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Attribution for Critical Illness and Injury

Web Meeting #3

March 25, 2021

This project is funded by the Centers for Medicare & 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.



Raise Hand



Agenda



Introductions and Meeting Objectives



NQF Project Staff

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Committee Members

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Federal Liaisons

Federal Liaison	Affiliation
Craig Goolsby, MD, MEd, FACEP	Department of Defense (DoD)
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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)



Meeting Objectives

- Recap Web Meeting #2
- Update on Key Informant Interviews (KIIs)
- Discuss Attribution Considerations for Several Use Case Scenarios

Recap of Web Meeting #2



Web Meeting #2 Recap and Progress Update

- Feedback on Environmental Scan Draft 1 Findings
 - ▣ Environmental scan report out for public comment until 3/29
- Developing Use Cases
- Recommendations for Key Informant Interviewees

Key Informant Interview Update



Review: Key Informant Interviews

- Purpose: to identify major schools of thoughts, additional existing knowledge and literature gaps, and issues of debate central to the development of population/geographic-based attribution approaches for measuring health outcomes resulting from ESCSs/national emergencies
- Nine 60-minute interviews to be held between 3/15 and 4/1

Key Informant Interview Recruitment

- Breakdown of interview stakeholder groups:
 - ❑ Patient/consumer group (1)
 - ❑ Experts on developing measurement attribution models (2)
 - ❑ Experts in high-acuity ECSCs, including providers, researchers, and/or representatives from healthcare facilities (1)
 - ❑ Front-line clinicians to COVID-19 or other public health crises (2)
 - ❑ Transport medicine/Emergency response providers (1)
 - ❑ Health insurance providers (1)
 - ❑ Federal, State/local agencies staff that design, implement, or evaluate emergency preparedness programs (1)

Key Informant Interview Questions

Discussion Topic	Discussion Questions
Introductory Questions	<ul style="list-style-type: none"> What are your experiences with attribution/emergency care/health system or public health emergency preparedness?
Goal of the Attribution Methodology	<ul style="list-style-type: none"> What attribution approaches do you know of that are currently being utilized in the health system? What are the desired outcomes and goals of the health system in a mass casualty event? Which entities do we want to provide help in a mass casualty event? What action do we want those accountable units to take? To be accountable for what? What accountability mechanisms do we want to deploy?
Health System Readiness	<ul style="list-style-type: none"> What structural, communication and information sharing networks do we want to have in place? What should be developed? What are some of the federal response protocols that support readiness?
Defining the Population/ Geographic Regions	<ul style="list-style-type: none"> How should populations be defined for high-acuity emergency care sensitive conditions (ECSCs) that result from mass casualty incidents? What criteria should be used to determine whether an individual should be assigned to a particular population? Inclusion/exclusion criteria What level of granularity in geography should be utilized? What information do you think can be used to determine whether there are enough cases to draw conclusions about clinician/hospital/EMT performance? Should all residents in a region, or only those that interact with the medical system be considered?

Key Informant Interview Questions (cont.)

Discussion Topic	Discussion Questions
Data Challenges	<ul style="list-style-type: none"> • How to ensure an attribution approach is data driven? • To what extent do existing data provide the information needed to support fair and accurate attribution for high acuity ECSCs? • How should capturing non-health care claims-based data points (such as auto insurance claims in a multi-crash environment) be approached in these scenarios, and where would the responsibility for collecting this information fall within the care process? • How do we consider accountable units that don't have a health insurance claim?
Patient Role in Decision-Making During Emergencies	<ul style="list-style-type: none"> • Should measurement models for emergency care include the potential for patients to select the healthcare entities that are responsible for their care? • If so, under what circumstances?
Team-Based Attribution	<ul style="list-style-type: none"> • Building team-based attribution models can be approached using a person-centered perspective (i.e., where did a person receive care, by whom, and for what purpose?) The goal of a team-based attribution is to acknowledge the multiple entities that deliver care for a patient and each (in a coordinated fashion) can impact patient outcomes. What information or data should be used to determine who/which entity can influence the outcomes of interest? • What are the qualifying events for attribution, and do those qualifying events accurately assign care to the right accountable units? • If multiple providers have influence over an outcome, under what circumstances should multiple attribution approaches be considered? • If so, what weighting approach should be used? In other words, what information would be needed to help determine whether all the providers should be held equally accountable for an outcome, or if some of them should be held more accountable? • What input should the accountable units have?

