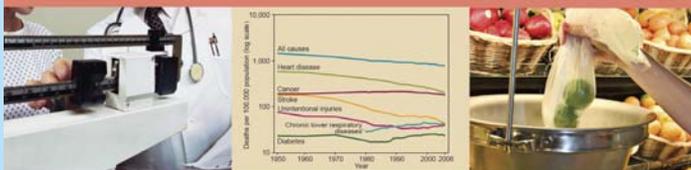


# FOR THE PUBLIC'S HEALTH

## The Role of Measurement in Action and Accountability



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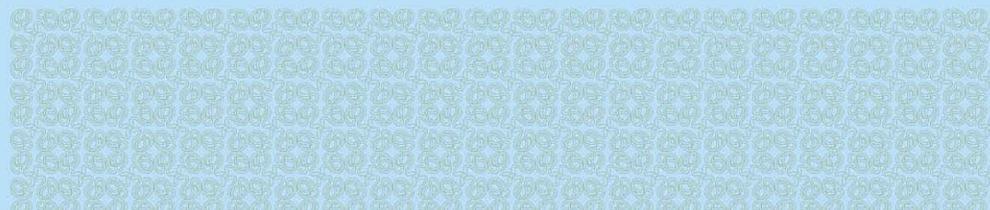
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## REPORT RELEASE

December 8, 2010

3:30 EST

Institute of Medicine Committee  
on Public Health Strategies to  
Improve Health



# About the Institute of Medicine (IOM)

The Institute of Medicine is part of the National Academies and was founded in 1970.

The National Academy of Sciences was established by Congressional charter in 1863.

IOM serves as adviser to the nation to improve health.

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# Study Overview

- Sponsor: The Robert Wood Johnson Foundation
- Project duration: 2 years
- Project deliverables: 3 reports on 3 related topics (measurement, law, financing)
- Committee: convened in October 2009, consists of 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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**Today, the Institute of Medicine is releasing  
the first in a series of three reports**

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

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# Charge to the Committee

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.

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# Context

High investment, poor return

- The U.S. is first in the world in medical care expenditures (17% of GDP), but
- The U.S. ranks 49<sup>th</sup> in life expectancy

Health care reform through the Affordable Care Act is only part of the solution

- Improving medical care (quality, access, financing) is a worthy goal, but it will not, on its own, have a major effect on outcomes

The other part of the solution: changing the conditions for health

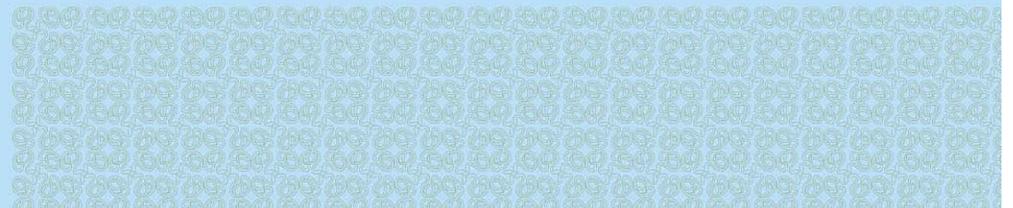
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# Changing the conditions for health

- (1) Begins with data and indicators, because:
  - What is not measured is not done
  - What is measured may not always be done, but is harder to ignore
  - What is measured can facilitate mutual accountability
  
- (2) Although measuring health outcomes and their determinants is not sufficient for galvanizing action, facilitating change, and informing accountability, it is an essential first step.



# Changing the conditions for health

(3) Requires the contributions of many sectors and stakeholders: a true health system



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# Findings/rationale for Recommendation 1

- Need to modernize and rationalize how we collect, analyze, and communicate data about the public's health
- Need to improve coordination and integration within government and with outside stakeholders (medical care, business, transportation sector, and many others) that produce data relevant to health
- Capabilities (and resources) of the main health statistics agency do not enable it to provide needed leadership, support, and information to the 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) That 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

- Indicator sets are proliferating
  - Indicators of health outcomes (e.g., distal outcomes such as disease rates)
- But some important measures are lacking
  - Indicators of community health (i.e. measures of characteristics of the community as a whole)
- Lack of integration, comparability and evidence-based consensus on optimal indicators for specific topics
- No summary measure of population health appropriate for tracking aggregate burden of disease is routinely collected within the public health data enterprise.



# 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—the underlying causes of poor health and death—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 population health challenges.

Although some academic and non-governmental efforts exist in this area, there is no comprehensive, annual federal report on the determinants of health that focuses public attention on these key factors.

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# 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

The ongoing efforts in the field of health information technology hold promise for creating new or supplementing existing sources of information for population health.

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.

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## 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, but is often inadequately understood by members of the public.

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 agencies have the 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).



# 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.

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# Findings/rationale for Recommendation 7

Due to the lack of needed indicators, it is difficult to hold the health system accountable for improving population health.

Also, 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 system by:

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# Recommendation 7

- (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.

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