

CALL FOR MEASURES AND MEASURE CONCEPTS: Care Coordination (Phase 4)

NQF is seeking new measures and concepts in the area of care coordination 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 performance 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 **Thursday, September 29, 2016**. The final submission deadline is **Monday, November 28, 2016**.

BACKGROUND

Care coordination is a multidimensional concept that includes effective communication among healthcare providers, patients, families, and caregivers; safe care transitions; a longitudinal view of care that considers the past, while monitoring present delivery of care and anticipating future needs; and the facilitation of linkages between communities and the healthcare system to address medical, social, educational, and other support needs that align with patient goals. Because 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, coordination of care is increasingly recognized as critical for improvement of patient outcomes and the success of healthcare systems. The Agency for Healthcare Research and Quality estimates that adverse medication events cause more than 770,000 injuries and deaths each year, more than half of which affect those over age 65.¹ The cost of treating patients who are harmed by these events is estimated to be as high as \$5 billion annually.² Furthermore, the

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¹ Daniel Budnitz, "National Surveillance of Emergency Department Visits for Outpatient Adverse Drug Events," Journal of the American Medical Association, 2006.

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



Institute of Medicine has found that care coordination initiatives such as patient education and the development of new provider payment models could result in an estimated \$240 billion in savings.³

Previous NQF work in this topic area includes NQF endorsement of a definition and a framework for care coordination measurement⁴; publication of an NQF commissioned a background paper: Aligning Our Efforts to Achieve Care Coordination⁵ that offers an overview of the national state of care coordination activities and recommended high-level drivers of change; a project to assess the readiness of health IT to support transitions of care and quality measurement resulting in the report Critical Paths for Creating Data Platforms: Care Coordination⁶; and identification by NQF's Measure Applications Partnership (MAP) of a Care Coordination Measure Family that includes measures addressing avoidable admissions and readmissions, system infrastructure support, care transitions, communication, care planning, and patient surveys related to care coordination.⁷

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 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 explored coordination between safety-net providers of primary care and providers of community and social services that impact health. The 2014 final report provided recommendations on high-leverage opportunities and next steps for measure development, endorsement, and use.⁸

http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72021.

³ 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.

⁴ "NQF-Endorsed Definition and Framework for Measuring Care Coordination", The National Quality Forum, May 2006, <u>http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=972</u>.

⁵ "Aligning Our Efforts to Achieve Care Coordination: National Priorities and Goals", National Priorities Partnership, Nov. 2008, <u>http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70345</u>.

⁶ "Critical Paths for Creating Data Platforms: Care Coordination", The National Quality Forum, November 2012, <u>http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72391</u>.

⁷ "MAP Families of Measures: Safety, Care Coordination, Cardiovascular Conditions, Diabetes", Measure Applications Partnership, October 2012,

⁸ "NQF-Endorsed Measures for Care Coordination: Phase 3", The National Quality Forum, December 2014, <u>http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78300</u>.



MEASURE CONCEPTS

In addition to soliciting fully-developed measures for consensus-based endorsement review, NQF is also soliciting measure concepts through <u>NQF's Measure Inventory Pipeline</u>. 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.

Please note that the information entered through NQF's Measure Inventory Pipeline will not be evaluated by the Standing Committee against the NQF Criteria. Submitted information will be catalogued by NQF and used to help inform the Standing 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.

MEASURE SUBMISSION REQUIREMENTS

To submit a measure, please complete the following:

- <u>Measure Submission Form</u> Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- <u>Measure Steward Agreement</u> 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.

PROCESS PARTICIPATION

Measure developers are strongly encouraged to attend (either in person or via web/conference call) the following scheduled meeting dates to represent their measure(s) and respond to questions from the Committee and members of the public.

Scheduled meeting dates

Meeting	Date/Time

Measure Submissions Due By Monday, November 28, 2016 at 6:00 PM ET



Standing Committee Orientation and Measure	January 10, 2017 from 12:00 – 2:00pm EST
Evaluation Q&A Webinars (2 hours)	January 12, 2017 from 2:00 - 4pm EST
Workgroup Webinars (2 hours)	February 6, 2017 from 2:00 – 4:00pm EST
	February 7, 2017 from 2:00 – 4:00pm EST
In-person meeting (2 days in Washington, DC)	February 21, 2017 from 8:00am – 5:00pm EST
	February 22, 2017 from 8:00am – 5:00pm EST
Post-Meeting Webinar (2 hours)	March 7, 2017 from 2:00 – 4:00pm EST
Post Draft Report Comment Webinar (2 hours)	May 16, 2017 from 2:00 – 4:00pm EST

Materials must be submitted using the online submission form by 6:00 pm, ET November 28. If you have any questions, please contact, Kathryn Streeter, Senior Project Manager, at 202-783-1300 or via e-mail at <u>carecoordination@qualityforum.org</u>.

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.⁹
- The intended use of the measure includes both public accountability and quality improvement.
- The measure is fully specified and <u>tested for reliability and validity</u>. Measures that are not tested will not be accepted in this project.
- The measure developer/steward attests that <u>harmonization</u> 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 <u>criteria</u> is provided.

Submission Guidance:

- <u>Developer Guidebook</u>:
 - 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 October 1, 2015 measures specified with administrative claims data must submit a set of ICD-9-CM and ICD-10-CM/PCS codes. An excel file with the full listing of ICD-9 and ICD-10 codes, with code definitions and a conversion able (if there is one) is required. A statement of intent for the selection of the ICD-10 codes and a description of the process used to identify the ICD-1- codes is also required. Click here for further information on this requirement.

⁹ Measure stewards must execute a <u>Measure Steward Agreement</u> with NQF.



- eMeasures:
 - Must be specified in the Heath Quality Measures Format (HQMF) and use the Quality Data Model (QDM) and value sets vetted through the National Library of Medicine's Value Set Authority Center (VSAC);
 - Review the <u>current measure evaluation criteria and guidance</u>
- Composite measures:
 - o 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. NQF strongly encourages developers to take advantage of the technical assistance offer in advance of the submission deadline to ensure the strength of measure submissions. 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
- □ All conditions for submission are met.
- □ There are responses in all fields on measure submission form (MSF) unless a particular item is not applicable as indicated in the item instructions.
- □ Attachments include: eMeasure specifications (S.2a) if applicable; data dictionary/code list (S.2b); Evidence and Measure Testing attachments.
- □ 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 or justify submitting competing or non-harmonized measures? (see Harmonization process in the <u>Developer Guidebook</u>).
- □ Paired measures should be submitted on separate forms.
- □ An eMeasure must be specified in HQMF format, using QDM and value sets vetted through the VSAC.
- □ Composite performance measures: responses to the composite measure items are included.
- □ Both ICD-9 and ICD-10 codes are included

RESOURCES FOR MEASURE DEVELOPERS AND STEWARDS

For more details on measure submission and evaluation, please see:

- <u>Submitting Standards Web Page</u>
- Measure Evaluation Criteria and Guidance PDF



- Guidance on Quality Performance Measure Construction
- Endorsement Maintenance Policy
- What Good Looks Like Measure Submission Examples
- <u>Composite Measure Evaluation Guidance Report</u>
- Patient Reported Outcomes Report
- <u>eMeasure Feasibility Report</u>
- <u>Reserve Status Policy</u>