NATIONAL QUALITY FORUM
Driving measurable health improvements together

http://www.qualityforum.org

Attribution for Critical Illness and Injury

Web Meeting #1

January 22, 2021

This project is funded by the Centers for Medicare and Medicaid Services under Task Order 75FCMC20F0005 – Attribution for Critical Illness and Injury.

Welcoming Remarks

Welcome!

Housekeeping reminders:

- Please mute your computer or line when you are not speaking
- Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
- We encourage you to turn on your video, especially during the discussions and when speaking
- To switch your display, click in the upper-right hand corner and toggle between “Speaker View” or “Gallery View” to choose your preferred view
- Please use the ‘hand raised’ feature if you wish to provide a point or raise a question.
  - *To raise your hand, click on the “participants” icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*
- Feel free to use the chat feature to communicate with the NQF Host
- For this meeting, we will be using RingCentral for presentations and discussions. Please ensure you have access to this platform.

If you are experiencing technical issues, please contact us at attribution@qualityforum.org

NATIONAL QUALITY FORUM

Agenda

- Introductions and Meeting Objectives
- Overview of Roles and Responsibilities
- Project Overview
- Use Case Examples and Discussion
- Environmental Scan Overview and Committee Discussion
- NQF Member and Public Comment
- SharePoint (ShP) Tutorial and Next Steps

Introductions and Meeting Objectives

NATIONAL QUALITY FORUM

NQF Staff

NQF
Sheri Winsper, RN, MSN, MSHA, Senior Vice President, Quality Measurement
Maha Taylor, MHA, PMP, Managing Director, Quality Measurement
Nicolette Mehas, PharmD, Senior Director, Quality Measurement
Taroon Amin, PhD, MPH, Consultant
Adam Vidal, PMP, Project Manager, Quality Improvement
Udara Perera, DrPHc, MPH, Senior Manager, Quality Measurement
Wei Chang, MPH, Analyst, Quality Measurement

NATIONAL QUALITY FORUM

Committee Members

Committee Members	
Brendan Carr, MD, MA, MS (co-chair)	Gerald Maloney, Jr., DO, CHCQM, CPPS, CPHQ, FACEP, FACMT
Carol Raphael, MPA, Ed (co-chair)	William Miles, MD, FACS, FCCM, FAPWCA
Michael Barr, MD, MBA, MACP, FRCP	Fred Neis, MS, RN, FACHE, FAEN
Sue Anne Bell, PhD, FNP-BC, NHDP-BC	Brian Park, RN, BSN
John Brady, RN	Robert Schmitt, FACHE, FHFMA, MBA, CPA
Gina Brown, MSPH	David Schmitz, MD, FAAFP
Kelly Crosbie, MSW, LCSW	Sari Siegel, PhD, CPHQ
Dan Culica, MD, MA, PhD	Geoff Simmons, LPN
Charleen Hsuan, JD, PhD	Arjun Venkatesh, MD, MBA, MHS
Feygele Jacobs, DrPH, MPH, MS	David Wheeler, MEd, RRT-NPS, FAARC
Mark Jarrett, MD, MBA, MS	Sharon Williamson, MBA, MT(ASCP)SM, CIC, FAPIC
Austin Kilaru, MD, MSHP	Matthew Zavadsky, MS-HSA, NREMT
Paloma Luisi, MPH	

NATIONAL QUALITY FORUM

Federal Liaisons

Federal Liaison	Affiliation
Craig Goolsby, MD, MEd, FACEP	Department of Defense (DoD)
Melissa Harvey, RN, MSPH	Department of Homeland Security (DHS)
Richard C. Hunt, MD	Office of the Assistant Secretary for Preparedness & Response (ASPR)
Chad Kessler, MD	Department of Veterans Affairs (VA)
Kyle Remick, MD	Department of Defense (DoD)
Anita Vashi, MD	Department of Veterans Affairs (VA)

NATIONAL QUALITY FORUM

Meeting Objectives

- Introduce committee members and discuss roles, responsibilities, and ground rules
- Orient committee to the background, scope, and objectives of the project
- Introduce two use cases and elicit ideas for additional use cases
- Obtain committee feedback on the Environmental Scan

NQF Overview

NATIONAL QUALITY FORUM

The National Quality Forum: A Unique Role

- Established in 1999, NQF is a nonprofit, nonpartisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.
- **Mission**: To be the trusted voice driving measurable health improvements.

