

September 29, 2014

Doris Lefkowitz,
Reports Clearance Officer
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Dear Ms. Lefkowitz:

On behalf of the Council of Academic Family Medicine, which includes the North American Primary Care Research Group (NAPCRG), the Society of Teachers of Family Medicine (STFM), the Association of Departments of Family Medicine (ADFM), and the Association of Family Medicine Residency Directors (AFMRD), we appreciate the opportunity to respond to the Agency for Healthcare Research and Quality's (AHRQ) July 30th *Federal Register* request for comments on your proposed information collection project "Care Coordination Quality Measure for Patients in the Primary Care Setting (CCQM-PC)."

We have communicated to AHRQ in previous letters that transforming primary care practices to be effective medical homes for our patients should be a key priority – and one that can only be accomplished with studies in the primary care environment, so we applaud the work the agency is doing in this endeavor.

One of the areas not addressed by AHRQ in this project that makes a significant difference in care coordination is payment. If a practice is receiving a PMPM for care coordination efforts, it is more likely to have extra support, in the form of more staff, to complete care coordination functions. This can make a significant difference on how much care coordination can be done in an office and needs to be factored into the evaluation. It also should be factored into the assessment of whether the survey is realistic for all participating in the project.

Researchers and clinicians are looking for meaningful ways to measure coordination. We have some concern that the 25 minutes identified by AHRQ as needed to complete the 102 item survey may be too optimistic. In terms of the sampling AHRQ plans on using, the notice speaks of recruiting 30 practices "of different types and ownership configurations" to provide a patient sample to AHRQ's contractor. We would recommend that AHRQ's selection criteria include a requirement that at least two practices from each of the following three areas be included in the sample: federally qualified community health centers, health professional shortage areas, and rural areas. In addition, we would like to ensure that the sample of practices include a mix of those with and without care coordination payments.



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Thank you again for the opportunity to comment on the Care Coordination Quality/Measure for Patients in the Primary Care Setting project.

Sincerely,



Sam Cullison, MD
President
Society of Teachers of Family
Medicine



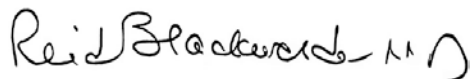
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