



Care Coordination Measurement Roadmap - Ad Hoc Work Group

Tuesday, June 27, 2017

9:00 – 10:30 am

Meeting Summary

Attendance:

Susie Dade, Washington Health Alliance

Julie Lindberg, Molina

Leah Hole-Marshall, Labor & Industries

Elya Moore, Olympic Community of Health

Laura Pennington, WA State Health Care Authority

Britt Reddick, WA State Health Care Authority

Jonathan Sugarman, Qualis Health

Emily Transue, WA State Health Care Authority

1. Ms. Dade, from the Washington Health Alliance, reviewed the work group's charge:
 - Review the status of measuring care coordination/care transitions (for the purpose of public reporting) – what is going on elsewhere in the country, what measures are in use, what data is necessary to support measurement?
 - Formulate advice and/or recommendations to the PMCC re:
 - Is the time right for creating a “roadmap?” Do we know enough about the options, data sources, etc.?
 - If so, what should be included in this “roadmap?”
 - What topics are we trying to address with measurement of care coordination/care transitions?
 - What measures exist?
 - What data would we need to implement and is there a potential source of the necessary data to support measurement?
2. Ms. Dade explained that the timeframe for the process includes completing the report/recommendations and forwarding them to the Performance Measures Coordinating Committee during Fall 2017. Any measures recommended for inclusion in the 2018 Common Measure Set would be released for public comment during November 2017. Final decisions will be made by the PMCC in December 2017.
3. Ms. Dade reviewed the measure selection criteria used to make decisions re: inclusion of measures in the Common Measure Set. It was emphasized that these are the same measure selection criteria used in previous work groups of the PMCC. The criteria of primary importance include:
 - Measures are based on *readily available data in WA* (we must identify the data source).

- Preference given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies within WA.
 - Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.
 - Measures target issues where we believe there is significant potential to improve health system performance in a way that will positively impact health outcomes and reduce costs.
 - If the unit of analysis includes health care providers, the measure should be amenable to influence of providers.
4. The group began by discussing what is meant by a “roadmap.” Although not explicitly defined by the PMCC, we agreed that it would:
- Provide a framework for defining care coordination and care transitions, including an outline of key domains and inputs for success
 - i. The group proposed using the U.S. Agency for Healthcare Research and Quality (AHRQ) Care Coordination Framework – this will be reviewed in detail at the next meeting
 - Assess the availability of measures appropriate for statewide public reporting within domains considered to be a higher priority for measurement/public reporting (these TBD)
 - i. Consider both process and outcome measures
 - ii. Consider measures that address care coordination in the context of underuse (i.e., gaps in care as a result of poor coordination) as well as overuse (i.e., avoiding duplication and waste as a result of better coordination)
 - Include a discussion of what data and other resources will be needed to support measures of interest for public reporting, including availability of data in Washington
5. Public Comment:
There were three members of the public on the call. There was no public comment.
6. The next meeting is scheduled for Wednesday, July 26. Ms. Dade was asked to schedule at least two additional meetings.
7. The meeting adjourned at 10:25 am.