Care Coordination “Key Elements” (Task Force 1)

Recent Highlights
• Continuing to develop opportunities to test adoption of the care coordination key elements in implementation pilots linking to associated QI measures of success. Several pediatric practices, payers, and state agency programs are engaged, and several grant applications were supported.
• Convened a working group to offer recommendations for structured care coordination needs assessment tools.
• Supporting strategies for tracking success of behavioral health integration models.

Next Steps
The Task Force is gaining visibility for pediatric issues with policymakers and supporting definition of services and accountabilities in new programs and payment models. We continue to enhance the key elements framework in ways that support stakeholder pilot programs and implementation efforts. Priorities have emerged around developing a standardized care coordination needs assessment tool and process, promoting co-development of care plans with authentic family partnerships, and overcoming challenges associated with referral tracking and “closing the loop.”

The CHQC’s cross-stakeholder representation offers an excellent forum for developing consensus around useful tools and feasible measurement of the effectiveness of care coordination. Input is always appreciated on all aspects of our work.

Background
Based on input from members of the Task Force, family partners, and the broader CHQC, the framework divides care coordination objectives into five foundational domains:
1. Needs assessment for care coordination and continuing care coordination engagement
2. Care planning and communication
3. Facilitating care transitions
4. Connecting with community resources and schools
5. Transitioning to adult care

The high-level version of the Care Coordination Task Force’s Key Elements Framework is available at: www.mhq.org/EmailLinks/CHQC%20CC%20Key%20Elements%20High%20Level%20Framework.pdf
Next Steps
The target date for completion of the Guide is June 2014.
1. Finalize content.
2. Finalize graphic design.
3. Disseminate the Guide.

Background
The Communication and Confidentiality Task Force has identified a number of challenges to communication, including:

- Difficulty in attaining and maintaining trusting relationships between parents/youth and providers
- A misunderstanding of the importance of information-sharing for coordinated care
- A lack of understanding of rules governing information-sharing (which becomes all the more challenging when schools are involved)
- A lack of structures and methods to support information sharing among providers, the child/youth and family, schools, and other members of the child’s coordination network

Confidentiality is important in any exchange of information, and the Task Force has highlighted those confidentiality issues that are of particular concern when behavioral health issues are involved.

The Task Force noted that tools do exist to address these communication challenges, but that many of these are not well known to most families, providers and community-based programs. The Task Force determined that collecting and compiling these tips, tools and resources in one place, in a format that can be easily used by the various members of the child’s coordination network, would be of value, and therefore decided to work on creating a Guide. The Guide will include sections written for four primary members of this network: the child/youth and family, primary care providers, behavioral health providers, and the school team.
Measure Development Workgroup

Recent Highlights

- The selection committee convened for final rating of the thirty-two proposed measures on February 6th and 7th. The committee included nine representatives with quality measurement expertise representing behavioral health and primary care providers, families, advocates, and payers.
- Strong support and approval of the results was received when a summary was presented to the selection committee and pre-work group members in a webinar on May 2nd.
- The final measures will be presented on May 20th at the Coalition meeting and discussion of testing measures will begin more broadly.

Objectives:

- To identify measurement gaps in care coordination for children with behavioral health needs and propose a set of measures for consideration by the CHQC and federal healthcare agencies.
- To develop the specification for at least one new measure to fill the gaps in pediatric care quality measures related to care coordination for children with behavioral health care needs.

Next Steps

1. Propose final measure(s) to the CHQC for consideration of what will be submitted to the CHIPRA Demonstration Grant administrators at AHRQ/CMS.
2. Review opportunities for preliminary measure testing and begin planning with relevant stakeholders. This testing plan process will be led by the co-chairs of the MDW, Janis Singer (and Dr. Kathy Jenkins).
3. Document the process of measure development findings and testing/implementation recommendations in a report. Use this report to support the testing of measures that were selected through the process.

Background

The Measure Development Workgroup was created to fulfill the CHIPRA Demonstration Grant goal of developing the specification for one new pediatric quality measure. A CHQC gap analysis informed the focus on measures of care coordination for children with behavioral health needs. A pre-workgroup was convened to undertake the first steps in measure development. The workgroup agreed to implement measure development through use of the RAND methodology and worked collaboratively with the Key Elements Task Force to define care coordination, behavioral health, and measures related to the key elements framework.
## Members of Care Coordination “Key Elements” (Task Force 1)

### Co-chairs:
- **Rich Antonelli**: Medical Director for Integrated Care, Boston Children’s Hospital
- **Barbara Leadholm**: Principal, Health Management Associates; Former Commissioner, MA Department of Mental Health

