

# THE NATIONAL QUALITY FORUM

## Care Coordination – June 2009 Summary of Steering Committee Review of Measures

The following summary and table represent the Care Coordination Steering Committee's review and evaluation of the candidate measures submitted for the Care Coordination project. The Steering Committee had two conference calls (May 26, 2009 and June 2, 2009) and an in-person meeting on June 23–24, 2009 in Washington, DC.

### Steering Committee In-person meeting, June 23 – 24, 2009

*Steering Committee members present:* Don Casey, MD, MBA, MPH (Co-Chair); Gerri Lamb, PhD, RN (Co-Chair); Richard Antonelli, MD, MS; Brent Asplin, MD, MPH; Dexanne Clohan, MD; Mary Driscoll, MPH, RN; Kathy Duncan, RN; Karen Farris, PhD; Robyn Golden, LCSW; Lakshmi Halasyamani, MD; Eric Holmboe, MD; Michael Kern, MD; Christine Klotz, MHA; Margaret (Peggy) Leonard, MS, RN; Michael O'Dell, MD, MSHA; Alice Petrulis, MD; Joan Quinn, MS, RN; Karlene Rangelhell, MBA, RRT; Carolyn Scott, MEd, MHA, RN; David Stumpf, MD, PhD; Neil Wenger, MD; Deborah Willis-Fillinger, MD; Kathryn Bowles, PhD, RN (by phone); Susan Frampton, PhD (by phone day 1)

*NQF Staff Present:* Helen Burstin, MD, MPH; Karen Pace, RN, PhD; Nicole McElveen, MPH; Tina Grannis, RN, BSN; Hawa Camara; Robyn Y. Nishimi, PhD (NQF consultant)

*Measure Stewards Represented:* NYSDOH, Ingenix, ACC/AHA Task Force, Audiology Quality Consortium (AQC), American Academy of Dermatology, AMA/PCPI

### WELCOME, INTRODUCTIONS, AND DISCLOSURE OF INTERESTS

Mr. Casey welcomed the Steering Committee members who then introduced themselves and stated any conflicts of interest.<sup>1</sup>

The purpose of the meeting was to:

- Complete the evaluation of the candidate measures using the NQF standard evaluation criteria;
- Make recommendations on which measures are suitable as voluntary consensus standards (based on the results of the evaluations); and
- Identify additional recommendations to accompany the measures as indicated.

### INTRODUCTION

After the audience and those on the conference call line introduced themselves, NQF staff provided background information.

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<sup>1</sup> Dr. O'Dell served on the Physician Consortium for Performance Improvement workgroup, which submitted candidate measures on transitions. Dr. Stumpf works for United Health Group, which has a subsidiary company, Ingenix (measure steward for several candidate measures). Ms. Leonard – co-chair of the State of New York Office of Health Insurance Plans group that worked on the NSYDOH case management candidate measures.

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Ms. McElveen provided a quick overview of the agenda, including a review of the work to date and the Steering Committee's role. She mentioned that 54 measures were up for consideration for endorsement and that there was an additional measure carried over from the ambulatory care project addressing melanoma continuity of care. In addition, Ms. McElveen noted that the Committee would be reviewing the CTM-3 measure, which was currently up for measure maintenance.

Dr. Burstin reviewed the measure endorsement criteria and process. She also clarified the NQF process for harmonization across measures, in particular the consideration of measures that are similar to NQF-endorsed measures and maintenance.

## DISCUSSION ON GUIDELINES FOR EVALUATING MEASURES

Dr Lamb led the discussion on the criteria for evaluating measures addressing case management, consultation/referrals, and office visits. Prior to evaluating the measures, the Committee felt it was important to set some guidelines for evaluating measures on specific conditions, office visits, referrals/consultations, and case management, and identify how these measures would provide value to care coordination. The Committee agreed to the following to guide its decision making:

- For disease/condition specific measures to be relevant for care coordination, they should include aspects of care that cross providers and settings and that focus on common illnesses with potentially high cost adverse outcomes.
- For measures focused on office visits to be relevant to care coordination, they should demonstrate how care was coordinated as a result of the office visit, such as creation on a care plan for use across settings, medication reconciliation, and transfer of information to another setting.
- For measures focused on referrals/consultations to relevant to care coordination, they should demonstrate communication between the referring provider and the primary care provider, follow-up with the patient post-referral visit, and include arranging resources that enable the patient to keep referral/consultation visit.
- For measures focused on case management to be relevant to care coordination, they should include populations at high risk for adverse clinical and cost outcomes.

## EVALUATION OF INDIVIDUAL MEASURES

The evaluation of each measure began with an introduction to the measure – generally by the measure steward – followed by a report by the primary and secondary reviewers on their evaluation and then general Committee discussion and a vote. Questions that arose were referred to the measure stewards/developers. The attached table provides the Committee's recommendations and a summary of the major points related to its evaluation. Fourteen measures were recommended by the Committee to advance in the consensus process/advance subject to developers fulfilling certain conditions.

### Measures Recommended for Endorsement with Conditions

- CC-007-09/Emergency Room Visits for Members with Diabetes in Managed Care/  
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- **CC-009-09**/Hospital Admission Rates for Members with Diabetes in Managed Care/©NYSDOH
- **CC-013-09**/Crude Low Birth Weight Rate for Members in High Risk Case Management in Managed Care/©NYSDOH
- **CC-018-09**/Timely Care Management Assessment Rates for Pregnant Women at High Risk in Managed Care/©NYSDOH
- **CC-019-09**/Cardiac Rehabilitation Patient Referral From an Inpatient Setting/©ACCF-AHA Task Force
- **CC-020-09**/Cardiac Rehabilitation Patient Referral From an Outpatient Setting/©ACCF-AHA Task Force
- **CC-050-09**/Patients with a transient ischemic event ER visit that had a follow up office visit/©Ingenix
- **CC-071-09**/Biopsy Follow-up/©AAD
- **CC-078-09**/Melanoma Continuity of Care - Recall System/©AMA-PCPI/AAD/NCQA

## **Measures Recommended for Time-limited Endorsement**

- **CC-073-09**/Reconciled Medication List Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)/©AMA-PCPI
- **CC-074-09**/Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)/©AMA-PCPI
- **CC-075-09**/Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care)/©AMA-PCPI
- **CC-076-09**/Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharged to Ambulatory Care [Home/Self Care])/©AMA-PCPI

## **Measure Recommended for Continued Endorsement (Maintenance Review)**

- **0228**/3-Item Care Transition Measure (CTM-3)/©University of Colorado Health Sciences Center

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**NQF Evaluation Criteria:** I=Importance to measure and report; S=Scientific acceptability of measure properties; U=Usability; F=Feasibility  
**Importance to measure and report:** this is a threshold criterion and the Committee votes: Y=yes, N=no, or A=abstain. Measures that do not pass the importance criterion are not further evaluated and not recommended for consensus standards.

