MEASURE APPLICATIONS PARTNERSHIP
Safety and Care Coordination Task Force
Convened by the National Quality Forum

Meeting Summary
July 18-19, 2012

An in-person meeting of the Measure Applications Partnership (MAP) Safety and Care Coordination Task Force was held on Wednesday, July 18 and Thursday, July 19. For those interested in reviewing an online archive of the meeting, please click on the following link:

http://www.qualityforum.org/Setting_Priorities/Partnership/Task_Forces/MAP_Task_Forces.aspx.

Task Force Members Attending the July 18-19 Meeting:

Frank Opelka, ACS (Chair)	Thomas James, Humana
Dana Alexander, GE Healthcare Information Technologies [subject matter expert: HIT]	Randall Krakauer, Aetna
Richard Bankowitz, Premier, Inc.	Kevin Larsen, Office of the National Coordinator for Health Information Technology
Rhonda Robinson Beale, OptumHealth Behavioral Health [subject matter expert: mental health]	Mitchell Levy, Society of Critical Care Medicine [subject matter expert: patient safety]
Andrea Benin, National Association of Children's Hospitals and Related Institutions	Laura Linebach, LA Care Plan (phone)
John Bott, Agency for Healthcare Research and Quality	Shekhar Mehta, American Society of Health System Pharmacists
Richard Bringewatt, SNP Alliance	Dolores Mitchell, Massachusetts Group Insurance Commission [subject matter expert: state policy]
Barbara Caress, Building Services 32BJ Health Fund	R. Sean Morrison, Mt. Sinai School of Medicine [subject matter expert: palliative care]
Patricia Conway-Morana, American Organization of Nurse Executives (phone)	Amy Moyer, The Alliance [substitute for Cheryl DeMars]
Andrea Dilweg, Catalyst for Payment Reform [substitute for Suzanne Delbanco]	Chesley Richards, Centers for Disease Control and Prevention

Nancy Foster, American Hospital Association [substitute for Richard Umbdenstock]	Dale Shaller, Shaller Consulting Group (phone) [subject matter expert: patient experience]
Jane Franke, Blue Cross Blue Shield of Massachusetts	Ann Marie Sullivan, New York City Health and Hospital Corporation [subject matter expert: mental health]
Helen Haskell, Mothers Against Medical Error	Cristie Travis, Memphis Business Group on Health
Aparna Higgins, America's Health Insurance Plans	Ronald Walters, Alliance of Dedicated Cancer Centers
David Hopkins, Pacific Business Group on Health	

This was the second meeting of the MAP Safety and Care Coordination Task Force. The meeting objectives were:

- *Review outcomes of safety survey exercise and measures for additional topic areas;*
- *Consider priority areas for aligning care coordination performance measurement across public and private programs;*
- *Discuss shared accountability and identify implementation issues related to use of care coordination/readmission measures across programs and settings;*
- *Establish a care coordination family of measures; and*
- *Create a measure development and implementation pathway to fill care coordination gaps.*

Task force Chair, Frank Opelka, began the meeting with a welcome and then reviewed the meeting objectives.

Connie Hwang, Vice President, Measure Applications Partnership, National Quality Forum (NQF), provided a review of MAP's approach to the families of measures and core measure sets, which are intended to inform MAP's pre-rulemaking activities.

Lindsay Lang, Senior Program Director, NQF, presented a recap of the June meeting and raised several items related to the safety family of measures that were carried-forward from the task force's previous meeting. The task force used the remainder of the morning to discuss and conclude which measures and gaps to recommend for inclusion in the safety family. The task force considered two new topic areas that were requested to be added during the June meeting: pain

management and sepsis. The task force also continued to deliberate over two obstetrical adverse event measures and three mortality measures. The table below summarizes the measures and gaps added to the safety measure family as a result of these discussions:

Additional Measures and Gaps for the Safety Family of Measures

NQF # and Status	Measure	MAP Findings
#0177 Endorsed	Improvement in Pain Interfering with Activity	Measure should be expanded beyond home health to all care settings.
#0209 Endorsed	Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment	Measure should be expanded beyond the hospice setting.
#1617 Endorsed	Patients Treated with an Opioid Who Are Given a Bowel Regimen	
#1634 Endorsed	Hospice and Palliative Care – Pain Screening	Measure should be expanded beyond hospice or palliative care patients.
#1637 Endorsed	Hospice and Palliative Care – Pain Assessment	Measure should be expanded beyond hospice or palliative care patients.
#0304 Endorsed	Late Sepsis or Meningitis in Very Low Birth Weight (VLBW) Neonates (risk-adjusted)	
#0500 Endorsed	Severe Sepsis and Septic Shock: Management Bundle	
#0477 Endorsed	Under 1500g Infant Not Delivered at Appropriate Level of Care	
#0716 Endorsed	Healthy Term Newborn	
Pain Management Priority Gap Areas	• Effectiveness of pain management paired with patient experience and balanced by overuse/misuse monitoring • Assessment of depression with pain • Sepsis (healthcare-acquired and community-acquired) incidence, early detection and monitoring	