NATIONAL QUALITY FORUM

NQF Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - 400+ NQF-endorsed measures across multiple clinical areas
  - 15 empaneled standing expert committees including the Scientific Methods Panel
- **Measure Applications Partnership (MAP)**
  - Provides recommendations to HHS on selecting measures for 19 federal programs
- **Advancing Measurement Science**
  - Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement
  - Examples include CMS-funded projects such as HCBS, rural issues, telehealth, interoperability, attribution, risk-adjustment for social risk factors, diagnostic accuracy and disparities
- **Other Measurement Work**
  - Creation of action-oriented playbooks and implementation guides that include measurement frameworks and/or opportunities for organizations to measure progress on high-priority healthcare topics
  - Conducts Strategy Sessions with stakeholders to identify measure gaps and opportunities

Overview of Roles and Responsibilities

NATIONAL QUALITY FORUM

Roles and Responsibilities of the Committee

- Serve as experts working with NQF staff to develop actionable recommendations related to quality measurement
- Review meeting materials in advance and engage in meeting discussions
- Provide timely and relevant feedback on project deliverables
- Respond to public comments submitted during the review period
- Steer the development of major project components by providing input and guidance on:
  - Developing attribution approaches for unplanned ECSCs;
  - Priority measures and measure concepts related to emergency preparedness, healthcare system readiness, and health outcomes associated with mass casualty incidents; and
  - The environmental scan and final recommendations report.

Providing Input

- **How to provide input during the web meetings?**
  - Provide timely input on major deliverables during facilitated discussion sections of the Committee meetings, either verbally to the Committee or by messaging the project team (via chat box)
- **How to provide input outside of the meetings?**
  - Submit requested input via offline survey questions (as applicable)
  - Submit additional input on major deliverables through the project inbox (attribution@qualityforum.org)

Roles of the Co-chairs

- Group leaders and facilitators of the Committee
- Assist in facilitating Committee meetings by driving the Committee to consensus on technical guidance and outlining potential path forward for areas where consensus cannot be reached
- Keep the Committee focused and on track to meet project goals without hindering critical discussion/input
- Assist NQF staff in identifying key issues for Committee discussion

NATIONAL QUALITY FORUM

Roles of the Federal Liaisons

- Attend and listen to Committee meetings
- Serve as a resource to supplement Committee discussions, providing input on important topics such as federal program details, statutory requirements, practical consideration of data needs, ongoing challenges confronting federal programs, etc.
- Provide reviews and evaluations of project deliverables (i.e., factual accuracy of technical descriptions of how quality measures are used in specific federal programs)

Roles of the NQF Staff

- Serve as a neutral convener of multistakeholder representatives
- Work with the Committee to facilitate consensus development and to achieve project goals
- Organize meetings and conference calls
- Ensure communication among all project participants
- Facilitate necessary communication and collaboration between different NQF projects and external stakeholders
- Respond to NQF member and public queries about the project
- Maintain documentation of project activities
- Draft and edit reports and project materials
- Publish final project reports

NATIONAL QUALITY FORUM

Roles of CMS

- Funder of this project under the HHSM-500-2017-00060-75FCMC20F0005 – Attribution for Critical Illness and Injury.
- Provide input and feedback on project deliverables for completeness and accuracy
- Coordinate federal agencies' engagement
- Work with the NQF staff to forecast potential risks and create risk mitigation strategies
- CMS respects the independence of the Committee

Background and Project Overview

NATIONAL QUALITY FORUM

Importance of Attribution for Critical Illness and Injury

- Attribution is defined as the methodology used to assign patients, and their quality outcomes, to providers or clinicians to enhance accountability.
- As the healthcare system increasingly moves towards value-based models of care, measurement attribution must continue to evolve. Many attribution models to date focus on chronic conditions and care coordinated through a central unit.
- This new work will develop a population/geographic-based attribution approach for measures related to Emergency Care Sensitive Conditions (ECSCs), such as COVID-19, trauma resulting from shooting or bombing, and other public health emergencies—areas not previously addressed.
- The ongoing COVID-19 pandemic has presented situations in which opportunities for time-sensitive care are often based on geography rather than health system network affiliation.
- A new approach in attribution is needed for ECSC-related quality measures to reflect the reality and challenges of saving lives and improving outcomes.

