

Care Coordination Standing Committee –June 2016 Off-Cycle Quarterly Webinar

The National Quality Forum (NQF) convened a public webinar for the Care Coordination Standing Committee on Wednesday, June 22, 2016. An online archive of the webinar is available for playback.

Welcome, Introductions, and Review of Webinar Objectives

Rachel Roiland, Senior Project Manager, National Quality Forum, and Standing Committee co-chairs, Drs. Don Casey and Gerri Lamb, began by welcoming participants to the webinar. Drs. Casey and Lamb provided opening remarks regarding the opportunity this webinar presents to continue the discussion on off-cycle activities and how they can be leveraged to promote the use care coordination performance measures and advance the development and implementation of such measures. Ms. Roiland reviewed the meeting objectives:

1. Provide an update on recent NQF activities
2. Review the Care Coordination Standing Committee Survey results
3. Engage in a discussion on the challenges to developing and endorsing care coordination performance measures

Update on recent NQF Activities

Ms. Roiland provided an update on the various activities and initiatives currently under way at NQF. These activities included:

- nine Consensus Development Process (CDP) projects
- five framework or measurement science projects (e.g., Home and Community Based Services Quality Project; Attribution Project),
- the MAP Medicaid Dual Eligible Beneficiaries Workgroup draft report; and
- the Medicaid Adult and Child Taskforces reports.

For each project, Ms. Roiland provided a brief overview of the project goals, highlighted dates of importance (e.g., in-person meeting; public comment period) and provided links to each project's web page so as to facilitate Committee members' participation in the project.

Overview of Survey Results

Ms. Roiland provided an overview of the Care Coordination Survey results. The purpose of this survey was threefold – (1) identify non-NQF endorsed care coordination performance measures in use by Committee Members; (2) identify reasons why these measures are not brought to NQF for review; and (3) identify potential strategies for addressing the reasons measures are not brought to NQF for review.

For each measure, respondents were asked to supply information on the measure's focus, construction (i.e., numerator and denominator statements), incorporation into quality improvement activities, and evidence-based link to improved patient outcomes. A total of three measures were identified in the survey results. These measures focused on the time providers spent on care coordination and patients' experience with service connection and provider communication. Reasons for not bringing these measures to NQF included:

- time, both in terms of developing the measure itself and in terms of evaluation process;
- limited research experience related to the testing of measures or developing the evidence base from which a quality measure could be built;
- limited funding for participating in the review and endorsement process – the process can be time and labor intensive and it can be difficult to find support for participating in this process within a given organization; and
- limited understanding of the evaluation process and its value.

Suggestions for how to address these issues and encourage the submission of care coordination performance measures to NQF and the Standing Committee included:

- receiving a regular update on NQF activities and changes to the evaluation process;
- providing education on the evaluation process so as to prepare developers for what the process would entail; and
- distributing small grants to support developers in engaging in the evaluation process.
 - For this suggestion, Ms. Roiland stated that providing funding to measure developers was not within the purview of NQF's mission, but did highlight the work of NQF's measure incubator as one way NQF supports measure developers in terms of connecting developers with other individuals/organizations with different, but complementary resources.

Facilitated Discussion

After review of the survey results, Drs. Casey and Lamb facilitated a discussion among webinar participants using the discussion questions listed below. These questions were shared with the Committee members prior the webinar.

1. What needs to be done to promote the development of more care coordination performance measures?
2. What needs to be done to bring more care coordination performance measures forward for endorsement?
3. What can the Committee do to contribute to growing the NQF Care Coordination portfolio?
4. What can NQF do to contribute to growing the NQF Care Coordination portfolio?

In response to these questions, the Committee raised a number of issues for discussion including:

- the difficulty with staying up-to-date with the measures that are in the Care Coordination portfolio;
- the variation in which care coordination is defined, conceptualized, and operationalized within NQF, other organizations, and the care coordination field in general;
- the need for a clear path for disseminating the Care Coordination Committee's work, specifically the Committee's care coordination definition, portfolio of endorsed measures, and preferred practices;
- the difficulty in identifying care coordination-specific outcomes; and
- the need to better connect care coordination processes with intermediate outcomes that are then linked to more distal outcomes that often receive more attention such as hospital readmissions.

With respect to how the Committee and NQF can contribute to the enhancement of the NQF Care Coordination Portfolio, the Committee identified three major purposes they believed should drive the Committee's work moving forward. These purposes are:

1. To review care coordination performance measures submitted to NQF
 - a. The Committee agreed that the primary purpose of the Committee is to review measures submitted to NQF and assigned to the Care Coordination Standing Committee. Through this work, the Committee can ensure that the Care Coordination portfolio is populated with measures that meet the high standards set forth by NQF's evaluation criteria.
2. To advise other Standing Committees or other stakeholder groups on issues related to care coordination practice, science, and measurement.
 - a. The Committee agreed that care coordination is a salient issue woven throughout many dimensions of healthcare and that their collective expertise should be leveraged by other groups, when appropriate. The Committee agreed that this advisory role would serve as a bridge between the Standing Committee and other NQF Standing Committee or stakeholder groups and could be an avenue through which the Care Coordination definition, portfolio, preferred practices, and other "products" could be shared and promoted within NQF.
3. To anticipate the needs of the care coordination and healthcare
 - a. The Committee also discussed the need for anticipating the needs of the field. Through this discussion, the Committee identified that as the use and reporting of quality measures continues to grow, the Committee should attempt to anticipate such needs and provide guidance, when possible, as to where providers could find measures that may be appropriate for use. The Committee also discussed the need to continue a dialogue around the design of electronic health records (EHRs), specifically in terms of how EHRs can be designed to facilitate and capture care coordination activities. To this point, maintaining an ongoing dialogue with the Office of the National Coordinator was deemed important.

Opportunity for Public Comment

The public was given an opportunity to comment on the webinar's proceedings, but no one offered any comments during the public comment portion of the webinar.

In closing, Ms. Roiland thanked webinar participants for their participation and indicated a follow-up e-mail containing the updated PowerPoint presentation and summary of next steps would be sent shortly. Ms. Roiland also stated NQF will convene the Care Coordination Standing for the next off-cycle webinar in September or October 2016.

Appendix A – Webinar Chat Report with Summary of Responses

Message from Participant	Category	Summary of Response
Well, I would agree care coordination, AKA, service coordination case management service brokering, are common to the work of other committees. Having a member of Care Coordination Duals and HCBS Committee, there does seem to be difference about whether the concept of care coordination is due to the service to individuals or as an administrative function.	Comment from Charlie Lakin, Committee Member	The Committee agreed there is variation in how care coordination is conceptualized and agreed that there should be an effort to disseminate the Committee's work in the space.
The recommendations of both the duals and the HCBS group include that NQF needs a better balance its traditional reactive approach to a more proactive approach to recruiting, supporting and even developing measures including the measures that are part of service quality instrument.	Comment from Charlie Lakin, Committee Member	Ms. Roil and thanked Dr. Lakin for his comment and agreed NQF and developers do need to continue working together and that the measure derived from instruments are an important topic within quality measurement.