

Quality Indicators Care Coordination Measures Project

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Target Population: Not Applicable

Summary: Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves marshalling personnel and other resources to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care.

The health care community is struggling to determine how to measure when and if this vital activity is occurring. The National Quality Forum recently concluded that adequate measures of care coordination do not exist and are urgently needed. Especially pressing is the need to evaluate the effectiveness of care coordination within the primary care, patient-centered medical home.

Initial investigation into current care coordination measurement approaches will be based on: multiple data sources (electronic health record systems, consumer surveys, and administrative claims databases); information on national organizations' care coordination measurement activities; review of applicable Agency for Healthcare Research and Quality (AHRQ) publications; a comprehensive search of peer-reviewed literature; and input from expert and stakeholder panels. The project will include insights on patient and caregiver experiences with care coordination, as well as clinician and researcher perspectives. In addition, the project will identify potential data sources for assessing care coordination that simultaneously support patient care and measurement objectives. Ideally, routinely monitored care coordination measures should not increase the burden of providing high-quality patient care, but should support better management of patients. By the end of the project a care coordination measurement summary report, measurement plan, and evaluative tool will be developed.

Project Objectives:

- Identify and assess ambulatory care coordination measures and develop an initial list of candidates for evaluation by the AHRQ Quality Indicator development process, with a particular focus on measuring ways that care coordination might prevent emergency room visits and unnecessary hospital readmissions. **(Achieved)**
- Develop a tool to assess care coordination interventions in studies and demonstration projects in the short term while measurement development activity proceeds. **(Achieved)**

2010 Activities: The Care Coordination Measures Atlas (the tool) was completed during this period. The Atlas provides background information on care coordination, a framework for care coordination measurement, and system for users to identify measures of care coordination that may meet their evaluation needs.

A number of activities were accomplished which facilitated the development of the Atlas. First, the study team identified existing measures of care coordination. Four key sources were reviewed to identify potential measures of care coordination: 1) published literature; 2) the 2007 Evidence-based Practice Centers (EPC) systematic evidence review on care coordination; 3) suggestions by participants in the convened expert and stakeholder panels; and 4) the draft National Quality Forum report on care coordination measurement. The team also performed additional Internet searches and identified additional measures through this source. The 2007 EPC systematic evidence review included a review of systematic reviews of care coordination interventions. The team updated that review using the same search strategy, inclusion, and exclusion criteria for studies published between September 2006 and September 2009. They assessed the quality, abstracted results, and synthesized the evidence for each component of the 31 reviews.

In addition, the study team contacted over 20 individuals involved in the field of care coordination and invited them to participate as members of either the expert panel or the stakeholder panel. Individual 1 hour calls with each panelist were held in addition to group discussions via conference call. The expert panel provided feedback and guidance on the development of Atlas. The stakeholder panel informed the team about current and ongoing care coordination measure development activities. A third panel, the user panel, was created in August 2010 by contacting individuals from the Quality of Cancer Care Committee. The user panel provided evaluative feedback on the Atlas from a user perspective.

The study team also developed a technical report which assessed the landscape of existing care coordination measures and the availability of data sources for measuring care coordination. To accomplish the data sources assessment, the team used a two-pronged approach. First, they reviewed the identified data sources used or proposed by all of the unique, relevant, quantitative, and clearly defined care coordination measures. Particular attention was given to those that rely on an existing data source such as review of medical records, administrative claims data, or large surveys conducted on an ongoing basis. Second, they evaluated additional data sources, including health information technology systems, to assess their potential for measuring care coordination.

Impact and Findings: Through the completion of study activities, staff developed the [Care Coordination Measures Atlas](#), which is now publicly available through the AHRQ Web site. The Atlas catalogues 61 measures of care coordination, maps them to elements of a care coordination measurement framework, and summarizes key measure properties. The Atlas also includes background information to help orient users towards the field of care coordination, including key definitions, a framework of care coordination activities, broad approaches hypothesized to improve care coordination, and a measure selection guide to assist Atlas users in narrowing the field of available measures to those likely to be most relevant. The Atlas is geared towards three main audiences: 1) evaluators of interventions or demonstration projects that aim to improve care coordination (either as a primary or secondary goal); 2) anyone wishing to evaluate the practice of care coordination or its effects outside the context of interventions or demonstration projects, including quality improvement practitioners; and 3) researchers studying care coordination.

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Synthesis and Dissemination