

# FOR THE PUBLIC'S HEALTH

## The Role of Measurement in Action and Accountability



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## Institute of Medicine Committee on Public Health Strategies to Improve Health

NCHS  
April 14, 2011



# For Today:

1. Overview/context of the Committee's Charge
2. Presentation of brief rationale and recommendations from the first of the report series
3. Discussion



# Committee on Public Health Strategies to Improve Health

**RWJF Charge** The committee will explore the topics of:

**1. Measurement 2. Law and Regulations 3. Financing**

“in the context of contemporary opportunities and challenges and with the prospect of influencing the work of the public health system in the second decade of the twenty-first century and beyond. The committee will prepare three reports containing actionable recommendations for public health agencies and other actors with roles in U.S. population health.”

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# Context for the Committee's Charge

## High investment, poor return

- The U.S. is first in the world in medical care expenditures (17% of GDP), but...
- ...ranks 49<sup>th</sup> in life expectancy
- Improving medical care (quality, access, financing) is a worthy goal, but it will not, on its own, have a major effect on outcomes
- Need to look to altering and making more favorable the broader conditions for health



# Study Overview

- Sponsor: The Robert Wood Johnson Foundation
- Project duration: Fall, 2009-Winter 2011
- Project deliverables: 3 integrated reports on measurement, law, financing
- Committee make-up: 18 members with expertise including public health practice and research, corporate wellness, medical care quality measurement, public health systems research, public health law, primary care, medical care system management, health economics and financing, public health information systems

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# Committee Members and Staff

Leslie Beitsch, MD, JD  
Joyce Essien, MD, MBA  
David Fleming, MD  
Thomas Getzen, PhD  
Marthe Gold, MD, MPH,  
Lawrence Gostin, JD  
Mary Mincer Hansen, RN, PhD  
George Isham, M.D. MS  
Robert Kaplan, PhD

Wilfredo Lopez, JD  
Glen Mays, PhD, MPH  
Phylliss Meadows, PhD, RN  
Poki Namkung, MD, MPH  
Margaret O’Kane, MHS  
David Ross, ScD  
Martin Sepulveda, MD  
Steven Teutsch, MD, MPH  
Steven Woolf, MD, MPH

Staff: Alina Baciu, PhD  
Amy Geller, MPH  
Alejandra Martin, MPH

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# Charge to the Committee: Report 1 (Measurement)

The committee will review population health strategies, associated metrics, and interventions in the context of a reformed health care system. The committee will review the role of score cards and other measures or assessments in summarizing the impact of the public health system, and how these can be used by policy makers and the community to hold both government and other stakeholders accountable and to inform advocacy for public health policies and practices.

**Released:** December, 2010

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# **FOR THE PUBLIC'S HEALTH:** **The Role of Measurement in Action and Accountability**