### Staff Lead:
- **Gina Rogers**: Consultant, MA Child Health Quality Coalition

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<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
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<tbody>
<tr>
<td>Deborah Allen</td>
<td>Director, Bureau of Child, Adolescent and Family Health, Boston Public Health Commission</td>
</tr>
<tr>
<td>Nancy Borreani</td>
<td>Family Support and Training Director, Families and Communities Together</td>
</tr>
<tr>
<td>Katherine Knutson</td>
<td>Associate Medical Director in Psychiatry, Office of Clinical Affairs, MassHealth; Child &amp; Adolescent Psychiatry, South Boston Community Health Center</td>
</tr>
<tr>
<td>Peter Metz</td>
<td>Pediatric and Adolescent Psychiatrist, Director of Communities of Care, UMass Medical School</td>
</tr>
<tr>
<td>Laura Nasuti</td>
<td>e-Referral Initiative, Office Statistics &amp; Evaluation, Bureau of Community Health and Prevention, Department of Public Health</td>
</tr>
<tr>
<td>Beth Pond</td>
<td>Family Integration Specialist, Parent/Professional Advocacy League</td>
</tr>
<tr>
<td>Emma Smizik</td>
<td>Senior Project Manager, National Institute for Children's Health Quality (NICHQ)</td>
</tr>
<tr>
<td>John Straus</td>
<td>Medical Director, Special Projects/Massachusetts Child Psychiatry Access Project; Senior Vice President of Medical Affairs, MA Behavioral Health Partnership</td>
</tr>
<tr>
<td>Heather Strother</td>
<td>MA State Innovation Model Grant Project Manager, Division of Child and Adolescent Services, MA Department of Mental Health</td>
</tr>
<tr>
<td>Bonnie Thompson</td>
<td>Family Resource Specialist and CHIPRA Family Leader, Mass Family Voices</td>
</tr>
<tr>
<td>Judith Vessey</td>
<td>Professor in Nursing, William F. Connell School of Nursing, Boston College</td>
</tr>
<tr>
<td>Jean Zotter</td>
<td>Director, Office of Integrated Policy, Planning, and Management, Department of Public Health</td>
</tr>
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Key contributions also from former task force members Susan Epstein (NESERV), Elaine Fitzgerald (NICHQ), Chris Fluet (DMH), David Keller (MassHealth), Cristin Lind (Mass Family Voices), and GitaRao (MYCHILD)

## Members of Communication and Confidentiality (Task Force 2)

### Chair:
- **Kathy Hassey**: Director, School Health Institute, Northeastern University School of Nursing

### Staff Lead:
- **Val Konar**: Project Manager, CHIPRA Quality Demonstration Grant & MA PCMHI Medical Home Evaluation

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Brittany Bell</td>
<td>Youth Advocate, Parent/Professional Advocacy League</td>
</tr>
<tr>
<td>Craig Bennett</td>
<td>Attorney/Family Law, Boston Children’s Hospital</td>
</tr>
</tbody>
</table>
Lloyd Fisher  
Site Chief, May Street Pediatrics; Assistant Medical Director for Informatics, Reliant Medical Group

Linda Grant  
Medical Services Director, Boston Public Schools; Adolescent Pediatrician, Boston Medical Center

Cathy Hickey  
Information Specialist, Mass Family Voices

Lisa Lambert  
Executive Director, Parent/Professional Advocacy League

Kitty O’Hare  
Adult & Pediatric Primary Care/ Director of Transition Medicine, Boston Children’s Hospital, Brigham & Women’s Hospital

Beth Pond  
Family Integration Specialist, Parent/ Professional Advocacy League

Jennifer Reen  
School Psychologist, Lincoln-Sudbury Regional High School

Bonnie Thompson  
Family Resource Specialist and CHIPRA Family Leader, Mass Family Voices

Members of Measure Development Workgroup

Co-chairs:
Kathy Jenkins  
Senior Vice-President, Chief Safety and Quality Officer, Boston Children’s Hospital

Jan Singer  
Director of Operations; Project Director, CHIPRA, Mass Health Quality Partners

Staff Lead:
Ayesha Cammaerts  
Project Manager, Government Relations and Patient Safety & Quality, Boston Children’s Hospital

Rich Antonelli  
Medical Director for Integrated Care, Boston Children’s Hospital

Eugenia Chan  
Physician, Developmental Medicine, Boston Children’s Hospital

Kathy Coltin  
Director, External Quality Data Initiatives, Harvard Pilgrim Health Care

Marguerite Dresser  
Director of Information Systems and Data Analysis, Mass Health Quality Partners

Constance Horgan  
Professor/ Associate Dean for Research, and Director, Institute for Behavioral Health, The Heller School for Social Policy and Management

Roslyn Murov  
Director of Outpatient Behavioral Health, Boston Children’s Hospital

Michael Murphy  
Staff Psychologist, Child Psychiatry Service, Mass General Hospital

Members of Measure Development Workgroup Selection Committee

Deborah Allen  
Director of Child, Adolescent, & Family Health Bureau, Boston Public Health Commission

Kate Hobbs Knutson  
MassHealth Associate Medical Director and Adult & Child Psychiatry, South Boston Community Health Center

Lauren Mednick  
Child Psychologist, Boston Children’s Hospital

Michael Murphy  
Mass. General Hospital Dept. Psychiatry

Mary J. O’Brien  
Practicing School Nurse in Boston Public Schools and Founding Member of Mass. School Nurses Research Network

Barry Sarvet  
Bay State Chief of Psychiatry

Snehal Shah  
Director of Office of Research and Evaluation, Boston Public Health Commission

Julia Swartz  
Clinic Director, Compass Medical