

Care Coordination “Key Elements” (Task Force 1)

Recent Highlights

- Explored opportunities to test the care coordination key elements in implementation pilots, and identified key program components and associated QI measures of success. Several pediatric practices, payers, and state agency programs have expressed interest.
- Supported strategies for tracking success of behavioral health integration models.

Next Steps

The Task Force is working to gain visibility with policymakers to support definition of services and accountabilities in new programs and payment models that recognize pediatric needs. It also will continue the work to enhance its 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 to assess the effectiveness of care coordination. Input is always appreciated on priorities, strategic approaches to feasibility testing, and opportunities for alignment.

Background

The key elements framework was developed in the fall of 2012 based on input from members of the Task Force, family partners, and the broader CHQC. This 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

Objective:

To define and support implementation of a set of foundational elements of high-performing pediatric care coordination

- Link key elements to process, structure, and outcome measures to monitor their adoption
 - Link to families’ desired outcomes of the care coordination processes and systems
 - Initially focus on measures for internal use to monitor progress
 - Emphasize value optimization as a fundamental component of sustainable care coordination systems
- Support implementation of the key elements
 - Create tools and implementation supports
 - Make connections among stakeholders that promote development of feasibility testing projects
 - Promote inclusion of the key elements and associated measures in the design of new delivery systems and payment models to support improved child health outcomes

The framework has broad applicability to pediatric care, independent of condition or acuity, as well as adult care. The Task Force conducted a measure review to assess existing and potentially adaptable measures for each of the five domains. This review also helped identify where measure gaps exist, particularly in the “space between”—the linkages among all the stakeholders that coordinate the child’s care. The Task Force identified cross-stakeholder accountabilities to move beyond the primary care lens, using vignettes of children with behavioral health needs to exemplify care coordination activities. They also conceptualized measure bundles to assess the “space between” in integrated systems.

Following the presentation to the CHQC at its September 2012 meeting, the Task Force presented the framework to the state’s key payers (both commercial and MassHealth contracted MCOs), providers (both large provider systems and small practices), and state agency staff working on care coordination issues. The Task Force also contributed to input provided by the CHQC to MassHealth on their Primary Care Payment Reform (PCPR) program, to the Children’s Behavioral Health Advisory Council for inclusion in the Council’s recommendations to the Behavioral Health Integration Task Force formed under Chapter 224, and to EOHHS/MassHealth on the Health Homes Initiative.

Communication and Confidentiality (Task Force 2)

Recent Highlights

- Collected information and documents for the Communication and Confidentiality Guide through interviews and focus groups with families and youth, primary care providers, behavioral health providers, schools, and other stakeholders.
- Guide was reviewed by members of the Boston Bar Association.

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 the spring of 2014.

1. Compile and edit content.
2. Enlist a graphic designer/editor to assist with formatting and editing.
3. Determine a dissemination strategy.

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 to facilitate the delivery of 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

Additionally, the Task Force wanted its work to address the issues of confidentiality that are important to consider in any exchange of information, and to highlight 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

- Finalized the measure templates with the pre-work group leaders and prepared for the ranking process with the selection committee. Thirty-two measure templates are included in the final set.
- The selection committee convened for training and completed preliminary ranking of the thirty-two proposed measures. The committee includes ten representatives with quality measurement expertise representing behavioral health and primary care providers, families, advocates, and payers.

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. Complete final review and ranking of the proposed measures according to feasibility and validity as defined by the RAND Delphi Method of measure development.
2. Analyze the measure ranking of the committee to select care coordination measures for children with behavioral health needs from the set of measures developed by the pre-workgroup.
3. Propose final measure(s) to the CHQC for consideration of what will be submitted to the CHIPRA Demonstration Grant administrators at AHRQ/CMS.
4. 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
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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
Elaine Fitzgerald	Associate Project Director and Perinatal Operational Lead, National Initiative for Children's Health Quality
Christina Fluet	Director of Planning and Policy Development, Child/Adolescent Division, MA Department of Mental Health
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
John Straus	Director, Massachusetts Child Psychiatry Access Project, Senior Vice President of Medical Affairs, MA Behavioral Health Partnership
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

Members of Communication and Confidentiality (Task Force 2)

Chair:

Kathy Hassey Director, School Health Institute, Northeastern University School of Nursing

Staff Leads:

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

Elena Eisman Former Executive Director/Director of Professional Affairs, Massachusetts Psychological Association

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

Karen Hacker Executive Director, Institute for Community Health; Senior Medical Director, Public & Community Health, Cambridge Health Alliance

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
Eugenia Chan Boston Children's Hospital
Ken Duckworth Associate Medical Director for Behavioral Health, BCBSMA
Kate Hobbs Knutson MassHealth Associate Medical Director and Adult & Child Psychiatry, South Boston Community Health Center

Lauren Mednick Child Psychologist, Boston Children's Hospital
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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