

Prescriptions for Excellence in HEALTH CARE

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Editor-in-Chief: *David B. Nash, MD, MBA* • Managing Editor: *Janice L. Clarke, RN, BBA* • Editorial Staff: *Deborah C. Meiris, Alexis Skoufalos, EdD*

A Message from Lilly

Care Coordination: Part of a National Priority

By *Kathleen Shoemaker, PharmD, MBA*

Occasionally, I have the opportunity to experience our health care system as a practicing clinician in a busy pharmacy. My patients are grateful for good service, information about their medicine, and access to screenings and some immunizations I can provide. This is also the place where I experience the health care system and its current deficits.

Care coordination (and often the lack of it) becomes crucial as a patient's care moves from the hospital, surgery center, or other health care delivery site to the home setting. At the pharmacy, patients try to navigate complex drug regimens and insurance issues, often without adequate instruction or someone to ask when questions arise. These gaps in care coordination may pose significant safety risks (eg, learning how to self-inject, how to continue or discontinue a medication, when to follow-up with their doctor or specialist).

In late 2008, the National Priorities Partnership (NPP), convened by the National Quality Forum, released *National Priorities and Goals*,¹ which focus on 6 domains of care:

Patient and Family Engagement, Population Health, Safety, Care Coordination, Palliative and End-of-life Care, and Overuse. These domains were selected because improvements in these areas will substantially improve population health and health care. In 2010, under contract to provide input to the Secretary of Health and Human Services (HHS) on the National Quality Strategy, NPP again reported its recommendations on the 6 priorities and goals but included 2 additional areas of focus: Equitable Access and Infrastructure (electronic health information, health care professional training) Supports.^{2, page 3}

Today NPP is moving the National Quality Strategy forward with an aggressive time line and agenda. The Partners are divided into 3 subcommittees modeled after the 3 domains of the National Quality Strategy: Better Care, Affordable Care, and Healthy People/Healthy Communities. This year, for each of the 6 priority areas, HHS has asked them to add: 3 goals, 2 strategic opportunities per goal, and 2 measures per goal. These

committees will be very busy as they must report back to HHS by September 2011.³

In some of the initial comments to HHS regarding the National Quality Strategy, NPP shared an aspirational goal for Care Transitions, which falls under the Better Care/Care Coordination domain. "Health care organizations and their staff will strive continually to improve care by soliciting and carefully considering feedback from all patients (and their families, when appropriate) regarding coordination of their *care during transitions* between health care systems and services, and between the health care delivery system and communities."^{2, page 4}

Though slightly modified for 2011 as "Promoting Effective Communication and Coordination of Care," we can expect the workgroup to focus on care coordination that "...guides patients and families through their health care experience, while respecting patient choice, offering physical and psychological supports, and encouraging strong relationships

(continued on page 2)

among patients and the health care professionals accountable for their care.”², appendix E, page 3

A Call to Action

Clinicians should know and follow the work of the NPP. Through awareness and shared learning, these initiatives can improve our health care system. NPP conducts its activities in a transparent manner and is open to comments and participation.

Most meetings are conducted via the Web or telephone; many are recorded. Clinicians should aspire to understand what “good” care coordination looks like in clinical practice, and then take action to integrate it into their practices.

Kathleen Shoemaker, PharmD, MBA, a consultant for Managed HealthCare Services at Lilly USA, is the Supplier Industry Council Chair for the National Quality Forum.

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