Next, the task force had a framing discussion about care coordination. Wendy Vernon, Senior Director, National Priorities Partnership (NPP), NQF, provided an overview of the National Quality Strategy goals and targets as they relate to care coordination. Gerri Lamb, Associate Professor, Arizona State University and Co-Chair of the Care Coordination Endorsement Maintenance Steering Committee, gave background regarding NQF's endorsement work in the area of care coordination. Allen Leavens, Senior Director, NQF, highlighted high-leverage opportunities for improvement in care coordination.

The task force discussed six priority topic areas for aligning care coordination quality measurement, which were broken into a number of subtopics. The topics and subtopics addressed are displayed in the table below:

Care Coordination Priority Topic and Subtopic Areas

Topic	Subtopic
Avoidable Admissions and Readmissions	Avoidable Admissions
	Avoidable Readmissions
	Avoidable ED Visits
System Infrastructure Support	Health Information Technology (HIT)
	Medical Homes; Accountable Care Organizations
	Tracking/Reminder Systems
Care Transitions	Effectiveness
	Timeliness
Communication	Patient Communication
	Provider Communication
Care Planning	General
	Condition Specific
	Patient Preference at End of Life
Patient Surveys Related to Care Coordination	Patient Experience and Perception of Care Coordination

The task force then had a robust discussion around the topic of shared accountability, specifically pertaining to avoidable admissions and readmissions. Susan Frampton, chair of the NPP (Re)admissons Action Team, opened the discussion by providing context regarding NPP's work related to readmissions. Next, five task force members representing various stakeholder perspectives provided thoughts on the roles of their stakeholder groups in reducing avoidable admissions and readmissions.

The task force then reviewed and selected measures for the care coordination measure family, beginning with avoidable admissions and readmissions and then moving through the other five priority topic areas. The following tables contain the measures and gap areas that the task force recommended for the care coordination family of measures:

Avoidable Admissions/Readmissions Measures and Gaps for the Care Coordination Family of Measures

NQF # and Status	Measure	MAP Findings
#0171 Endorsed	Acute Care Hospitalization (risk-adjusted)	Measure could be expanded to more post-acute and long-term care settings in the future.
#0173 Endorsed	Emergent Care (risk adjusted)	Measure could be expanded to more post-acute and long-term care settings in the future.
#0265 Endorsed	Hospital Transfer/Admission	
#0704 Endorsed	Proportion of Patients Hospitalized with AMI that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	Measure should be modified to include an indicator of POA status.
#0705 Endorsed	Proportion of Patients Hospitalized with Stroke that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	Measure should be modified to include an indicator of POA status.
#0708 Endorsed	Proportion of Patients Hospitalized with Pneumonia that have a Potentially Avoidable Complication (during the Index Stay or in the 30-day Post-Discharge Period)	Measure should be modified to include an indicator of POA status.
#0709 Endorsed	Proportion of Patients with a Chronic Condition that have a Potentially Avoidable Complication During a Calendar Year.	Measure should be modified to include an indicator of POA status.
#1381 Endorsed	Asthma Emergency Department Visits	

NQF # and Status	Measure	MAP Findings
#1768 Endorsed	Plan All-Cause Readmissions	Measure does not indicate planned vs. unplanned readmissions. Measure should be used with balancing measures of mortality, average of stay, ED visits, observation days, post-discharge follow-up, and patient experience.
#1789 Endorsed	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Measure should be used with balancing measures of mortality, length of stay, ED visits, observation days, post-discharge follow-up, and patient experience.
Avoidable Admissions/ Readmissions Priority Gap Areas	• Shared accountability and attribution across the continuum • Community role, patient's ability to connect to available resources • All populations and causes of admissions/readmissions • Modify PQI measures to address accountability for ACOs. Modify population to include those all patients with the disease (if applicable).	

Care Planning Measures and Gaps for the Care Coordination Family of Measures

NQF # and Status	Measure	MAP Findings
#0211 Endorsed	Proportion with More than One Emergency Room Visit in the Last Days of Life	Measure should be expanded beyond cancer patients to all chronically ill patients at end of life. Hospice measures could be paired or made into a composite.
#0212 Endorsed	Proportion with More than One Hospitalization in the Last 30 Days of Life	Measure should be expanded beyond cancer patients to all chronically ill patients at end of life. Hospice measures could be paired or made into a composite.
#0213 Endorsed	Proportion Admitted to the ICU in the Last 30 Days of Life	Measure should be expanded beyond cancer patients to all chronically ill patients at end of life. Hospice measures could be paired or made into a composite.

