



## Prioritizing Measures Gaps: Health Workforce Advisors

### Planning Meeting

October 31, 2013 | 2:00 pm –4:00 pm ET

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The National Quality Forum (NQF) convened a web-based planning meeting of the Prioritizing Measure Gaps Health Workforce Advisors on Thursday, October 31, 2013. An [online archive](#) of the meeting is available.

#### Advisory Group Attendance

Ann Lefebvre, University of North Carolina at Chapel Hill
Robert Moser, Kansas Department of Health and Environment
Sunita Mutha, University of California San Francisco
George Zangaro, HRSA
John Snyder, HRSA
Girma Alemu, HRSA
Cille Kennedy, HHS

#### Welcome and Review of Meeting Objectives

Angela Franklin, Senior Director, NQF, welcomed the advisors and members of the public to the web meeting, reviewed the meeting objectives, and asked the advisors to introduce themselves and describe their background in health workforce and interest in the project.

The meeting objectives were to:

- Review project objectives and timeline
- Discuss important considerations and initial scoping 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

In general, advisors expressed excitement around the project's focus and discussed scoping the project to include the role of community health workers and safety net providers in promoting and providing prevention and care coordination.

#### Orientation to the Health Workforce Project

Allison Ludwig, Senior Project Manager, NQF, provided background information on the Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas project, including its five sub-topic areas: Adult Immunizations, Alzheimer's Disease and Related Dementias, Care Coordination, Health Workforce, and Person-Centered Care and Outcomes. An overview of the Health Workforce sub-task was also provided, including the main project objectives and general project timeline.

### **Defining Health Workforce and Measurement Framework**

Ms. Franklin led a discussion on the working definition of workforce, care coordination, prevention and primary care as drawn from the World Health Organization (WHO), Agency for Healthcare Research and Quality's (AHRQ's) Care Coordination Measures Atlas, the National Prevention Strategy and the Institute of Medicine (IOM), respectively. Advisors discussed including non-clinician workers as well as workers in health systems to the workforce definition, thus broadening the scope beyond traditional health caregivers. Advisors agreed to the definition of care coordination as drafted and the definition of primary care as aligned with the HHS interagency workgroup on the health workforce. Per the advisors' suggestion, the WHO definition of Health will also be incorporated into the work to reflect the 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. Discussion of the domains emphasized a number of key elements of health workforce, including emphasizing community and patients; and support of the draft inputs focused on the workforce's training and development, recruitment and retention, and infrastructure; and draft outputs focused on experience, clinical /community relationships, capacity and productivity, and diversity. In addition to these, the advisors suggested adding influencing factors on the input side such as financial investments on training and desired intended outcomes for the outputs. The framework will also be further edited to clearly identify that it will span care across the lifespan.

### **Considerations for Scoping**

Advisors concurred that a broad approach to the project that focuses beyond clinical settings and clinicians is preferred, and suggesting examining the roles of lay health care and community workers in the community setting in the context of deployment for prevention and care coordination. This broader scope includes adding the volunteer community into the health workforce definition, which could result in a different model of outputs based on efficiency, accountability and retention.

In keeping with the project's focus on deployment of the workforce to achieve effective and efficient care coordination and prevention across settings, and taking a broader approach, the advisors identified several known resources for meaningful measurement. Staff will follow up accordingly to obtain information on the following:

- Patient experience of care relative to workforce deployment
- Organizations with a culture of transformative care
- The CDC Community Health Assessment and Group Evaluation (CHANGE) tool
- Workforce recruitment, with an emphasis on recruitment from varied backgrounds that reflect the population being served
- Retention and turnover of the workforce
- Accreditation of training programs in areas such as team-based care
- Overuse, misuse and underuse of resources relative to workforce deployment
- Functions and composition of the workforce teams (including licensed and unlicensed providers)

### **Next Steps**

The full multi-stakeholder committee will be seated by mid-December and will convene for a web meeting in January 2014. At that time, the full committee will have the opportunity to offer feedback on

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the draft framework; suggest measures and concepts for applicability to framework domains; and suggest priorities for filling critical gap areas.