**Remaining Criteria:** Extent to which the NQF evaluation criteria are met: H=high; M=moderate; L=low. The Committee votes or reaches consensus on ratings.

**Recommendation:** The Committee votes on the overall recommendation for endorsement: Y=yes, N=no, or A=abstain.

Meas# / Title/ (Owner)	Steering Committee Discussion/Evaluation
<p><b>CC-001-09</b>                      Average Caseload for Members with Diabetes in Case Management in Managed Care                       (New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>                      The Committee’s discussions centered on the operational difficulties of this measure. Specifically, attaining the right level of caseload per case manager; the measure did not specify what a ‘caseload’ should be, therefore the measure outcome could be severe if the caseload was too high. The Committee also discussed the workload between the manager and team, and the comprehensiveness of services. Lastly, the Committee concluded that this measure will not have a big impact as a consensus standard for measuring and reporting care coordination.</p>
<p><b>CC-002-09</b>                      Diabetic Care- BP Outcome Measure for Members in Managed Care                       (New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>                      The Steering Committee members felt this measure does not fit within the scope of care coordination for this project and concluded that this measure will not have a big impact as a consensus standard for measuring and reporting care coordination. The Steering Committee members commented that the measure indicates both self management and medication control and this makes it less useful. They also questioned how this measure would coordinate with other parts of the patient’s medical or healthcare home process. As noted by one Committee member, if the measure were not as narrowly defined as BP only, it would be a good measure.</p>
<p><b>CC-003-09</b>                      Diabetes Care-Service Measures for Members in Managed Care</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>                      During discussions, the Committee agreed this measure is more of a standard of care within case management rather than care coordination, focusing on the quality of case management services and following clinical guidelines, which does not give an</p>

Meas# / Title/ (Owner)	Steering Committee Discussion/Evaluation
(New York State Department of Health)	indication of whether a patient receives coordination of care.
<b>CC-004-09</b> Timely Case Management Assessment Rate for Members with Diabetes in Managed Care  (New York State Department of Health)	<b>Measure Evaluation criteria: I:</b> No <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee discussed how case management is considered part of care coordination. It raised concerns regarding the timeframe not being universal. The Committee agreed that the concept of timeliness is important but, in the case of this measure, there is no evidence to support its importance to care coordination. Although it was argued that this is a process measure and that the triggers would be important (e.g., to target patients with more severe disease), the Committee agreed that this is a business process metric not directly related to EBM or a patient outcome.
<b>CC-005-09</b> Case Management Enrollment Rate for Members with Diabetes in Managed Care  (New York State Department of Health)	<b>Measure Evaluation criteria: I:</b> No <b>Recommend for endorsement :</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee’s discussion centered on how this is not a measure of care coordination. The Committee members commented that the communication between the NY Public Health Department and the managed care organization is key to determining care coordination. The Committee’s additional discussion points were as those for measure # CC-004-09.
<b>CC-006-09</b> Medication Adherence for Members with Diabetes in Managed Care  (New York State Department of Health)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement: Y=0 N= 17 A= 1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The measure reviewers agreed that this measure was more of a self-assessment or an endorsement of the Morisky scale. The reliability and validity testing was not provided, and it was noted that, due to the fact that the denominator only includes people who have completed both the pre- and post assessment, selection bias is an issue in this case (e.g., large population that does not complete the pre- and post-assessment will not be included). The Committee discussed that this is an indirect measure of managed care, if effective, and may involve care coordination—however the extent of care coordination was not specified. Concerns also were raised that the questions on the scale were not an accurate reflection of a patient’s confidence in managing his/her medication. It was noted, however, that the scale is a useful tool that has been used and that asks/covers the right questions. Further, when probed appropriately, the patient’s self-reported information can provide a lot of information on medication management, also identifying patients with medication adherence less than 70% by PMR and pills counts. The Committee also discussed the responsibility for assessing adherence and family centeredness in the performance of the broad healthcare system. In this context, it was felt this measure looks at the functionality of case management, which is not the same as care coordination. It was also discussed that there are no links to real outcomes or to the provider.
<b>CC-007-09</b>  Emergency Room Visits for Members with Diabetes in Managed	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement (time-limited with conditions): Y= 12 N= 7 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee recognized this measure as an important outcome measure that identified high risk patients, created a plan of

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<p>Care</p> <p>(New York State Department of Health)</p>	<p>Care that addressed the risk factors, and taught self-management skills to this high-risk population. There was concern, however, about the use of self-report data instead of claims data. The Committee also discussed identifying the processes that lead to this outcome and the measure addressing a specific disease.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Show the use of claims data for this measure rather, than self-report data.</li> <li>- Identify criteria to trigger case management</li> <li>- Incorporate case management activities relevant to care coordination</li> <li>- Provide risk adjustment data for measure</li> <li>- Specify whether this measure is specific to all cause ED visits or only diabetes-related visits.</li> </ul>
<p><b>CC-008-09</b></p> <p>Graduation Rates for Members with Diabetes in Case Management in Managed Care</p> <p>(New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> No</p> <p><b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i></p> <p><b>Rationale for ratings (I, SA, U, F)/recommendation:</b></p> <p>The Steering Committee reviewed this measure and agreed that the measure does not fit within the scope of care coordination for this project and that it would not provide any significant impact as an outcome measure in the context of the framework and for purposes of a consensus standard for measuring and reporting care coordination. Also, It was noted the measure is not related to a process of care coordination, it does not measure referrals across settings.</p>
<p><b>CC-009-09</b></p> <p>Hospital Admission Rates for Members with Diabetes in Managed Care</p> <p>(New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes</p> <p><b>Recommend for endorsement (time-limited with conditions):</b> Y= 13 N= 7 A=1</p> <p><b>Rationale for ratings (I, SA, U, F)/recommendation:</b></p> <p>The Committee recognized the importance of reducing hospital admissions, but had concerns that this measure only addresses a single population within managed care. The discussion about this measure mirrored that for measure # CC-007-09.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Show the use of claims data for this measure, rather than self-report data.</li> <li>- Identify criteria to trigger case management</li> <li>- Provide risk adjustment data for measure</li> <li>- Clarify whether this measure is specific for diabetes-related admissions or for any diagnosis</li> </ul>
<p><b>CC-010-09</b></p> <p>Trigger Rates for Members with Diabetes in Managed Care</p> <p>(New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes</p> <p><b>Recommend for endorsement:</b> Y= 1 N=17 A=3</p> <p><b>Rationale for ratings (I, SA, U, F)/recommendation:</b></p> <p>The Committee noted that this measure does not attempt to differentiate between care management and disease management. It also noted that that triggering patients for diabetes is already part of the process in managed care and this leads into assessment and further care. Concerns were raised that the measure did not provide sufficient specifications of care coordination activities, such as creating a plan of care with patient/ designee, self-management skills, communication between case management and primary care provider. The Committee discussed how this measure requires more conceptual work (e.g., identify trigger</p>

