



**Measure What Matters:  
Advancing Multidisciplinary Care Coordination in Primary and Subspecialty Care Services**

**May 10, 2018, 11-11:45 am Central (Part 1)**

**May 17, 2018, 11-11:45 am Central (Part 2)**

**Questions and Answers**

**Faculty:**

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**Moderator:**

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This document includes a summary of major questions presented by participants that were not answered during the live webinar due to time constraints.

Questions	Answers
<p>1. Where can webinar participants find other examples of how the Care Coordination Measurement Tool (CCMT) is utilized?</p>	<p>Connect with the National Center for Care Coordination Technical Assistance (NCCCTA) team to learn more about how the CCMT is utilized, including examples of practices/organizations currently utilizing the tool. Additionally, join the NCCCTA email distribution list to learn about how others are using the tool. Contact Hannah Rosenberg for more information about the NCCCTA and joining the email distribution list: <a href="mailto:Hannah.Rosenberg@childrens.harvard.edu">Hannah.Rosenberg@childrens.harvard.edu</a>.</p> <p>Finally, references included in the <a href="#">slide deck</a> for Part 2 of this webinar series (slide 23) include examples of how the CCMT has been utilized.</p>

<p>2. Who is at risk for financial aspect of this work (care coordination measurement): the children's hospital, the third part payer, state public funds? Where do the saved dollars go?</p>	<p>This depends on the funding model. In fee-for-service, care coordination can sometimes be coded and billed for, but otherwise needs to be funded by separate dollars (such as overhead resources contributed by the delivery system or grant funds). This occurs because treating children in an outpatient setting generates less revenue for an in-patient institution.</p> <p>In global budgeting/bundled payments, the institution saves money and they are able to re-allocate those funds. This is true in the Accountable Care Organization (ACO) model, where savings from one patient can be re-allocated.</p>
<p>3. Does care coordination referral to another support entity constitute "medical care"? Will it present additional risk to an organization that does not have malpractice insurance?</p>	<p>Care coordination contributes to the delivery of health care services, a full definition of care coordination is provided below. The National Center for Medical Home Implementation and the National Center for Care Coordination Technical Assistance cannot provide legal advice to the public and as such advise that you seek legal counsel specific to your unique situation. Additionally, <a href="#">AAP News</a>, the official news magazine of the American Academy of Pediatrics will be publishing an article that discusses care coordination and malpractice in August, 2018.</p> <p>Care coordination is the deliberate organization of patient care activities between <math>\geq 2</math> participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.</p> <p>Care coordination is a patient-and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the care giving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational and financial needs to achieve optimal health and wellness outcomes.</p> <p>Source: American Academy of Pediatrics Council on Children with Disabilities and Medical Home Implementation Project Advisory Committee. Patient- and Family-Centered Care Coordination: A Framework for Integrating Care for Children and Youth Across Multiple Systems. <i>Pediatrics</i>. 2014; 133(5): e1451- 1460.</p>
<p>4. Would Dr Vaz be willing to share a view of the smart form in Epic?</p>	<p>Unfortunately, it is not possible to share a view of the smart form, however, the following fields were created in the electronic medical record form for a patient/child:</p> <ul style="list-style-type: none"> <li>• Emergency department visit</li> <li>• Readmissions</li> <li>• Social complexity</li> </ul>

	<ul style="list-style-type: none"> <li>• Care coordination needs (free text to note complex care and what the practice did/saved)</li> <li>• Number of clinic visits</li> <li>• Free text box to capture other information about provision of care</li> </ul> <p>Reports from this smart form are sent to the practice team monthly.</p> <p>In addition, the team created care coordination templates so that when an issue is documented in the electronic medical record, it will prompt one to fill in the amount of time spent on care coordination activities for the issue (event). This requires manual review to calculate total time spent on care coordination activities but provides a general sense of the amount of time a care coordination event can take.</p>
<p>5. Can faculty offer advice on how to help staff identify the true number of minutes spent per child on care coordination activities when multi-tasking between multiple children's care?</p>	<p>One strategy utilized by faculty is to track phone call duration/time for care coordination encounters conducted via telephone. The more that an organization/practice utilizes the CCMT, the more sensitive to time that organization becomes, and it does become easier to estimate. The CCMT puts things into general categories of time – an organization/team could make this as broad or narrow as needed. For example, while it may be difficult to discern something that took 6-10 min vs 11-15 min, those that take less than 5 min and those longer than 20 are easier to note and track.</p> <p>The NCCCTA team asks respondents to note a general time for each sub task in the overall encounter and add this time together. For example, a care coordination encounter can include a 5-minute initial phone call, 10 minutes to write an email and read response, and 10 minutes to follow up with family. This entire encounter would be documented as taking approximately 25 minutes.</p>
<p>6. Would you recommend completing the Care Coordination Measurement Tool (CCMT) tool for every patient? How many patients are needed for data collection?</p>	<p>The NCCCTA does not recommend completing the tool for every patient encounter, instead focusing on a sample of patients. The goal of data collection would determine the frequency of data collection. For more information and technical assistance on how to utilize the CCMT, contact the NCCCTA by emailing <a href="mailto:Hannah.Rosenberg@childrens.harvard.edu">Hannah.Rosenberg@childrens.harvard.edu</a>.</p>
<p>7. Frequently, many issues related to feeding tubes happen on the weekend. Did care coordination</p>	<p>At this time, we do not have nurses working on the weekends. Patients may call in to speak with our doctors on call about tube related questions, but these data are not tracked.</p>

<p>activities described in the presented by Lori Hartigan cover weekends as well? If so, do you know how many emergency department visits were prevented as a result of this weekend care coordination/coverage?</p>	<p>Anecdotally, many Monday mornings the team receives emails from gastrointestinal fellows for nurses to follow up with patients for tube related calls from the weekend. These may include dislodged nasogastric tubes and concerns about skin integrity. The fellows often can help determine if the patient needs to be seen over the weekend, or if the patient's situation can be deferred until the week (usually Monday morning).</p>
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