NATIONAL QUALITY FORUM

Meeting Summary

Prioritizing Measure Gaps: Care Coordination Committee Web Meeting
January 16, 2014 | 2:00 pm –4:00 pm ET

The National Quality Forum (NQF) convened a web-based meeting of the Prioritizing Measure Gaps Care Coordination Committee members on Thursday, January 16, 2014. Seventeen members of the public also participated in the meeting. An online archive of the meeting is available.

Committee Members In Attendance

Name	Organization
Susan Reinhard, PhD, RN, FAAN (co-chair)	AARP
Mark Redding, MD (co-chair)	Community Health Access Project
David Ackman, MD, MPH	Amerigroup
Richard Birkel, PhD, MPA	National Council on Aging
David Cusano, JD	Georgetown University Health Policy Institute
Woody Eisenberg, MD, FACP	Pharmacy Quality Alliance
Nancy Giunta, PhD, MSW	Silberman School of Social Work, Hunter College, City University of New York
Carolyn Ingram, MBA	Center for Health Care Strategies, Inc.
Gerri Lamb, PhD, RN, FAAN	Arizona State University
Russell Leftwich, MD	State of Tennessee, Office of eHealth Initiatives
Linda Lindeke, PhD, RN, CNP	University of Minnesota, School of Nursing
Rita Mangione-Smith, MD, MPH	Seattle Children's Research Institute
Sharon McCauley, MS, MBA, RDN, LDN, FAND	Academy of Nutrition and Dietetics
Judy Ng, PhD, MPH	National Committee for Quality Assurance
Michael Parchman, MD, MPH	MacColl Center for Health Care Innovation
Fred Rachman, MD	Alliance of Chicago Community Health Services
Robert Roca, MD, MPH, MBA	American Psychiatric Institute for Research and Education
Vija Sehgal, MD, PhD, MPH	Waianae Coast Comprehensive Health Center
Ilene Stein, JD	Service Employees International Union
Samantha Meklir	Government Sub-Task Leader, HRSA, HHS
Cille Kennedy	Government Task Leader, ASPE, HHS

Welcome, Committee Introductions and Disclosures of Interest
Sarah Lash, Senior Director, NQF, welcomed the committee members and the public audience to the web meeting, and reviewed the meeting objectives. The meeting objectives articulated were to:

- Review project scope, committee's role, and timeline
- Review draft conceptual framework and environmental scan of measures

- Discuss key questions to further refine framework and scan

Ann Hammersmith, NQF General Counsel, led the introductions of the committee members along with their disclosures of interest. Samantha Meklir offered opening remarks on behalf of the project sponsors at the Department of Health and Human Services (HHS) and co-chairs Susan Reinhard and Mark Redding added their welcome.

Committee members discussed the timeliness and great need for this project, noting the importance of looking at care coordination through a wider lens of overall health and social determinants and focusing on high-leverage measurement areas to further refine the draft conceptual framework.

Orientation to the Care Coordination Project

Wendy Prins, Senior Director, NQF, provided background information on the Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas project. She outlined the project's timeline and its five sub-topic areas: adult immunizations, Alzheimer's disease and related dementias, care coordination, health workforce, and person-centered care and outcomes.

Developing the Coordination Conceptual Framework

Lauralei Dorian, Project Manager, NQF, presented an overview of the care coordination measure gap prioritization effort, beginning with the project's objectives. Ms. Dorian introduced a hybrid definition of care coordination, drawn from previous work from the Agency for Healthcare Research and Quality and an NQF-endorsed definition. The hybrid definition reads, "Care Coordination is the deliberate organization of activities and information to help ensure that patients' and families' needs and preferences healthcare and community services are met," and is intended to reflect the scope of this work incorporating community-based services. NQF stressed that the definition is a starting point and open to further refinement based on committee feedback. A number of committee members noted that the definition should be expanded to reflect wellness as the ultimate outcome. Others expressed a desire to include the notion of shared decision-making in the definition. Ultimately, the majority of the committee concurred that the definition was straightforward, allowing for development of measures flexible enough for multiple methods of coordinating care.