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	factors).
<p><b>CC-011-09</b> Average Length of Stay in an Intensive Care Unit for Infants of Women in Case Management in managed care</p> <p>(New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee reviewed this measure and agreed it does not fit within the scope of care coordination for this project. One Committee member commented that the evidence provided is not sufficient enough that this is an indicator of quality. The Committee added that this is an indicator of case management quality that could be part of a dashboard, but is dependent on co-morbidities.</p>
<p><b>CC-012-09</b> Case Management Enrollment Rate for Pregnant Women at High Risk in Managed Care</p> <p>(New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement:</b> Y=0 N=19 A=2  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee agreed that the lack of reliability and validity testing was an issue, as well as the limitation to the managed care population. It also was noted that the definition of high risk seems to be locally defined, and that it would be difficult to know who qualifies as a high-risk patient and some standardization for comparative purposes seemed called for. The Committee stated that this measure is more similar to referral than to what would happen in case management. Additional Committee discussion focused on the difference between triggering and having an office visit. It was argued that there are no differences between the two events. Another concern raised was that 'triggering' alone does not provide insight into the process of care coordination. Some suggestions from the Committee to improve this measure would be to define/specify 'high-risk' and to incorporate evidenced-based guidelines for this population into the criteria.</p>
<p><b>CC-013-09</b> Crude Low Birth Weight Rate for Members in High Risk Case Management in Managed Care</p> <p>(New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement (time-limited with conditions):</b> Y=18 N=1 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  Committee members noted that this measure has not been tested and data on reliability and validity should be presented. It also was noted that the measure excluded from the denominator, individuals who remove themselves from case management. There should be evidence to show this exclusion. The Committee agreed that the lack of specifications and the emphasis uniquely on the managed care setting made this measure less useful. There also were concerns that the measure permits self-reported data and hospital records, but does not address whether the results are compatible in order to measure this. Despite some reservations, the Committee agreed low birth weight was a critical outcome measure of care coordination.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Provide reliability and validity testing</li> <li>- Address specifications of criteria for case management</li> <li>- Provide the risk adjustment data</li> <li>- Provide exclusion criteria</li> <li>- Provide information on how many were enrolled and how they were triggered for case management</li> </ul>

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<p><b>CC-014-09</b> Intensive Care Unit Admission Rate for Infants of Women in Case Management in Managed Care  (New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement:</b> Y=1 N=20 A=1 <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee agreed that there is a lack of specification and reliability and validity testing. The lack of communication between OBs and PCPs increases the risk of babies ending up in the NICU. The Committee concurred that case management would not likely be the right entity to bring pre-partum OB management decision-making and post-partum pediatric decision-making together. There also were concerns that, since peripartum has the most impact on OB practices, it would not be recommended to have the infrastructure of case management responsible for peripartum. Another concern was that similar measures would influence infant NICU admission, which could have the unintended consequence of making it less likely for an infant to get the care he/she requires.</p>
<p><b>CC-015-09</b> Average Caseload with Members in High Risk OB Case Management in Managed Care  (New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> No <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee agreed that since most women go for a post-partum visit, this measure would not add value for the purpose of measuring and reporting care coordination. Additional discussion points were similar to measure # CC-011-09.</p>
<p><b>CC-016-09</b> Trigger Rates of Members with High Risk OB in Managed Care  (New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement:</b> Y=0 N= 20 A=1 <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> Committee members agreed that this measure felt more like a trigger or referral measure than a care coordination measure; it also was noted that the measure focuses only on the managed care population and so has limited utility. The Committee noted that the measure focused on studying triggers rather than how the triggers might lead to interventions or care coordination activities.</p>
<p><b>CC-017-09</b> Post Partum Care Visits Rate for Pregnant Women in case Management in Managed Care  (New York State Department of Health)</p>	<p><b>Measure Evaluation criteria: I:</b> No <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee reviewed this measure and agreed it does not fit within the scope of care coordination for this project. The Committee felt this measure focuses on the standard of care, not care coordination. In addition, the Committee also discussed whether this measure was an outcome of coordinated case management.</p>

