

Planning Convening Activity for
Fall, 2015

Subcommittee on Population Health
Of the
National Committee on Vital and Health Statistics


















Key Questions and Assumptions

Assumption: builds on the IOM Vital Signs fact base & recommendations

- Who is the target audience for this activity?
- Which IOM recommendation(s) should be our priority?
- Which domains or core measures should we focus on?
- How? Who should be at the table for our initial convening activity?



TABLE S-1 Core Measure Set

Domain	Key Element	Core Measure Focus	Best Current Measure	Current national performance ⁱ
Healthy people	Length of life	 Life expectancy	Life expectancy at birth	79 year life expectancy at birth
	Quality of life	 Wellbeing	Self-reported health	66% report being healthy
	Healthy behaviors	 Overweight and obesity	Body mass index	69% of adults with BMI 25 or greater
		 Addictive behavior	Addiction death rate	200 addiction deaths per 100,000 people age 15+
		 Unintended pregnancy	Teen pregnancy rate	27 births per 1,000 females aged 15 to 19
	Healthy social circumstances	 Healthy communities	High school graduation rate	80% graduate in 4 years
Care quality	Prevention	 Preventive services	Childhood immunization rate	68% of children vaccinated by age 3
	Access to care	 Care access	Unmet care need	5% report unmet medical needs
	Safe care	 Patient safety	Hospital acquired infection rate	1,700 HAIs per 100,000 hospital admissions
	Appropriate treatment	 Evidence-based care	Preventable hospitalization rate	10,000 avoidable per 100,000 hospital admissions
	Person-centered care	 Care match with patient goals	Patient-clinician communication satisfaction	92% satisfied with provider communication
Care cost	Affordability	 Personal spending burden	High spending relative to income	46% spent >10% income on care, or uninsured in 2012
	Sustainability	 Population spending burden	Per capita expenditures on health care	\$9,000 health care expenditure per capita
Engaged people	Individual engagement	 Individual engagement	Health literacy rate	12% proficient health literacy
	Community engagement	 Community engagement	Social support	21% inadequate social support



Possible Target Audiences

- The federal government
- Governors, mayors, and health leaders
- Clinicians and health care delivery organizations
- Employers and other community leaders
- All: individuals, family members, neighbors, citizens, and community leaders
- More than one?



Recommendations for Federal Government

- (3) the secretary of HHS should incorporate the standardized core measure set into federally administered programs, concomitantly eliminating measures for which the basic practical issues are engaged by the core set
- (4) the Secretary of HHS should develop and implement a strategy for working with other federal and state agencies and national organizations to facilitate the use and application of the core measure set.
- (5) The secretary of HHS should establish and implement a mechanism for involving multiple expert stakeholder organizations in efforts to develop as necessary, maintain, and improve each of the core measures and the core measure set as a whole over time.



Recommendations for Governors, Mayors, and Health Leaders

- (6) Governors, mayors, and state and local health leaders should use the core measure set to develop tailored dashboards and drive a focus on outcomes in the programs administered in their jurisdictions, and should enlist leaders from other sectors in these efforts.



Recommendations for Clinicians and Health Care Delivery Organizations

- (7) Clinicians and the health care organizations in which they work should routinely assess their contributions to performance on the core measures and identify opportunities to work collaboratively with community and public health stakeholders to realize improvements in population health.



Recommendations for Employers and Other Community Leaders

- (8) Employers and other community leaders should use the core measures to shape, guide, and assess their incentive programs, their purchasing decisions, and their own health care interventions, including initiatives aimed at achieving transparency in health costs and outcomes and at fostering seamless interfaces between clinical care and supportive community resources.



Recommendations for All: individuals, families, neighbors, residents, community leaders

- (2) All people should work to understand and use the core measure set to assist in taking an active role in shaping their own health prospects and those of their families, their communities, and the nation.