NATIONAL QUALITY FORUM

Project Objectives

- Provide guidance for developing attribution approaches for quality measurement of health outcomes for patients who receive care from multiple providers during an episode of care
- Develop elements of geographical/population-based attribution approaches applicable to a community-based system response for unplanned, high-acuity Emergency Care Sensitive Conditions (ECSCs)
- To accomplish this task, NQF has seated a new multistakeholder Committee to build on previous reports: Attribution Principles and Approaches (2016), Improving Attribution Models (2018), and Healthcare System Readiness Measurement Framework (2019)

NATIONAL QUALITY FORUM

Background – Attribution Principles and Approaches (2016)

- Provided guidance to the field on selecting and implementing attribution models, including an Attribution Model Selection Guide (below) that specified the necessary elements of an attribution model.

What is the context and goal of the accountability program?	• What are the desired outcomes and results of the program? • Is the attribution model evidence-based? • Is the attribution model aspirational? • What is the accountability mechanism of the program? • Which entities will participate and act under the accountability program? • What are the potential consequences?
How do the measures relate to the context in which they are being used?	• What are the patient inclusion/exclusion criteria? • Does the model attribute enough individuals to draw fair conclusions?
Which units will be affected by the attribution model?	• Which units are eligible for the attribution model? • To what degree can the accountable unit influence the outcomes? • Do the units have sufficient sample size to aggregate measure results? • Are there multiple units to which this attribution model will be applied?
How is the attribution performed?	• What data are used? Do all parties have access to the data? • What are the qualifying events for attribution, and do those qualifying events accurately assign care to the right accountable unit? • What are the details of the algorithm used to assign responsibility? • Have multiple methodologies been considered for reliability?

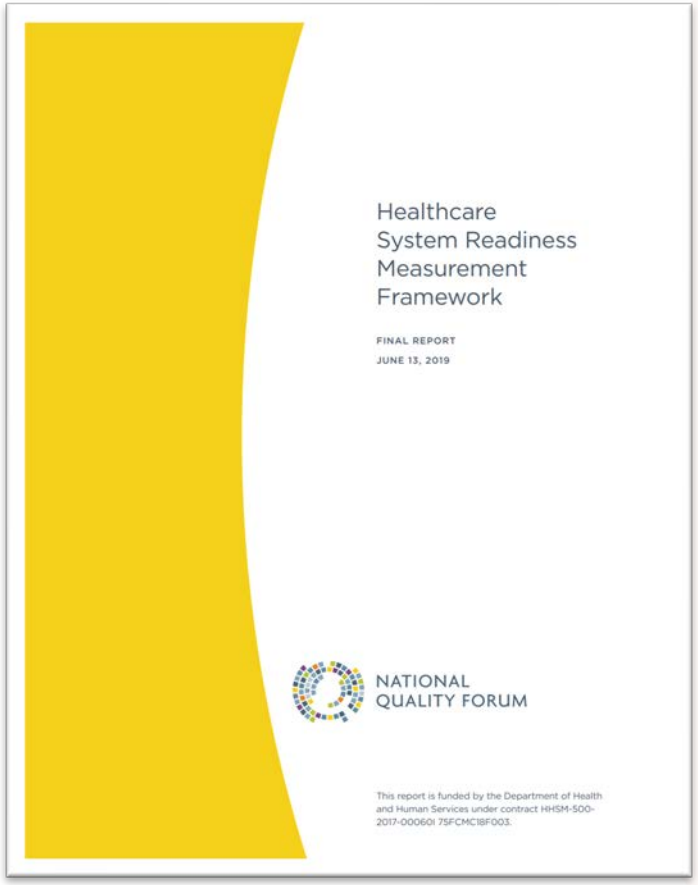
NATIONAL QUALITY FORUM

Background – Improving Attribution Models (2018)