Key Informant Interview Questions (cont.)

Discussion Topic	Discussion Questions
Aspirational Approaches	<ul style="list-style-type: none"> Are you aware of any actionable attribution approaches that could incentivize high-quality, coordinated care for emergencies that would be acceptable to those being measured? [IF NOT:] In your opinion, what would such approaches look like? What need to be put in place for these approaches to succeed in encouraging care coordination?
Unintended Consequences	<ul style="list-style-type: none"> In your opinion, what might be the potential unintended consequences of attribution decisions for quality measurement of emergency care?
Wrap Up Questions	<ul style="list-style-type: none"> Those are all of the questions that I have for you today. Is there anything else that is important about attribution for MCIs and ECSCs that we have not discussed today? Before we end the discussion, is there anything that you wanted to add that you did not get a chance to bring up earlier?

Use Case Scenario Discussion



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.



Introduction: Use Case Discussion

Use case scenarios:

- Trauma, Car Accident
- Bombing
- Fire
- Chemical
- Nuclear
- High-Consequence Infectious Disease

Attribution elements/ themes to discuss for each case:

- Goal of the Attribution Methodology and Entities Involved
- Defining the Population/ Geographic Regions
- Attribution Timing
- Data Availability and Capture
- Patient Role in Care Decisions
- Team-Based Attribution
- Healthcare System Readiness
- Aspirational Approaches
- Unintended Consequences

Introduction: Use Case Discussion (cont.)

Entity	Goals of response	Process metrics	Outcome metrics
EMS agencies	First response - timing, safety, access to patients, deploying correct equipment at scene	Triage to appropriate centers (HBO, burn, trauma), timely transfer	Mortality (risk-adjusted), patient experience, functional outcomes
Municipal Police & Fire	First response - timing, safety, access to patients, deploying correct equipment at scene	Triage to appropriate centers (HBO, burn, trauma), timely transfer	Mortality (risk-adjusted), patient experience, functional outcomes
Local hospitals	Initial resuscitation, scaling up to treat lower-acuity, long-term management (lower acuity), appropriate triage to specialized center	Quality of resuscitation, process metrics of ED / hospital flow, quality of long-term management, smooth transitions to local clinics	Mortality (risk-adjusted), patient experience, functional outcomes
Specialized facilities	Initial resuscitation, scaling up to treat lower-acuity, long-term management of critically ill, and less critically ill referrals	Quality of resuscitation, process metrics of ED / hospital flow, quality of long-term management, smooth transitions to local clinics	Mortality (risk-adjusted), patient experience, functional outcomes
Local clinics	Deliver longitudinal long-term subacute / chronic care	Quality of long-term management, transitions in care	Patient experience, outcomes proximal to clinic care
Government response	Coordinated response, outside of response (preparedness, mitigation, recovery)	Information sharing, quality of communication, quality metrics aimed at preparedness, mitigation, recovery	Mortality (risk-adjusted), patient experience, functional outcomes



Use Case Discussion

[screenshare use cases and discussion questions]

NQF Member and Public Comment

Next Steps



Next Steps

- Web Meeting #4: April 20, 2021, 1:00 pm – 3:00 pm ET
 - » Discuss Public Comments on Environmental Scan Report
 - » Review and Discuss Themes from KIIs
 - » Continue Use Case Discussion



Project Contact Information



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Project page: [http://www.qualityforum.org/Attribution for Critical Illness and Injury.aspx](http://www.qualityforum.org/Attribution_for_Critical_Illness_and_Injury.aspx)



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

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