Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Prevention & Chronic Care Program
IMPROVING PRIMARY CARE

Care Coordination Measures Atlas: Examples in Practice

Ellen Schultz, MS
Stanford University
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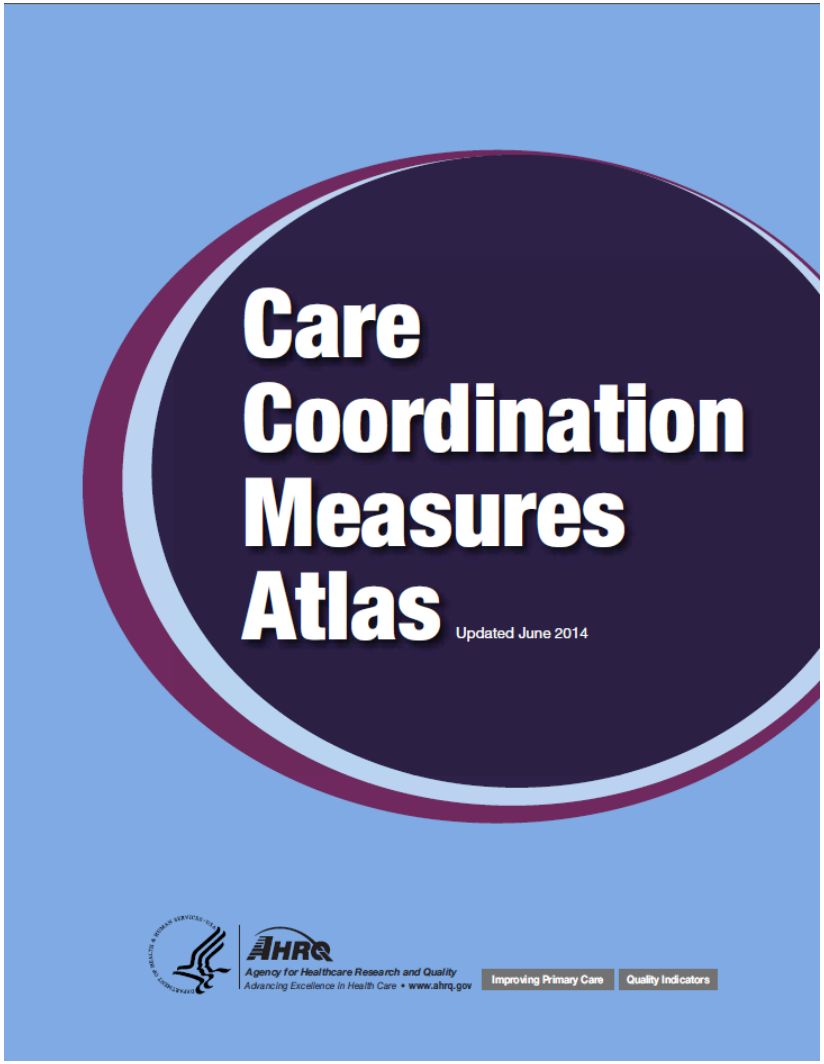
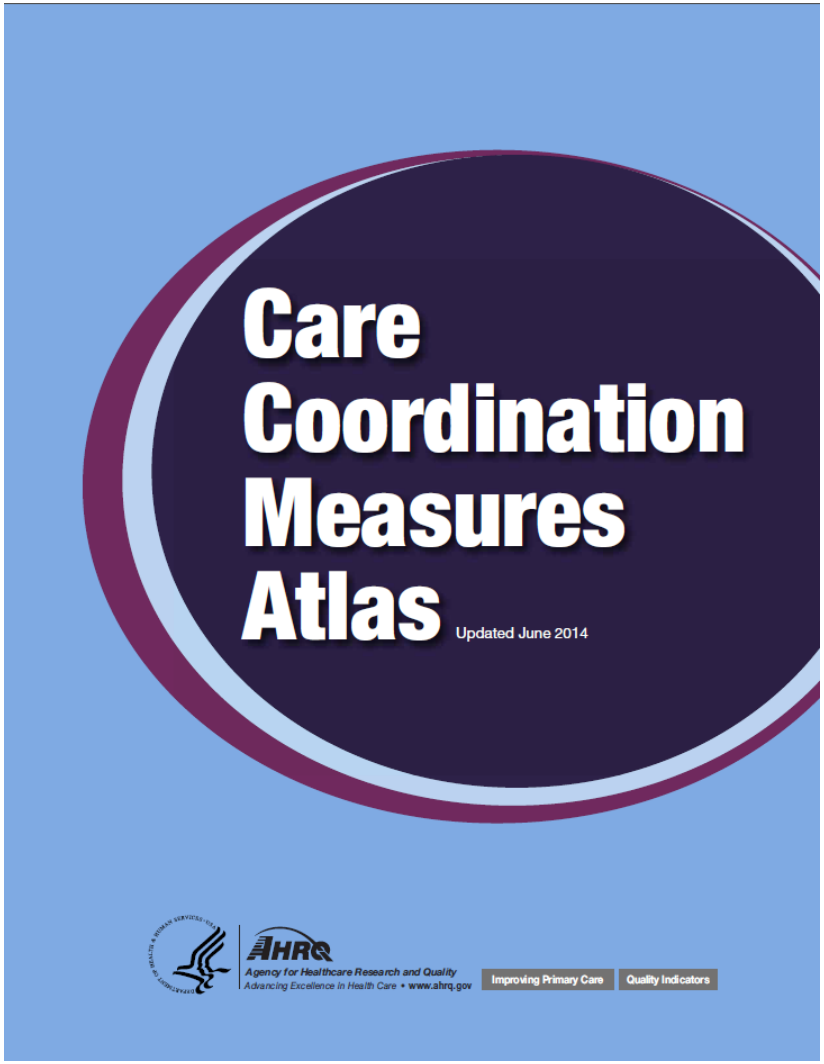
Care Coordination Measures Atlas



