NATIONAL QUALITY FORUM

# Meeting Summary

# Priority Setting for Health Care Performance Measurement: Addressing Performance Measure Gaps in Priority Areas

## Care Coordination Committee

The National Quality Forum (NQF) convened an in-person meeting of the Prioritizing Measure Gaps: Care Coordination Committee members on April 3-4, 2014. An online archive of the meeting will be available on the project webpage.

### Committee Members in Attendance

| Name | Organization |
|---|---|
| Mark Redding, MD (co-chair) | Community Health Access Project |
| Susan Reinhard, PhD, RN, FAAN (co-chair) | AARP |
| David Ackman, MD, MPH | Amerigroup |
| Richard Birkel, PhD, MPA | National Council on Aging |
| Don Casey, MD, MPH, MBA | IPO4Health |
| 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 & Education |
| Vija Sehgal, MD, PhD, MPH | Waianae Coast Comprehensive Health Center |
| Daniel Stein, MBA | Stewards of Change |
| Ilene Stein, JD | Service Employees International Union |
| Samantha Meklir | Government Sub-Task Lead, HRSA, HHS |
| Cille Kennedy | Government Task Leader, ASPE, HHS |

## Day 1: Thursday, April 3, 2014

### Welcome and Review of Meeting and Project Objectives

Susan Reinhard, committee co-chair, welcomed committee members and the public audience to the meeting and provided opening remarks about the importance of this work. Co-chair Mark Redding aslo welcomed the group. After introductions, Dr. Reinhard reviewed the meeting objectives, which were to:

- Build shared understanding of environmental drivers of care coordination measurement activities;
- Refine domains and sub-domains of measurement for coordination between primary care and community-based services, developing potential measure concepts in key areas;
- Consider role of new data capabilities in facilitating measurement of care coordination; and
- Prioritize opportunities for care coordination measurement to inform HHS.

### HHS Opening Remarks and Environmental Context for Project

Samantha Meklir, the government sub-task lead from the Office of Planning, Analysis and Evaluation at the Health Resources and Services Administration (HRSA) provided opening remarks on behalf of the Department of Health and Human Services (HHS). Ms. Meklir set the stage and framed the environmental context for this project, making connections to recent recommendations from the Robert Wood Johnson Foundation Commission to Build a Healthier America and other NQF projects. She emphasized that the goal of the measure gap prioritization project is to develop a list of recommendations to HHS for performance measurement of care coordination that are both forward-thinking and practical for HHS to implement.

### Review Project Progress to Date

Sarah Lash, Senior Director, NQF, reviewed the project's core elements developed to date, including: a revised definition of care coordination, the committee's draft conceptual framework, results of the preliminary environmental measurement scan, and themes from the group's January web meeting. Ms. Lash shared the latest version of a draft definition of care coordination:

*"Care coordination is the deliberate organization of activities and information to improve health outcomes by ensuring that care recipients' and families' needs and preferences for healthcare and community services are met."*

Ms. Lash used a set of illustrations of the conceptual framework to explain the person-centered and dynamic nature of the model and its relationship to quality improvement and performance measurement opportunities for care recipients and their families, primary care providers, and community service providers. The Committee was supportive of the conceptual framework, especially its emphasis on the importance of shared accountability within an integrated system of care. Committee members suggested refinements for the definition and conceptual framework, including:

- the definition should include the concepts of deliberate organization and integration
- consider what the role of the care coordinator should be when community services are unavailable

- measurement must be feasible and flexible in order for it to be applied in different environments across the country
- there is a difference between care coordination and the system-level concept of coordinated care; the fact that some "care coordination" activities have occurred does not imply that a care recipient experienced fully coordinated care

### How Does This Work Relate to Endorsement of Measures?

Lauralei Dorian, Project Manager, NQF, reviewed the history of care coordination measure evaluation projects at NQF. Ms. Dorian discussed NQF's foundational work and subsequent Consensus Development Process (CDP) projects, including one that is ongoing. Some measures of care coordination have been endorsed, but significant gaps remain. This project is an important opportunity to address upstream the need for new, cross-cutting, and meaningful measures of care coordination.

Committee members Don Casey and Gerri Lamb were invited to share their perspectives as CDP co-chairs. Both emphasized that a handful of foundational measures are available but there is a great need for new measures that truly capture multi-directional exchange of information and integration rather than "one side of the handshake." The steering committee is impatient to review stronger measures. For example, measuring whether or not a plan of care was transmitted to another provider does not capture care coordination. A more meaningful measure could examine whether the plan of care was received and acted upon. They also discussed the relative lack of evidence for some care coordination practices and how this may complicate their ability to gain NQF endorsement under the current criteria. This project should articulate what NQF and stakeholders want to see in new measures of care coordination.

