

Prioritizing Measure Gaps: Care Coordination, Health Workforce and Person-Centered Care and Outcomes Combined Webinar

June 30, 2014 | 3:00 pm –5:00 pm ET

The National Quality Forum (NQF) held a public webinar to obtain input and feedback on the draft reports and recommendations of the following Prioritizing Measure Gaps committees: Care Coordination, Health Workforce, and Person- and Family-Centered Care and Outcomes. Ninety members of the public participated in the meeting. An [online archive](#) of the June 30 meeting is available.

Committee Co-chairs in Attendance

Name	Organization
Mark Redding, MD	Community Health Access Project
Melissa Gerdes, MD	Methodist Health System
Sally Okun, RN	PatientsLikeMe
Uma Kotagal, MBBWS, MSc	Cincinnati Children's Hospital Medical Center

Welcome, Project Overview

Wendy Prins, Senior Director, NQF, welcomed the public audience and acknowledged the committee members' participation over the past nine months in addressing performance measure gaps in priority areas of care coordination, health workforce, and person-centered care and outcomes. She provided background information on the project including an outline of the work's timeline to date. A brief overview of the [Measure Inventory Pipeline](#) was also provided and the public was encouraged to submit measures/measure concepts through this tool.

Person-Centered Care and Outcomes

Project Overview

Sally Okun, co-chair, began the presentation by providing a brief overview of the project and its specific objectives which are to: create the vision of the ideal state or "north star" of person-centered care and identify how best to measure performance and progress in the delivery of person-centered care.

Ms. Okun shared a real-life vignette presented during the Person-Centered Care and Outcomes April 7-8 in-person meeting and noted that vignettes including this one served as concrete examples of an ideal state of person-centered care. Then Ms. Okun highlighted the existing frameworks of person-centered care which have been foundational to set the stage for current and future measure development including this project. Finally, Ms Okun presented the definition and core concepts for Person- and Family-Centered Care which was developed by the Committee and noted that all of the core concepts must be evident and that none of the core concepts alone signifies person- and family-centered care.

Measurement Framework and Committee Recommendations

Uma Kotagal, co-chair, described each core concept and stated that there are other dimensions of quality such as safety, effectiveness, and affordable care which have not been the focus of this project. Ms. Kotagal reviewed the three key principles to inform the identification of measure concepts as well as considerations for structure, process, and outcome measures for person- and family-centered care. Then she provided an illustration of measure concepts identified by the Committee regarding the core concept of “Individualized Care”. Then she explained that some of the structures that support person- and family-centered care could be incorporated into a standard label analogous to the “Nutrition Label” concept. Lastly, Dr. Kotagal presented the committee’s recommendations regarding the staging and prioritization of measure development to advance person- and family-centered care.

Health Workforce

Project Overview

Angela Franklin, Senior Director, NQF, provided an overview of the Health Workforce project objectives, and described the key terms and definitions of health care workforce, care coordination, primary care, and health, as well as the principles of the National Prevention Strategy that were used in developing the framework for the project and that served as touchstones in the consideration of measure concepts. Ms. Franklin presented the existing frameworks that informed the work, acknowledged input from federal partners, and provided an overview of the components of the health workforce conceptual framework, which is organized into broad measurement domains that reflect inputs, intermediate outcomes and long term outcomes of health workforce deployment. The framework inputs include training and development, infrastructure, recruitment and retention, assessment of community and workforce needs. These inputs are expected to lead to the intermediate outcomes of improved clinical community and cross-disciplinary relationships, capacity and productivity, workforce diversity and retention, and improved experiences for the workforce, individuals and their families, and community volunteers. The long term outcomes within the framework provide aspirational targets for a well-deployed workforce that encompass the National Quality Strategy aims of better care, affordable care and healthy people and communities.

Measurement Framework and Committee Recommendations

Dr. Melissa Gerdes, co-chair of the Health Workforce Committee presented the framework domains that were prioritized by the Committee and the accompanying measure concepts. Dr. Gerdes outlined the Committee’s process to arrive at the prioritized domains and discussed the prioritized inputs of training and development and infrastructure, and the intermediate improvements of clinical, community and cross-disciplinary relationships, capacity and productivity, and workforce diversity and retention, which were also highlighted as priority areas for measure development. Dr. Gerdes presented the measurement concepts developed by the committee under each of these domains in detail, along with key aspirational measure concepts that were emphasized by the Committee but are less feasible for measure development at this time. The presentation concluded with a review of several key research recommendations in the areas of team-based interdisciplinary care and the assessment of population needs, and overarching recommendations regarding the path forward in health workforce measurement.

Care Coordination

Project Overview

Lauralei Dorian, Project Manager, NQF, led the presentation on the Care Coordination topic area by providing an overview of the project's core elements, including project objectives and the definition of care coordination as agreed to by the committee. Ms. Dorian emphasized the project's potential to broaden the current scope of care coordination by focusing on measurement between primary care and social/community-based services and by considering the significant role that social determinants play in affecting one's health and wellbeing. Ms. Dorian also discussed prior and current work to address the complex issues in measuring care coordination through NQF's Consensus Development Process (CDP), stressing the need for the development of care coordination measures that truly capture the multidirectional exchange of information between the care recipient and their care team.

Measurement Framework and Committee Recommendations

Dr. Mark Redding, co-chair of the Care Coordination committee, presented the main contents of the draft report, including the Care Coordination Conceptual Framework and the committee's recommendations for priority measure domains. The domains were organized under three broad care coordination concepts: *joint creation of person-centered plan of care, utilization of the health neighborhood to execute the plan of care, and achievement of outcomes*. Domains were then prioritized by the committee based on their relative impact and feasibility, the state of current evidence to support measurement, and the committee's expert judgment about how to make strategic progress in advancing care coordination. The top four prioritized domains are: *comprehensive assessment, shared accountability, linkages/synchronization and progression toward goals*. Dr. Redding described the essential elements of each of the four prioritized domains.

Dr. Redding also briefly discussed the increasing role that HIT can play to support the paradigm shift in care coordination and contribute to a meaningful Shared Plan of Care. In addition, he shared a frontline perspective on data interoperability using an example of the innovative, progressive work occurring at the Alliance of Chicago. Finally, he noted the committee's recommendations related to promising approaches for measuring care coordination and general recommendations about care coordination policy and practice.

Next Steps

Public commenting for these three topic areas remains open through July 14, 2014 at 6 pm ET. Draft reports will be further refined to reflect input from the public received through the commenting tool. All public comments collected will be included in the reports as appendices. NQF will submit final reports to the Department of Health and Human Services (HHS) on August 15, 2014.