- Built on the 2016 attribution work by providing additional considerations for the design of attribution models identified through use cases focusing on patients with multiple chronic conditions, substance use disorders, physical or intellectual/development disabilities, and those who are dual eligible.
- The report also emphasizes four considerations for building a team-based attribution model:
  1. Identify the outcome of interest
  2. Define the team or identify the multiple accountable entities within the episode of care
  3. Determine who on the team has influence on the care delivered and patient outcomes
  4. Determine who on the team gets responsibility and for which portions of the care and outcomes

NATIONAL QUALITY FORUM

Background – Healthcare System Readiness Measurement Framework (2019)



- Goal: develop actionable all-hazards framework to assess readiness of healthcare systems to respond to and recover from disasters and emergencies
- Project identified four domains based on the four S's of surge capacity throughout the four phases of emergency management

NATIONAL QUALITY FORUM

Background – Healthcare System Readiness Measurement Framework (2019) Continued

Domain	Subdomain
Staff*	Staff Safety Staff Capability Staff Sufficiency Staff Training Staff Support
Stuff	Pharmaceutical Products Durable Medical Equipment Consumable Medical Equipment and Supplies Nonmedical Supplies
Structure	Existing Facility Infrastructure Temporary Facility Infrastructure Hazard-Specific Structures
Systems	Emergency Management Program Incident Management Communications Healthcare System Coordination Surge Capacity Business Continuity Population Health Management

* Also applies to volunteers (both paid and unpaid), where appropriate

NATIONAL QUALITY FORUM

Committee Charge

- Review the environmental scan and themes from key informant interviews
- Create use cases to illustrate how emergency care sensitive outcomes may be attributed to multiple entities
- Develop actionable recommendations for population-/geographic-based measurement attribution approaches that encourage coordinated care to improve outcomes associated with mass casualty incidents

NATIONAL QUALITY FORUM

Key Milestones

September 28, 2020 – September 27, 2021

1. Recruit and Select Committee
   (final roster posted by Jan. 6)
2. Stakeholder Input – Web Meetings, Key Informant Interviews
3. Environmental Scan
   (public commenting: Feb. 24 to March 29; final scan posted by May 17)
4. Final Report
   (public commenting: June 9 to July 9; final report posted by Aug. 27)

Environmental Scan and Key Informant Interviews

- With input from the Committee, NQF will conduct an environmental scan that reviews, analyzes, and synthesizes information regarding existing attribution approaches for quality measurement of health outcomes related to high-acuity ECSCs
- NQF will conduct up to nine Key Informant Interviews to supplement the environmental scan by filling specific content gaps and expanding upon findings

NATIONAL QUALITY FORUM

Final Report

- Develop report using content from Key Informant Interviews, Committee discussion, and use cases
- Includes the necessary elements, theoretical and empirical approaches, and recommendations for the future development of population/geographic-based attribution approaches for measurement of health outcomes for high-acuity ECSCs

NATIONAL QUALITY FORUM

Committee Web Meeting Schedule

Meeting	Date
Web Meeting #1 – Orientation, Environmental Scan	January 22, 2021
Web Meeting #2 – Environmental Scan, Key Informant Interview (KII) Guides	February 18, 2021
Web Meeting #3 – Environmental Scan and KII Findings, Elements of Population/Geographical Attribution Models	March 25, 2021
Web Meeting #4 – Environmental Scan Public Comments, Use Case Activities	April 20, 2021
Web Meeting #5 – Draft Report Feedback, Finalize Committee Recommendations	May 11, 2021
Web Meeting #6 – Final Report Public Comments, Final Comments	July 28, 2021

Use Case Discussion

NATIONAL QUALITY FORUM

Purpose of Use Cases

- The final report will include five use cases of high-acuity ECSCs in situations of pandemics, natural disasters, mass violence, or other national emergencies to illustrate what to consider in developing an attribution approach for measuring quality of care related to health outcomes.
- Use cases should represent various emergency scenarios that require team-based approaches to care.
- The use cases will be vetted against potential attribution approaches to identify consistent attribution elements across each scenario, consider pros and cons of various approaches to attribution, and anticipate challenges of certain attribution models and solutions to address them.

