

CALL FOR NOMINATIONS TO STEERING COMMITTEE CARE COORDINATION

NQF is seeking nominations for members of a Steering Committee for a new project to review a commissioned paper and endorse care coordination measures. This two-phase project will focus on three prioritized gap areas: transitions across settings and providers; effective care planning to facilitate care; and appropriate and timely follow-up.

Care coordination is an emerging area of measurement with numerous implementation challenges. Earlier work in care coordination has highlighted the challenges and gaps in data collection and sharing as primary reasons for the lack of measures that are cross-cutting and applicable to multiple providers and settings. Laying out the critical pathways to implementation for these measures could serve as a roadmap for rapid implementation of other types of innovative measures. Phase I of this project will address the implementation and methodological issues in data collection and data sharing required for effective care coordination. These issues include interoperability concerns, applicable data sources, patient self-report on coordination, and attribution to multiple providers. A commissioned paper will provide background on the data sources and readiness of health information technology (HIT) systems to support measures addressing the transitions of care and information sharing. This work will be carried out under the guidance of NQF's Health Information Technology Advisory Committee (HITAC). This paper will inform a final report that will address the critical path to implementation. Phase II will identify and endorse measures for public reporting and quality improvement addressing care coordination, through NQF's formal Consensus Development Process (CDP, Version 1.9) and will review NQF's currently endorsed care coordination standards that are due for maintenance.

The overall phasing of this project will not only address key foundational issues in this area, but will also provide measure developers and HIT organizations additional time to focus on measure development and the interoperable supports needed to support measurement.

BACKGROUND: The lack of coordination and communication across settings of care and between episodes of care leads to increased medical errors, higher costs, and unnecessary pain for patient and caregivers. To help address the complex issues around this area, NQF has undertaken several projects in the last few years to provide guidance on the measurement of care coordination, including a 2006 project that yielded an endorsed definition and framework for care coordination. A project completed in 2010 endorsed 25 care coordination practices and 10 performance measures.

STEERING COMMITTEE: A multi-stakeholder Steering Committee will review the commissioned paper completed in Phase I of this project, and will provide guidance on the final report on critical paths to implementation of care coordination performance measurement. In Phase II, they will oversee the development of a draft consensus report, including recommendation of which measures should be endorsed as consensus standards for care coordination. Expertise in the development and testing of performance measures as well as those with expertise in the data platform issues is needed. The Steering Committee, comprising 20-22 individuals, will represent the range of stakeholder perspectives, including consumers, purchasers, quality improvement

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professionals, researchers, and healthcare system professionals possessing relevant knowledge and/or experience regarding care coordination and expertise in the five dimensions of the NQF Care Coordination Framework. The dimensions of NQF Care Coordination Framework are healthcare home; proactive plan of care and follow-up; communication; information systems; and transitions or hand-offs. NQF is seeking Committee members with specific expertise related to the goals of the care coordination priority, including strategies to reduce preventable emergency department visits and readmissions, patient experience of care with care coordination, and medication reconciliation. NQF may convene technical panels as needed and applicants may be selected as technical advisors.

During Phase II, Steering Committee members should not have a vested interest in the candidate measures but may be considered for inclusion in the Committee during Phase I. Committee candidates with a vested interest include employees or contractors of measure owners/developers; members of workgroups that developed the measures; and members of committees that approve measures, or direct or set policy for measure development. Please see the NQF website for additional information about the [conflict of interest policy](#). All potential Steering Committee members must disclose any current and past activities during the nomination process.

As with all NQF projects, the Steering Committee will work with NQF staff to develop specific project plans, provide advice about the subject, ensure input is obtained from relevant stakeholders, review draft products, and recommend specific measures and research priorities to NQF Members for consideration under the CDP.

TIME COMMITMENT: *The Steering Committee will meet twice in person for a two-day meeting on October 18-19, 2011, and then again for a two-day meeting on February 28-29, 2012 in Washington, DC.* Committee members must be available to attend the meetings. Additionally, Steering Committee members will meet four to six times by conference call for two hours each and will be asked to review materials and provide feedback throughout the process. Additional conference calls may be needed. The introductory orientation call is mandatory for all Steering Committee members and is scheduled for October 5, 2011 from 2:00-4:00 pm ET.

CONSIDERATION AND SUBSTITUTION: Priority will be given to nominations from NQF Members. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals from an organization at conference calls are not permitted.

MATERIAL TO SUBMIT: 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 send the following information:

- a completed Nomination Form;
- confirmation of availability to participate in the introductory call on October 5, 2011, and the October 18-19, 2011 and February 28-29, 2012 in-person meetings;
- a 2-page letter of interest and a 100-word maximum biography, highlighting experience/knowledge relevant to the expertise described above and involvement in candidate measure development; and
- curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*; and

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- a completed “[conflict of interest](#)” form.

Materials should be submitted through the project page on the NQF website.

DEADLINE FOR SUBMISSION: All nominations *MUST* be submitted by **6:00 pm ET on Friday, July 15, 2011.**

QUESTIONS: If you have any questions, please contact Caren Ginsberg, PhD, or Suzanne Theberge, MPH, at 202.783.1300 or carecoordination@qualityforum.org. Thank you for your assistance.

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