#0214 Endorsed	Proportion Dying from Cancer in an Acute Care Setting	Measure should be expanded beyond cancer patients to all chronically ill patients at end of life. Hospice measures could be paired or made into a composite.
#0215 Endorsed	Proportion Not Admitted to Hospice	Measure should be expanded beyond cancer patients to all chronically ill patients at end of life. Hospice measures could be paired or made into a composite.
#0216 Endorsed	Proportion Admitted to Hospice for Less than 3 Days	Measure should be expanded beyond cancer patients to all chronically ill patients at end of life. Hospice measures could be paired or made into a composite.
#0326 Endorsed	Advance Care Plan	Measure should be expanded to patients under 65 years old.
#0557 Endorsed	HBIPS-6 Post Discharge Continuing Care Plan Created	Measure could be expanded to address both the sending and receiving of information. Measure should be modified to include a time element to information transmission and could be composited with #0558.
#0558 Endorsed	HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge	Measure could be expanded to address both the sending and receiving of information. Measure should be modified to include a time element to information transmission and could be composited with #0557.
#1626 Endorsed	Patients Admitted to ICU who Have Care Preferences Documented	Measure should be expanded beyond "vulnerable adults" to include all ICU patients.
Care Planning Priority Gap Areas	• Shared-decision making and care planning; interactive care plan o All people should have care plan, created early in the care process o Plan agreed to by the patient and provider and given to patient, including advanced care plan o Plan shared among all providers seeing the patient (integrated); multidisciplinary o Identified primary provider responsible for the care plan	

Communication Measures and Gaps for the Care Coordination Family of Measures

NQF # and Status	Measure	MAP Findings
#0291 Endorsed	Administrative Communication	Measure should be combined into a composite with #0294, #0295, #0296, and #0297.

#0294 Endorsed	Patient Information	Measure should be combined into a composite with #0291, #0295, #0296, and #0297.
#0295 Endorsed	Physician Information	Measure should be combined into a composite with #0291, #0294, #0296, and #0297.
#0296 Endorsed	Nursing Information	Measure should be combined into a composite with #0291, #0294, #0295, and #0297.
#0297 Endorsed	Procedures and Tests	Measure should be combined into a composite with #0291, #0294, #0295, and #0296.
#0310 Endorsed	LBP: Shared Decision Making	
#0647 Endorsed	Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	
#0648 Endorsed	Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	
#0649 Endorsed	Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/Self Care])	

Communication Priority Gap Areas	• Communication measures should address both simultaneous and subsequent information sharing across all settings
	• Move beyond current checkbox measures of communication to address both the sending and receiving of adequate information
	• Measures of person-centered communication
	  ○ Right information was given at the right time and aligned with patient preferences
	    ▪ Cultural sensitivity – ethnicity, language, religion
	    ▪ Multiple chronic conditions, frailty, disability, medical complexity
	  ○ Address patient understanding of information, not just receiving information
	  ○ Role for personal health records
	• Opportunity to leverage HIT; role of HIT/HIE in communication process	

	- Need to address overuse, misuse, inefficiencies created by poor communication

Patient Survey Measures and Gaps for the Care Coordination Family of Measures

NQF # and Status	Measure	MAP Findings
#0005 Endorsed	CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)	
#0006 Endorsed	CAHPS Health Plan Survey v 4.0 - Adult Questionnaire	
#0007 Endorsed	NCQA Supplemental Items for CAHPS® 4.0 Adult Questionnaire	
#0008 Endorsed	Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)	
#0009 Endorsed	CAHPS Health Plan Survey v 3.0 Children with Chronic Conditions Supplement	Survey should be expanded to include the adult population.
#0010 Endorsed	Young Adult Health Care Survey (YAHCS)	Survey should be tested down to the clinician level.
#0166 Endorsed	HCAHPS	
#0208 Endorsed	Family Evaluation of Hospice Care	
#0258 Endorsed	CAHPS In-Center Hemodialysis Survey	
#0517 Endorsed	CAHPS® Home Health Care Survey	
#0691 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument	
#0692 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument	
#0693 Endorsed	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument	
#0725 Endorsed	Validated Family-Centered Survey Questionnaire for Parents' and Patients' Experiences during Inpatient Pediatric Hospital Stay	

