

Measure #15. Head and Neck Cancer Integrated Care Indicators

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility			□
Communicate			
<i>Interpersonal communication</i>			
<i>Information transfer</i>			■
Facilitate transitions			
<i>Across settings</i>			□
<i>As coordination needs change</i>			
Assess needs and goals			
Create a proactive plan of care			
Monitor, follow up, and respond to change			
Support self-management goals			
Link to community resources			
Align resources with patient and population needs			
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination			
Health care home			
Care management			□
Medication management			
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Head and Neck Cancer Integrated Care Indicators

Purpose: To measure the quality of integrated care by assessing current practice for patients with head and neck cancer.

Format/Data Source: 8 integrated care indicators (ICI) and 23 specific indicators (SI) for patients with head and neck cancer.

Date: Measure published in 2007.¹

Perspective: System Representative(s)

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** SI 1
- **Communicate:**
 - Information transfer:
 - *Between health care professional(s) and patient/family:* ICI 8, SI 3, SI 5
 - *Across health care teams or settings:* SI 23
 - *Participants not specified:* SI 2
- **Facilitate transitions:**
 - Across settings: SI 12, SI 15
- **Care management:** ICI 5, ICI 6

Development and Testing: The indicators were developed using the RAND-modified appropriateness method, which involved systematically searching the literature for integrated care recommendations and performing a systematic consensus procedure based on evidence-based guidelines and the opinions of both professionals and patients. The clinimetric characteristics of the developed indicators were tested. All indicators had acceptable reliability values. The content validity of the indicators was guaranteed by the use of the RAND-modified appropriateness method.¹

Link to Outcomes or Health System Characteristics: None described in the source identified.

Logic Model/Conceptual Framework: None described in the source identified.

Country: Netherlands

Past or Validated Applications*:

- **Patient Age:** Adults
- **Patient Condition:** Combined Chronic Conditions, Cancer/Oncology
- **Setting:** Inpatient Facility

*Based on the source listed below.

Notes:

- All ICI items located in Table 1 and all SI items located in Table 2 of the source article.¹
- This instrument contains 31 items; 11 were mapped.

Source:

1. Ouwens MMTJ, Marres HAM, Hermens RRP, et al. Quality of integrated care for patients with head and neck cancer: Development and measurement of clinical indicators. *Head Neck* 2007;29(4):378-86.