- Measures of process
- Applicable to ambulatory care
- Publicly available
- Validity and/or reliability testing

Available at:
http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/index.html

Care Coordination Measures Atlas



- Updated June 2014
  - 80 measures
  - New chapter on EHR-based measures and other new trends

Care Coordination Domains

- Hypothesized to support coordinated care
- Could be used systematically or *ad hoc*
- Broad approaches extend beyond coordination

Together, these domains are key for characterizing measures

COORDINATION ACTIVITIES
Establish Accountability or Negotiate Responsibility
Communicate
Facilitate Transitions
Assess Needs and Goals
Create a Proactive Plan of Care
Monitor, Follow Up, and Respond to Change
Support Self-Management Goals
Link to Community Resources
Align Resources with Patient and Population Needs
BROAD APPROACHES
Teamwork Focused on Coordination
Health Care Home
Care Management
Medication Management
Health IT-Enabled Coordination

Measurement Perspectives

- Experience of coordination differs by perspective
- CCM *Atlas* calls out 3 key measurement perspectives:
  - **Patient/family**
    - *Surveys of patients or caregivers*
  - **Health care professional**
    - *Surveys of clinicians (completed as individuals or teams)*
    - *Reflect their own actions/caregiving practices*
  - **System Representative**
    - *Surveys of system administrators/leaders*
    - *Clinician leaders: when respond on behalf of organization, not own actions or practices*
    - *Medical record (paper or electronic)*
    - *Administrative claims data*

Measure Mapping Table

	MEASUREMENT PERSPECTIVE		
	Patient/Family	*Healthcare Professional(s)*	*System Representative(s)*
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility			
Communicate			
Interpersonal Communication			
Information Transfer			
Facilitate transitions			
Across settings			
As coordination needs change			
Assess needs and goals			
Create a proactive plan of care			
Monitor, follow-up, and respond to change			
Support self-management goals			
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination			
Healthcare Home			
Care Management			
Medication Management			
Health IT-enabled coordination			

Example Research Question

- Understand how coordination and teamwork among providers within our primary care clinic impacts medication reconciliation.

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Example Research Question

- Understand how **coordination and teamwork among providers** within our primary care clinic impacts **medication reconciliation**.

Whose perspective is most of interest?

Which domain(s) most of interest?

Image courtesy of amenic181/FreeDigitalPhotos.net

Example Research Question

- Understand how **coordination and teamwork among providers** within our primary care clinic impacts **medication reconciliation**.

Whose perspective is most of interest?

→ Health Care Professional

Which domain(s) most of interest?

