Author's response to reviews

Title: A systematic review of the care coordination measurement landscape

Authors:

Ellen M Schultz (emschultz@stanford.edu)
Noelle Pineda (noellep@stanford.edu)
Julia A Lonhart (julialonhart@gmail.com)
Sheryl M Davies (smdavies@stanford.edu)
Kathryn M McDonald (Kathryn.McDonald@stanford.edu)

Version: 2 **Date:** 29 January 2013

Author's response to reviews: see over

January 29, 2012
Dr. Natalie Pafitis
Executive Editor, *BMC Health Services Research*
BioMed Central
Floor 6, 236 Gray's Inn Road
London WC1X 8HB
United Kingdom

Dear Dr. Pafitis,

We are pleased to resubmit our revised manuscript titled, "A systematic review of the care coordination measurement landscape," to *BMC Health Services Research*. We thank the editors and reviewers for their thoughtful review of the manuscript and suggestions for improvement.

In the revised manuscript, we clarified several aspects of the methods to address reviewers' questions, included further discussion of the potential for measuring care coordination through data from health information technology systems, and incorporated the domain definitions previously included within supplemental file 1 into the main manuscript. We also made several other minor changes to improve the flow and correct typographical errors, and reformatted parts of the manuscript and tables to align with the journal guidelines. In the attached page, we provide further details of the changes made in a point-by-point response to reviewer comments.

All correspondence regarding this manuscript should continue to be directed to Ellen Schultz; 117 Encina Commons, Stanford, CA 94305-6019; emschultz@stanford.edu, 650-736-0397.

We are gratified that the reviewers found this manuscript to provide an interesting and valuable overview of the landscape of care coordination measures. Their suggestions have helped improve the manuscript, which we believe will be a useful resource for the readers of *BMC Health Services Research* in guiding and interpreting care coordination evaluation efforts.

Thank you once again for considering our manuscript.

Sincerely,

Ellen Schultz, MS
Project Coordinator
Stanford Health Policy, Stanford University
117 Encina Commons, Stanford, CA 94305-6019
Ph: 650-736-0397 email: emschultz@stanford.edu

Kathryn McDonald, MM
Senior Scholar and Executive Director
Stanford Health Policy, Stanford University
117 Encina Commons, Stanford, CA 94305-6019
Ph: 650-723-0559 email: Kathryn.McDonald@stanford.edu

Response to Reviewer Comments

Reviewer 1

The abstract's conclusion that new measures using non-survey methods are needed, doesn't really reflect the full text discussion. Do you want to emphasize the interest of health IT system use?

> We removed need for non-survey-based measures from the abstract conclusions, and instead added further discussion in the text of the article of the interest in measuring care coordination through health IT-based data sources.

At the end of p4, you write "setting in which they've been applied", whereas p6, end of the second paragraph, you talk about "applicable health care setting", and p9 "settings that each instrument targeted or in which it had been used". Can you please precise what you mean?

> In the revised text, we clarify that we categorized instruments according to the settings in which they have been applied, and maintain this terminology throughout the article.

The definition you gave of health care professionals is different in the text (p7) than in the file 1.

> We modified the text to use more consistent language throughout in describing health care professionals.

Table 2 and p13: could you precise what "not applicable" for patient age or condition means?

> We modified the text and table to clarify that in these cases "not applicable" indicates that a measure focused on health care professionals or systems, rather than on patients.

You wrote "healthcare" or "healthcare". Do you mean "healthcare "or "health care"? And on p14, 2d paragraph, 3rd line: one word is missing.

> We corrected these typographical errors.

You repeat more or less the same sentence p7 and p8, about Donabedian model or alternative models. And at the end of the "methods", you repeat the objectives of the study, that were already clearly stated at the end of the "introduction" and at the beginning of the "methods".

> We edited the text to remove redundancy.

Discretionary: You could make clearer in the discussion where the gaps are, and where they are not. It could be interesting to have more examples of which perspective is relevant for which domain, setting or patient population. A hasty reader could understand that you mean that the longer tool could be the best. I am a bit surprised by your conclusion about "gaps with few existing measures": it seems me that one only tool could be enough if it is valuable.

We added additional discussion of combinations of domain and perspective that may not be relevant. We added discussion in the limitation section of the reviewer's point that just one highly relevant and valid instrument could fill a measurement need.

Reviewer 2

Discretionary: Table 3 does not add information beyond what is stated in the text and could easily be removed. By contrast the information currently in supplemental file #1, Measurement Framework Definitions, is highly relevant and constitutes a significant contribution to knowledge.

We added the table of framework perspective and domain definitions that was previously included in Supplemental File #1 to the main manuscript. We agree that this information is an important contribution, especially given our knowledge of a recent new research award by AHRQ for measure development using these domains. However, given the length of this table, we understand if the journal editors would prefer that this material remain in a supplemental file. We could modify the manuscript accordingly if desired. Regardless of the location of the framework perspective and domain definitions table, we believe that the material currently in Table 3 can be better presented in combination with the data in the original Table 2. Thus, in the modified manuscript, we added the data on measure data source to the table reporting patient age, condition and setting characteristics of the measures.

Discretionary: Though its publication falls outside the April 2012 update, a recent measure may be of interest to add: Haggerty JL, Roberge D, Freeman GK, Beaulieu C, Breton M: Validation of a generic measure of continuity of care: when patients encounter several clinicians. Ann Fam Med 2012, 10(5):443-451.

We appreciate the reviewer bringing this publication to our attention. Although we cannot add this publication to our analysis due to review search dates, we do find it to be a useful example of how to address measurement densities by adapting existing instrument items into a new measure, and we cite it accordingly.

Discretionary: In the discussion, p 16 & 17 there are two paragraphs dealing with measurement gaps relevant to the Medicare studies. These could be more clearly written to more clearly give the message that the identified measurement gaps require development not just because they are identified gaps on the mapping but because they represent relatively common healthcare scenarios. At this point the last paragraph on p.16 and first on p.17 sometimes read as non sequester at first reading.

We modified the text to more clearly link this evidence to the discussion of care coordination measure gaps.