastructure

## vention and Care Coordina <u>DRAFT</u> Framework

Work in Interdisciplinary Teams Bridging Healthcare and Communities

Employ Evidence
Based Practice

Person Measure and Apply
Quality
Centered Improvement

Care

**Utilize Informatics** 

#### Experience

- Practitioner experience of team function
- Patient/person outcome and experience of care
- Community resource experience

#### **Clinical and Community resources and relationships**

- Knowledge of and familiarity with community resources
- Use of team based plan of care
- Use of surveillance systems to monitor population health
- Coordination with financial, education, social services
- Strength of inter-organizational relationship ( e.g., proactive and ready community resource and clinician)

#### **Capacity and Productivity**

- Cost/efficiency
- Geographical distribution of workforce
- Workforce effectiveness
- Proactive and ready clinician

#### **Workforce Diversity**

- Minority representation in workforce
- Cultural competency

Community Needs and Workforce Assessment

for Improving Primary Prevention and Care

Coordination

Work in Interdisciplinary Teams derived from IOM: Health Professions Education: A Bridge to Quality (2003); Inputs and Outputs derived from: AHRQ Clinical- Community Relationships Measure Atlas; AHRQ Care Coordination Measure Atlas



## Priority Setting for Health Care Performance Measurement:

#### Addressing Performance Measure Gaps for the Health Workforce

### **Project Objectives**

- Guided by a multistakeholder committee, the project will consider and prioritize opportunities to measure workforce deployment in the context of prevention efforts and care coordination.
- The work is intended to broaden the current scope of measurement related to workforce and consider elements across the spectrum of care delivery.
- The project will specifically develop a framework for measurement that captures elements necessary for successful and measureable deployment. Elements within the framework may include: the use and roles of community health workers and safety net providers in promoting prevention and care coordination and reducing disparities in these areas; team-based primary care and prevention services; telehealth and telemonitoring; workforce training, education and retention; delivery system infrastructure and community integration supports, and the cost-effectiveness of care coordination through appropriate workforce deployment. The framework will be further informed by input from the committee and an environmental scan.
- The framework is expected to enable the committee to identify and prioritize areas for measurement and identify existing measures and measure concepts that could successfully measure workforce deployment in targeted domains.
- A final report will provide recommendations on high-leverage opportunities and next steps for measure development, endorsement, and use.

#### **Project Timeline**

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## **Key Contacts for Health Workforce Project:**

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