



## Prioritizing Measures Gaps: Care Coordination Advisors

### Planning Meeting

October 23, 2013 | 1:30 pm –3:00 pm ET

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The National Quality Forum (NQF) convened a web-based planning meeting of the Prioritizing Measure Gaps Care Coordination Advisors on Wednesday, October 23, 2013. An [online archive](#) of the meeting is available.

#### Advisory Group Attendance

Gerri Lamb, Arizona State University College of Nursing and Health Innovation
Linda Lindeke, University of Minnesota
Fred Rachman, Alliance of Chicago
Mark Redding, Community Health Access Project
Susan Reinhard, AARP Public Policy Institute
Daniel Stein, Stewards of Change
Rosy Chang Weir, Association of Asian Pacific Community Health Organizations (AAPCHO)
Samantha Meklir, Government Sub-Task Leader
Cille Kennedy, Government Task Leader

#### Welcome and Review of Meeting Objectives

Sarah Lash, Senior Director, NQF, welcomed the advisors and members of the public to the web meeting, reviewed the meeting objectives, and asked the advisors to introduce themselves and describe their background in care coordination and interest in the project.

The meeting objectives articulated were to:

- Review project objectives and timeline;
- Discuss important considerations for the modification of a care coordination conceptual framework; and,
- Gather early input to inform NQF's research questions, environmental scan of measures, and additional considerations for achieving project objectives.

In general, advisors expressed excitement around the project's primary care focus and community-based services. Advisors also communicated interest in the topics of family caregivers, children with special health care needs, medical home models, use of electronic health records to capture non-healthcare information in support of care teams and measurement, community health workers, and the interoperability of sharing human services data for vulnerable populations.

### **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, including its five sub-topic areas: Adult Immunizations, Alzheimer’s Disease and Related Dementias, Care Coordination, Health Workforce, and Person-Centered Care and Outcomes. An overview of the Care Coordination sub-task was also provided, including the main project objectives and general project timeline.

### **Defining Care Coordination and Measurement Framework**

Lauralei Dorian, Project Manager, NQF, led a discussion on the working definition of care coordination as drawn from the Agency for Healthcare Research and Quality’s (AHRQ’s) Care Coordination Measures Atlas. Advisors indicated a desire to examine other definitions, such as the NQF-endorsed definition of care coordination. They agreed that the Atlas definition lacked an element of community services, and, if adopted for the project, should also be simplified.

Ms. Dorian also described the structure of the AHRQ Atlas’ framework and elements. Discussion of the framework domains emphasized a number of key elements of care coordination, including: establishing or negotiating accountability, assessing needs and goals, and the important role of the health care home. The advisors did not offer explicit feedback on domain components or recommendations on specific modifications. The advisors suggested examining other frameworks and their domains to inform modifications to the Atlas framework.

### **Considerations for Scoping**

Advisors concurred that a broad approach to the project that does not focus measurement on a specific population is preferred; they would like the results of the work to be flexible for many potential applications. The advisors were also uninterested in selecting one specific social determinant of health as the central focus for coordination, again citing their desire to see broadly applicable care coordination principles that would support the development of cross-cutting measures.

Advisors agreed that the primary care medical home model was an example of a “best practice” setting in which care is generally well coordinated. In addition, large primary care clinics and Federally Qualified Health Centers (FQHCs) generally have the most staff capacity to perform care coordination functions and a sufficient volume of patients on which to base measurements. Advisors suggested looking at NCQA’s Medical Home System Survey accreditation standards for domains and measures that could be adapted into the AHRQ framework.

In keeping with the project’s focus on primary care, the advisors identified several challenges and opportunities for meaningful measurement in primary care:

- Challenges regarding the connectivity and interoperability of data systems across different service providers;
- Need to make the results of community-specific “resource mapping” available to coordinators to improve awareness of supports that can be offered to consumers;
- Potential to identify and reduce unnecessary duplication of care coordination services, especially for patients with complex conditions;

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- Measurement of reduction of family caregiver burden as a potential outcome of successful care coordination;
- The lack of measures of intermediate outcomes that are proximal to care coordinators (e.g., are care coordinators using evidence-based interventions?)
- Future measures should reflect the importance of a person- and family-centered approach to care planning and care coordination and care recipients' perceptions of the services they receive.

### **Next Steps**

NQF may continue informal dialogue with the advisors prior to the submission of the draft conceptual framework to HHS in December. The full multi-stakeholder committee will be seated by mid-December and will convene for a web meeting in January 2014. At that time, the full committee will have the opportunity to offer feedback on the draft framework; suggest measures and concepts for applicability to framework domains; and suggest priorities for filling critical gap areas.