



CALL FOR NOMINATIONS TO CARE COORDINATION STANDING COMMITTEE

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 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.

COMMITTEE CHARGE

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.

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](http://www.ahrq.gov/qual/aderia/aderia.htm), March, 2001. < <http://www.ahrq.gov/qual/aderia/aderia.htm>>

Nominations Due By Monday, November 25, 2013 6:00 PM ET

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A multi-stakeholder Standing Committee will be established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which measures should be endorsed as consensus standards. This Committee will work to identify and endorse new performance measures for accountability and quality improvement that specifically address care coordination. Measures including outcomes, treatments, diagnostic studies, interventions, or procedures associated with these conditions will be considered. Additionally, the Committee will evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. The Committee will also:

- oversee the care coordination portfolio of measures
- identify and evaluate competing and related measures
- identify opportunities for harmonization of similar measures
- recommend measure concepts for development to address gaps in the portfolio
- provide advice or technical expertise about the subject to other committees (i.e. cross cutting committees or the Measures Application Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents
- recommend specific measures and research priorities to NQF Members for consideration under the Consensus Development Process (CDP).

To learn more about the work of NQF's CDP Standing Committees, review our [Committee Guidebook](#).

STANDING COMMITTEE

This Committee will be seated as a standing committee comprised of 20-25 individuals, with members serving terms that may encompass multiple measure review cycles.

Terms

Standing Committee members will initially be appointed to a 2 or 3 year term. Each term thereafter would be a 3 year term, with Committee members permitted to serve two consecutive terms. After serving two terms, the Committee member must step down for one full term (3 years) before becoming eligible for reappointment. For more information, please reference the Standing Committee Policy.

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls will be scheduled or calls may be rescheduled; new dates will be set based on the availability of the majority of the Committee.

Each measure review cycle generally runs about 7 months in length.

Committee participation includes:

- Review measure submission forms during each cycle of measure review

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- Each committee member will be assigned a portion (1-5) of the measures to fully review (approximately 1-2 hours/measure) and provide a preliminary evaluation on a workgroup call
- Each committee member should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participate in the orientation call (2 hours)
- The option to attend one of two NQF staff-hosted measure evaluation Q & A calls (1 hour)
- Review measures with the full Committee by participating in one of 4 workgroup calls (2 hours); workgroup assignments will be made by area of expertise;
- Attendance at initial in-person meeting (2 full days in Washington, DC);
- Complete measure review by attending the post-meeting conference call (2 hours)
- Attend conference call following public commenting to review submitted comments (2 hours)
- Complete additional measure reviews via webinar
- Participate in additional calls as necessary
- Complete surveys and pre-meeting evaluations
- Present measures and lead discussions for the Committee on conference calls and in meeting

Table of scheduled meeting dates

Meeting	Date/Time
Orientation Call (2 hours)	January 27, 2014, 2:00-4:00 pm ET
Measure Evaluation Q & A Call #1 (2 hours)	January 29, 2014, 2:00-4:00pm ET <i>or</i>
Measure Evaluation Q & A Call #2 (2 hours)	January 31, 2014, 2:00-4:00pm ET
Workgroup Calls (2 hours)	Workgroup 1: February 19, 2:00-4:00 pm ET Workgroup 2: February 21, 2:00-4:00 pm ET Workgroup 3: February 26, 2:00-4:00 pm ET
In-Person Meeting (2 days in Washington, DC)	March 18-19, 2014
Post-Meeting Follow-up Call (If needed, 2 hours)	April 3, 2014, 12:30-2:30pm ET
Post-Draft Report Comment Call (2 hours)	June 12, 2014, 2:00-4:00 pm ET

Preferred Expertise & Composition

Standing Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or clinical expertise in the evaluation, treatment, diagnostic studies, imaging, interventions, or procedures associated with [topic area-specific conditions], across multiple care settings. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives. We also are seeking expertise in:

- care transitions;
- health IT;

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- patient experience of care; and
- disparities and care of vulnerable populations.

Please review the NQF [Conflict of Interest policy](#) to learn about how NQF identifies potential conflict of interest. All potential Steering Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls, meetings or for voting is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering Committee, please submit the following information:

- a completed [online nomination form](#), including:
 - a brief statement of interest
 - a brief description of nominee expertise highlighting experience relevant to the committee
 - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development;
 - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- a completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations MUST be submitted by **6:00 pm ET on November 25th, 2013.**

Please note that due to the Thanksgiving holiday nominees will not receive a confirmation email until the following week.

QUESTIONS

If you have any questions, please contact Lauralei Dorian or Farhia Mussa at 202-783-1300 or email us at carecoordination@qualityforum.org. Thank you for your interest.