**<http://www.iom.edu/Reports/2010/For-the-Publics-Health-The-Role-of-Measurement-in-Action-and-Accountability.aspx>**

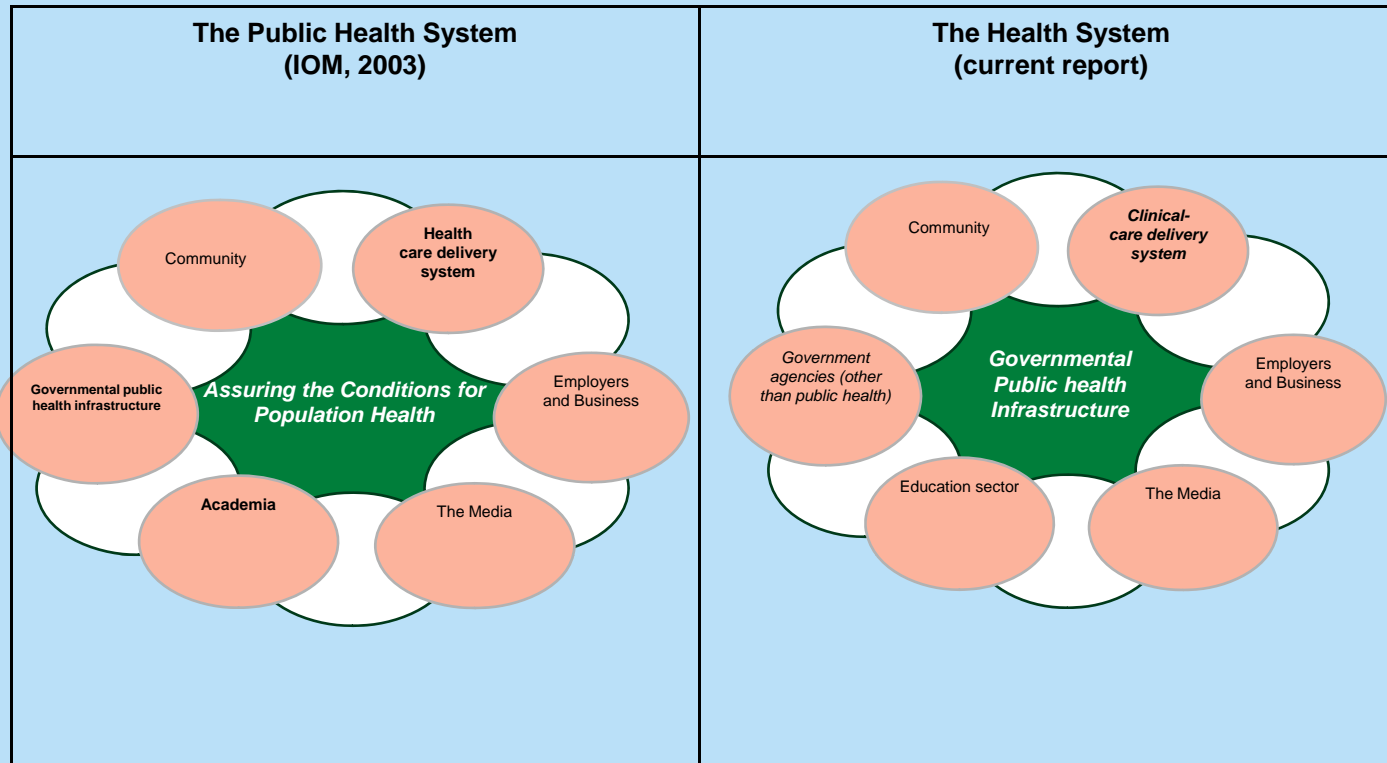
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# The Health System

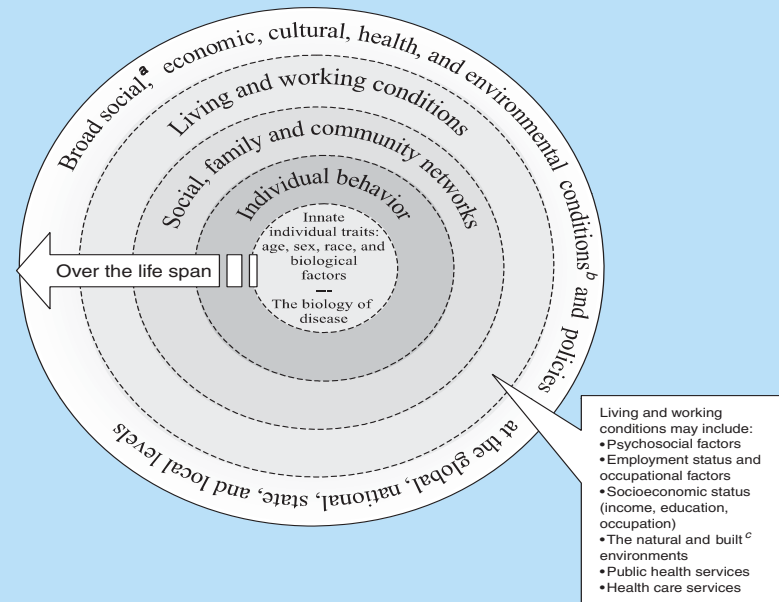


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# Determinants of Health



NOTES: Adapted from Dahlgren and Whitehead, 1991. The dotted lines between levels of the model denote interaction effects between and among the various levels of health determinants (Worthman, 1999).

