



NATIONAL
QUALITY FORUM

Chief Complaint-Based Quality of Emergency Care

Committee Web Meeting #4

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May 22, 2019

Welcome and Introductions

National Quality Forum Project Staff

- Ashlie Wilbon, Senior Director
- Jean-Luc Tilly, Senior Manager
- Ameera Chaudhry, Project Analyst
- Jesse Pines, Consultant

Standing Committee

- Margaret Samuels-Kalow, MD, MPhil, MSHP (Co-Chair)
- Arjun Venkatesh, MD, MBA, MHS (Co-Chair)
- Nishant “Shaun” Anand, MD, FACEP
- Jennifer Bacani McKenney, MD, FAAFP
- Stephen Cantrill, MD, FACEP
- Emily Carrier, MD, MSc
- Patrick Dolan, MD
- Richard Griffey, MD, MPH, FACEP
- Helen Haskell, MA
- Steven Horng, MD, MMSc, FACEP
- John Keats, MD, CPE, CPPS, FACOG, FAAPL
- Naghma Khan, MD
- Kevin Klauer, DO, EJD, FACEP
- Joseph Kunisch, PhD, RN-BC Informatics, CPHQ
- Jamie Lehner, MBA, CAPM
- Michelle Lin, MD, MPH, MS
- James McClay, MD, MS, FACEP
- Abhishek Mehrotra, MD, MBA, FACEP
- Gregg Miller, MD, FACEP
- Sofie Morgan, MD, MBA, FACEP
- David Morrill
- David Newman-Toker, MD, PhD
- David Thompson, MD, FACEP
- Anita Vashi, MD, MPH, MHS
- Andrew Zinkel, MD, MBA, FACEP

Agenda

- Review draft report comments
- Review of updated framework
- Discuss recommendations
- Public comment
- Next steps

Meeting Objectives

- Address comments received on the draft report, and outstanding issues
- Finalize chief complaint measurement framework
- Finalize the recommendations for advancing chief complaint measurement

Chief Complaint Draft Report Comments

Comments Received

- No public comments received
- Comments for consideration from the Consensus Standards Approval Committee (CSAC)
 - ▣ *Consider connections of this work with health plan practices that refuse payment for ED care for certain diagnoses*
 - » The report is currently silent on this issue
 - » How and where in the report should this concern be addressed?

Suggested Language for Consideration

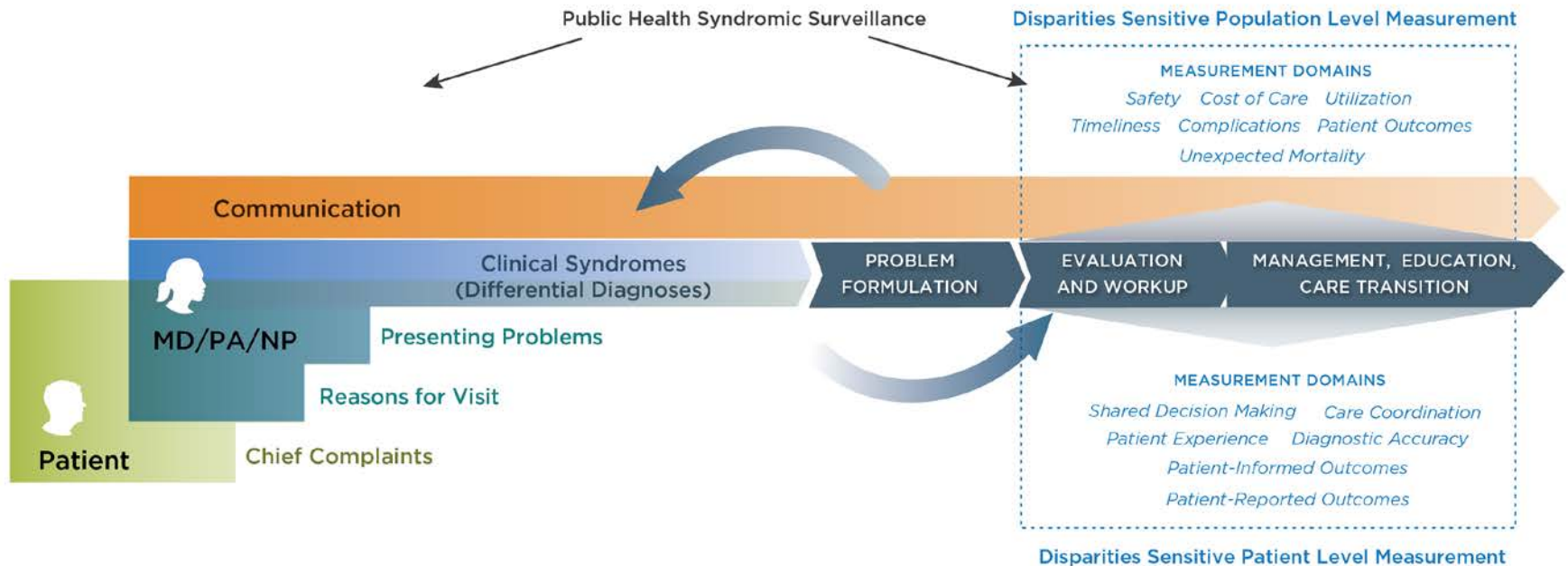
- Several recent studies have shown discharge diagnosis to be a poor marker of patient acuity and inadequate for many purposes including both quality measurement and payment (reference Raven for QM and Chou for payment)
- As chief complaint-based research is in its infancy, the observed variation in care is compelling for quality measurement. However, the lack of a standardized nomenclature or ontology alone means that chief complaint measures should not be used for payment purposes without a more consistent evidence base.
- This Committee's discussions were focused solely on encouraging the development of quality measures to advance quality improvement and population health preparedness initiatives, and not to design or consider the development of measures for payment purposes.

