

## CALL FOR MEASURES

### NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR AMBULATORY CARE: ADDITIONAL OUTPATIENT MEASURES 2010

NQF has endorsed a wide variety of ambulatory care measures for assessment of the quality of care provided in outpatient facilities, including hospital outpatient departments (HOPD), emergency departments, urgent care facilities, ambulatory surgery centers, community health centers and clinician offices. As more NQF-endorsed® measures are implemented, the demand for measures to fill important gaps is growing. The implementation and reporting of quality measures for hospital outpatient services builds on previous efforts in the inpatient area, having the same purpose. Endorsement of measures is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with quality information to make informed decisions about their healthcare.

Ambulatory medical care is the predominant method of providing healthcare services in the United States and occurs in a wide range of settings. The largest proportion of ambulatory care services occurs in physician offices. Moreover, approximately 11 percent of all ambulatory medical care visits in the United States occur in the ED.<sup>i</sup> From 1996 through 2006, the number of ED visits increased from 90.3 million to 119.2 million visits annually, a 32% increase.<sup>ii</sup> Yet the number of hospital EDs in the United States decreased by about 12.4 percent during the same period. Demand and capacity issues have contributed to increased patient wait-time and decreased physician productivity, placing patients at risk for poor outcomes.

From the Medicare perspective, 17% of ED visits are covered by this payment source. Since 2008, CMS has adopted outpatient measures specifically addressing ED and ambulatory surgical center (ASC) quality of care. CMS projects that total payments for services furnished to people with Medicare in HOPDs during CY 2010 under the Outpatient Prospective Payment System (OPPS) will be \$32.2 billion, while total projected CY 2010 payments under the ASC payment system will be approximately \$3.4 billion. To date, NQF has endorsed measures for these healthcare facilities, but few measures have been endorsed beyond process measures.

This “Call” solicits candidate measures for review, evaluation, and potential endorsement as national voluntary consensus standards for outpatient care addressing emergency department and/or urgent care and outpatient (i.e., office-based, free-standing ASCs, or other ambulatory settings) surgery and other invasive procedures in which sedation or general anesthesia is utilized. NQF will use its formal Consensus Development Process to seek consensus-based endorsement of performance measures for outpatient care that address pressing quality issues including, but not limited to:

#### Emergency Department and/or Urgent Care

- safety and effectiveness of emergency care;
- efficient management of ED patient flow throughout the hospital and beyond, including patient throughput, wait-time, overcrowding, boarding, and diversions;
- appropriateness of care, including use of technology and imaging; and
- emergency care rendered in urgent/trauma situations.

#### Ambulatory Surgery

- appropriate antibiotic timing;
- appropriate use of ambulatory setting;
- use of conscious sedation;
- safety of anesthesia; and
- issues addressing appropriateness and utilization of outpatient surgical services.

### Cross-cutting Areas

- measures that include children and adolescents;
- measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities, Medicaid;
- measures suitable for clinician and/or facility level of analysis;
- outcomes, including complications care; and
- coordination of care and timely communication (including health IT) among all providers/departments/facilities.

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must meet the following general criteria:

- be fully developed for use (e.g., research and testing have been completed);
- be open source or in the public domain<sup>iii</sup>;
- have an identified measure steward<sup>iv</sup>; and
- be intended for both public reporting and quality improvement.

**To submit a measure**, please complete the following:

- [Online Measure Submission Form](#)  
Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- [Measure Steward Agreement Form](#)

Please note that no material will be accepted without fully executing the attached *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

**Materials must be submitted using the online measure submission form by 6:00 pm, ET on Wednesday, February 17, 2010.** If you have any questions, please contact Elisa Munthali, MPH or Del Conyers, MPH at 202.783.1300 or [ambulatorycare@qualityforum.org](mailto:ambulatorycare@qualityforum.org). Thank you for your assistance with this project!

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<sup>i</sup> Schappert SM, Rechtsteiner EA. Ambulatory medical care utilization estimates for 2006. National health statistics reports; no 8. Hyattsville, MD: National Center for Health Statistics. 2008. Available from: [www.cdc.gov/nchs/data/nhsr/nhsr008.pdf](http://www.cdc.gov/nchs/data/nhsr/nhsr008.pdf).

<sup>ii</sup> Pitts SR, Niska RW, Xu J, Burt CW. National Hospital Ambulatory Medical Care Survey: 2006 emergency department summary. National health statistics reports; no 7. Hyattsville, MD: National Center for Health Statistics. 2008.