

Care Coordination “Key Elements” (Task Force 1)

Recent Highlights

- Collected input from commercial payers, MassHealth, state agencies, and providers about their challenges implementing and measuring the key elements of care coordination, and opportunities for alignment.
- Supported strategies for tracking success of behavioral health integration models.

Next Steps

The Task Force is continuing 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 the multiple accountabilities involved in referral tracking.

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. The Task Force will continue to reach out to CHQC members for input 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 several 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 Resource Guide through interviews and focus groups with families and youth, primary care providers, behavioral health providers, schools, and other stakeholders.

Objective:

To develop a Resource Guide to facilitate effective and appropriate communication among members of a child’s coordination network

Next Steps

1. Compile and edit content for the Resource Guide. The target date for completion of the Guide is the spring of 2014.
2. Consider a graphic designer to assist with formatting the Resource Guide.
3. Determine a dissemination strategy for the Resource 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 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 Resource Guide. The Resource 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

- Completed the pre-work steps of the measure development process. The developed measures have been refined into over 30 quality measure templates detailing the specifications for the measures of care coordination for children with behavioral health needs. These measures have been created to align with the care coordination framework of the Key Elements Task Force.
- Implemented a recruitment strategy to ensure appropriate stakeholder representation for the expert panel selection committee. This committee will include 11 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 gap in pediatric care quality measures related to care coordination for children with behavioral health care needs

Next Steps

1. Finalize the measure templates with the pre-workgroup and prepare them for the expert panel selection committee to begin ranking in November.
2. Review and rank the proposed measures according to feasibility and validity as defined by the RAND Delphi Method of measure development.
3. Complete preliminary and final ranking of the measures by January 2014.
4. 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.
5. Propose final measure(s) to the CHQC for review and consideration of what will be submitted to the CHIPRA Demonstration Grant administrators at AHRQ/CMS.

6. Document the process of measure development, findings, and testing and implementation recommendations; use this report to share and 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
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 PCMH Medical Home Evaluation

Randi Zegman Project Coordinator, Massachusetts Health Quality Partners

Brittany Bell Youth Advocate, Parent/Professional Advocacy League

Craig Bennett Attorney/Family Law, Boston Children’s Hospital

Elena Eisman	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 Pre-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

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