<sup>a</sup> Social conditions include, but are not limited to: economic inequality, urbanization, mobility, cultural values, attitudes and policies related to discrimination and intolerance on the basis of race, gender, and other differences.

<sup>b</sup> Other conditions at the national level might include major sociopolitical shifts, such as recession, war, and governmental collapse.

<sup>c</sup> The built environment includes transportation, water and sanitation, housing, and other dimensions of urban planning.

FIGURE 1-2:

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# Changing the Conditions for Health

Begins with measurement (data and indicators) because:

- What is measured describes the challenges
  - What is measured creates understanding
  - What is measured can galvanize action\*
  - What is measured can facilitate mutual accountability
  - What is measured records progress (or lack thereof)
- 
- **\*(What is measured may not always be done, but is somewhat harder to ignore)**

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# Findings/rationale for Recommendation 1

- Need to rationalize the information that is collected, analyzed, and communicated about the public's health
- Need to improve coordination and integration within government and with outside stakeholders (medical care, education, transportation, housing, business, and many others) that produce data relevant to health
- Need greater attention to the requirements of local practitioners in designing surveys that identify loci for interventions to assist communities and their decision makers in achieving national objectives



# Rationale for Recommendation 1

- Need ongoing attention to research and development of new indicators and to model building to explore relationships
- Current resources of the nation's health statistics agency do not enable it to provide the required depth of leadership, coordination, research, and support to a rich, but fragmented, information system



# Recommendation 1

The committee recommends that:

- (1) The Secretary of Health and Human Services transform the mission of the National Center for Health Statistics to provide leadership to a renewed population-health information system through enhanced coordination, new capacities, and better integration of the determinants of health.**
- (2) The National Prevention, Health Promotion, and Public Health Council include in its annual report to Congress on its national prevention and health-promotion strategy an update on the progress of the National Center for Health Statistics transformation.**

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## Findings/rationale for Recommendation 2

- Lack of integration, comparability and evidence-based consensus on optimal indicators for specific topics
- Indicator sets are proliferating – but is this good?
- Key measures are missing or under developed e.g.,
  - Indicators that capture the health of communities
  - Summary measures of population health



# Recommendation 2

**The committee recommends that the Department of Health and Human Services support and implement the following to integrate, align, and standardize health data and health-outcome measurement at all geographic levels:**

- a. A core, standardized set of indicators that can be used to assess the health of communities.**
- b. A core, standardized set of health-outcome indicators for national, state, and local use.**
- c. A summary measure of population health that can be used to estimate and track Health-Adjusted Life Expectancy for the United States.**





## Findings/rationale for Recommendation 3

- The social and environmental determinants of health are well understood in public health practice and the relationships between them and health outcomes are well established.
- Despite this, a biomedical orientation remains at the heart of the nation's approach to improving health
- There is no comprehensive, annual federal report on the determinants of health that focuses public attention on these key factors.



# Recommendation 3

**The committee recommends that the Department of Health and Human Services produce an annual report to inform policy-makers, all health-system sectors, and the public about important trends and disparities in social and environmental determinants that affect health.**

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# Findings/rationale for Recommendation 4

- Efforts in the field of health information technology hold promise for creating new or supplementing existing sources of information for population health, however...
- Data-sharing between the clinical care and public health practice setting falls short of what is needed to serve the needs and objectives, both separate and shared, of both sides.



