



Prioritizing Measures Gaps: Health Workforce Committee

Members Web Meeting

January 28, 2014 | 1:00 pm –3:00 pm ET

The National Quality Forum (NQF) convened a web-based meeting of the Prioritizing Measure Gaps Health Workforce Committee Members on Tuesday, January 28, 2014. An [online archive](#) of the meeting is available.

Committee Members in Attendance

Name	Organization
Ann Lefebvre, MSW, CPHQ (co-chair)	University of North Carolina at Chapel Hill
Melissa Gerdes, MD (co-chair)	Methodist Health System
Evaline Alessandrini, MD, MSCE	Cincinnati Children's Hospital Medical Center
Howard Berliner, ScD	Service Employees International Union (SEIU)
Amy Khan, MD, MPH	Saint Mary's Health Plan
Christine Kovner, PhD, RN, FAAN	New York University, College of Nursing
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
John Snyder, MD, MS, MPH (FACP)	Health Resources and Services Administration (HRSA)
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
George Zangaro, PhD, RN	Health Resources and Services Administration (HRSA)
Andrew Zinkel, MD, FACEP	HealthPartners
Girma Alemu	Government Sub-Task Leader, HRSA, HHS
Cille Kennedy	Government Task Leader, ASPE, HHS

Welcome and Review of Meeting Objectives

Melissa Gerdes and Ann Lefebvre, co-chairs, welcomed the committee members and the public audience to the web meeting, offered brief professional backgrounds and reviewed the meeting objectives, which were to:

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

Ann Hammersmith, NQF General Counsel, led the introductions of the committee members along with their disclosures of interest.

Committee members discussed the timeliness and great need for this project, noting the importance of looking at health workforce deployment within the context of care coordination and prevention and focusing on high-leverage measurement areas to further refine the draft conceptual framework.

Committee members also emphasized the focus on deployment, measurement across the lifespan and consideration of where measurement in this area should be focused in a future state.

Orientation to the Health Workforce Project

Wendy Prins, Senior Director, NQF, provided background information on the Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas project. She outlined the project's timeline and its five sub-topic areas: adult immunizations, Alzheimer's disease and related dementias, care coordination, health workforce, and person-centered care and outcomes.

Developing the Health Workforce Framework

Angela Franklin, Senior Director, NQF, presented an overview of the health workforce measure gap prioritization effort, beginning with the project's objectives. Ms. Franklin introduced definition of Health Workforce as adapted from the World Health Organization (WHO) that reads, "Health Workforce is all people engaged in actions whose primary intent is to enhance itself." A number of committee members noted that the definition should be expanded to include the non-clinical workforce as well as the clinical workforce, to include public health and human services professionals, long-term services and support personnel, as well as physicians, nurses, rural health professionals and allied health professionals. She also recapped definition of care coordination and primary care as aligned with the HHS interagency workgroup on the health workforce. As suggested, the WHO definition of "health" has been incorporated into the work to reflect control of overall well-being.

Ms. Franklin also described the structure of the draft conceptual framework and elements that evolved from examining existing frameworks from AHRQ, the IOM and NQF, centered on health workforce deployment in terms of prevention and care coordination. She noted that the framework is grounded by the triple aims of the National Quality Strategy (NQS): better care, healthy people/communities and affordable care, and emphasizes four key areas of measurement (inputs) which lead to desired intermediate outcomes related to a strengthened team-based workforce, all of which flow to long-term outcomes of prevention and care coordination as articulated by the National Quality Strategy. The framework encompasses care across the lifespan, with a strong recommendation from the committee that the framework incorporate several lifespan models, including models in which a workforce is trained to address chronic care and palliative care, as opposed to being limited to caring for fundamentally well or fundamentally ill people.

The framework also identifies several influencing factors that may impact measurement in some areas. Committee members articulated several additional influencing factors, such as reimbursement rates and health workforce competencies, both of which could affect the outcomes of cost and resource use, as

well as examining policies from private sector services (the media, churches, restaurants, etc.) whose influence on health and wellness and behaviors of the population impact the citizens' health behaviors more than the healthcare system. It was also noted that appropriate accountable entities and levels of analysis will need to be considered in identifying opportunities for measurement.

Preliminary Environmental Scan of Measures

Allison Ludwig, Senior Project Manager, NQF presented the results of NQF team's preliminary environmental scan of 6,000 measures and measure concepts from several sources that found about 252 measures loosely identified as potentially related to health workforce. Checking NQF measures portfolio against endorsed measures confirmed some gaps present in the clinical, community and cross-disciplinary relationships, recruitment and retention, assessment of community and workforce needs domains.

Discussion

A robust discussion of the framework domains and sub-domains was geared towards concrete and highly actionable measure recommendations, focused on high-leverage and high-impact measurement areas. The committee came up with the following initial areas for prioritization regarding health workforce measurement:

- Measure on the utilization of family caregivers as part of the health workforce
- Measure on the utilization of information technology (IT) as a tool to improve care coordination and assurance of preventive services
- Measure on actual health information exchange (HIT) where individuals are able to use collected information
- Measure on the health workforce's readiness to assist individuals in meeting their personal health goals, as part of a long-term outcome, and
- Measure on health workforce competencies that will lead to improved patient's experience, ultimately leading to reduced cost

Recognizing that future workforce needs will vary based on the health care needs of the population, the committee discussed the importance of developing a framework that is flexible enough to be adapted to suit future workforce needs and the population's health status.

Next Steps

NQF staff solicited additional measures and resources from the committee members, and will continue refining the framework and the environmental scan. Prior to the in-person meeting, NQF staff will circulate a pre-meeting assignment to committee members with the primary purpose of prioritizing domains of measurement for health workforce deployment. The committee members will gather for a two-day in-person meeting on April 15-16, 2014 during which the revised conceptual framework will be discussed to inform concrete recommendations on critical gap areas of health workforce measurement for future development.