NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Attribution for Critical Illness and Injury - Web Meeting 2

The National Quality Forum (NQF) convened a web meeting for Attribution for Critical Illness and Injury on February 18, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Nicolette Mehas, NQF Senior Director, began by welcoming the participants to the web meeting. Opening remarks were given by co-chairs, Brendan Carr and Carol Raphael. Both co-chairs expressed their appreciation for the knowledge and engagement that the Committee members have brought to the project thus far while also highlighting the importance of narrowing down future discussions to ensure that the final framework accurately represents the shared level of accountability that is needed for communities to get the best outcome in emergency situations.

Nicolette introduced NQF staff members, conducted attendance of the Committee members, and invited the federal liaisons and Centers for Medicare & Medicaid (CMS) representatives to introduce themselves. The objectives of the web meeting were stated to be the provision of a recap of the first web meeting, a review of the environmental scan first draft findings, continuing the use case conversations, and soliciting recommendations for key informant interviewees.

Web Meeting 1 Recap

Udara Perera, NQF Senior Manager, gave a brief overview of Web Meeting 1. During Web Meeting 1, NQF informed the Committee members of their roles and responsibilities for the project and final deliverables, which include an environmental scan, Key Informant interviews, and a final report that includes five use case scenarios. NQF also discussed the aim of the project with the Committee members, which is to develop components of population/geographic-based quality measurement attribution approaches for Emergency Care Sensitive Conditions (ECSCs) such as COVID-19, trauma resulting from shooting or bombing, and other public health emergencies. NQF also highlighted that the focus of the project is not solely on hospital-based emergency care, but also on the continuum of care and contributions of various systems and individuals before, during, and after an emergency event.

The context of whether measurement approaches will be used for quality improvement or for payment models (e.g., bonuses versus penalties), and how these may impact the recommendations for attribution was also discussed. Additional highlights from the discussion include, how to create a sense of shared accountability in a fair way, how to look beyond the hospital and at the entire continuum of care, an appropriate timeline for implementing these recommendations, how to provide linkages between systems, and how to center all these factors around the individual and communities. During Web Meeting 1 the committee members also discussed three potential uses cases and how they will be implemented into the final report.

Environmental Scan Draft 1 Findings

Teresa Brown, NQF Senior Manager, informed the Committee members of the environmental scan approach and the purpose, which is to summarize information that can inform how to leverage

attribution in quality measurement to incentivize/encourage various entities within a geographic area to act as a single system to respond to mass casualty events. The environmental scan focuses on the following:

- Existing frameworks for healthcare system readiness and/or providing care during emergencies, including how patient 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 and measure concepts related to healthcare system readiness and emergency care and their attribution approaches.
- Attribution approaches that attribute care to multiple entities or are focused on the population or geographic level.

The literature review includes peer-reviewed journals, grey and white literature, and seminal reports identified by experts. The measurement inventories section includes measures and measure concepts recommended in the NQF Healthcare System Readiness final report and measures from CMS CMIT and NQF QPS and QCDRs. The scan also provides a list of the federal agencies that are part of the emergency response network.

Nicolette led the discussion on the attribution models that are included in the report. The report includes quality measurement models that incorporate population and geographic based methodology or that include attribution to multiple entities and examples of individual measures that are specified at a higher level of analysis such as the state level. Though the attribution approaches identified do not focus solely on public health emergencies or acute events, components of these models provide important background to inform the Committee's discussion. Nicolette indicated a few topics that arose from the scan, including how to define the population/geography, as well as trying to align care across system and payers.

Nicolette and Committee co-chairs facilitated discussion on the major key themes that were identified by NQF in the environmental scan. Committee members were asked to provide feedback on the following key themes:

- Defining the Population/Geographic Regions
- Timing of Attribution
- Data Challenges
- Patient Role in Decision-Making During Emergencies
- Team-Based Attribution; and
- Aspirational Approaches.

A Committee member pointed out that if the focus of the project is mass casualty events, the final report should explain why we also include some ECSCs and how they are related. The Committee member recommended looking at disparities on a population level and including it in the key themes. There was also discussion on the need to consider geographic discordance when developing geographic or population-based attribution models.

Another Committee member expressed that the granularity of geography is a major concept to discuss to advance attribution work. The Committee member also stated that NQF should consider how they classify population-based measures (e.g., whether they are county or state measures). The Committee member shared that keen attention should be paid to whether the measures identified in the environmental scan and measures that may be prioritized for use in population-based models in the future were initially designed to be population or geography based, as opposed to being rolled-up (e.g.,

using the aggregate of provider-level or facility level measures to reflect population-based performance).

A Committee member elaborated on the comments that they had provided on data challenges as it relates to registration versus assessment data to identify patients. Data may need to come from various disconnected sources and which patients should be included in measurement may vary based on the emergency scenario and measurement purpose. The Committee member further stated that unlike other areas of emergency medicine, trauma cases largely do not have a diagnosis code related to the events (e.g., COVID-19 did not have an ICD-10 code for early patients). The Committee felt that NQF should consider what recommendation should be implemented to identify populations that are directly affected by emergency events.

One Committee member indicated that retrospective versus prospective attribution is a major theme that NQF should consider incorporating into the environmental scan, as these attribution approaches can measure healthcare quality after an event and utilize the ideology that where people received care in the past is where they will get care in the future. Whether prospective or retrospective approaches are preferred may depend on the type of public health emergency and intent of attribution.

Use Case Discussion

Udara Perera began the discussion by sharing an overview of the purpose of the use cases. The use cases, however, were not discussed in-depth due to time constraints. 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 Case 1: Trauma. This use case is about a 64-year-old man that is injured while at work and received care at a health system that is outside of his usual health system. Once discharged from the hospital, he receives part of his care at his usual health system, and the remainder of his care at the health system that originally treated his injury.

Use Case 2: Mass Casualty Readiness. A mass casualty incident (bombing) in downtown Philadelphia results in several hundred injured patients. There are multiple trauma centers and non-trauma center hospitals in the immediate area to which patients are distributed.

NQF solicited the help of the Committee members and the federal liaisons to draft three additional use cases and further flesh out the current use cases before March 10. Additional use case topics include: trauma, a chemical event, a small-scale nuclear event, high-consequence infectious diseases, and burns (independent of trauma).

Key Informant Interview Discussion

NQF plans to conduct up to nine key informant interviews to supplement the environmental scan and final report by filling specific content gaps and expanding upon findings. A final report will be published at the conclusion of this project that includes the Committee's consensus-based recommendations on the necessary elements and theoretical and empirical approaches to team-based, quality measurement attribution approaches for emergency care. Committee members were asked to recommend any key informants that NQF should consider for these interviews and to also suggest topics or interview questions that should be included in the interview discussion guide.

Member and Public Comment

Nicolette opened the web meeting to allow for public and member comment. Federal liaison, Kyle Remick expressed his appreciation for the Committee's discussion,

Next Steps

Nicolette presented the next steps.

- Draft #1 of the environmental scan will be posted for public comment from February 24 through March 29, 2021.
- The Committee will convene for Web Meeting #3 on March 25, 2021, 11:00 am – 1:00 pm ET. During this meeting, the Committee will discuss the following:
    1) Attribution Discussion for New Use Cases
    2) Key Informant Interview (KII) Feedback
    3) Elements of Population/ Geographic-based Attribution Models

Adjourn

Nicolette concluded the meeting by thanking the Committee members, federal liaisons, and CMS partners. Nicolette also noted that NQF staff would review all comments and resources shared through the chat feature of the web meeting platform and the written feedback provided for the environmental scan.