NQF # and Status	Measure	MAP Findings
#0726 Endorsed	Inpatient Consumer Survey (ICS) Consumer Evaluation of Inpatient Behavioral Healthcare Services	
#1632 Endorsed	CARE - Consumer Assessments and Reports of End of Life	
#1741 Endorsed	Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)® Surgical Care Survey	
Patient Surveys Priority Gap Areas	• Need to address patients who cannot self-report/issues with surrogate reporting • Existing surveys o Need surveys in electronic format o Test national-level surveys for reporting out at the organization and/or clinician level o Bring Medical Home CG-CAHPS forward for NQF endorsement • Comprehensive care coordination survey that looks across episode and settings, particularly with the development of medical homes and ACOs o Include all ages o Recognize accountability of the multi-disciplinary team • Survey/composite measure of provider perspective of care coordination o Timely and effective communication among providers	

System and Infrastructure Support Measures and Gaps for the Care Coordination Family of Measures

NQF # and Status	Measure	MAP Findings
#0494 Endorsed	Medical Home System Survey	Should be reported with a balancing patient-reported survey.

System and Infrastructure Support Priority Gap Areas	• Move beyond EHR capacity to measures of interoperability of EHRs, enhanced communication • Measures of “systemness,” including but not limited to ACOs, PCMHs

Care Transitions Measures and Gaps for the Care Coordination Family of Measures

NQF # and Status	Measure	MAP Findings
#0163 Endorsed	Primary PCI Received within 90 Minutes of Hospital Arrival	
#0164 Endorsed	AMI-7a- Fibrinolytic Therapy Received within 30 minutes of Hospital Arrival	
#0228 Endorsed	3-Item Care Transition Measure (CTM-3)	Measure should be tested for administration prior to discharge.
#0287 Endorsed	Median to Fibrinolysis	
#0288 Endorsed	OP-2: AMI Emergency Department Acute Myocardial Infarction (AMI) Patients with ST-segment Elevation or LBBB on the ECG Closest to Arrival time Receiving Fibrinolytic Therapy During the Stay and Having a Time from ED Arrival to Fibrinolysis of 30 minutes or Less.	
#0289 Endorsed	Median Time to ECG	
#0290 Endorsed	Median Time to Transfer to Another Facility for Acute Coronary Intervention	
#0335 Endorsed	PICU Unplanned Readmission Rate	
#0403 Endorsed	HIV/AIDS: Medical Visit	
#0526 Endorsed	Timely Initiation of Care	
#0576 Endorsed	Follow-Up After Hospitalization for Mental Illness	
#0661 Endorsed	OP-23: ED-Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT Scan Interpretation Within 45 minutes of Arrival	

NQF # and Status	Measure	MAP Findings
#0698 Endorsed	30-Day Post-Hospital AMI Discharge Care Transition Composite Measure	Measure could be modified to have a narrow window for follow-up evaluation and management visit.
#0699 Endorsed	30-Day Post-Hospital HF Discharge Care Transition Composite Measure	Measure could be modified to have a narrow window for follow-up evaluation and management visit.
#0707 Endorsed*	30-day Post Hospital Pneumonia Discharge Transition Composite Measure	Measure could be modified to have a narrow window for follow-up evaluation and management visit.
Care Transitions Priority Gap Areas	• Transition measures that look beyond timeliness • Measures of patient transition to next provider/site of care across all settings o Includes non- hospital transitions (examples: primary care to specialty care, clinician to community pharmacist, nursing home to home health, as well as transitions to community pharmacists) • Measures of intra-facility transitions	

*** Measure is endorsed but not yet available in QPS**

The task force did not reach consensus on the following two electronic health record measures, and three emergency department throughput measures. These measures will be raised for final determination by the MAP Coordinating Committee during their in-person meeting on August 14-15.

- The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their Qualified/Certified EHR Systems as Discrete Searchable Data Elements (NQF #0489)
- Tracking of Clinical Results Between Visits (NQF #0491)
- Median Time from ED Arrival to ED Departure for Admitted ED Patients (NQF #0495)
- Median Time from ED Arrival to ED Departure for Discharged ED Patients (NQF #0496)
- Admit Decision Time to ED Departure Time for Admitted Patients (NQF #0497)

The meeting concluded with a discussion about gap-filling pathways for measure gaps the task force had identified. Kevin Larsen, Office of the National Coordinator (ONC), and Mary Barton, National Committee on Quality Assurance (NCQA), provided input from the measure development work of their organizations. Kevin Larsen shared ONC's current work regarding development of measures for the Meaningful Use program, as well as re-tooling measures not currently e-specified. He pointed out barriers to moving existing measures from one platform to another and defining an accurate denominator within the electronic medical record. Mary Barton noted challenges such as measures bound by one setting, the resource intensity required to develop valid and reliable measures, and difficulty identifying accountable entities.

Dr. Opelka summarized themes from the meeting and then adjourned the meeting.