



Call for Measures and Measure Concepts: Care Coordination

NQF will review performance measures in the care coordination domain including endorsed maintenance measures and newly-submitted measures and concepts focused on patient experience of care, health information technology (IT), transitions of care and structural measures.

NQF is particularly interested in:

- measures of intermediate clinical outcomes or longer term health outcomes, including complications;
- composite measures;
- measures applicable to more than one setting;
- measures that capture broad populations, including children and adolescents where applicable;
- measures that are harmonized with similar measures; and
- measures that are sensitive to vulnerable populations, including racial/ethnic minorities; and Medicaid populations.

This project launched on **Friday, October 25, 2013**. The final submission deadline is **Friday, December 20, 2013**.

BACKGROUND

Care Coordination is increasingly recognized as fundamental to the success of healthcare systems and improved patient outcomes. Poorly coordinated care regularly leads to unnecessary suffering for patients, as well as avoidable readmissions and emergency department visits, increased medical errors, and higher costs. The Institute of Medicine (IOM) estimates that a potential opportunity of \$240 billion in savings would result from care coordination initiatives such as patient education and the development of new provider payment models.¹

Individuals with chronic conditions and multiple co-morbidities—and their families and caregivers—often find it difficult to navigate an already complex healthcare system. As this ever-growing group transitions from one care setting to another, its members are more likely to suffer the adverse effects of poorly coordinated care. Incomplete or inaccurate transfer of information, poor communication, and a lack of follow-up care can lead to poor outcomes, such as medication

¹ IOM, *Roundtable on Value & Science-Driven health Care: The Healthcare Imperative: Lowering Costs and Improving Outcomes: Workshop Serious Summary*, Washington, DC: National Academies Press, 2010.



errors.² Effective communication within and across the continuum of care will improve the quality and affordability of our system.

NQF has undertaken several projects to provide guidance on the measurement of care coordination, including a 2006 project that yielded an endorsed definition and framework for care coordination, a 2010 project through which 25 Preferred Practices and ten performance measures were endorsed. In 2011, NQF initiated a two-phased project to address implementation and methodological issues related to the development of meaningful measures of care coordination and the evaluation of care coordination measures, and to review and submitted measures and make recommendations for future measurement through the NQF Consensus Development Process. The project resulted in the endorsement of 12 maintenance measures; however, no new measures were submitted to the project for consideration.

In late 2013 NQF initiated a Care Coordination Priority Setting project to consider and prioritize opportunities to measure care coordination in the context of a broad “health neighborhood.” The project will specifically explore coordination between safety-net providers of primary care and providers of community and social services that impact health. A final report in 2014 will provide recommendations on high-leverage opportunities and next steps for measure development, endorsement, and use.

MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through NQF’s new Measure Inventory Pipeline. This pipeline will serve as an important source of information for HHS and other stakeholders on new measure development in the broader healthcare community. It will also enable NQF to track current and planned measure development to ensure early collaboration among developers to drive harmonization and alignment of measures.

In an effort to capture comprehensive information on measures in development, NQF seeks input on several variables including:

- measure description;
- numerator statement;
- denominator statement (target population);
- planned use,
- stage of development; and
- other relevant information.

² “Reducing and Preventing Adverse Drug Events to Decrease Hospital Costs,” 2001, U.S. Dept. of Health and Human Services, Agency for Healthcare Research and Quality, March, 2001. < <http://www.ahrq.gov/qual/aderia/aderia.htm> >



Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Steering Committee against the NQF Criteria. Submitted information will be catalogued by NQF and used to help inform the Steering Committee's measure gaps discussion. NQF will also share the information with HHS to inform CMS' Measure Inventory Pipeline, which is a reference for several stakeholders.

NQF's Measure Inventory Pipeline will be available for concept submissions in November 2013.

MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- [Measure Submission Form](#) Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- Measure Steward Agreement. Please note that no materials will be accepted without submission of a fully executed *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

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Materials must be submitted using the online submission form by 6:00 pm, ET Friday, December 20, 2013. If you have any questions, please contact Lauralei Dorian or Farhia Mussa at 202-783-1300 or email us at carecoordination@qualityforum.org.

Conditions for Consideration:

- The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.³
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and [tested for reliability and validity](#). Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that [harmonization](#) with related measures and issues with competing measures have been considered and addressed, as appropriate.
- The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all [criteria](#) is provided.

³ Measure stewards must execute a Measure Steward Agreement with NQF.



Submission Guidance:

- Developer guidebook:
 - A [Developer Guidebook](#) as has been created to assist developers in the measure submission and evaluation process. The Guidebook contains all the information developers need to know when submitting a measure to NQF.
- ICD-10-CM/PCS:
 - Beginning April 1, 2013 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. Click [here](#) for further information on this requirement.
- eMeasures:
 - Must be submitted in Health Quality Measures Format (HQMF) and the quality data model (QDM);
 - Review the [current measure evaluation criteria and guidance](#)
- Composite measures:
 - Please notify project staff if you plan to submit a composite measure

Technical Assistance

NQF project staff will provide technical assistance to measure developers at any time during the measure submission process up to the submission deadline. Contact the project team with any questions about the criteria, how to answer the questions in the form, any technical issues with the online submission process... or anything else!

MEASURE SUBMISSION COMPLETENESS CHECKLIST

- Measure steward agreement or concept agreement is completed and signed, and attached to the submission.
- Conditions for submission are addressed.
- There are responses in all fields on measure submission form (MSF.)
- Attachments included: eMeasure specifications (S.2a); data dictionary/code list (S.2b); Evidence and Measure Testing appendices
- All URLs are active and accurate.
- Harmonization/competing measures: Did you present a plan for harmonization of the related/competing measures identified by staff during early identification/triage? (see Harmonization process)
- Paired measures should be submitted on separate forms.
- An eMeasure must be submitted in HQMF format and the quality data model (QDM).
- Composite measures (contains individual measures with a single score) - responses to the composite measure questions are included.
- Both ICD-9 and ICD-10 codes included.



RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure evaluation criteria, please see the following reports:

- [Evidence Task Force Report](#)
- [Measure Testing Task Force Report](#)
- [Harmonization Report](#)
- [Competing Measures Report](#)

Evaluation and Measure Submission Guidance:

- [eMeasure Testing Guidance Report](#)
- [Guidance on Quality Performance Measure Construction](#)
- [Evidence and Importance to Measure and Report](#)
- [Measure Testing and Scientific Acceptability of Measure Properties](#)
- [Composite Evaluation Criteria](#)
- [Resource Use Measure Evaluation Criteria](#)
- [Endorsement Maintenance Policy](#)