NATIONAL QUALITY FORUM

Use Case #1

A 64-year-old man who resides in Chicago traveled to Boston and was severely injured by a bombing there. He was treated at a local hospital, where his left leg was amputated. Because he was traumatized, his doctor at the hospital's ED prescribed diazepam for sleep. The EHR of the ED was not interoperable with the system used by the man's pharmacist in Chicago. As a result, the ED doctor was unable to check for potential drug-drug interaction. The man had an underlying heart condition and suffered a heart attack shortly after discharge. After returning to Chicago, he tried to make an appointment with his primary care provider, but her first opening was not until three weeks later. He had another heart attack before the appointment with his primary care doctor, and ended up in the ED. His pain medication was inadequate for the pain from his amputation, so he also took leftover prescription painkillers from six months ago. He had to wait two months before he could be seen by a mental health professional and ran out of diazepam soon before that.

He took over-the-counter sleeping pills, which interacted with his pain medications, and he passed out and broke his arm. He also had an episode of severe panic attack and had to be hospitalized.

Who should be held responsible for his arm injury and psychiatric hospitalization – the ED doctor in Boston? His primary care doctor? His pharmacist?

NATIONAL QUALITY FORUM

Use Case #2

A 23-year-old woman went to stay with her disabled grandmother in a neighboring state as the COVID-19 pandemic became more prevalent. The young woman has been on asthma medications and had a couple of asthma-related ED visits recently. Because she was out of town, she was unable to see her primary care doctor for asthma check-ups. Although her primary care doctor had telehealth capability, her grandmother's town did not have high speed broadband internet infrastructure, and she was unable to see her primary care provider via telehealth. There were a few times when she had difficulty breathing and severe chest pain, but she avoided going to the local ED out of fear of coronavirus infection. Then she had a severe asthma attack again and had to go to the local ED.

Should her primary care doctor be held accountable for her ED visit out of town?

NATIONAL QUALITY FORUM

Discussion

- Additional use cases may include a massive surge of patients to a health system or in a community, trauma, stroke, cardiac arrest, high consequence infectious diseases, radiation or chemical exposure, bombings, natural disasters, motor vehicle crashes, sepsis, mass shootings, epidemics, COVID-19 pandemic, and pediatric critical care

- ***What scenarios should be selected and developed as use cases?***
- ***What questions related to attribution should be considered for each use case?***
- ***What are the challenges of attributing outcomes to multiple entities and during public health emergencies that should be considered by the Committee?***

Environmental Scan Overview and Committee Discussion

NATIONAL QUALITY FORUM

Environmental Scan Approach

Focuses of the scan:

- Existing frameworks for healthcare system readiness/providing care during emergencies, including various ways a patient's outcomes are linked to a provider and who makes the decision based on available information
- Existing frameworks for creating attribution models and how they relate to assessing quality of care for high-acuity ECSCs
- Measures/ measure concepts related to healthcare system readiness and emergency care and their attribution approaches
- Program-level attribution approaches that attribute care to multiple entities

Sources:

Attribution Models	Literature	Measurement Inventories
• State, ACO, and/or health plan level • City, state, or federal public health departments or agencies that attribute care to multiple units/entities	• Peer-reviewed literature • Grey and white literature • Seminal reports identified by experts	• CMS CMIT • NQF QPS • QCDRs • Measures and measure concepts recommended in the NQF Healthcare System Readiness final report

