health policy institute of ohio

Pre-meeting materials for
Feb. 11, 2016 Health Measurement Advisory Group meeting

In preparation for the meeting, please:

- Review the 2014 *Health Value Dashboard* **website** and note any potential areas for improvement.
- Review the new metric sources listed on page 4 and let us know if you are aware of any additional changes to the "metric landscape" we should consider in preparation for the next edition of the *Dashboard*.
- Review the draft metric selection criteria on page 5 in preparation for discussion during the meeting.
- Review the set meeting times for the various *Dashboard* workgroups on page 8. Please consider which group(s) you would like to join. You can sign up for workgroups at the Feb. 11th meeting. ***If you are not able to attend the Feb. 11 meeting, please email the relevant HPIO staff person to sign up for a specific workgroup***.

The Feb. 11 meeting will take place in the 3rd floor conference room at 10 West Broad St, Columbus, OH, 43215. Please check in at the front desk upon your arrival to gain access to the 3rd floor.

If you have any questions about meeting logistics, please contact Sarah Bollig Dorn, sdorn@healthpolicyohio.org .

AGENDA

Health Measurement Advisory Group
Thursday, February 11
10:00 am-1:00 pm
One Columbus Building
Third floor – Conference Room
10 W. Broad Street, Columbus, Ohio 43215

Meeting objectives

- **Objective 1.** HPIO will update the group on *Health Value Dashboard* activities and impact from Dec. 2014-Jan. 2016.
- **Objective 2.** The group will generate ideas for improving the effectiveness of the second edition of the *Dashboard*.
- **Objective 3.** The group will reach consensus on the criteria and process for reviewing and finalizing metrics for inclusion in the second edition of the *Dashboard*.
- **Objective 4.** Participants will be aware of the timeline, workgroups and next steps.

Welcome

- Introductions
- Review purpose of the *Dashboard*

2014 Dashboard activities and impact

- HPIO dissemination activities
- Use of the *Dashboard*
- Impact of the *Dashboard*

Suggestions for improving effectiveness of the *Dashboard*

- HPIO plans for 2016 activities and improvements to next edition
- Discussion
    - What are the key changes in the overall health value landscape that we should keep in mind as we plan for the next edition of the *Dashboard*?
    - What suggestions do you have for improving the layout, messaging and dissemination of the *Dashboard*? Which of these are most important?
    - What other suggestions do you have for improving the effectiveness of the *Dashboard*? Which of these are most important?

Metric review process

- Changes in the metric landscape since Dec. 2014
- Guiding principles and decision criteria for reviewing and revising metrics

Next steps

- Timeline for workgroups and dissemination
- Key challenges and opportunities for each workgroup

- Review workgroup assignments
    - Equity
    - Methodology (progress measure, equity gap, etc.)
    - National advisors
    - Domain-specific metric selection groups
        - Population health
        - Healthcare costs
        - Healthcare system
        - Public health and prevention
        - Access
        - Social, economic and physical environment
- Additional stakeholders to include in workgroups

New metric sources

The 2014 *Health Value Dashboard* metric list was finalized in May 2014. Since then, several relevant metric compilations have emerged, such as:

- National Health Equity Index (The National Health Equity Index is expected to be released in July 2016, and the State and Local Equity Indexes in June 2017.)
- Vital Signs: Core Metrics for Health and Health Care Progress, Institute of Medicine (see page 2 in report brief)
- Robert Wood Johnson Foundation Culture of Health Action Framework (see page 84)
- The State of Mental Health in America
- Commonwealth Fund Quality-Spending Interactive
- Ohio patient-centered medical home (PCMH) quality measures (see page 30)
- Inventories of recommended metrics for population health planning in HPIO report, Improving population health planning in Ohio (see pages 40-46 of full report)

Metric selection criteria (draft 2/08/16)

Proposed criteria for updating the *Dashboard* (2017 edition)
Changes from 2014 criteria in italics

General approach: *The Dashboard is intended to assess progress toward improved health value in Ohio over time. For this reason, metrics included in the Dashboard should be as consistent as possible across editions. We will use the criteria listed below to consider any changes that may need to be made to the list of metrics. We will not increase the total number of metrics (any new metrics will need to replace existing metrics).*

Overall, the set of metrics included in the Dashboard should follow a life course perspective, addressing all stages of the life course, including a balance of metrics that assess outcomes and conditions for children and adults (see page 9).

Rigor	1. **Source integrity**: The metric *continues to be* nationally recognized as a valid and reliable indicator and the data are provided by a reputable national organization or state or federal agency. *Consider changing or replacing the metric if it has been replaced or updated by a credible national organization.* 2. **Data quality:** The data are complete and accurate. The data collection method is the best available for the construct being measured (e.g., biometric, self-report, administrative) and the metric is valid and reliable. *Consider changing or replacing the metric if a new metric has been introduced that is more precise or has higher-quality data to measure the same construct.*
Relevance	3. **Relevance:** The metric *continues to address* an important health-related issue that affects a significant number of Ohioans. *Consider replacing a metric only if it has become less relevant and the new metric assesses a significant or emerging health issue.* 4. **Face value:** The metric is easily understood by the public and policymakers. 5. **Alignment:** Aligns with an existing requirement, performance measure, program evaluation indicator, or other measures currently being compiled by a state or federal agency (e.g., ODH, OHT, ODE, CMS, HHS, AHRQ), national organization (e.g. Catalyst for Payment Reform), or regional project (e.g., Health Collaborative, Healthcare Collaborative of Greater Columbus, Better Health Greater Cleveland). Does not add data collection burden to stakeholders. *Preference given to metrics listed in the report,* Improving population health planning in Ohio *(pages 39-46).* 6. **Sub-state geography:** *Preference given* to metrics for which data are available at the regional, county, city, or other geographic level within Ohio, *particularly metrics that are included in County Health Rankings, Network of Care and other sources easily accessible for local community health improvement planning.* 7. **Ability to track disparities:** *Preference given* to metrics for which data are available for sub-categories such as race/ethnicity, income level, age, or gender.