Fact Base Provided by IOM Report

- Review of existing reporting requirements (appendix B)
- Catalogue of existing data sources (appendix C)
- Comparison of existing data infrastructure (appendix D)



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Appendix



Core Measures Implementation

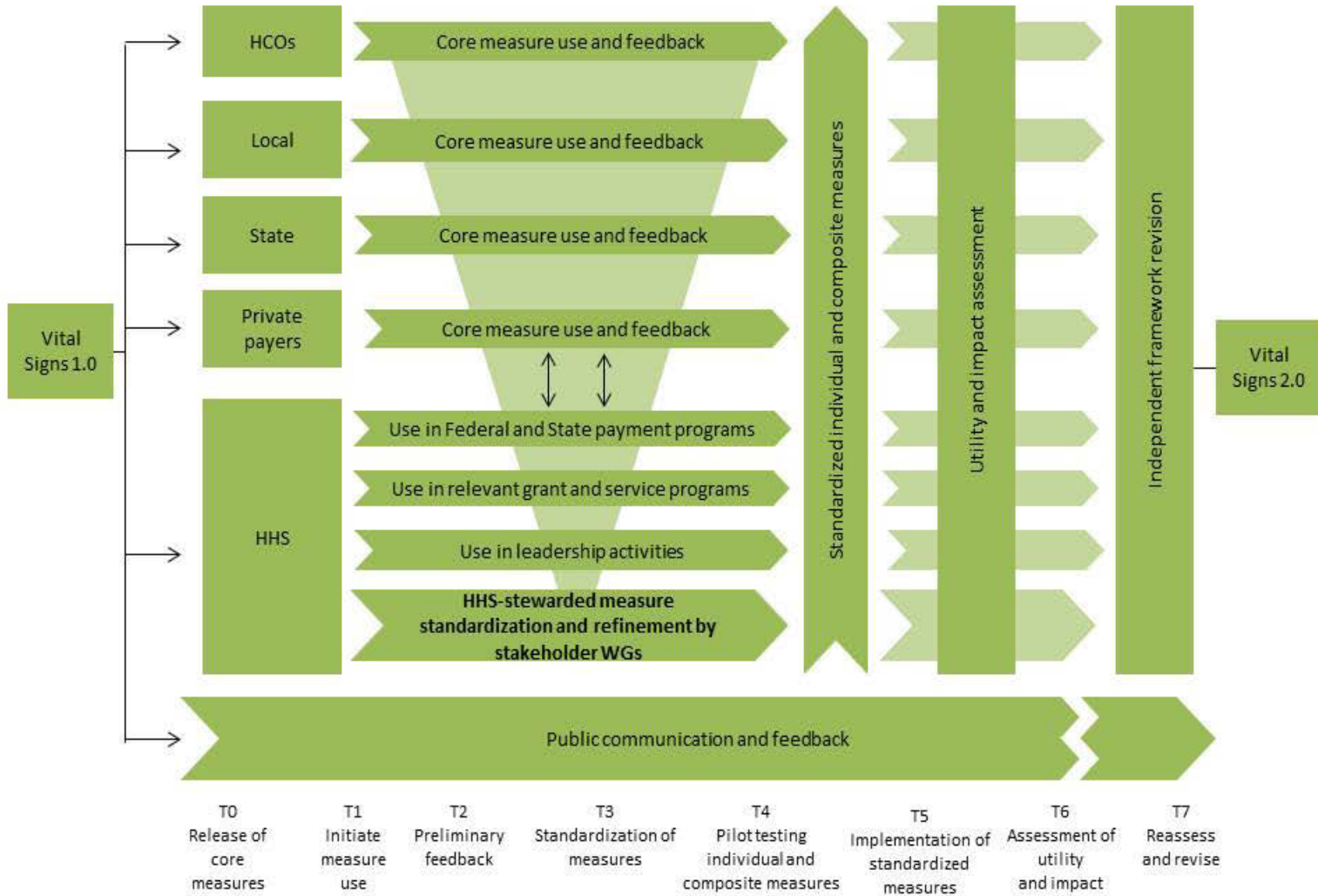














TABLE S-2 Core Measure Set with Related Priority Measures

Core Measure Focus	Related Priority Measures
 Life expectancy	Infant mortality Maternal mortality Violence and injury mortality
 Well-being	Multiple chronic conditions Depression
 Overweight and obesity	Activity levels Healthy eating patterns
 Addictive behavior	Tobacco use Drug dependence/illicit use Alcohol dependence/misuse
 Unintended pregnancy	Contraceptive use
 Healthy communities	Childhood poverty rate Childhood asthma Air quality index Drinking water quality index
 Preventive services	Influenza immunization Colorectal cancer screening Breast cancer screening
 Care access	Usual source of care Delay of needed care
 Patient safety	Wrong site surgery Pressure ulcers Medication reconciliation
 Evidence-based care	Cardiovascular risk reduction Hypertension control Diabetes control composite Heart attack therapy protocol Stroke therapy protocol Unnecessary care composite
 Care match with patient goals	Patient experience Shared decision making End-of-life/advanced care planning
 Personal spending burden	Health-care related bankruptcies



