



NATIONAL
QUALITY FORUM

Chief Complaint-Based Quality of Emergency Care

CSAC Informational Update

April 23-24, 2019

Session Overview

- Background
- Project Overview
- Key Findings
- Committee Recommendations
- Next Steps
- Discussion

Background: Current Landscape

- Why is this important?
 - ▣ *Need for measures that accurately measure quality based on how care is delivered in ED (and other similar settings like urgent care, retail care)*
 - ▣ *Most ED measures are based on diagnosis of specific conditions*
- Challenges
 - ▣ *Chief complaint information collected from patients is typically recorded in a free-text field of the EHR*
 - ▣ *Lack of consensus on nomenclature and/or approach to standardize chief complaint data collected in the ED for quality measurement*
 - ▣ *Lack of incentive to drive infrastructure changes to support collection of standardized chief complaint data*
 - » Quality measurement-specific use case

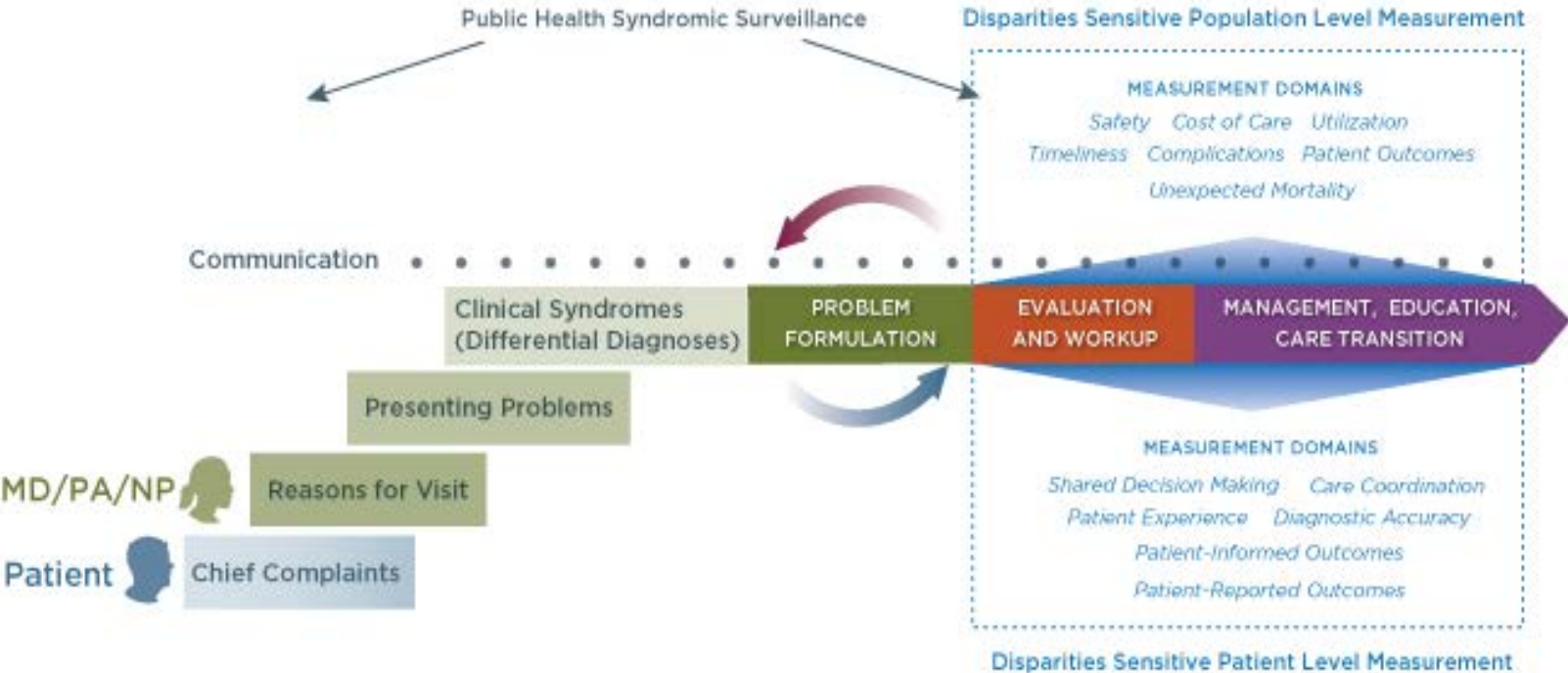
Project Overview

- Conducted environmental scan
 - ▣ *Measures, concepts, chief complaint standardization approaches*
 - ▣ *Key informant interviews*
- Developed guidance for chief complaint-based measure development
 - ▣ *Chief Complaint Measurement Framework*
 - ▣ *Refined definitions*
 - ▣ *Criteria-based considerations*
 - ▣ *Measure concept prioritization*
 - » Identification of concepts important and feasible for current and future development efforts
- Recommendations for advancing chief-complaint-based measurement, implementation

Key Findings

- Syndromic Surveillance Use Case
 - *Significant existing infrastructure and capabilities to process chief complaint data*
 - *Value of free-text chief complaint data*
- IT/EHR infrastructure challenges
 - *Wide variation chief complaint collection in EHR and use of these data*
- Persistent barriers to selection of a chief complaint nomenclature
- Chief complaint-based measures are complimentary to existing diagnosis-based measures:
 - *Symptoms that account for significant volume and frequency of visits*
 - *Undifferentiated symptoms where the diagnosis requires significant clinical assessment, diagnostic testing, or hospitalization*
 - *Diseases or conditions with known variation, gaps in care, or poor quality*
 - *Symptoms with diagnostic quality and safety are major concerns that if missed or not addressed in a timely manner, could cause major harm to the patient*
 - *Work up and evaluation processes or is associated with high costs*
 - *Demonstrated or suspected overuse, inappropriate use of resources, variation in practice*

Draft Chief Complaint Measurement Framework



Proposed Recommendations To Date

- Chief complaint measures should be developed as eCQMs (using SNOMED)
- Pathways for implementing chief complaint-based measures:
 - ▣ *Use of syndromic surveillance tools and data for measurement*
 - ▣ *Use existing EHR infrastructure to facilitate measurement*
 - ▣ *Future implementation of standard vocabulary in EHRs*
 - » Selection, maintenance, and stewardship
- Use of ACEP CEDR registry to promote collection, standardization, and implementation of chief complaint-based measures
- Addition of chief complaint-based measures to measure development CMS Blueprint

Next Steps

- Communication and dissemination of this work to relevant stakeholders to increase awareness, promote engagement, collaboration and stewardship among key stakeholders (EHR vendors, ACEP, IT standards organizations, ONC)
- Further exploration of existing chief complaint data processing and aggregation infrastructure in syndromic surveillance for use in quality measurement

Questions?

Chief Complaint Committee

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