



October 23, 2018

**To:** Consensus Standards Approval Committee (CSAC)  
**From:** Cost and Efficiency Project Team  
**Re:** Cost and Efficiency: Spring 2018 Review Cycle

### CSAC Action Required

The CSAC will review recommendations from the Cost and Efficiency project at its October 23, 2018 meeting and vote on whether to uphold the recommendation from the Committee.

This memo includes a summary of the project, measure recommendation, themes identified, and responses to one public and member comment and the results from the NQF member expression of support. The following documents accompany this memo:

1. **Cost and efficiency draft report.** The complete draft report and supplemental materials are available on the project webpage.
2. [Comment table](#). This table lists one comment received during the post-meeting comment period.

### Background

The Cost and Efficiency Standing Committee oversees NQF's portfolio of cost and efficiency measures. Measures in this portfolio address cost-of-care measures, which calculate healthcare spending. This Committee is also tasked to evaluate efficiency measures, which NQF defines as the resource use or cost associated with a specific level of performance with respect to the other five Institute of Medicine (IOM) aims of quality: safety, timeliness, effectiveness, equity, and patient-centeredness.

### Draft Report

The Cost and Efficiency Spring 2018 draft report presents the results of the evaluation of one measure considered under the Consensus Development Process (CDP). The measure was not recommended for endorsement.

The measure was evaluated against the 2017 version of the [measure evaluation criteria](#).

	Maintenance	New	Total
Measures under consideration	1	0	1
Measures not recommended for endorsement	1	0	1
Reasons for not recommending	Importance - 1 Scientific Acceptability - 0 Use - 0 Overall - 0 Competing Measure - 0	Importance - 0 Scientific Acceptability - 0 Use - 0 Overall - 0 Competing Measure - 0	

### Measure Not Recommended for Endorsement

(See [Appendix B](#) for the Committee's votes and rationale)

- NQF #0496 Median Time from ED Arrival to ED Departure for Discharged ED Patients (The Lewin Group/CMS)

### Comments and Their Disposition

NQF received one comment from one member organization pertaining to the draft report and to the measure under consideration.

A table of comments submitted during the comment period is posted to the Cost and Efficiency [project webpage](#). Since only one comment was received and the comment was in support of the Committee's recommendation to not maintain endorsement of measure 0496, the post-comment web meeting was canceled.

### Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ('support' or 'do not support') for the measure submitted for endorsement consideration to inform the Committee's recommendations. One NQF member indicated that they supported the Committee's decision not to maintain endorsement for the measure. [Appendix C](#) details the expression of support.

## Appendix A: CSAC Checklist

The table below lists the key considerations to inform the CSAC's review of measure #0496.

Key Consideration	Yes/No	Notes
Were there any process concerns raised during the CDP project? If so, briefly explain.	No	
Did the Standing Committee receive requests for reconsideration? If so, briefly explain.	No	
Did the Standing Committee overturn any of the Scientific Methods Panel's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	This measure was reviewed by the Scientific Methods Panel for scientific acceptability. However, since the Standing Committee did not pass the measure on performance gap, the Standing Committee did not move forward and discuss the scientific acceptability (reliability, validity, etc.) of the measure.
If a recommended measure is a related and/or competing measure, was a rationale provided for the Standing Committee's recommendation? If not, briefly explain.	No	Since the Standing Committee did not pass the measure on performance gap, the Standing Committee did not move forward and discuss the related and competing measures.
Were any measurement gap areas addressed? If so, identify the areas.	No	
Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	

## Appendix B: Measure Not Recommended for Endorsement

The table below lists the Committee's vote and rationale for not recommending the measure for endorsement.