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<p>CC-018-09</p> <p>Timely Case Management Assessment Rates for Pregnant Women at High Risk in Managed Care</p> <p>(New York State Department of Health)</p>	<p><b>Measure Evaluation criteria:</b> I: Yes  <b>Recommend for endorsement (time-limited with conditions):</b> Y= 19 N=1 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee agreed this measure was a multi-part measure that addressed trigger rates, plan of care, completion of that plan of care, and a timeframe – all elements of care coordination. In addition, the timeline of case management assessment is relevant to care coordination. Nevertheless, the Committee also noted that the specifications needed more information, as articulated below. Concerns also were raised about the population of women who can potentially be triggered for case management, but may not fall into the specific areas for this measure – i.e., how those women can be triggered for managed care.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Specify which aspects of care coordination occurred during the initial assessment</li> <li>- Define the process of care plan development during the assessment and how the care plan will be shared with relevant providers.</li> <li>- Specify criteria for referrals (triggers) to case management for this population with supporting evidence.</li> <li>- Provide evidence to support the 15 day timeline.</li> </ul>
<p>CC-019-09</p> <p>Cardiac Rehabilitation Patient Referral From an Inpatient Setting</p> <p>(ACC/AHA Task Force)</p>	<p><b>Measure Evaluation criteria:</b> I: Yes  <b>Recommend for endorsement (with conditions):</b> Y=23 N=0 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  Overall, the Committee felt this measure was well specified and included appropriate care coordination components. There were several concerns raised about the denominator and the exclusions, however. In particular, the Committee noted that the denominator excludes patients who refuse rehab care and those who do not have insurance; Committee members were concerned about how this information would be measured and tracked. Committee members also discussed the database used for collecting the specifications of the measure, referred to as the “Action Registry.” Concern was expressed as to whether hospitals that do not participate in the registry and may not be equipped with an EHR will be able to implement this measure. In addition, concerns were raised as to whether information was captured to show that a referral was made even if a patient refuses to enroll in the program. Committee members recommended that the measure developers clarify the patient exclusions and rehab centers not being available to the patient.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Clarify exclusions, patient refusals, availability of rehabilitation centers in proximity to the patient</li> <li>- Clarify in specifications the rehabilitation referral services for those patients who are currently enrolled in an in-patient rehab program and/or referred to a longer term in-patient program and should not be counted against</li> <li>- Data elements should be more publicly available for wider use by the public</li> <li>- Clarify availability of Action Registry for hospitals without EHR capabilities</li> </ul>
<p>CC-020-09</p> <p>Cardiac Rehabilitation</p>	<p><b>Measure Evaluation criteria:</b> I: Yes  <b>Recommend for endorsement (with conditions):</b> Y= 22 N=0 A=2  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b></p>

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Patient Referral From an Outpatient Setting  (ACC/AHA Task Force)	<p>Many of the Committee comments were similar to measure #CC-019-09. Additionally, the Committee expressed concerns about the definition of the outpatient setting and variability of the access to data depending on the setting. Concerns also were raised regarding the exclusions of patients who are not going to the cardiac rehabilitation programs and the need to understand the reason why, in order to change this outcome. In addition, the Committee felt that the loop among the outpatient setting, the primary care physician, and the patient's successful enrollment and completion of the program should be addressed. It also was noted by the Committee that this measure addresses a lower risk of patients, which may in turn lead to overuse; guidelines for the appropriateness of cardiac rehabilitation programs were requested.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Clarify exclusions and provide explanations for patients not enrolled in cardiac rehabilitation programs</li> <li>- Define outpatient settings</li> <li>- Address the care coordination loop among the outpatient setting, the primary care physician, or other primary care provider, and the enrollment and completion of the program</li> <li>- Clarify the benefits or risks for over-utilization of cardiac rehabilitation programs. Provide evidence for guidelines for appropriateness of cardiac rehabilitation programs</li> </ul>
<b>CC-021-09</b> Cardiac Rehabilitation/Secondary Prevention (CR) Program Structure-Based Measurement Set to Set Safety Standards for CR Programming  (ACC/AHA Task Force)	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>            The Steering Committee agreed that the measure does not fit within the scope of care coordination for this project. Committee members commented that this is standard of care measure/guideline, not a care coordination measure. They added that it may be a resource for effective care.</p>
<b>CC-022-09</b> Cardiac Rehabilitation/Secondary Prevention (CR) Program Measurement Set to Assess Risk for Adverse Cardiovascular Events  (ACC/AHA Task Force)	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>            The Steering Committee's discussion focused on the fact that this measure is part of a certification process by the AACVPR for cardiac rehabilitation programs and not a measure of care coordination. The Committee felt that risk assessment is not part of care coordination, but a part of healthcare home or the initial provider's responsibility, and therefore antecedent of it. It also discussed the lack of evidence that this particular set of criteria translates into a better outcome or better experiences for the patient.</p>
<b>CC-023-09</b>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i></p>

Meas# / Title/ (Owner)	Steering Committee Discussion/Evaluation
<p>Cardiac Rehabilitation/Secondary Prevention (CR) Measurement Set to Assure Individualized Assessment and Evaluation of Modifiable Cardiovascular Risk Factors, Development of Individualized Interventions, and Communication With Other Health Care Providers</p> <p>(ACC/AHA Task Force)</p>	<p><b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee’s discussion focused on the fact that this measure is part of a certification process by the ACCVPR for cardiac rehabilitation programs and not a measure of care coordination. It believed risk assessment is not part of care coordination, but a part of healthcare home or the initial provider’s responsibility, and therefore antecedent of it. It also discussed the lack of evidence to the fact that this particular set of criteria translates into a better outcome or better experiences for the patient.</p>
<p><b>CC-024-09</b>  Cardiac Rehabilitation/Secondary Prevention (CR) Program Measurement Set Related to Monitoring Response to Therapy and Documenting Program Effectiveness</p> <p>(ACC/AHA Task Force)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed that this measure is an effectiveness measure for a cardiac rehabilitation program and therefore not within the scope of care coordination for this project. Committee members felt that this measure was measuring changes in outcome metrics and more information was needed. In addition, effectiveness of the measure depends on the number of patients admitted to the program as opposed to those in need of such a program.</p>
<p><b>CC-025-09</b>  Patient(s) 65 years of age and older that received a high risk medication.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=1 N=20 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed that it fits within the scope of care coordination for this project. Some concern about harmonization with existing HEDIS measures was expressed. Suggestions for the measure developer to improve this measure and be relevant to care coordination would be to stratify patients by number of primary care providers prescribing medications and to provide medication reconciliation.</p>
<p><b>CC-026-09</b>  CHF Cardiology</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=22 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b></p>