Reality	8. **Feasibility.** Data for the metric are available at no or a reasonable cost to HPIO and require minimal analysis to be presented in a dashboard format. 9. **State-level data that can be ranked:** Statewide data *continue to be available* for Ohio and other states. *Preference given to metrics that can be ranked (e.g. have an ordinal value, comparable state-level data and consensus among stakeholders on desired direction.). Preference given to metrics for which data for fewer than 10 states is missing.* 10. **Availability and consistency:** *Metric definition and data for the metric are unchanged from the last version of the Dashboard. In addition,* there is a high probability that data for this metric will continue to be gathered in the future and will be provided in a relatively consistent format across time periods. 11. **Timeliness:** *More recent data is available for the metric than was in the 2014 edition of the Dashboard.* Data for this metric is released on a regular basis (at least yearly or every other year). *Preference given to metrics with a short time lag (recently available data within past 3 years).* **12. *Variation across states:*** *There is meaningful variation across states, indicating "room for improvement."*

Criteria used to select metrics for 2014 *Dashboard*

1. **State-level:** Statewide data are available for Ohio and other states. State data is consistent across states (allowing for state rankings, if appropriate).
2. **Sub-state geography:** Data are available at the regional, county, city, or other geographic level within Ohio.
3. **Ability to track disparities:** Data are available for sub-categories such as race/ethnicity, income level, age, or gender.
4. **Availability and consistency:** There is a high probability that data for this metric will continue to be gathered in the future and will be provided in a relatively consistent format across time periods.
5. **Timeliness:** Data for this metric is released on a regular basis (at least yearly or every other year).
6. **Source integrity:** The metric is nationally recognized as a valid and reliable indicator and the data are provided by a reputable national organization or state or federal agency.
7. **Data quality:** The data are complete and accurate. The data collection method is the best available for the construct being measured (e.g., biometric, self-report, administrative).
8. **Alignment:** Aligns with an existing requirement, performance measure, program evaluation indicator, or other measures currently being compiled by a state or federal agency (e.g., ODH, OHT, ODE, CMS, HHS, AHRQ), national organization (e.g. Catalyst for Payment Reform), or regional project (e.g., Health Collaborative, AccessHealth Columbus, Better Health Greater Cleveland). Does not add data collection burden to stakeholders.
9. **Benchmarks:** Benchmark values have been established for the metric by a reputable state or national organization or agency (e.g., Healthy People 2020).
10. **Face value:** The metric is easily understood by the public and policymakers.
11. **Relevance:** The metric addresses an important health-related issue that affects a significant number of Ohioans.

Guiding principles for developing a balanced set of metrics within each domain
The goal was to develop a stream-lined set of measures that addresses an appropriate variety of constructs and balances the following characteristics:

1. Process and outcome indicators
2. New/innovative measures and traditional measures with extensive trend data over time Metrics that can likely be improved in the short-term (1-3 years) and those that will take much longer to impact (4+ years)
3. Overall population and specific populations (e.g., Medicaid, Medicare, adult/child)

Additional criteria to be assessed by HPIO
Accessibility, efficiency and feasibility: Data must be publicly available or can be provided by initiative partners at low or no cost. Data require minimal analysis to be presented in a dashboard format.

Metric selection workgroups

Note: All metric selection workgroup meetings to be held remotely via GoTo Meeeting.

Population health

Staff lead: Amy Bush Stevens astevens@healthpolicyohio.org	Meeting dates: • March 11, 10:00-11:30 am • April 4, 10:00-11:30 am

Healthcare costs

Staff lead: Reem Aly raly@healthpolicyohio.org	Meeting dates: • April 5, 9:00-10:30 pm • April 19, 9:00-10:30pm

Healthcare system

Staff lead: Reem Aly raly@healthpolicyohio.org	Meeting dates: • March 16, 9:00-10:30am • April 6, 9:00-10:30 am

Public health and prevention

Staff lead: Amy Bush Stevens astevens@healthpolicyohio.org	Meeting dates: • March 18, 10:00 am-11:30 am • April 11, 10:00-11:30 am

Access

Staff lead: Reem Aly raly@healthpolicyohio.org	Meeting dates: • April 7, 10:00 am-11:30 am • April 14, 10:00-11:30 am

Social, economic and physical environment (2 domains)

Staff lead: Amy Bush Stevens astevens@healthpolicyohio.org	Meeting dates: • April 12, 10:00 am-11:30 am • May 6, 10:00-11:30 am**

Other workgroups

Health equity

Staff lead: Reem Aly raly@healthpolicyohio.org	Meeting dates: TBD

Layout, messaging and dissemination

Staff lead: Nick Wiselogel, nwiselogel@healthpolicyohio.org	Meeting dates: TBD (Sept.-Dec. 2016)

Methodology (progress measure, equity gap, etc.)

Staff lead: Amy Bush Stevens astevens@healthpolicyohio.org	Meeting dates: TBD (April-Sept. 2016)

2H.3. **HPIO *Health Value Dashboard* conceptual framework**