# Recommendation 4

**The committee recommends that governmental public health agencies partner with medical care organizations and providers in their jurisdictions to share information derived from clinical data sources, when appropriate, to inform relevant population health priorities. Such information will support core health indicators that are otherwise unavailable at some or all geographic levels.**



# Findings/rationale for Recommendation 5

- Despite increasing attention to quality and appropriateness of care within the clinical care delivery system, overuse, underuse and misuse of selected interventions persists
- An efficient and high quality clinical care system requires greater public understanding of evidence-based medicine and of local health system performance.
- Governmental public health has the skills and capacity to play key roles both in supporting clinical care delivery system self-improvement and in communicating information that helps the public to evaluate service delivery.

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# Recommendation 5

**The committee recommends that state and local public health agencies in each state collaborate with clinical care delivery systems to assure that the public has greater awareness of the appropriateness, quality, safety, and efficiency of clinical care services delivered in their state and community. Local performance reports about overuse, underuse, and misuse should be made available for selected interventions (including preventive and diagnostic tests, procedures, and treatment).**

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## Findings/rationale for Recommendation 6

- The pathways between the social, economic, and environmental causes of poor health are complex and interconnected.
- Models and other novel analytic tools can elucidate these pathways and relationships and be used to assess the benefits and harms of policy and intervention options.
- These tools are needed to support policy-making, including resource allocation.



# Recommendation 6

**The committee recommends that the Department of Health and Human Services (HHS) coordinate the development and evaluation and advance the use of predictive and system-based simulation models to understand the health consequences of underlying determinants of health. HHS should also use modeling to assess intended and unintended outcomes associated with policy, funding, investment, and resource options.**





# Findings/rationale for Recommendation 7

- There is an absence of appropriate indicators with which to hold the health system accountable for improving population health.
- The roles and responsibilities for population health of different parts of the health system—from governmental public health agencies to schools and hospitals, from transportation networks to local zoning departments, from community-based organizations to local and national businesses—are not clear.
- A measurement framework is needed to enable communities and policy-makers to understand, monitor and improve the contributions of various partners in the health system.

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# Recommendation 7

The committee recommends that the Department of Health and Human Services work with relevant federal, state, and local public-sector and private-sector partners and stakeholders to:

1. Facilitate the development of a performance-measurement system that promotes accountability among governmental and private-sector organizations that have responsibilities for protecting and improving population health at local, state, and national levels. The system should include measures of the inputs contributed by those organizations (e.g., capabilities, resources, activities, and programs) and should allow tracking of impact on intermediate and population-health outcomes.
2. Support the implementation of the performance measurement

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# Recommendation 7, cont'd

- (a)** Educating and securing the acceptance of the system by policy-makers and partners.
- (b)** Establishing data-collection mechanisms needed to construct accountability measures at appropriate intervals at local, state, and national levels.
- (c)** Encouraging early adoption of the system by key government and nongovernmental public-health organizations and use of the system for performance reporting, quality improvement, planning, and policy development.
- (d)** Assessing and developing the necessary health-system capacity (e.g., personnel, training, technical resources, and organizational structures) for broader adoption of the framework, including specific strategies for steps to address nonperformance by accountable agencies and organizations.



# Charge to the Committee: Report 2 (Law)

The committee will review how statutes and regulations prevent injury and disease, save lives, and optimize health outcomes. The committee will systematically discuss legal and regulatory authority; review past efforts to develop model public health legislation; and describe the implications of the changing social and policy context for public health laws and regulations.

**Release Date:** July, 2011

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# Charge to the Committee: Report 3 (Funding)

The committee will develop recommendations for funding state and local public health systems that support the needs of the public after health care reform. Specifically, the committee will:

- Review current funding structures for public health
- Assess opportunities for use of funds to improve health outcomes
- Review the impact of fluctuations in funding for public health
- Assess innovative policies and mechanisms for funding public health services and community-based interventions and suggest possible options for sustainable funding.

**Release date:** December 2011

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