### Connecting NQF Efforts on Care Coordination to Improve Population Health Outcomes

Elisa Munthali, Managing Director, NQF, presented NQF's current work on the Population Health Framework, situating it within the National Quality Strategy's three-part aim. Ms. Munthali emphasized the project's focus on broad wellness outcomes and presented challenges to population health measure development such as methodology. Wendy Prins, Senior Director, NQF, then presented other Prioritizing Measure Gaps topic areas and the work of the MAP Person- and Family-Centered Care Task Force. Ms. Lash also presented on the most recent efforts of the MAP Dual Eligible Beneficiaries Workgroup, including high leverage opportunities for improvement through measurement.

The Committee appreciated the opportunity to hear about connections between related projects. Members discussed the feasibility of developing "accountable communities" through the use of measurement that attributes performance to many stakeholders and leverages multi-disciplinary care teams. The discussion also recognized the different business models at work among social service providers, difficulties in engaging all levels of the workforce, and possible incentives to address critical social determinants of health. Payment policies and data gaps are significant barriers to achieving the desired future state of coordinated care. It will be important to guard against creating financial incentives for care coordination activities that will add to waste and complexity in the system rather than streamlining processes and driving improvement in outcomes.

### Evaluate Draft Domains and Sub-Domains for Care Coordination Measurement

Ms. Lash presented the results of the committee's work to construct draft domains and subdomains of measurement. Dr. Redding facilitated a group discussion; the primary outcomes were:

- Merging the *Relationships* and *Continuous Communications* domains because the purpose of having relationships between the health and social services systems is to facilitate communication and coordination.
- Reframing the *Goal Attainment* domain as *Progression toward Goals* to recognize incremental positive changes.
- Removing *Overall Satisfaction* subdomains from the *Experience* domain to reduce potential subjectivity in measurement, with additional discussion of the need to use electronic systems to capture care recipient and families' experiences rather than phone or mail-based surveys.
- Deciding that an electronic, shared, longitudinal plan of care is a necessary but not sufficient element to achieve coordinated care; it also serves as a platform for measurement.
- Discussing who participates in a care team, who leads the team, the role of the care recipient and the family in the team, and how this is documented in a plan of care for measurement.
- Stating that the goal-setting process could devolve into a "check-the-box" process measure but that coordinated care can't be achieved without eliciting the care recipient and families' overarching goals.
- Articulating that the level of assistance a care recipient and family received with coordinating care should be matched to their needs and relative risk for poor outcomes; risk is dynamic and should be monitored on a regular basis. Low-risk individuals should receive preventive services.
- Agreeing that measurement in this topic area is very difficult, while indicating that measures should be developed at both the individual and systems level in order to gauge the performance of both. Alternatives to survey methods for capturing care recipients' experiences should be explored.

### Opportunity for Public Comment

Maureen Dailey from the American Nurses Association noted that the measurement domain of patient safety should be addressed in the framework.

### Committee Activity: Evaluating Impact and Feasibility of Measurement

Dr. Reinhard facilitated an interactive exercise for the Committee to evaluate the trade-off between potential impact and feasibility of measurement by placing measurement domains in quadrants. Results of this exercise are as follows:

- All domains were evaluated as having high impact.
- Domains were thought to have varying levels of feasibility.
    - *Comprehensive Assessment* and *Goal-setting* domains were rated high on feasibility.
    - *Relationships* and *Efficiency* domains were rated moderate on feasibility.
    - *Experience*, *Availability of Services*, and *Goal Attainment* were rated relatively low on feasibility.

### Small Group Work: Generating Potential Measure Concepts

Committee members then divided into three sub-groups to brainstorm potential measure concepts for each of the measurement sub-domains. The Committee then reconvened to share their progress, highlighting these and other draft concepts:

- Creation of Person-Centered Plan of Care
    - # of care recipients for whom a comprehensive assessment containing all of the sub-domains is documented / total # of care recipients enrolled
    - # of care recipients at risk of falling who received in-person communication about the risks of falling and set targeted goals with their provider/ total # of care recipients at risk of falling
    - # of care recipients with an accurate checklist of their care team and a description of the roles within that team / total # of care recipients
- Utilization of the Health Neighborhood to Execute the Plan of Care
    - # care recipients reporting self-efficacy in managing chronic conditions / total # of individuals receiving care for chronic conditions
    - # of care recipients receiving recommended community services within three months / total # of individuals whose plan of care indicates a need for a community service
    - # of community providers reporting ability to engage in direct messaging technology with primary care providers / total # of community providers
- Achievement of Outcomes
    - # of care recipients who feel their care team communicates with one another and work together to achieve patient's goals/ total # of care recipients
    - # of family members who experienced hassle throughout the treatment of care process/ # of care recipients with multiple chronic illnesses

## Day 2: Friday, April 4, 2014

Dr. Mark Redding, committee co-chair, welcomed participants and reviewed the previous day's themes. The committee Ms. Lash then briefly highlighted important changes to the care coordination definition and measurement domains and subdomains based on the committee's discussion.

### Health IT's Role in Supporting Paradigm Shift

Kate Goodrich, Director of Quality Measurement and Health Assessment Group, Center for Clinical Standards and Quality, CMS, HHS, provided remarks on the CMS Quality Strategy and the agency's vision for care coordination measurement and use. Dr. Goodrich discussed workflows and measurement that can be enabled by technology and the opportunity to begin de novo development of eMeasures rather than retooling existing measures. This project on measurement priorities is well-timed because HHS will be undertaking a significant amount of measure development work in 2015.

