

Measure #2. ACOVE-2 Quality Indicators – Continuity and Coordination of Care

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

ACOVE-2 Quality Indicators – Continuity and Coordination of Care

Purpose: To assess the quality of care related to coordination and continuity for vulnerable elders at the health-system level across all health conditions and diagnoses.

Format/Data Source: 13 quality indicators from the ACOVE-2 set, specific to care coordination and continuity. Information is obtained from medical records and administrative data.

Date: Measure released in 2001.¹

Perspective: System Representative(s)

Measure Item Mapping:

- **Establish accountability or negotiate responsibility:** 1
- **Communicate:**
 - Information transfer:
 - *Across health care teams or settings:* 4, 5, 8, 11, 12
- **Monitor, follow up, and respond to change:** 2, 5, 6, 8-10
- **Align resources with patient and population needs:** 13
- **Health care home:** 1
- **Medication management:** 2, 3, 7

Development and Testing: Indicators were developed based on literature review and expert panel consultation. Fifteen initial indicators were reviewed by independent panels of experts to assess validity and feasibility using a variation of the RAND/UCLA Appropriateness Method for developing guidelines to measure the appropriateness of medical care. Thirteen indicators were ultimately found to be valid. They were further evaluated by the American College of Physicians American Society of Internal Medicine Aging Task Force before publication.²

Link to Outcomes or Health System Characteristics: Supporting evidence, mostly from observational studies, supports the linkage between these quality indicators and improved patient health outcomes. For example, several studies cited in Wenger (2004) demonstrate an association between the discharge planning and comprehensive followup activities outlined in the ACOVE indicators and reduced hospital readmissions and costs of care.²

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

Country: United States

Past or Validated Applications*:

- **Patient Age:** Adults, Older Adults
- **Patient Condition:** General Population/Not Condition Specific
- **Setting:** Not Setting Specific

*Based on the sources listed below and input from the measure developer.

Notes:

- All instrument items are located online.¹
- This instrument contains 13 items; all 13 were mapped.

Source(s):

1. RAND Health Project: Assessing Care of Vulnerable Elders Web site. Available at: <http://www.rand.org/health/projects/acove/acove2/>. Accessed: 21 September 2010.
2. Wenger NS, Young RT. Quality indicators for continuity and coordination of care in vulnerable elders. JAGS 2007;55(S2):S285-S292.