

also used as a framework for advising the Office of the National Coordinator for Health Information Technology about meaningful use of electronic health records in primary care.

Those who want to add material or references or to discuss or dispute any of its contents in a constructive way, please contact james-mold@ouhsc.edu.

The manuscript can be found at: [https://www.napcrq.org/AboutUs/Committees/CommitteeonAdvancingtheScienceofFamilyMedicine\(CASFM\)](https://www.napcrq.org/AboutUs/Committees/CommitteeonAdvancingtheScienceofFamilyMedicine(CASFM)).

James W. Mold, MD



From the Agency for Healthcare
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AHRQ UPDATES ON PRIMARY CARE RESEARCH: CARE COORDINATION MEASURES ATLAS AND DATABASE

The Institute of Medicine has identified care coordination as a key component of strategies to improve the effectiveness, safety, and efficiency of the American health care system.¹ Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. Achieving coordinated care typically involves specific care coordination activities, such as creating a proactive plan of care and sharing information across providers and sites of care, and using broad approaches that are commonly used to improve health care delivery (for example, team work and health information technology). Well-designed, targeted care coordination can improve outcomes for everyone: patients, providers, and payers. Care coordination is particularly critical for people living with multiple chronic conditions.

While the need for care coordination is clear, it can be challenging for primary care practices to assess the quality of their existing care coordination activities, identify gaps, and determine where improvements are needed. One aspect of the challenges facing practices is that there are many definitions of care coordination and few agreed-upon measures to guide implementation and evaluation of effective care coordination efforts. The Agency for Healthcare Research and Quality (AHRQ) has developed 2 resources to fill this gap:

- The **Care Coordination Measures Atlas** presents a framework that identifies key domains for measuring care coordination and their relationship to potentially

measurable effects. The Atlas also measures care coordination from the perspectives of patients and caregivers, as well as from the perspectives of health care professionals and health system managers. The Atlas is available at <http://www.ahrq.gov/professionals/systems/long-term-care/index.html>.

- Building on the Atlas, AHRQ has created the **Care Coordination Measures Database** to further assist evaluators and researchers interested in care coordination measurement. Users can compare more than 80 validated tools and search by coordination activities, approaches, or individual perspective, eg, patient/family, health care professional, or health system representative. The database may be accessed on the AHRQ website.

For additional information about AHRQ's efforts in this area, visit AHRQ's **Care Coordination page**: <http://www.ahrq.gov/professionals/prevention-chronic-care/index.html>, and AHRQ's **Innovations Exchange**: <http://www.innovations.ahrq.gov/>. The Innovations Exchange is a one-stop resource that offers health professionals and researchers opportunities to share, learn about, and adopt a diverse array of evidence-based innovations and tools that can speed the implementation of new and better ways to deliver health care.

References

1. Adams K, Corrigan JM, eds. National Research Council. *Priority Areas for National Action: Transforming Health Care Quality*. Washington, DC: The National Academies Press; 20013. <http://iom.edu/Reports/2003/Priority-Areas-for-National-Action-Transforming-Health-Care-Quality.aspx>.



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JUST-RELEASED CLERKSHIP STUDY: GROWING SHORTAGE OF CLINICAL TRAINING SITES CHALLENGES MEDICAL SCHOOLS

What has appeared to be solid progress toward growing an adequate US health care workforce could be derailed by an escalating shortage of clinical training sites to accommodate many of those learners.

That's the crux of the message delivered in a recently released report titled *Recruiting and Maintaining U.S. Clinical Training Sites: Joint Report of the 2013 Multi-Discipline Clerkship/Clinical Training Site Survey*. The