Erin Grace from the Agency for Healthcare Research and Quality (AHRQ) also discussed efforts to gather information from the field on what is needed to enable electronic quality measurement, particularly testing how criteria for Meaningful Use Stage 3 will play out in the field.

Julia Skapik and Ellen Makar from the Office of the National Coordinator for Health Information Technology (ONC) presented on other efforts to enhance care coordination through health IT and measurement. They emphasized the consistent use of data fields and care plans, the importance of matching data capture through electronic health records with actual clinical workflows, and the use of clinical decision support.

Fred Rachman, Chief Executive Officer with the Alliance of Chicago, offered reflections from a front-line perspective. He urged the committee to consider how rapidly the system is changing and that the group should be aspirational in their expectations for designing measurements for the future state. Dr. Rachman discussed his clinic's experience coordinating internally and of the value they find in using an EHR with longitudinal records and clinical decision support that includes prompts for non-clinical, community-based elements. Structured data is necessary for computational capability and performance measurement; social support systems generally have data that is unstructured and this will need to be addressed. The reimbursement system is out of date when compared with the capabilities of current technology designed around outcomes and quality. Technology can bring together various administrative and clinical sources of data along with patient-reported information to provide very rich detail and just-in-time alerts to facilitate coordination.

### Data Standards to Support Care Coordination Measurement

Russell Leftwich, Chief Medical Informatics Officer for the Tennessee Office of eHealth Initiatives, delivered a detailed presentation about data standards and interoperability for care plans, specifically the consolidated clinical document architecture (C-CDA). Dr. Leftwich provided details on collaborative standards development around transitions of care, reviewed the datasets and gaps involved in developing plans of care, and discussed the quality document reporting architecture (QRDA) and its relationship to eMeasures. He also described web-based technologies that allow community providers to access and edit an electronic health record or plan of care without having an EHR system in place in their own office; this is known as a "surrogate EHR environment" or SEE.

The Committee agreed that the information presented was fundamental to its work as the availability of new types of data will underpin the ability for new measures to be developed. Dr. Leftwich explained that once the vendors implement the standards, more patient-reported outcome performance measures could be implemented. Some Committee members expressed concern about the volume of information contained in a longitudinal plan of care and whether providers might find them overwhelming. In summary, the new standards are not yet in place, but they are moving forward rapidly.

### Opportunity for Public Comment

A public comment from Koryn Rubin of the American Medical Association suggested that the committee consider how data could be captured from registries and use it for care coordination and shared decisionmaking. Dr. Leftwich responded that data standards would be needed to underpin the exchange of information, but that it could be valuable; HL7 is about to publish a standard for cancer registries.

### Final Measure Gap Prioritization Exercise

Committee members were asked to prioritize four of the eight measurement domains, resulting in:

| Measurement Domain | Number of Votes |
|---|---|
| Linkages | 13 |
| Progression toward goals | 13 |
| Comprehensive assessment | 12 |
| Shared accountability | 9 |
| Experience | 6 |
| Efficiency | 6 |
| Goal-setting | 3 |
| Quality of services | 0 |

The Committee preferred not to prioritize any of the sub-domains, and instead discussed the sub-domains contained within of the top four domains to confirm that they are accurate and complete. For example, the group agreed that a comprehensive assessment should include all of the listed sub-domains and could not recommend some of the sub-domains over the others.

### Round-Robin Discussion of Themes for Recommendations to HHS

All committee members were given the opportunity to capture key themes they thought should be emphasized in the forthcoming report to HHS. The most common recommendations were:

- Coordinated care is the hallmark of a caring health system.
- Longitudinal care plans would promote more teamwork, linkages, and synchronization of efforts across provider types. Similarly, goal-setting and encouraging activation will engage care recipients and their families in the process of coordination and resulting health outcomes. Explore strategies of data segmentation to give care recipients and families control over who has access to information about their care.
- Significant changes in program payment structures, technology infrastructure, and other elements need to come together to form a more cohesive system to facilitate coordination. HHS should give more thought to how they are harmonizing their program requirements and measure development funding priorities.
- The expectations for care coordination would substantially change in how practitioners work and adds to their responsibilities. Outreach and training will be necessary so that all members of care team can see value in data collection and measurement. Interventions should be targeted based on social and health risk factors to use resources wisely for high-value activities.
- Building measures for a system that does not yet exist will be challenging but is necessary. Measure development activities should be bold and innovative, with a willingness to try and accept that some attempts will fail.

## Next Steps

The meeting concluded with a discussion of next steps. Committee members will receive an updated version of the revised prioritized measurement domains and subdomains for further review and affirmation. The draft report will be made available for NQF Member and public comment on June 16, 2014. During the public comment period, NQF will host a public webinar on June 30 to engage potential commenters by communicating highlights from three of the draft reports on prioritizing measure gaps. A final version of the committee's recommendations to HHS will be available in August 2014.