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Consultation  (Ingenix)	The Committee agreed that a patient being referred to a cardiologist does not close the loop of communication on care coordination. Also, it was noted that there seems to be a clinical discord between event trigger and when the consultation would have occurred (the denominator event). For example, if a patient has had two recent ER visits or hospitalizations in the last six months, compliance with this measure could be attained by a claim for a cardiology visit 18 months prior. Committee members agreed that this is clinically problematic, especially from a care coordination standpoint.
<b>CC-027-09</b>  Atrial Fibrillation Cardiology Consultation  (Ingenix)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement: Y=0 N= 21 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee felt that a one way referral process does not represent care coordination. It was also noted that there is no evidence that this measure would result in a better outcome for a-fib patients. In addition, although the reliability and validity testing data were provided, the Committee felt the data did not supply enough evidence for this measure.
<b>CC-028-09</b>  Patient(s) with diabetes that had an office visit in last 6 reported months.  (Ingenix)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement: Y=0 N=19 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee agreed that the measure specifications appears to only examine the occurrence of an office visit, and therefore is not an accurate measure for care coordination. The Steering Committee feels that measures addressing office visits should provide more specificity on the care coordination activities that took place during the office visit and demonstrate how care was coordinated, such as creating the plan of care for use across settings or transfer of information to another setting.
<b>CC-029-09</b>  Patient(s) with asthma that had an office visit in last 6 reported months  (Ingenix)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement: Y=0 N=19 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee concurred that the measure does not fit within the scope of care coordination for this project. The Steering Committee feels that measures addressing office visits should provide more specificity on the care coordination activities that took place during the office visit and demonstrate how care was coordinated, such as creating the plan of care for use across settings or transfer of information to another setting.
<b>CC-030-09</b>  Asthma office visit for patients with poorly controlled disease  (Ingenix)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement: Y=0 N=23 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> Committee members agreed that in order for this measure to be considered care coordination, there needs to be transfer of information and a developed care plan to show that care was coordinated. They stated that the numerator and denominator times were not aligned to reflect care coordination. Committee members noted that the coordination of care involves multiple steps and that it would not be practical to measure all the steps. The Committee also felt it is important to define 'poorly controlled', especially within the population of asthma patients – i.e., because the disease is episodic, the definition would help differentiate between well-controlled and poorly controlled patients.

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<p><b>CC-031-09</b></p> <p>Asthmatics with problematic asthma control who had specialty consultation</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=20 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee felt that this measure does not close the loop of communication on care coordination; it also noted that this is a referral measure only and does not reflect care coordination. The Committee suggested an improved measure that would reflect care coordination would have a proactive plan of care. In addition, the Steering Committee felt that measures addressing referrals and consultations must measure communication between the referring provider and recipient provider. , as well as arranging resources that will enable the patient to keep the referral/consultation visit should be a requirement.</p>
<p><b>CC-032-09</b></p> <p>Patient(s) with hypertension that had an annual physician visit</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=23 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee noted the measure constitutes an annual visit but, there was no documentation of coordinated care (e.g., that a care plan was developed and implemented to show that care coordination actually took place). The Committee agreed that it did not measure care coordination.</p>
<p><b>CC-033-09</b></p> <p>Patients with problematic COPD control who had pulmonary consultation</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=20 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee noted that this measure is only for a referral and that the specifications did not include the development of a proactive plan of care. The Committee felt that this measure does not close the loop on care coordination. In addition, the Steering Committee felt that measures addressing referrals and consultations must measure communication between the referring provider and recipient provider, as well as arranging resources that will enable the patient to keep the referral/consultation visit.</p>
<p><b>CC-034-09</b></p> <p>Psychiatry consultation for patients with severe depression</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=19 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  Committee members noted that this is a very important clinical measure but does not measure care coordination since this measure only monitors whether or not a referral was made. In addition, the Steering Committee felt that measures addressing referrals and consultations must measure communication between the referring provider and recipient provider, as well as arranging resources that will enable the patient to keep the referral/consultation visit.</p>
<p><b>CC-035-09</b></p> <p>Migraine office visit for patients with poorly controlled disease</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=23 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee felt this measure only tracks office visits and noted that this measure would miss people without a pharmacy plan. The Committee also questioned whether this measure tracked people in the ED with frequent migraines who had an office</p>

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(Ingenix)	visit or have <i>not</i> had an office visit in the past six months. In addition, the Steering Committee felt that measures addressing office visits should provide more specificity on the care coordination activities that took place during the office visit and demonstrate how care was coordinated, such as creating the plan of care for use across settings or transfer of information to another setting.
<p>CC-036-09</p> <p>Patients with poor migraine control who had specialty consultation</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=19 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  During the Committee’s discussion, it was noted that the measure does not follow the ICSI guideline. Additionally, the Committee noted that this measure does not close the loop and does not meet the criteria for care coordination for this project. One member suggested implementing definitive research in order to determine whether this type of referral is advantageous to the population at risk for migraines.</p>
<p>CC-037-09</p> <p>Annual serum creatinine for patients with chronic kidney failure.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee felt that this measure addresses guidelines/standards of care (lab tests on a schedule), not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p>CC-038-09</p> <p>Annual hemoglobin/hematocrit for patients with moderate CKD, severe CKD, or kidney failure.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure was not within scope of care coordination for this project – i.e., this measure addresses guidelines/standards of care (lab tests on a schedule), not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p>CC-039-09</p> <p>Annual serum calcium for patients with moderate CKD, severe CKD, or kidney failure.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure was not within scope of care coordination for this project – i.e., this measure addresses guidelines/standards of care (lab tests on a schedule) not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p>CC-040-09</p> <p>Annual serum</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i></p>

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<p>phosphorus for patients with moderate CKD, severe CKD, or kidney failure.</p> <p>(Ingenix)</p>	<p><b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure was not within scope of care coordination for this project – i.e., this measure addresses guidelines/standards of care (lab tests on a schedule) not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p><b>CC-041-09</b></p> <p>CKD nephrology consultation for patients with severe kidney disease or kidney failure</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y (with conditions)=6 N= 14 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  Committee members agreed that this is a referral measure and does not involve care coordination. They noted that there is no capture of care coordination activities that would be provided for the patient during this consultation. The Committee also discussed the lack of evidence for kidney disease or kidney failure (characterized by a creatinine clearance below 30 or creatinine between 2 and 25) not being managed in a primary care setting; it agreed there is an element of care that needs to be coordinated for this population of patients. The Committee suggests that future measure submissions that focus on this population include providing evidence of the specified timeframe to justify it, as well as definitions of ‘severe kidney disease’.</p>
<p><b>CC-042-09</b></p> <p>Annual serum PTH for patients with severe kidney disease or kidney failure.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure was not within scope of care coordination for this project – i.e., this measure addresses guidelines/standards of care (lab tests on a schedule) not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p><b>CC-043-09</b></p> <p>Annual LDL cholesterol for patients with chronic kidney disease.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure was not within scope of care coordination for this project – i.e., this measure addresses guidelines/standards of care (lab tests on a schedule) not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p><b>CC-044-09</b></p> <p>Annual HDL cholesterol for patients with chronic kidney disease.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure was not within scope of care coordination for this project – i.e., this measure addresses guidelines/standards of care (lab tests on a schedule) not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p><b>CC-045-09</b></p> <p>Annual triglyceride for</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i></p>

