Appendix 1

Round One Questionnaire:

Name of Expert: _____ Position Title: _____

Gender: ☐ Male ☐ Female

Years of Experience: ☐ 3 – 5 years ☐ 6 – 10 years ☐ More than 10 Years

Sector: ☐ Government ☐ Private ☐ Academic

Educational Qualification: ☐ Bachelor's ☐ Master's ☐ PhD

Please give your feedback on each individual measure using Likert Scale Methodology (Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree and Strongly Agree). Also, please feel free to add more measures considering where it should belong among the three aims.

MEASURING POPULATION HEALTH					
Measure and Definition	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
1. Health Outcomes Measures: **A. Mortality:** **A.1: Life expectancy (LE):** Average years of life remaining at a given age if current age specific mortality rates continue to apply. Calculations require the number of deaths and the number in the population for each age or age group. This information is presented in a life table.					
A2. Years of potential life lost (YPLL): A measure of premature mortality calculated by aggregating over a population for a given year the difference between age at death and a standard life expectancy target (typically 75 years). YPLL is often					

standardized per 1,000 or per 100,000 members of a population less than 75 years of age and age adjusted.					
A3. Standardized mortality ratio (SMR): Ratio of observed to expected deaths. Calculation of expected deaths based on a standard population and typically adjusted for age and gender.					
B. <u>Health/Functional Status (self-reported)</u> **B1. Single-question health status:** Response to the question "Would you say that in general your health is: Excellent, Very Good, Good, Fair, Poor?"					
B2. Multi-domain health/functional status: **Short Form** (SF-12 or 36); **Functional Health Survey (**FHS-6); CDC **Health-Related Quality of Life – 14 (**HRQOL-14)					
B3. Utility-based health/functional status: **Health Utilities Index**; EuroQol EQ-5D, **Short Form 6D** (SF-6D) (convert scores into 0-1 utility scores based on societal preferences, commonly used to measure quality adjusted life years (QALYs) used in economic analyses and research)					
2. <u>Disease Burden Measures:</u> A. Incidence and/or prevalence of chronic illness: **A1.** Incidence: Annual rate or average age at onset for identified conditions					
A2. Prevalence: Percent of a					

population with identified conditions					
B. **Predictive model scores:** Mathematical modeling is used with inputs such as diagnosis and claims data to segment a population on such outcomes as likelihood of hospitalization, mortality, resource utilization, and cost.					
3. **Behavioral and Physiological Factors:** Behavioral factors include smoking, alcohol, physical activity, and diet. Physiological factors include blood pressure, body mass index, cholesterol, and blood glucose.					
MEASURING EXPERIENCE OF CARE					
Measure and Definition	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
1. Global experience questions from patient, member, or population surveys: A. US CAHPS survey (HHS/AHRQ) HP-CAHPS health plan survey includes four global questions of experience including: "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?" Global questions also include experience with personal physician, specialist, and health plan.					
B. How's Your Health Global question: "When you think					

about your health care, how much do you agree or disagree with this statement: 'I receive exactly what I want and need exactly when and how I want and need it'?"					
C. NHS World Class Commissioning (WCC) or Care Quality Commission experience questions					
D. Key global questions from a current patient survey (e.g., likelihood to recommend)					
2. Set of care experience measures based on key dimensions: For example, a dashboard created from the US Institute of Medicine (IOM) aims for improvement that impact the health care experience of an individual: Safe, Effective, Timely, Efficient, Equitable, Patient-Centered.					

MEASURING PER CAPITA COST					
Measure and Definition	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
1. Total cost per member (or citizen) of the population per month: Total costs, and costs by type of service (inpatient, outpatient, pharmacy, ancillary, etc.) each month for a population, divided by the number of people in the population					
Measure and Definition	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
2. **Hospital and Emergency**					

Department (ED) utilization rate Total number of hospital admissions and Emergency Department visits each month for a population divided by the total number of people in the population, typically expressed as a rate per 1,000					

Please feel free to add more measures below:

_____

_____

_____

Appendix 2

Round Two Questionnaire

Name of Expert: _____ Position Title: _____

Gender: ☐ Male ☐ Female

Years of Experience: ☐ 3 – 5 years ☐ 6 – 10 years ☐ More than 10 Years

Sector: ☐ Government ☐ Private ☐ Academic

Educational Qualification: ☐ Bachelor's ☐ Master's ☐ PhD

Please give your feedback on each individual measure using Likert Scale Methodology (Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree and Strongly Agree). Also, please feel free to add more measures considering where it should belong among the three aims.

MEASURING POPULATION HEALTH					
Measure and Definition	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
Health Outcomes Measures: **Years of potential life lost (YPLL):** A measure of premature mortality calculated by aggregating over a					

population for a given year the difference between age at death and a standard life expectancy target (typically 75 years). YPLL is often standardized per 1,000 or per 100,000 members of a population less than 75 years of age and age adjusted. Years of potential life lost (YPLL) = life expectancy target – age at death					
C. <u>Health/Functional Status (self-reported)</u> **Single-question health status:** Response to the question "Would you say that in general your health is: Excellent, Very Good, Good, Fair, Poor?"					
Utility-based health/functional status: **Health Utilities Index**; EuroQol EQ-5D, **Short Form 6D** (SF-6D) (convert scores into 0-1 utility scores based on societal preferences, commonly used to measure quality adjusted life years (QALYs) used in economic analyses and research)					
4. <u>Disease Burden Measures:</u> Incidence: Annual rate or average age at onset for identified conditions (e.g. Diabetes, Chronic Heart Failure, Asthma)					
Prevalence: Obesity as percent of total adult population (aged 15 years and older)					
Comparisons of predictive model scores can be made over time by standardizing using the initial population size in different risk categories (e.g.,healthy, at risk, uncomplicated chronic, and complex).					

MEASURING EXPERIENCE OF CARE					
Measure and Definition	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
Five main question asked Care Quality Commission Experience as follows: - Are they safe? - Are they effective? - Are they caring? - Are they responsive to people's need? - Are they well led?					
Set of care experience measures based on IOM key dimensions (Safe, Effective, Timely, Efficient, Equitable, Patient-Centered).					