

Evidence Roadmap: Care Coordination



In 2013, AcademyHealth's Translation and Dissemination Institute launched its Listening Project, which aims to identify the most pressing health services research needs of leaders in health policy and health care delivery for the coming three to five years. **The 2014 Listening Project Report** identified several research and data gaps related to Medicare. In response to what we heard from the Medicare policy community, AcademyHealth has created this series of evidence roadmaps to identify existing resources related to the gaps. These roadmaps represent a selected minimal set of key resources rather than a comprehensive list of relevant research. The roadmaps are intended to help policy analysts and other research users better understand whether a perceived research gap represents an actual lack of evidence or failure of existing evidence to reach the policy arena, that is, a failure of adequate translation and dissemination. AcademyHealth undertook this roadmap with the support of the Robert Wood Johnson Foundation.

At different points in Medicare's history, policymakers have sought to improve health outcomes and reduce spending by coordinating care. Current care delivery systems under Medicare are often fragmented, resulting in an inefficient allocation of resources, increased costs, and lower quality of care. According to the Agency for Healthcare Research and Quality, coordinated care "involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care." There is particular interest in the use of care coordination for high-cost beneficiaries, who account for a significant portion of all Medicare spending.

Systematic Reviews

Email for the coordination of healthcare appointments and attendance reminders

Atherton H, Sawmynaden P, Meyer B, Car J. *Cochrane Database of Systematic Reviews* 2012, Issue 8.

The authors reviewed literature related to the use of email communication in the coordination of health care, particularly in scheduling appointments. The review is not Medicare-specific.

Interventions to improve continuity of care in the follow-up of patients with cancer

Aubin M, Giguère A, Martin M, Verreault R, Fitch MI., Kazanjian A, Carmichael P-H. *Cochrane Database of Systematic Reviews* 2012, Issue 7.

Authors reviewed literature to evaluate the effectiveness of interventions designed to improve continuity of cancer care for patient, provider, and process outcomes. This review is not Medicare specific.

Effectiveness of Patient Care Teams and the Role of Clinical Expertise and Coordination: a Literature Review

Bosch M, Faber MJ, Cruisberg J, Voerman GE, Leatherman S, Grol RP, et. al. *Med Care Res Rev.* 2009 Dec; 66(6 suppl): 5S-35S.

The authors reviewed literature from 1990 through 2008 regarding characteristics of effective patient care teams. The review is not Medicare-specific.

Successful Models of Comprehensive Care for Older Adults with Chronic Conditions: Evidence for the Institute of Medicine's 'Retooling for an Aging America

Boult C, Green A, Boult LB, Pacala JT, Snyder C, Leff B. *Report. J Am Geriatr Soc.* 2009 Dec; 57(12):. 2328-2337.

The report reviewed articles related to care coordination in chronically ill older adults. The authors searched the MEDLINE database for articles published between 1987 and 2008 that reported statistically significant positive outcomes from care coordination interventions for chronically ill older adults. The review found 15 models that positively affected quality of life and/or increased savings. The review is not Medicare-specific.

A systematic review of therapy coordination between primary and specialist care

Fernandez LE, Luque Mellado FJ. *Atencion primaria / Sociedad Española de Medicina de Familia y Comunitaria* 2007;39(1):15-21.

The authors searched MEDLINE, SIETES, and Cochrane systematic review databases for articles published between 1990 and 2005 related to therapy coordination between primary and specialist care. The review is not Medicare-specific.

Comparative effectiveness of care coordination interventions in the emergency department: a systematic review

Katz EB, Carrier ER, Umscheid CA, Pines JM. *Ann Emerg Med*. 2012 Jul;60(1):12-23.e1.

The review examined the effectiveness of emergency department–based care coordination interventions. The authors searched MEDLINE, CINAHL, Web of Science, Cochrane, and Scopus. The review is not Medicare-specific.

Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies

McDonald KM et al. Vol. 7 *Care Coordination*, No. 9.7.” Report No. 04(07)-0051-7. Rockville, MD: Agency for Healthcare Research and Quality, June 2007.

This summary of systematic reviews examined the influence of care coordination measures on patient outcomes and cost. The review is not Medicare-specific but is potentially relevant.

The importance of transitional care in achieving health reform

Naylor M, Aiken L, Kurtzman E, Olds D, Hirschman K. *Health Affairs*. 2011;30(4):746--754.

This systematic review summarized findings from 21 randomized clinical trials of transitional care interventions for chronically ill adults (i.e. not only Medicare beneficiaries).