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<p>patients with chronic kidney disease.</p> <p>(Ingenix)</p>	<p><b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee agreed this measure does not fit within the scope of care coordination for this project – i.e., this measure looks more like standard of care than care coordination.</p>
<p><b>CC-046-09</b></p> <p>Nephrology consultation for patients with CKD and other specific diagnosis</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement: Y=0 N=20 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee noted that the parameters are different for this measure than in measure #CC-041-09, since the scope of this measure is broader and not only addresses severe disease. However, they felt this was a referral and concluded that measures focusing on referrals must show communication between the referring provider and recipient provider, as well as arranging resources that will enable the patient to keep the referral/consultation visit.</p>
<p><b>CC-047-09</b></p> <p>Annual urine protein/microalbumin for selected patients with chronic kidney failure.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee agreed this measure was not within scope of care coordination for this project – i.e., this measure addresses guidelines/standards of care (lab tests on a schedule) not coordination of care. The Committee felt the focus should be on linking the patient with activities that produce better outcomes.</p>
<p><b>CC-048-09</b></p> <p>Patients with poor epilepsy control who had neurology consultation</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement: Y=0 N= 20 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee agreed the specifications for this measure do not suggest care coordination or outcome measures. It also was noted that no evidence was provided that epilepsy would be better controlled by a neurologist versus a primary care provider.</p>
<p><b>CC-049-09</b></p> <p>Patients with bariatric surgery who had complications.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee agreed this measure was an outcome measure of bariatric surgery and does not fit within the scope of care coordination for this project.</p>
<p><b>CC-050-09</b></p> <p>Patients with a transient ischemic event ER visit that had a follow up office visit</p>	<p><b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement (with conditions): Y=22 N= 0 A=1</b> <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee felt that this measure assesses a reasonable indication that care coordination has occurred and that the timeliness aspect of the measure was important. Specific testing information about the measure was not adequately documented and additional specification was requested. Committee members' discussion about the measure centered on the specifics of the</p>

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(Ingenix)	<p>activities that happen during the ED visit and the follow-up office visit; measuring the activities of these processes is truly what will demonstrate care coordination. In addition, the Committee noted that it should be specified that the follow-up office visit should be related to the transient ischemic event and so it requested that the diagnosis codes for the office visit be related to an ischemic event. The Committee also expressed concern about the timeframe in the specifications for a follow-up office visit; additional evidence was requested to demonstrate that this timeframe meets guidelines for appropriate care.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Provide testing data for reliability and validity</li> <li>- Confirm that codes related to the office visit are related to an ischemic event</li> <li>- Provide the evidence base for choosing the timeframe of 30 days</li> </ul>
<p><b>CC-051-09</b></p> <p>Patients hospitalized with an acute cerebral ischemic event that had specialty consultation</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=20 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee discussed the reliability of the data and the timeframe presented in the measure. It was mentioned that the 30 day timeframe is problematic and should be specified more clearly. Committee members suggest that future measure submissions focused on this population should provide evidence that specialty consultations do improve outcomes for this population and provide evidence on the 30 day timeframe.</p>
<p><b>CC-052-09</b></p> <p>Gastroenterology consultation for patients on simple chronic medication regimens for inflammatory bowel disease</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=20 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee agreed that this measure does not close the loop and does not meet the criteria for care coordination for this project. Although the Committee agreed that the IBD population is a high-risk patient population that could benefit from gastroenterology care, the measure does not address the outcomes associated with the quality of care coordination.</p>
<p><b>CC-053-09</b></p> <p>Gastroenterology consultation for patients on complex treatment regimens or chronic corticosteroid therapy for inflammatory bowel disease</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y= 0 N=20 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee agreed that this measure does not close the loop of communication for care coordination. Although the Committee agreed that the IBD population is a high-risk patient population that could benefit from gastroenterology care, the measure does not address the outcomes associated with the quality of care coordination.</p>

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<p><b>CC-054-09</b></p> <p>Gastroenterology consultation for patients hospitalized or received ER care for inflammatory bowel disease</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement:</b> Y=0 N=20 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee agreed that this measure does not close the loop and does not meet the criteria for care coordination for this project. Although the Committee agreed that the IBD population is a high-risk patient population that could benefit from gastroenterology care, the measure does not address the outcomes associated with the quality of care coordination.</p>
<p><b>CC-055-09</b></p> <p>Patient(s) with newly diagnosed with breast cancer who received prompt specialty care</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement:</b> Y=0 N=21 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee agreed that the measure is a referral measure that does not close the loop of communication and does not measure care coordination; timeliness alone was not felt to be a substitute for care coordination. They Committee suggested that future measure submissions focused on this population should contain an evidence-based timeframe, consider capturing elements of patient-centeredness, as well as closing the loop of communication between PCP and specialty provider.</p>
<p><b>CC-056-09</b></p> <p>Patient(s) with a CABG procedure who received a beta-blocker.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure does not fit within the scope of care coordination. The Committee considered this measure to be a standard of care, rather than a measure for care coordination. In addition, to be indicative of care coordination, the Committee felt that the measure specifications should document whether the medication was filled and continued after discharge. In addition, a similar candidate measure was submitted addressing a reconciled medication list for discharged patients (# CC-073-09) and the Committee agreed that it was a better measure for this project.</p>
<p><b>CC-057-09</b></p> <p>Patient(s) with a CABG procedure who received a lipid-lowering agent.</p> <p>(Ingenix)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed this measure does not fit within the scope of care coordination. The Committee considered this measure to be a standard of care, rather than a measure for care coordination. In addition, to be indicative of care coordination, the Committee felt that the measure specifications should document whether the medication was filled and continued after discharge. In addition, a similar candidate measure was submitted addressing a reconciled medication list for discharged patients (# CC-073-09) and the Committee agreed that it was a better measure for this project.</p>
<p><b>CC-058-09</b></p> <p>Patient(s) with a CABG</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b></p>

