Care Coordination Quality Improvement Measures: Building an Evidence Base
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Problem: Quality improvement initiatives targeting care coordination abound, but evidence is lacking about how best to measure this national priority area.1

Evidence: The Care Coordination Measures Atlas2 identified 61 existing measures of care coordination processes. It characterizes measures with respect to a framework of perspective (Patient/Family, Health Care Professional, System Representative) and 17 coordination mechanism domains (e.g., Information Transfer, Teamwork, Transitions) The Atlas does not prioritize measures based on reliability/validity, feasibility, or measurement purpose.

Strategy/Practice Change: To identify the most comprehensive, valid, reliable and feasible measures suitable for assessing care coordination in the primary care setting for quality improvement (QI) purposes.

Evaluation: We identified Atlas measures applicable to adults with chronic conditions in the primary care setting and compared them with respect to feasibility, focus on coordination, comprehensiveness (number of Atlas framework domains measured), psychometric testing, and links to outcomes.

Results: Of the 61 Atlas measures, 28 were applicable to adults with chronic conditions in primary care. Of these, 24 (86%) had adequate feasibility and focus on care coordination and six (21%) comprehensively measured coordination. Comparing validity and reliability for these measures yielded a final set of three robust QI measures.3

Recommendations: The most robust QI measures identified were the Primary Care Assessment Tool (PCAT) Provider Edition (Health Care Professional perspective), and the Medical Home Index or Assessment of Chronic Illness Care (System Representative perspective). The Client Perceptions of Coordination Questionnaire and PCAT Adult Edition were also well-suited for measuring the Patient/Family perspective for accountability and QI purposes.

Lessons Learned: No measures excel in all desired measure set attributes. Choice among measures should be guided by the relative importance of comprehensiveness (or alternatively a focus on specific domains of interest), feasibility, and reliability/validity. The most robust measures from the Patient/family perspective were also suitable for accountability purposes. Narrowing measure choice supports building an evidence base for comparative synthesis about how coordination mechanisms may produce health and value benefits.
Bibliography:
