

Supplemental Digital Content

Table 1: Definition and Summary Statistics of Hospital-Level Care Coordination Measures

Hospital care coordination measures		Number	Mean	Standard dev
CHRONCARE	a. Chronic care management processes or programs to manage patients with high volume, high cost chronic diseases	995	3.03	1.25
PREDICTIVE	b. Use of predictive analytic tools to identify individual patients at high risk for poor outcomes or extraordinary resource use	999	2.53	1.30
PROSPECTIVE	c. Prospective management of patients at high risk for poor outcomes or extraordinary resource use by experienced case managers	997	2.87	1.28
OUTPATCSEMG	d. Assignment of case managers for outpatient follow-up to patients at risk for hospital admission or readmission	992	2.78	1.34
MEDRECNCILE	e. Medication reconciliation as part of an established plan of care	997	4.47	0.86
VSTSUMMARY	f. Provision of visit summaries to patients as part of all outpatient encounters and scheduling of follow up visit and/or specialty referrals at the time of the initial encounter	987	3.47	1.30
DCCAREPROG	g. Post-hospital discharge continuity of care program with scaled intensiveness based upon a severity or risk profile for adult medical-surgical patients in defined diagnostic categories or severity profiles	991	2.69	1.31
HOMEVISITS	h. Arrangement of home visits by physicians, advanced practice nurses, or other professionals for homebound and complex patients for whom office visits constitute a physical hardship	997	2.56	1.39
DEDICATERNMGR	i. Nurse case managers whose primary job is to improve the quality of outpatient care for patients with chronic diseases (e.g., asthma, CHF, depression, diabetes)	994	2.65	1.33
DISEASMG	j. Disease management programs for one or more chronic care conditions (e.g., asthma, diabetes, COPD)	993	2.98	1.30
HOSPITALISTS	k. Hospitalists for medical/surgical inpatients	996	4.08	1.49

TELEOUTRCH	1. Telephonic outreach to discharged patients within 72 hours of discharge	992	3.81	1.18
Care Coordination Index (CCI)	The summation of the following 12 measures used in the AHA survey. responses to each of the following survey question ranged from 1 to 5: 1 = Not used at all 2 = Used minimally 3 = Used moderately 4 = Used widely 5 = Used hospital-wide	943	37.86	10.01
ACO	ACO: Hospital has established a separate legal entity for an ACO, is part of an ACO, or is actively working to establish an ACO in the future	1,017	0.34	0.48

Data source: AHA Survey of Care Systems and Payment™ 2015.