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<p>procedure who had a post-operative stroke.</p> <p>(Ingenix)</p>	<p>The Steering Committee agreed that the measure does not fit within the scope of care coordination for this project – it is measuring a complication of surgery.</p>
<p><b>CC-059-09</b> Baseline audiologic assessment for ototoxicity</p> <p>(Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=20 A=0</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  Discussion focused on the importance of this measure, and the large gap in care. However, the Committee noted that care coordination is implied and this measure is a standard of care. Committee members suggested that future measure submissions focused on this population should look at feasibility issues, such as not delaying the administration of ototoxic antibiotics in order to obtain a baseline audiologic assessment; addressing alternatives, such as measuring ototoxic drug levels and maintaining drug levels within normal limits; and closing the loop of communication.</p>
<p><b>CC-060-09</b> Audiologic monitoring for ototoxicity</p> <p>(Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=20 A=0</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee noted that the measure belonged in a care guideline professional pattern rather than as measure of care coordination. The Committee’s additional discussion points were similar to measure #CC-059-09.</p>
<p><b>CC-061-09</b> Baseline vestibular assessment for vestibulotoxicity</p> <p>(Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=19 A=0</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee noted that the measure belonged in a care guideline professional pattern and that assessment alone is not a measure of care coordination. The Committee’s that additional discussion points were similar to measure #CC-059-09.</p>
<p><b>CC-062-09</b> Vestibular monitoring for vestibulotoxicity</p> <p>(Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=19 A=0</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  It also was noted that there is no evidence that the intervention will make a difference in the outcome. Suggestions to improve the measure included building components into the measure (such as identifying audiologic deficit and that the patient was referred to a specialist who was able to evaluate the child and prepare materials or prosthesis), as well as timely transmission of records to the specialist. The Committee felt this cascade of factors and processes would require care coordination that should be measured.</p>
<p><b>CC-063-09</b></p>	<p><b>Measure Evaluation criteria: I:</b> Yes</p>

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<p>Referral for otologic evaluation for patients with visible congenital or traumatic deformity of the ear (Audiology Quality Consortium)</p>	<p><b>Recommend for endorsement:</b> Y=0 N= 20 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee recognized that this measure is important; however, it addresses a standard of care. In addition, there was no evidence provided that a performance gap exists across providers. The committee concluded that measures focusing on referrals must show communication between the referring provider and recipient provider, as well as arranging resources that will enable the patient to keep the referral/consultation visit.</p>
<p><b>CC-064-09</b>  Referral for otologic evaluation for patients with a history of active drainage from the ear within the previous 90 days   (Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement:</b> Y=0 N=21 A=0  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee noted that this measure followed clinical guidelines about making a referral and concluded that measures focusing on referrals must show communication between the referring provider and recipient provider, as well as arranging resources that will enable the patient to keep the referral/consultation visit.</p>
<p><b>CC-065-09</b>  Referral for otologic evaluation for patients with a history of sudden or rapidly progressive hearing loss   (Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement:</b> Y=0 N=21 A=0  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee discussed the lack of specificity on what the underlying condition is and noted that the statement that data elements are in the EHRs is not always true and that is a feasibility issue. The Committee also felt that the denominator of the measure may be difficult to measure and that this is a process-based measure of referrals only. The Committee suggests that future measure submissions focused on this population should not specify a particular specialist such as an audiologist. There are many reasons a patient could present with rapidly progressive hearing loss. At the time of the PCP's assessment of the patient, the decision would be made as to which specialist the patient would be referred to, such as an audiologist or neurologist.</p>
<p><b>CC-066-09</b>  Referral for otologic evaluation for patients with acute or chronic dizziness.</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee agreed that the measure does not fit within the scope of care coordination for this project. It also agreed it was more of a standard of care and does not measure coordination of care.</p>

Meas# / Title/ (Owner)	Steering Committee Discussion/Evaluation
(Audiology Quality Consortium)	
<p><b>CC-067-09</b></p> <p>Referral for otologic evaluation for patients with a unilateral hearing loss</p> <p>(Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement: Y=0 N=21 A=0</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee discussed the lack of specificity on what the underlying condition is and noted that the statement that data elements are in the EHRs is not always true and that is a feasibility issue. The Committee also discussed that the denominator of the measure may be difficult to measure and that this is a process-based measure of referrals only. The Committee suggests that future measure submissions focused on this population should not specify a particular specialist such as an audiologist— especially since there are many reasons a patient could present with rapidly progressive hearing loss. At the time of the PCP’s assessment of the patient, the decision should be made as to which specialist the patient would be referred to, such as an audiologist or neurologist.</p>
<p><b>CC-068-09</b></p> <p>Referral for otologic evaluation for patients who present with a conductive hearing loss or air-bone gap.</p> <p>(Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee reviewed this measure and agreed it does not fit within the scope of care coordination for this project based on their review of the measure against the five questions and in the context of the framework. The Steering Committee also mentioned that this measure was more of a standard of care and does not measure coordination of care.</p>
<p><b>CC-069-09</b></p> <p>Referral for otologic evaluation for patients with evidence of impacted cerumen accumulation or a foreign body in the ear canal.</p> <p>(Audiology Quality Consortium)</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee reviewed this measure and agreed it does not fit within the scope of care coordination for this project based on their review of the measure against the five questions and in the context of the framework. The Steering Committee also mentioned that this measure was more of a standard of care and this disorder could be treated by a non-audiologist practitioner. In addition, it does not measure coordination of care.</p>
<p><b>CC-070-09</b></p> <p>Referral for otologic evaluation for patients with pain or discomfort in the ear.</p>	<p><b>Measure Evaluation criteria: I:</b> No  <b>Recommend for endorsement:</b> Did not pass the threshold criterion, <i>Important to Measure and Report</i>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Steering Committee reviewed this measure and agreed it does not fit within the scope of care coordination for this project based on their review of the measure against the five questions and in the context of the framework. The Steering Committee also mentioned that this measure was more of a standard of care and this disorder could be treated by a non-audiologist practitioner.</p>