Ms. Dorian then described the development of the project's draft conceptual framework, including inputs such as AHRQ's Clinical-Community Relationships Measures Atlas and Evaluation Roadmap (CCRM) and NQF's endorsed Preferred Practices for Care Coordination. Staff adapted foundational concepts from these and other inputs and presented a Venn diagram that represents the relationships and interactions between clinicians, community resources, and care recipients and their families. The "sweet spot" for the development of highly important measures lies in the middle of the diagram where all three aspects of the model are interacting together. NQF explained that the project is interested in expanding the thinking that contributed to the original products and noted that medically-centric language will need to be identified and updated to reflect the broader focus on community services that support wellness. For example, the term "patient" has been re-labeled "care recipients and families."

NQF's Preferred Practices are promising or ideal approaches for performing care coordination and can form the foundation for measure development. A set of practices was endorsed in 2010. For the conceptual framework project, the most relevant practices were revised and mapped to the elements of the Venn diagram, along with a number of other aspects of care coordination that were identified by

input from the HHS interagency team and external advisors. Committee members suggested re-mapping the concept “reduction of caregiver burden” to the area of the Venn diagram where community resources and care recipients and families overlap.

An informal graphic developed by NQF was presented, illustrating the continuum of community services in which the health system’s influence decreases as the services become more targeted or oriented to a care recipient’s social needs. Committee members discussed changing the term “influence” to something more reflective of knowledge and responsibility as well as the fact that the graphic is too symmetrical to represent what happens in the real world.

Preliminary Environmental Scan of Measures

Sarah Lash, Senior Director, NQF presented the results of the preliminary environmental scan of 6,000 measures and measure concepts, drawn from several sources. 363 measures were identified as related to care coordination. The scan confirmed the group’s working hypothesis that care coordination between primary care and community services is indeed a gap area for measurement. The available measures were either too narrowly or too broadly designed to be actionable by the triad of primary care providers, patients and their families and community-based resources. They included measures that are condition specific, age specific, international, one-way referrals, measures that come from specialized surveys or research evaluations, and population level measures.

Committee members identified the following aspects of care coordination as meaningful to develop into future performance measures:

- A shared care plan that is informed by the care recipient and each one of the recipient’s provider; provider should be interpreted broadly to include those who interact with the care recipient outside of the medical system
- The extent of a patient’s engagement; coordination does not occur by merely offering a referral
- The connection of services between the clinical setting and the community setting
- The family’s access to information and services
- A comprehensive assessment of health that incorporates social, behavioral and adult education needs
- The reduction of cost and over-utilization
- Improved patient safety as an outcome of successful coordination of care

Committee members further emphasized that care coordination measurement should be agnostic of the target population or provider of care coordination (e.g. family, professional caregiver) and should balance process and outcome measures and different levels of measurement. There was a general consensus that ultimately, the patient and family’s perspective on the effectiveness of care coordination is one of the most meaningful outcomes of coordinated care. Committee members urged the scope of the project to continue to be aspirational and focus on settings outside the traditional healthcare system and a care recipient’s engagement with those community resources.

Discussion Questions

Committee members reflected on discussion questions related to the desired outcomes to be incorporated in measures, the roles of care recipients and caregivers in participating in care

coordination activities, and if there is a role for measurement in coordinating proliferating coordinators. Several themes emerged in committee discussion:

- Diverse measure types and topics are needed.
- Care coordination should involve a team of providers and a set of person-centered goals.
- Emphasize the role of social determinants of health because they contribute to the majority of health outcomes.
- Understand how families are involved in a person's care, citing a growing body of research that indicates that families perform the majority of care coordination. Committee members identified reduction of caregiver burden as a potential outcome of care coordination.
- Members agreed that patient activation should be considered a desirable outcome of care coordination. They questioned the appropriate role for an individual who is unwilling to participate in his or her own care.
- Participants also discussed the need to differentiate care coordination from other related concepts such as case management and utilization monitoring.

Next Steps

NQF will circulate a post-meeting assignment to committee members with the primary purpose of prioritizing domains of measurement for care coordination. Measures will continue to be identified by ongoing environmental scanning and work with key informants. The committee members will gather for a two-day in-person meeting on April 3-4, 2014 during which the revised conceptual framework will be discussed to inform concrete recommendations on critical gap areas of care coordination measurement for future development.