

# NATIONAL QUALITY FORUM

## CALL FOR MEASURES: COORDINATION OF CARE ACROSS EPISODES OF CARE AND CARE TRANSITIONS

### BACKGROUND

The lack of coordination and communication across settings and between episodes of care leads to increased medical errors, higher costs, and unnecessary pain for patients. NQF has undertaken several projects to provide guidance around care coordination measurement, including:

- *The NQF-Endorsed Framework for Measuring Care Coordination* (2006), in which a definition and five-key domains for measuring care coordination were endorsed.<sup>1</sup>
- *Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination* (2010), through which NQF endorsed a portfolio of 25 care coordination preferred practices and ten performance measures.<sup>2</sup>

The current Care Coordination project is being conducted in two phases. Throughout this first phase, the Care Coordination Steering Committee has examined the current landscape and gaps in care coordination measurement and has shaped this *Call for Measures* to reflect aspects of care coordination measurement that will result in meaningful, cross-cutting measures. Phase two of this project will review and evaluate measures of care coordination for accountability/public reporting and quality improvement, through NQF's formal Consensus Development Process (CDP, Version 1.9). It also will review NQF's currently endorsed care coordination measures that are due for maintenance.

For this project, NQF is seeking broad-based measures that are not limited by condition or setting. In particular, NQF seeks measures that move beyond clinical settings and capture additional components of care coordination, including: patient and family involvement, community programs and home and social supports. For process measures related to care coordination, NQF ideally seeks measures that are as proximal as possible to patient-centered outcomes. Additionally, measures addressing the specific needs of high-risk populations are encouraged to be submitted.

### CALL FOR MEASURES

In this call, NQF specifically seeks the following types of care coordination measures:

- Broad-based measures not limited by condition
- Cross-cutting measures not limited by setting: transitions across settings and providers
- Measures that address the unique needs of high-risk populations

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<sup>1</sup> NQF-Endorsed Definition and Framework for Measuring Care Coordination (2006) available at: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=972>

<sup>2</sup> Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination (2010) available at: <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=935>

Measure Submissions Due By Monday, January 9, 2012 6:00 PM ET

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- Measures addressing issues of access (i.e. language barriers, disabilities, cultural competency)
- Resource allocation as related to care coordination
- Communication between care settings, transitions of care, care delivery team members, and patients and families that support care coordination
- Measures incorporating community services and home support
- Measures incorporating wellness and prevention plans
- Quality of life measures for both the patient and caregiver
- Patient and caregiver engagement and experience of care coordination
- Adherence to Plan of Care or patient goals
- Measures that examine patient understanding
- Measurement of adverse events that could be markers of poor care coordination
- Patient access to personal medical information
- Effective care planning to facilitate care
- Appropriate and timely follow-up

*As the quality measurement enterprise matures, better data systems have become available, electronic health records are closer to reality, and the demand for meaningful performance measures has prompted the development of more sophisticated measures of processes and outcomes. To the extent possible, NQF encourages the inclusion of electronic specifications for the measures submitted to this project.*

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure is in the public domain or a [measure steward agreement](#) is signed.
- B. The measure owner/steward verifies there is an identified responsible entity and a 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.
- C. The intended use of the measure includes both accountability and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

Measures without testing on reliability and validity will not be eligible for submission; however, a few exceptions may apply.

**To submit a measure, please complete the following:**

- [online measure submission form](#), and
- [measure steward agreement form](#)

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Please note that materials will not be accepted unless accompanied by a fully executed measure steward agreement. All materials not meeting this requirement will be returned to the sender.

**DEADLINE FOR SUBMISSION:** All measures must be submitted using the online submission process by **6:00 PM ET on January 9, 2012.**

**QUESTIONS:** If you have any questions, please contact Lauralei Dorian at 202.783.1300 or [ldorian@qualityforum.org](mailto:ldorian@qualityforum.org).

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