

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.mhqp.org/EmailLinks/CHQC%20CC%20Key%20Elements%20High%20Level%20Framework.pdf

Objectives:

Define a set of foundational elements of high-performing pediatric care coordination linked to measures to monitor their adoption

Support implementation of the key elements:

- Create tools and implementation supports
- Promote feasibility tests of strategies/models for adopting care coordination elements linked to process, structure, and outcome measures to monitor their adoption
- Promote inclusion of the key elements and associated measures in the design of new delivery systems and payment models to support improved child

Communication and Confidentiality (Task Force 2)

Recent Highlights

- Final draft of Guide was tested with families and youth, primary care providers, behavioral health providers, schools, and other stakeholders. Plain language editors reviewed draft prior to distribution
- Members of the Boston Bar Association graciously provided legal review.
- Initial graphic design approach was reviewed.

Objective:

Support effective communication among members of a child's coordination network, while addressing issues of confidentiality

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.

Appendix – Task Force and Work Group Members

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

Deborah Allen Director, Bureau of Child, Adolescent and Family Health, Boston Public Health Commission
Nancy Borreani Family Support and Training Director, Families and Communities Together
Katherine Knutson Associate Medical Director in Psychiatry, Office of Clinical Affairs, MassHealth; Child & Adolescent Psychiatry, South Boston Community Health Center
Peter Metz Pediatric and Adolescent Psychiatrist, Director of Communities of Care, UMass Medical School
Laura Nasuti e-Referral Initiative, Office Statistics & Evaluation, Bureau of Community Health and Prevention, Department of Public Health
Beth Pond Family Integration Specialist, Parent/Professional Advocacy League
Emma Smizik Senior Project Manager, National Institute for Children's Health Quality (NICHQ)
John Straus Medical Director, Special Projects/Massachusetts Child Psychiatry Access Project; Senior Vice President of Medical Affairs, MA Behavioral Health Partnership
Heather Strother MA State Innovation Model Grant Project Manager, Division of Child and Adolescent Services, MA Department of Mental Health
Bonnie Thompson Family Resource Specialist and CHIPRA Family Leader, Mass Family Voices
Judith Vessey Professor in Nursing, William F. Connell School of Nursing, Boston College
Jean Zotter Director, Office of Integrated Policy, Planning, and Management, Department of Public Health

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

Brittany Bell Youth Advocate, Parent/Professional Advocacy League
Craig Bennett Attorney/Family Law, Boston Children’s Hospital

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
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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