

AHA Research Question #1

What are the most effective and efficient ways for hospitals and health systems to integrate care and improve performance (financial, clinical, service, patient and staff experience) along the continuum of care (e.g., implementing care coordination across all settings of care)?

Importance / Context

This research question is important because as demonstrated in the 2009 Strategic Issues Forecasting Report:

- According to AHRQ data, the U.S. health care system is achieving higher performance levels on measures relating to acute care, but has not shown much improvement when it comes to measures relating to preventive care and management of chronic illness. The median annual rate of improvement in quality measures has been much higher in hospitals (2.8%), home health (2.5%), and long-term care settings (1.9%) than it has been in the ambulatory care setting (1.1%).¹
- Payers are considering major changes to reimbursement in order to encourage coordination.²
- There are a wide range of approaches to care coordination, and little evidence exists establishing the most effective and efficient ways for hospitals and health systems to integrate care across the continuum and the financial impact of doing so.³

Questions / Hypotheses

Some specific research questions are:

- How can we measure integration/coordination of care across settings? How can quality be measured across settings?
- What forms of integration/coordination are most effective for improving quality? What is the cost associated with different forms of integration/coordination?
- How can hospitals best integrate/coordinate care? What delivery and operational structures need to be in place to successfully integrate/coordinate care? How can quality improvement efforts be structured to reach across settings?

Some example hypotheses to test are:

- The care coordination areas of transitions and handoffs yield the best opportunities for better outcomes compared to other coordination practices.
- Care coordination measures are more appropriate at the group, practice, or organizational level than at the individual clinician level.

How Information Can Be Used

Results will help hospitals in several ways:

- Compare and contrast the cost effectiveness of different integration mechanisms, including clinical integration, functional integration, and economic integration.
- Understand what delivery and operational structures must be in place before implementing care coordination strategies.
- Plan integration efforts and implement quality improvement efforts across care settings; measure progress toward integration.

¹ National Healthcare Quality Report 2008, Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, AHRQ Publication No. 09 0001, Mar. 2009, <http://www.ahrq.gov/qual/nhq08/nhq08.pdf>

² "Payments for care coordination," Minnesota Department of Health, 13 Oct. 2009, <http://www.health.state.mn.us/healthreform/paymentcoord.html>.

³ Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies: Volume 7—Care Coordination, Stanford University—UCSF Evidence-based Practice Center, Prepared for the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, AHRQ Publication No. 04(07)-0051-7, June 2007, <http://www.ahrq.gov/downloads/pub/evidence/pdf/caregap/caregap.pdf>.