Meas# / Title/ (Owner)	Steering Committee Discussion/Evaluation
(Audiology Quality Consortium)	In addition, the Steering Committee felt that pain or discomfort in the ear is usually treatable by a primary care physician.
<p>CC-071-09</p> <p>Biopsy Follow-up</p> <p>(American Academy of Dermatology)</p>	<p><b>Measure Evaluation criteria:</b> I: Yes  <b>Recommend for endorsement (time-limited with conditions):</b> Y=14 N=5 A=0  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The reviewers of this measure discussed the importance of measure addressing patient safety, but indicated the lack of testing and felt that this measure reflected more of a biopsy review, rather than a biopsy follow-up; there is nothing currently built into the measure for follow-up with the patient or primary care physician.  Committee members expressed the view that the measure fits into the continuity of care framework and addresses a fundamental care coordination issue. They noted that often tests are ordered and not performed and/or results from tests are not provided to the physician. While the intent of this measure is good, the Committee mentioned that this measure does <u>not</u> address the communication loop between the biopsy physician, the primary care physician, and the patient. Closing this loop is critical.</p> <p><b>Questions/Conditions for Measure Developer:</b></p> <ul style="list-style-type: none"> <li>- Provide data related to testing reliability and validity.</li> <li>- Demonstrate or show that the results of the biopsy were provided to the patient by indication in the chart and reflected in the specifications.</li> <li>- Close the loop among the physician performing the biopsy, the primary care physician, and the patient.</li> <li>- Committee members also suggested using the “log” mentioned in the measure, as a tool to show that the information from the biopsy physician was passed onto the primary care physician and the patient</li> </ul>
<p>CC-072-09</p> <p>High Risk Medication Monitoring</p> <p>(American Academy of Dermatology)</p>	<p><b>Measure Evaluation criteria:</b> I: Yes  <b>Recommend for endorsement: Y(time-limited)=5 N=11 A=1</b>  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee did not recommend this measure for endorsement. Discussion centered on the importance of using a recall system in managing/monitoring patients on high-risk medications. Concerns raised were that who is responsible for the monitoring-is it the PCP or the pharmacists? The Committee believes the pharmacists would be best suited for this responsibility. In addition, the feasibility aspect of all PCPs prescribing the high-risk drugs need to put in place a recall system is problematic/burdensome. The Committee suggests that future measure submissions focused on this population assign monitoring responsibility to an entity, there needs to be a definition of ‘high-risk medication’, and specify the denominator.</p>
<p>CC-073-09</p> <p>Reconciled Medication List Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any</p>	<p><b>Measure Evaluation criteria:</b> I: Yes  <b>Recommend for endorsement (time-limited):</b> Y=20 N=0 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee noted that this is a core measure to care coordination and was well specified. Committee members suggested having the medication list sequenced over a period of time rather than having a simple list of medications. The importance of patient education on medication reconciliation processes was also mentioned. A Committee member added that medication reconciliation is one of the national patient safety goals and has a great opportunity for harmonization with the Joint</p>

Meas# / Title/ (Owner)	Steering Committee Discussion/Evaluation
Other Site of Care  (AMA-PCPI)	Commission. It was also suggested to pair it with the CTM-3 measure.
<b>CC-074-09</b>  Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care)  (AMA-PCPI)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement (time-limited):</b> Y=20 N=0 A=1 <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee noted that this is a core measure to care coordination and was well specified. There was some concern expressed by the Committee about appointing someone to complete this document. Suggestions include harmonizing with HITSPIE/CTM-3.
<b>CC-075-09</b>  Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care)  (AMA-PCPI)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement (time-limited):</b> Y=20 N=0 A=1 <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee noted that this is a core measure to care coordination and was well specified. Concerns were raised about the evidence for the timeframe of '24 hours'. Suggestions for future measure submissions would be to include not only documentation at discharge facilities, but receiving facilities as well.
<b>CC-076-09</b>  Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care])  (AMA-PCPI)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement (time-limited):</b> Y=20 N=0 A=1 <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Committee noted that this is a core measure to care coordination and was well specified.
<b>CC-077-09</b>  NYU ED Algorithm  (NYU)	<b>Measure Evaluation criteria: I:</b> Yes <b>Recommend for endorsement :</b> Committee will review and recommend for endorsement during an upcoming conference call <b>Rationale for ratings (I, SA, U, F)/recommendation:</b> The Steering Committee began a review of this measure, but was not provided sufficient information to fully evaluate the measure. Recommendation for Endorsement will be determined in a future conference call.

Meas# / Title/ (Owner)	Steering Committee Discussion/Evaluation
<p>CC-078-09</p> <p>Melanoma Continuity of Care – Recall System</p> <p>(AMA-PCPI/AAD/NCQA)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement (time-limited with conditions):</b> Y= 10 N=8 A=1  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  The Committee members focused their discussion on the importance of this issue, but felt that a recall system is not sufficient enough to measure care coordination. This measure seemed more like an intervention for addressing continuity of care. The face validity of recall systems was recognized. The Committee also noted concerns about the possibility of this measure demonstrating good follow-up procedures rather than care coordination.</p> <p><b>Questions/Conditions for Measure Developer:</b>  To the extent possible, make changes to the specifications to focus on reminders for a missed appointment</p>
<p>NQF-Endorsed #0228  (Maintenance)</p> <p>3-Item Care Transition Measure (CTM -3)</p> <p>(University of Colorado Health Sciences Center)</p>	<p><b>Measure Evaluation criteria: I:</b> Yes  <b>Recommend for endorsement (continued endorsement):</b> Y=21 N=0 A=0  <b>Rationale for ratings (I, SA, U, F)/recommendation:</b>  It was noted that it has been used extensively around the country and across a variety of settings and racial and ethnic disparities. It was added that it comes with extensive tests (samples of over 200). Committee members recognized that they have used the measure and it was found to be helpful. Others noted that they are in the process of using it. The Committee’s discussion focused on whether they could use it as a prospective tool (i.e., used as an intervention) rather than a retrospective measure. The Committee agreed that the criteria for continued endorsement were met.</p>