→ Medication Management

→ Teamwork Focused on Coordination

Image courtesy of amenic181/FreeDigitalPhotos.net

Example Measure Selection

Health Care Professional Perspective Measures

	MEASUREMENT PERSPECTIVE: *Health Care Professional(s)*
CARE COORDINATION ACTIVITIES	
Establish accountability or negotiate responsibility	5, 7a, 7b, 11b, 18, 20, 22b, 38c, 38d, 38e, 43, 46, 62, 74, 77
Communicate	5, 7a, 7b, 11b, 12a, 12b, 17d, 22b, 23, 38e, 38f, 43, 46, 62, 74, 77
Interpersonal communication	7a, 7b, 8, 11b, 12a, 12b, 17d, 18, 22b, 28, 43, 74, 75, 77
Information transfer	5, 8, 11b, 12a, 12b, 17d, 18, 20, 22b, 23, 27, 38c, 38d, 38e, 38f, 62, 74, 75, 77
Facilitate transitions‡	
Across settings	5, 17d, 22b, 27, 43, 38c, 38d, 38e, 38f, 74, 75, 77
As coordination needs change	11b, 22b
Assess needs and goals	5, 11b, 12a, 12b, 17d, 20, 23, 27, 38d, 38e, 38f, 43, 46, 74
Create a proactive plan of care	5, 7b, 8, 11b, 12a, 22b, 23, 27, 38e, 38f, 62
Monitor, follow up, and respond to change	5, 11b, 12a, 12b, 17d, 20, 22b, 23, 74, 75, 77
Support self-management goals	5, 8, 11b, 17d, 20, 22b, 38d, 38e, 38f, 74
Link to community resources	5, 11b, 17d, 22b, 27, 38e, 74
Align resources with patient and population needs	5, 8, 11b, 17d, 20, 38d, 38e, 74
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION	
Teamwork focused on coordination	7a, 7b, 11b, 12a, 12b, 18, 23, 27, 28, 43, 46, 62, 74
Health care home	17d, 74
Care management	5, 11b, 22b, 27
Medication management	17d, 18, 20, 38c, 38e, 38f
Health IT-enabled coordination	12a, 17d, 75

† A key to measure numbers can be found in Table 10. Index of Measures.
‡ All measure items addressing transitions were mapped to one of the specific transition types (*across settings* or *as coordination needs change*).

Health Care Professional look-up table

- Medication management: n = 6
- Teamwork: n = 13

- Use measure profiles to get more info about each

Closer Look at Resulting Measures

17d. Primary Care Assessment Tool – Provider Edition

Purpose: To measure primary care quality and the extent to which it meets consumer needs, as identified from the provider perspective.

Format/data source: 153-item survey with coverage of…

Measure Item Mapping:

- **Communicate:**
  - *Between health care professional(s) and patient/fam*
  - Interpersonal communication:
    - *Between health care professional(s) and patient/fam*
      I1, I4-I10,
  - Information transfer:
    - *Between health care professional(s) and patient/fam*
    - *Across health care teams or settings:* E10, E11
- **Facilitate transitions:**
  - Across settings: E9
- **Assess needs and goals:** D7, D9, E8, I1, I11-I14,
- **Monitor, follow up, and respond to change:** C8, E7, E11, E1
- **Support self-management goals:** G1-G25, H1-H18
- **Link to community resources:** J13-J17, J21-J23
- **Align resources with patient and population needs:** C1-C9, I
- **Health care home:** 14
- **Medication management:** D13, F8, H7
- **Health IT-enabled coordination:** 13, D1

38c, 38e, 38f. PREPARED Survey

38c. PREPARED – Residential Care Provider Version

Purpose: To gather information on the quality of process and outcomes of discharge planning activities undertaken in the acute hospital setting from the residential care staff perspective.

38e. PREPARED –Medical Practitioner Version

Purpose: To gather information on the quality of process and outcomes of discharge planning activities undertaken in the acute hospital setting from the medical practitioner perspective.

38f. PREPARED – Modified Medical Practitioner Version

Purpose: To measure qualities of hospital discharge from the outpatient physician perspective.

Don't reflect medication management as performed by primary care clinicians

Closer Look at Resulting Measures

18. Physician-Pharmacist Collaboration Instrument

Purpose: To assess physician-pharmacist collaborative relationships across three domains: trustworthiness; role specification; relationship initiation.

Surveys can be directed at physicians and pharmacists respectively: questions are identical with provider title (physician/pharmacist) interchanged depending on the study population.

Format/Data Source: 14-item survey that consists of…

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 1, 5-8
- **Communicate:**
  - Interpersonal communication:
    - *Across health care teams or settings:* 3, 11
  - Information transfer:
    - *Across health care teams or settings:* 13
- **Teamwork focused on coordination:** 9, 12
- **Medication management:** 7, 8

- Just 2 items specifically on medication mgt
+ Other items focus on areas of interest to RQ (teamwork, shared responsibility, collaboration)

20. Family Medicine Medication Use Processes Matrix

Purpose: To measure the perception of primary care physicians (family practice) in regard to pharmacists' contributions within the practice.

