NATIONAL QUALITY FORUM

Call for Nominations

Care Coordination Measures

NQF is seeking nominations for additional Standing Committee members for care coordination. This multi-stakeholder Standing Committee will evaluate both newly submitted and previously endorsed measures against NQF's measure evaluation criteria and make recommendations for which measures should be endorsed.

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 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 measurement[4]; publication of an NQF commissioned a background paper: Aligning Our Efforts to Achieve Care Coordination[5] that offers an overview of the national state of care coordination activities and recommended high-level drivers of change; a project to assess the

[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. http://www.ahrq.gov/qual/aderia/aderia.htm
[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, http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=972.
[5] "Aligning Our Efforts to Achieve Care Coordination: National Priorities and Goals", National Priorities Partnership, Nov. 2008, http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70345.

readiness of health IT to support transitions of care and quality measurement resulting in the report Critical Paths for Creating Data Platforms: Care Coordination[6]; 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]

COMMITTEE CHARGE

NQF will establish a multistakeholder Standing Committee to evaluate 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 and identify opportunities for harmonization
- provide advice or technical expertise about the subject to other committees (e.g., cross cutting committees or the Measure Applications Partnership)
- ensure input is obtained from relevant stakeholders
- review draft documents

To learn more about the work of NQF's CDP Standing Committees, review our Committee Guidebook.

STANDING COMMITTEE STRUCTURE

This Committee is a Standing Committee comprised of 25 individuals, with members serving terms that may encompass multiple measure review cycles. **NQF is seeking nominees with**

[6] "Critical Paths for Creating Data Platforms: Care Coordination", The National Quality Forum, November 2012, http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72391.
[7] "MAP Families of Measures: Safety, Care Coordination, Cardiovascular Conditions, Diabetes", Measure Applications Partnership, October 2012, http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72021.
[8] "NQF-Endorsed Measures for Care Coordination: Phase 3", The National Quality Forum, December 2014, http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78300.

expertise in the areas of health plans, social work, pediatrics, behavioral/mental health, community-based care, transitional care, Accountable Care Organizations, medical homes, primary care, substance abuse and experience with models of multidisciplinary teams in episode payment models.

Terms

Standing Committee members will initially be appointed to a two or three year term. Each term thereafter would be a three 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 (three 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 (dates below). 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. The measure review phase runs about seven months in length.

Committee participation includes:

- Reviewing measure submission forms during each cycle of measure review
    - 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
    - All Committee members should familiarize themselves with all measures being reviewed (approximately 15-30 minutes per measure)
- Participating in one of two NQF staff hosted orientation and measure evaluation Q&A calls (2 hours)
- Reviewing measures with the full Committee by participating in one of two workgroup calls (2 hours); workgroup assignments will be made by area of expertise
- Attending in-person meeting (2 full days in Washington, DC)
- Completing measure review by attending the post-meeting conference call (2 hours)
- Attending conference call following public commenting to review submitted comments (2 hours)
- Completing additional measure reviews via webinar
- Participating in additional calls as necessary
- Completing surveys and pre-meeting evaluations
- Presenting measures and lead discussions for the Committee on conference calls and in meetings

TABLE OF SCHEDULED MEETING DATES

Meeting	Date/Time

Meeting	Date/Time
Orientation and Measure Evaluation Q & A Call (2 hours) (Attend one of two calls based on availability)	January 10, 2017 at 12PM-2PM ET January 12, 2017 at 2PM-4PM ET
Workgroup Call (2 hours) (Attend one of two calls. Committee members will be assigned to a workgroup based on expertise and availability.)	February 6, 2017 at 2PM-4PM ET February 7, 2017 at 2PM-4PM ET
In-person Meeting **(2 days in Washington, DC)**	February 21 – February 22, 2017
Post-meeting Follow-up Call (2 hours)	March 7, 2017 at 2PM-4PM ET
Post Draft Report Comment Call (2 hours)	May 16, 2017 at 2PM-4PM 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 on a committee.

Nominees should possess relevant knowledge and/or proficiency in process and outcome quality measurement and/or broad clinical expertise that would lend itself to the evaluation of care coordination measures. NQF is seeking nominees with a variety of clinical experience, including physicians, nurses, therapists, case managers, unit managers, and executives. We are also seeking expertise in care transitions, health information technology, patient experience of care, disparities, and care of vulnerable populations. **For the Care Coordination Project 2016-2017, NQF is seeking nominees with expertise in the areas of health plans, social work, pediatrics, behavioral/mental health, community-based care, transitional care, Accountable Care Organizations, medical homes, primary care, substance abuse and experience with models of multidisciplinary teams in episode payment models.**

Please review the NQF conflict of interest policy to learn about NQF's guidelines for actual or perceived conflicts of interest. All potential standing Committee members must complete a Disclosure of Interest form during the nomination process in order to be considered for a committee.

NQF will require committee members who have a conflict of interest with respect to a particular measure to recuse themselves from discussion and any voting associated with those measures. A

potential or current member may not be seated on a committee if the conflict of interest is so pervasive that the member's ability to participate would be seriously limited. For purposes of this Policy, the term "conflict of interest" means any financial or other interest that could (1) significantly impede, or be perceived to impede, a potential or current member's objectivity, or (2) create an unfair competitive advantage for a person or organization associated with a potential or current Member.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. (Please note that nominations are for 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 Standing 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 which will be requested upon your submission of the nominations form
- confirmation of availability to participate in currently scheduled calls and meeting dates

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on November 3, 2016.**

QUESTIONS

If you have any questions, please contact Kathryn Streeter, Senior Project Manager, at 202-783-1300 or carecoordination@qualityforum.org. Thank you for your interest.