NATIONAL QUALITY FORUM

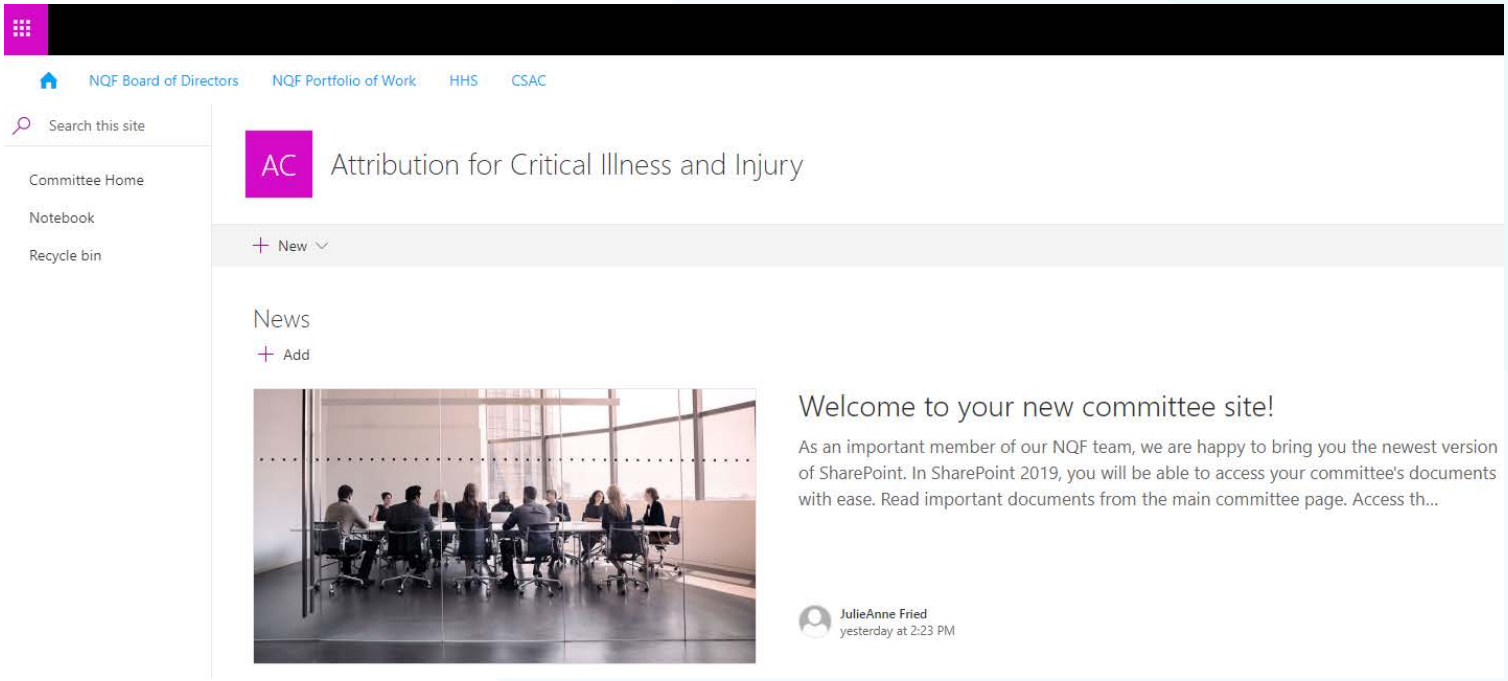
Environmental Scan Preliminary Findings and Discussion

- **What guidance do you have on the Environmental Scan methodology?**
- **Do you recommend any specific resources for inclusion?**

NQF Member and Public Comment

SharePoint (ShP) 2019 Tutorial

Logging on to SharePoint



- If you experience issues when logging in, please contact: info@qualityforum.org

NATIONAL QUALITY FORUM

Tips to Remember When Accessing SharePoint

- SharePoint will work best with the latest version of most modern browsers:
  - Microsoft Edge
  - Google Chrome
  - Firefox
  - Safari

Next Steps

NATIONAL QUALITY FORUM

Next Steps

- Web Meeting #2
  - February 18, 2021, 11:00 am – 1:00 pm ET
    - » Continue to review Environmental Scan Draft #1 updates
    - » Key Informant Interview (KII) Guides feedback
    - » Finalize which scenarios will be utilized as use cases
  - Draft #1 of the environmental scan will be posted for public comment from February 24 through March 29, 2021

NATIONAL QUALITY FORUM

Project Contact Information

Email: attribution@qualityforum.org

NQF phone: (202) 783-1300

Project page: http://www.qualityforum.org/Attribution_for_Critical_Illness_and_Injury.aspx

SharePoint site: https://share.qualityforum.org/portfolio/AttributionCriticalIllnessInjury/SitePages/Home.aspx

THANK YOU.

NATIONAL QUALITY FORUM

http://www.qualityforum.org