



## MAP Population Health Task Force In-Person Meeting April 9, 2014

The National Quality Forum (NQF) convened an in-person meeting of the Measure Applications Partnership (MAP) Population Health Task Force on April 9, 2014. An online archive of the meeting is available [here](#).

### Task Force Members in Attendance:

Bobbie Berkowitz, Chair	Luther Clark, Subject Matter Expert: Disparities
Andrea Benin, Children's Hospital Association	Mady Chalk, Subject Matter Expert: Substance Abuse
Barbara Caress, Building Services 32BJ Health Fund	Pamela Owens, Agency for Healthcare Research and Quality (AHRQ)
Cheryl Phillips, LeadingAge (formerly AAHSA)	Paul Jarris, Association of State and Territorial Health Officers
Christine Norton, Minnesota Community Measurement	Peter Briss, Centers for Disease Control and Prevention (CDC)
Dana Alexander, Subject Matter Expert: Health IT	Rhonda Robinson-Beale, Subject Matter Expert: Mental Health
Diane Padden, American Academy of Nurse Practitioners	Samantha Wallack Meklir, Health Resources and Services Administration (HRSA)
E. Clarke Ross, Consortium for Citizens with Disabilities	Wei Ying, Blue Cross Blue Shield of Massachusetts
Karen Roth, St. Louis Area Business Health Coalition	

### Welcome and Review of Meeting Objectives

Dr. Bobbie Berkowitz, Task Force Chair, welcomed the task force members and reviewed the objectives of the meeting:

- Discuss potential use cases for the MAP Population Health Family of Measures
- Finalize overarching priorities for measure selection
- Choose measures and identify high-priority gaps for the family

Dr. Allen Leavens, Senior Director, NQF, reminded the task force of the statutory authority for MAP, and reviewed definitions for Families of Measures and Core Sets. He then provided a brief overview of the focus on population health within the National Quality Strategy and the importance of health behaviors and social determinants of health as factors influencing health outcomes.

## **NQF Strategic Direction**

Dr. Christine Cassel, President and CEO, NQF, provided opening remarks and discussed the role of population health in NQF's strategic direction. Dr. Cassel noted that historically, population health has not been a focus in most performance measurement programs. However, given the large amount of cost involved in maintaining the clinical enterprise and the increased emphasis on population health in the Affordable Care Act, this is likely to inspire new approaches. NQF can play an important role in this area through convening stakeholders to provide input on priorities and measures.

## **Population Health Projects across NQF**

Dr. Karen Adams, Vice-President of Strategic Partnerships, NQF, gave an overview of NQF's current work on population health, including the Community Action Guide being developed by the Population Health Framework Committee. Dr. Adams described the ten key elements from the population health Action Guide, and described the importance of components such as a community health needs assessment and asset mapping.

Ms. Elisa Munthali, Managing Director, NQF, then described the Health and Well-Being CDP project, which was named to align with the National Quality Strategy. She described some of the prior work done for a previous NQF CDP project and how that was useful for the current efforts. Ms. Munthali noted there were sixty-four health and well-being measures in the Health and Well-Being project, seventeen of which are currently being reviewed by the committee, and also mentioned that some new measures related to oral health were submitted for consideration.

## **Finalize Overarching Priorities and Discuss Use Cases for Measures**

Dr. Leavens described different approaches that others have taken for setting priorities for population health measurement, such as considering population demographics, leading causes of morbidity and mortality, or determinants of health. He then presented the results of the Task Force homework exercise, which involved prioritizing NQF-endorsed health and well-being measures, as well as the Health People 2020 Leading Health Indicators. Lastly, he presented three potential use cases for the family of measures:

- Supporting pre-rulemaking recommendations in federal programs for healthcare providers;
- Measurement for Accountable Care Organizations and other similar models; and
- Informing measure selection for Community Health Needs Assessment (CHNA)

Overall, the Task Force supported the approach of use cases, and also recommended adding a use case for public health measurement. There was also discussion around what types of measures are most applicable to the different use cases. For example, one Task Force member noted that although the CHNA should ideally focus more on the social determinants of health, this has often not been the case in reality.

## **Measure Selection: Determinants of Health, Health Outcomes, and Health Improvement Activities**

## MAP Population Health Families Task Force April 9, 2014 In-Person Meeting Summary

Ms. Mady Chalk initiated the measure selection discussion with a short story about social determinants of health. She highlighted several factors, and noted the importance of considering disparate groups affected by inequities, such as those with disabilities, veterans and those in low socioeconomic statuses.

The Task Force discussed these and other key issues related to the development of a measure family for population health, including:

- Finding the right balance between implementation of measures that address general population health versus specific issues and sub-populations
- Factoring in the availability of data and feasibility of measurement; for example, many of the Leading Health Indicators are based on data from national surveys, and it will be important to select sufficient measures to address multiple population levels
- Addressing concerns over the number of measures that should be included in the family

The Task Force then used a strategic exercise to select measures for the family. Members first identified the main subdomains that they wanted to prioritize within the family (e.g. social determinants, maternal/child health, physical environment, tobacco, nutrition/diet, etc.). Subsequently, through extended review and discussion, measures and indicators were finalized for inclusion within each of these subdomains.

### **Measure Gaps for the Population Health Family**

The Task Force identified gaps in measures for population health throughout the meeting, and these were summarized and added to in the final discussion. Topics were quite broad, such as food security, homelessness, home and community living, graduation rates from high school, social isolation, the overuse of opioids, the overprescribing of antibiotics, food taxes, rural living, and many more.

### **Wrap Up and Next Steps**

Rachel Weissburg, Project Manager, NQF, presented the next steps. Per the Task Force's request, NQF staff will apply the measures and gap areas that the Task Force identified to each of the four use cases, and will send it to the task force for their feedback. This will be incorporated into the draft report, along with the final list of measures, high-priority gaps, and a summary of the robust discussion from the meeting. The draft report is due on June 1, 2014. The MAP Coordinating Committee will review the draft report during their June web meeting, and there will be a two week public comment period in June as well. The final report (including the other new MAP families of measures) will be delivered to HHS on July 1, 2014.