



National Consensus Standards for Care Coordination

***Standing Committee Post-Meeting Call
March 7, 2017***

*Margaret (Peg) Terry, Senior Director
Yetunde Ogungbemi, Project Analyst*

Care Coordination Standing Committee

- **Donald Casey, MD, MPH, MBA, FACP, FAHA (Co-Chair)**
- **Gerri Lamb, PhD, RN, FAAN (Co-Chair)**
- Richard Antonelli, MD, MS
- Samira Beckwith, LCSW, FACHE, LHD
- R. Colby Bearch, MA-SF, MA-M, BA, RN, CDONA
- Ryan Coller, MD, MPH
- Christopher Dezii, RN, MBA, CPHQ
- Shari Erickson, MPH
- Barbara Gage, PhD, MPA
- Dawn Hohl, RN, BSN, MS, PhD
- Marcia James, MS, MBA, CPC
- Emma Kopleff, MPH
- Brenda Leath, MHSA, PMP
- Russell Leftwich, MD
- Lorna Lynn, MD
- Jean Malouin, MD, MPH
- Karen Michael, RN, MSN, MBA
- Terrance O'Malley, MD
- Charissa Pacella, MD
- Ellen Schultz, MS
- Jeffery Wieferich, MA

Summary of Evaluation Meeting

New Standing Committee Members

Term Limits (selected during in-person meeting)

- 2 Year Term Limit:

- *Chris Dezii*
- *Charissa Pacella*

- 3 year Term Limit:

- *Samira Beckwith*
- *Jeff Wieferich*
- *Ryan Coller*

Measure Evaluation Results

- Recommended Measures
 - *0326: Advance Care Plan*
- Measures Not Recommended
 - *0646: Reconciled Medication List Received by Discharged Patients (Inpatient to Home Care)*
 - *0647: Transition Record with Specified Elements Received by Discharged Patients (Inpatient to Home Care)*
 - *0648: Timely Transition Record with Specified Elements Received by Discharged Patients (Inpatient to Home Care)*
 - *0649: Transition Record with Specified Elements Received by Discharged Patients (ED to Ambulatory or Home Care)*
 - *3170: Proportion of Children with ED Visits for Asthma with Evidence of Primary Care Connection Before the ED Visit*
 - *3171: Percentage of Asthma ED Visits followed by Evidence of Care Connection*

Activities and Timeline

***All times ET**

Activity	Timeframe
<i>Call for Nominations</i>	<i>Closed November 3, 2016</i>
<i>Call for Measures</i>	<i>Closed November 28, 2016</i>
<i>Committee Orientation and Q&A Calls</i>	<i>January 10, 2017 January 12, 2017</i>
<i>Workgroup Calls</i>	<i>Call 1 – February 6, 2017 Call 2 – February 7, 2017</i>
<i>In-Person Meeting</i>	<i>February 22, 2017</i>
<i>Post Meeting Call</i>	<i>March 7, 2017</i>
Public and Member Comment	March 30 - April 28, 2017
Post Comment Call	May 16, 2017
Member Voting	May 30 - June 13, 2017
CSAC Review	June 27, 2017
Appeals	June 28-July 28, 2017

Related and Competing Measures

Related and Competing Measures

NQF # and Title	0326: Advance Care Plan	1626: Patients Admitted to ICU who Have Care Preferences Documented	1641: Hospice and Palliative Care – Treatment Preferences
Description	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	Percentage of vulnerable adults admitted to ICU who survive at least 48 hours who have their care preferences documented within 48 hours OR documentation as to why this was not done.	Percentage of patients with chart documentation of preferences for life sustaining treatments.
Level of Analysis	Clinician: Group Practice, Individual	Facility	Clinician: Group/Practice; Facility
Setting	Clinician Office/Clinic	Hospital	Hospice; Hospital
Numerator	Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.	Patients in the denominator who had their care preferences documented within 48 hours of ICU admission or have documentation of why this was not done.	Patients whose medical record includes documentation of life sustaining preferences
Denominator	All patients aged 65 years and older.	All vulnerable adults admitted to ICU who survive at least 48 hours after ICU admission.	Seriously ill patients enrolled in hospice OR receiving specialty palliative care in an acute hospital setting.

Summary and Prioritization of Gaps Discussion

Summary of Gaps Discussion

Gerri Lamb and Don Casey, Co-chairs to lead gaps prioritization discussion.

Highlights of in-person meeting gaps discussion:

- Addressing the outcome of care coordination
- Anticipate needs for the field
 - *“bridging” measures*
- Preferred practices throughout the continuum of care
 - *shared platform for sharing information*
 - *focus on integration of care and need to ‘close the loop’ –*
Between ED → homecare → patients/caregivers
- Patient voice in care coordination-patients are the unifying piece throughout care coordination
 - *patient centered outcomes*
 - *the patient ‘lens’ and encouraging patient participation in the SC*
- Developers should focus on downstream issues and outcomes
- Explore ways to provide feedback of measures submitted for endorsement and/or maintenance review enabling committee members to familiarize themselves with projects related to care coordination.

Opportunity for NQF Member and Public Comment

Next Steps

Activities and Timeline

Process Step	Timeline
Draft Report posted for Public and NQF Member Comment	March 30 – April 28, 2017
SC Call to review and respond to Comments	May 16, 2017 1:00-4:00 PM ET
Draft report posted for NQF Member vote	May 30 – June 13, 2017
CSAC Review and Approval	June 27, 2017
Appeals	June 28 – July 28, 2017

Project Contact Info

- Email: carecoordination@qualityforum.org
- NQF Phone: 202-783-1300
- Project page:
http://www.qualityforum.org/Project_Pages/carecoordination.aspx
- SharePoint site:
<http://share.qualityforum.org/Projects/carecoordination/SitePages/Home.aspx>

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