



MAP Population Health Task Force

Meeting Summary

The National Quality Forum (NQF) convened a web meeting of the MAP Population Health Task Force on March 11, 2014. An online archive of the meeting is available [here](#).

Population Health Task Force Members in Attendance:

Bobbie Berkowitz, Chair	Karen Roth, St. Louis Area Business Health Coalition
Andrea Benin, Children’s Hospital Association	Luther Clark, Subject Matter Expert: Disparities
Cheryl Phillips, LeadingAge (formerly AAHSA)	Mady Chalk, Subject Matter Expert: Substance Abuse
Christine Norton, Minnesota Community Measurement	Pamela Owens, Agency for Healthcare Research and Quality (AHRQ)
Dana Alexander, Subject Matter Expert: Health IT	Paul Jarris, Association of State and Territorial Health Officers
Diane Padden, American Academy of Nurse Practitioners	Peter Briss, Centers for Disease Control and Prevention (CDC)
E. Clarke Ross, Consortium for Citizens with Disabilities	Samantha Wallack Meklir, Health Resources and Services Administration (HRSA)
Gail Stuart, Subject Matter Expert: Nursing	Scott Shreve, Veteran’s Health Administration
Ira Moscovice, Subject Matter Expert: Rural Health	Wei Ying, Blue Cross Blue Shield of Massachusetts
Jennie Chin Hansen, American Geriatrics Society	

Welcome, Disclosures of Interest and Review of Meeting Objectives

Dr. Bobbie Berkowitz, Task Force Chair, welcomed the task force members and public participants to the web meeting, and reviewed the meeting objectives:

- Review Task Force charge and approach;
- Provide an overview of NQF’s work on population health and discuss opportunities for synergy; and
- Develop consensus on scope and high-leverage opportunities for improvement.

Ann Hammersmith, General Counsel, NQF, lead the Disclosures of Interest discussion, and the Task Force members introduced themselves and described any disclosures they needed to make.

Dr. Allen Leavens, Senior Director, NQF, provided background on the Measure Applications Partnership’s purpose and statutory authority, which is derived from the Affordable Care Act. Dr. Leavens also gave an

overview of the role of population health in the National Quality Strategy, including the importance of working with communities by focusing on social, economic and environmental factors. These broader determinants of health should be considered when determining high leverage opportunities for improvement and prioritizing measure selection.

Development of a Population Health Family of Measures

Rachel Weissburg, Project Manager, NQF, reviewed the concept of the MAP “Family of Measures” and its historical integration with the pre-rulemaking process. To date, the existing measure families have been used primarily for assisting MAP with making recommendations on measures to be used in various public quality programs that tend to be clinically focused. Since population health measurement domains are applicable beyond specific clinical settings, the Task Force discussed how the Population Health Family of Measures may be particularly helpful with the evolution of how families of measures can be used more broadly for other applications.

NQF Projects on Population Health

Dr. Karen Adams, Vice President, NQF, gave a brief overview of population health projects at NQF. Among these is a measure endorsement project focused on health and well-being measures, a population health framework project, and previous consensus development process population health projects in the NQF portfolio. Dr. Adams also explained that while clinical care is a critical component of population health, it is important to focus beyond the medical model, with an increased emphasis on the social and environmental determinants of health.

Dr. Bruce Siegel, Population Health Framework Committee Co-Chair, provided an update on the status of the Population Health Framework project work, specifically the Community Action Guide under development. Dr. Siegel gave an overview of the Action Guide’s ten key elements, which are intended to be a practical resource for individuals and multi-stakeholder groups interested in population health improvement. The Guide offers insight on issues such as leadership, priority-setting, communication, assessment, and a plan for sustainability.

During the subsequent discussion, the Task Force expressed support for broader use of the Population Health Family of Measures in applications such as a Community Health Needs Assessment. Participants also recommended that the measures should reflect a harmonization between health care and public health. The Task Force discussed the challenge of addressing a subject as broad as population health with a single set of measures, recognizing that population health means different things to different people. Dr. Berkowitz noted that the Task Force can define the scope of topics covered by the Population Health Family of Measures through identifying the high leverage measurement opportunities.

Project Scope and High-Leverage Opportunities

Dr. Leavens presented potential categories of high-leverage measurement opportunities based on foundational work on population health that was previously commissioned by NQF. Examples of measures that would apply to each of these categories were provided. The Task Force will need to

finalize the high-leverage opportunities to focus upon and begin prioritizing measures that may be included in the Population Health Family leading up to the in-person meeting on April 9th.

The Task Force then discussed the high-leverage measurement opportunities and possible ways to identify good measures. Points that were made included:

- The suggested categories for high-leverage opportunities were generally well-received, but with the recommended addition of “Productivity”. Productivity captures issues related to how health affects ability to work effectively and efficiently, which has cost implications as well.
- An emphasis should be placed on measures of upstream determinants of health.
- It is important to include measures that account for disparities.
- Much can be learned by considering vulnerable sub-populations, such as individuals with disabilities. The kinds of support services needed by these groups are essential to dealing with health and wellness.
- There is a fundamental lack of coordination between health systems and social systems, and a need to harmonize these two systems.
- Use a consistent framework for selection of high-priority measures, such as focusing on measures addressing high preventable burden of disease.
- Include considering highly promising measure concepts in the family, rather than just fully-developed and tested measures.
- Be sure to leverage the relevant work of other projects at NQF and elsewhere.

Next Steps and Project Timeline

- The task force will convene on April 9, 2014 for an in-person meeting at NQF to further examine the topics discussed on the web meeting, and to choose a Population Health Family of Measures.
- A draft report of the MAP Population Health, Affordability, and Person- and Family-Centered Care Families of Measures will be issued on or before June 1, 2014.
- The MAP Coordinating Committee review and public comment on the draft report will occur in June 2014.
- The comments received on the draft report will be adjudicated, and the final report issued on July 1, 2014.