Format/Data Source: 22-item Family Medicine Medication…

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 13
  - Information transfer:
    - *Within teams of health care professionals:* 20
    - *Participants not specified: 17*
- **Assess needs and goals:** 4, 9
- **Monitor, follow up, and respond to change:** 9, 11, 12
- **Support self-management goals:** 9, 19
- **Align resources with patient and population needs:** 19
- **Medication management:** 3, 5, 7, 10, 15-18, 20

+ Strong focus on medication management
- Only one-sided view (PCP view of pharmacist)

CCM *Atlas* Appendix

- Measure instruments and contact info for most measures in *Atlas* Appendix: http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/appendix4a.pdf

Measure #18: Physician-Pharmacist Collaboratic (PPCI)

Contact Information:

- For questions regarding this measure and permission to

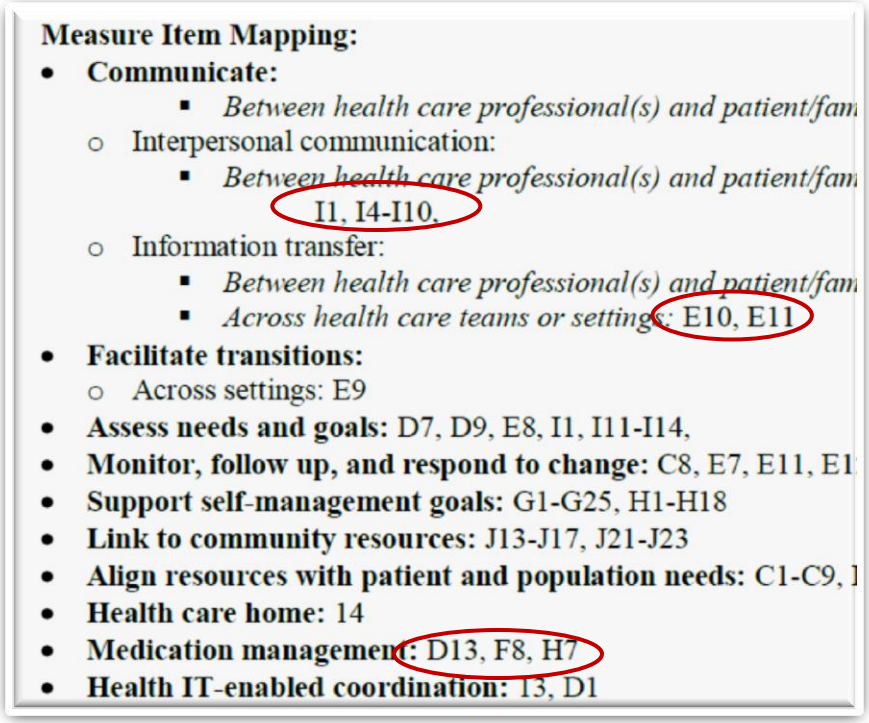
Copyright Details:

- The copy of the measure instrument that follows is re permission from: Alan J. Zillich. The Physician-Pharmaci Instrument (PPCI) is the intellectual property of Alan J Agency for Healthcare Research and Quality (AHRQ) nonexclusive, royalty-free, worldwide license to print a in the *Care Coordination Measures Atlas*…

For our practices, I need this physician as much as this physician needs me.	1	2	3	4	5	6
This physician is credible.	1	2	3	4	5	6
My interactions with this physician are characterized by open communication by both parties.	1	2	3	4	5	6
I can count on this physician to do what he/she says.	1	2	3	4	5	6
This physician depends on me as much as I depend on them.	1	2	3	4	5	6
This physician and I are mutually dependent on each other in caring for patients.	1	2	3	4	5	6
This physician and I negotiate to come to an agreement on my activities in managing drug therapy.	1	2	3	4	5	6
This physician will work with me to overcome disagreements on my role in managing drug therapy.	1	2	3	4	5	6
I intend to keep working together with this physician.	1	2	3	4	5	6

Selecting Instruments vs. Items

Cherry-picking key items is tempting, but:



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- **Link to community resources:** J13-J17, J21-J23
- **Align resources with patient and population needs:** C1-C9, I
- **Health care home:** 14
- **Medication management:** D13, F8, H7
- **Health IT-enabled coordination:** I3, D1

- Reliability and validity testing no longer applies when modifying instrument
- If select items or adapt, revisit reliability and validity testing
- Talk to measure developer! They might have good ideas…

Coming Soon…
Care Coordination Measures Database

Interactive Database

Filter by:

- Perspective
- Domain
- Patient groups
- Settings

Link to additional info about each measure:

- Profile
- Instrument
- Related publications

Q & A

Thank You!

Ellen Schultz
Stanford University

emschultz@stanford.edu