Comments Received

- Comments for consideration from the Consensus Standards Approval Committee (CSAC)
 - ▣ *Concerns with losing the patient voice in the standardization of chief complaint data*
 - » See report: pages 16-17, lines 480-485
 - ▣ *Implications of measuring chief complaint-based data for quality measurement for populations where language or culture is a barrier to communicating complaints and reasons for visit*
 - » Not currently addressed in report from patient perspective
 - » Disparities measurement discussion: See report page 11, lines 341-346

Chief Complaint Measurement Framework

Chief Complaint-Based Measurement Framework



Recommendations for Advancing Chief Complaint Measurement

Proposed Recommendations for Advancing Chief Complaint Data Standardization, Measure Development, and Implementation

1. Select and implement a standard chief complaint vocabulary or syndrome definitions:
 - ▣ *Pathway 1 - Convene interested and engaged organizations to select a standard chief complaint vocabulary, gauge interest and identify opportunities for stewardship and funding for maintenance of a chief complaint vocabulary.*
 - ▣ *Pathway 2 - Use established public health syndrome definitions and data to define measure populations that can be accessed through the ESSENCE System (for hospitals currently submitting data to local or state syndromic surveillance programs).*

Proposed Recommendations for Advancing Chief Complaint Data Standardization, Measure Development, and Implementation

2. Provide measure developers with guidance on developing and testing chief complaint-based measures that are integrated into the [CMS Measures Management System Blueprint](#).
3. The American College of Emergency Physicians (ACEP) should implement chief complaint-based measures in its registry to demonstrate feasibility of measuring quality using these data.
4. ACEP should support submission of chief complaint data to the Clinical Emergency Data Registry (CEDR) from participating hospitals in both free text format and a standardized field through the use of a selected vocabulary (e.g., HaPPy).

Proposed Recommendations for Advancing Chief Complaint Data Standardization, Measure Development, and Implementation

5. In the interim, until a standard is adopted and implemented broadly in EHRs, EDs or other settings interested in pursuing chief complaint-based measurement should explore current capabilities of the EHR with their vendor to determine the capabilities of their system and potential for systematically capturing standardized chief complaint data.
 - *Consider locally implementing an established chief complaint vocabulary (e.g., HaPPy) in partnership with the EHR vendor to facilitate this work.*

Proposed Recommendations for Advancing Chief Complaint Data Standardization, Measure Development, and Implementation

6. The vocabulary steward should collaborate with ONC to include the standard chief complaint vocabulary and standardized data capture in the Trusted Exchange Framework in order to spur widespread adoption of this standard.
7. Free text chief complaint data should continue to be collected as this remains a rich data source upon which multiple users of the data rely on for specific use cases.
8. Explore whether chief complaint should be included in the Common Clinical Data Elements (CCDE).
9. Collaborate with standards (e.g., QDM, FHIR) and tool (e.g., VSAC) stewards to determine how each can support chief complaint-based measurement and/or value sets.

Next Steps

- Dissemination of report and findings/recommendations
- Recommendations for further follow-on work, research

Public Comment

Next Steps

Project Timeline

Activity	Date/Time
Orientation Web Meeting	October 17, 2018, 12-2 pm ET
Web Meeting 2	November 28, 2018, 12-2 pm ET
In-Person Meeting	January 28-29, 2019
Web Meeting 3	February 20, 2019, 12-2 pm ET
Committee Review of Draft Report	March 13-March 20, 2019
30-Day Comment Period	March 29-April 29, 2019
Web Meeting 4	May 22, 2019, 12-2 pm ET
Final Report	June 24, 2019

Questions?

Project Contact Info

- Email: ChiefComplaint@qualityforum.org
- NQF phone: 202-783-1300
- Project webpage:
[http://www.qualityforum.org/Chief Complaint-Based Quality for Emergency Care.aspx](http://www.qualityforum.org/Chief_Complaint-Based_Quality_for_Emergency_Care.aspx)
- SharePoint:
<http://share.qualityforum.org/Projects/ChiefComplaint-BasedQualityEmergencyCare/SitePages/Home.aspx>

Thank you.