Transitional care: a critical dimension of the home healthcare quality agenda

Naylor M. *Journal for Healthcare Quality*. 2006;28(1):48--54.

This article discussed the research base as of 2006 on transitional care for older adults and its implications for best practices.

Effectiveness of shared care across the interface between primary and specialty care in chronic disease management

Smith SM, Allwright S, O’Dowd T. *Cochrane Database of Systematic Reviews* 2007, Issue 3.

Authors reviewed the literature for studies evaluating the effectiveness of shared care across primary and specialty providers for a range of chronic diseases. The review is not Medicare-specific.

Individual Studies

Six Features of Medicare Coordinated Care Demonstration Programs that Cut Hospital Admissions of High Risk Patients

Brown R, Peikes D, Peterson G, Schore J, Razafindrakoto C. *Health Aff (Millwood)*, 2012 Jun; 31(6): 1156-66.

The study evaluated the efficacy of the Medicare Coordinated Care Demonstrations, which are pilot projects designed to coordinate care for Medicare beneficiaries with complex care needs to provide better patient outcomes without raising costs. The researchers identified cost-neutral programs but found no programs that produced savings for Medicare.

Promoting effective transitions of care at hospital discharge: a review of key issues for hospitalists

Kripalani S, Jackson A, Schnipper J, Coleman E. *Journal of Hospital Medicine*. 2007;2(5):314--323.

This article reviews existing evidence as of 2007 concerning challenges to providing high-quality care as patients leave the hospital.

Effects of Care Coordination on Hospitalization, Quality of Care, and Health Care Expenditures among Medicare Beneficiaries: 15 Randomized Trials

Peikes D, Chen A, Schore J, Brown R. *J Am Med Assoc*. 2009 Feb; 301(6): 603-618.

Researchers examined quality outcomes and potential Medicare cost savings in 15 care coordination programs. Study participants were fee-for-service Medicare beneficiaries who volunteered to participate in a care coordination program. No program led to significant savings for Medicare; however, programs with a considerable amount of in-person contact, such as health education, improved certain quality-of-care process measures.

Grey Literature

Care Management of Patients with Complex Health Needs, a Synthesis Project Product

Bodenheimer T, Berry-Millet R. Robert Wood Johnson Foundation; 2009 Dec. Report No.: 19.

The project reviewed research related to the potential of care management to improve quality of care and reduce costs for high-cost Medicare beneficiaries. The authors found that care management programs that target hospital-to-home transitions were most successful in reducing costs but noted that current financial policies do not support such programs.

Lessons from Medicare's Demonstration Projects on Disease Management, Care Coordination, and Value Based Payment

Nelson L. Washington, D.C.: Congressional Budget Office; 2012 Jan.

This report synthesizes findings from 10 Medicare demonstration projects, 6 related to care coordination and disease management and 4 related to value-based payment. The evaluations found that none of the programs reduced total Medicare program spending.

Search Strategy

Using the National Library of Medicine MeSH browser, AcademyHealth staff first identified key words and associated MeSH (medical subject headings) terms. Staff used the key words to search various databases and journals for relevant articles and then examined the bibliographies of these articles to identify additional studies. Staff searched health care, health policy, trade group, government, and academic websites for grey literature and chose studies most relevant to care coordination in the context Medicare. Because the purpose of these roadmaps was to inform current policy, searches focused on the period 2010 through 2014, with older resources included when appropriate. Two AcademyHealth members chosen for their relevant expertise, reviewed the draft roadmaps, and AcademyHealth staff then updated the document to incorporate the reviewers' comments and suggestions.




Databases: EBSCO Host—Academic Search Elite, Business Source Elite; PubMed/MEDLINE; McMaster Health Forum; HSRProj; Health Affairs; Medical Care Research and Review; SAGE Publications

Websites: Kaiser Family Foundation; Robert Wood Johnson Foundation; Congressional Budget Office; National Health Policy Forum; Alliance for Health Reform; SCAN Foundation

Key words: care coordination AND Medicare, care coordination AND quality, care coordination AND cost, care coordination

Inclusion criteria: Studies/resources related to care coordination's influence on quality or cost of care, especially under Medicare

Key to Cited Resources

-  **Systematic reviews** provide insights from a body of research literature.
-  **Individual studies** provide findings from key pieces of research.
-  **Grey literature** provides relevant evidence published by organizations whose primary activity is not publishing.