Legend: H = High; M = Moderate; L = Low; I = Insufficient

Measure	Voting Results	Standing Committee Rationale
<b>NQF #0496 Median Time from ED Arrival to ED Departure for Discharged ED Patients (The Lewin Group/ Centers for Medicare &amp; Medicaid Services)</b>	Evidence: <b>H-0; M-8; L-3; I-5</b> Performance Gap: <b>H-1; M-2; L-0; I-13;</b>	<p>Measure #0496 has been endorsed since 2008. There were limited changes in the measure specifications since the measure's last endorsement review by the NQF Care Coordination Project 2013-2014. The Committee raised concerns with the evidence supporting the measure, noting a lack of evidence that a change in wait times influences mortality or other outcomes other than patient satisfaction. Additionally, the Committee questioned the underlying assumption of the measure as specified—that decreased wait times indicate ED performance and quality of care. The Committee noted that knowing the median time would not be useful or meaningful to evaluating performance without knowing the distribution of the case mix and accounting for the acuity/complexity of cases treated by a given ED. The Committee did not reach consensus on evidence.</p> <p>The Committee noted that the measure is in widespread use as part of CMS' Outpatient Quality Reporting Program; however, performance has remained nearly the same since the measure's last review. Committee members noted disparities in age and race and wide variability across institutions and; however, they noted that differences in performance have also been found to vary based on location, facility size and type (i.e., teaching versus nonteaching facilities). Committee members noted that variation in performance clearly existed, but they were not convinced that the gap represented meaningful differences in quality. The Standing Committee did not vote on Scientific Acceptability, Feasibility, Use and Usability and recommendation for endorsement because the measure did not pass the Performance Gap criterion—a must-pass criterion.</p>

### Appendix C: NQF Member Expression of Support Results

Measure #0496 was not supported by one NQF member. Results for measure #0496 are provided below.

#### NQF #0496 Median Time from ED Arrival to ED Departure for Discharged ED Patients (The Lewin Group/ Centers for Medicare & Medicaid Services)

Member Council	Support	Do Not Support	Total
Consumer	0	1	1

## Appendix D: Details of Measure Evaluation

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### 0496 Median Time from ED Arrival to ED Departure for Discharged ED Patients

[Submission](#) | [Specifications](#)

**Description:** NQF #0496 calculates the median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department (ED). The measure is calculated using chart-abstracted data, on a rolling quarterly basis, and is publically reported in aggregate for one calendar year. The measure has been publically reported since 2013 as part of the ED Throughput measure set of the CMS' Hospital Outpatient Quality Reporting (HOQR) Program.

**Numerator Statement:** Continuous Variable Statement: Time (in minutes) from ED arrival to ED departure for patients discharged from the emergency department.

**Denominator Statement:** This measure is reported as a continuous variable statement: Time (in minutes) from ED arrival to ED departure for patients discharged from the emergency department.

**Exclusions:** Patients who expired in the emergency department, left against medical advice (AMA), or whose discharge was not documented or unable to be determined (UTD) are excluded from the target population.

**Adjustment/Stratification:** No risk adjustment or risk stratification

**Level of Analysis:** Facility

**Setting of Care:** Emergency Department and Services

**Type of Measure:** Process

**Data Source:** Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

**Measure Steward:** Centers for Medicare and Medicaid Services

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### STANDING COMMITTEE MEETING 6/29/2018

#### 1. Importance to Measure and Report: This measure did not meet the Importance criteria

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-0; M-8; L-3; I-5**; 1b. Performance Gap: **H-1; M-2; L-0; I-13**;

Rationale:

- Committee members were concerned about the lack of evidence that a change in wait times influences mortality or other patient outcomes. The Committee members acknowledged that a recent literature review that noted the importance of this measure is primarily in the realm of patient satisfaction. There is a relationship between EDs with shorter wait times and higher ED volume, as well as a decrease in the number of patients who left without being seen.
- Committee members expressed concern with the lack of risk adjustment or stratification, noting that EDs may serve different populations (some EDs provide more ambulatory care services, as compared to EDs that handle high levels of trauma or complex care). The evidence presented that did show a relationship to outcomes also

found an association between longer throughput times and higher complexity cases, a factor that is not addressed in the measure as currently specified.

- Committee members noted that the measure reports disparities in age and race, but Committee members remained concerned that there was no risk adjustment for the size of the facility or complexity of disease of presenting patients. The Committee noted that certain population types that should be separated, including those seeking mental health services, should be separated from the nonpsychiatric population. The developer clarified that psychiatric patients are addressed in a separate rate, and the data regarding this population is not publicly reported.
- Committee members noted that the overall change from 2014-2016, was approximately four minutes, and contemplated whether this change was significant enough to be meaningful. Committee members noted that a performance gap existed but members were not convinced that this gap represented variation in quality. They noted that differences in performance have also been found to vary based on location, facility size, and type (i.e., teaching versus non-teaching facilities).
- A Committee member asked if there were more data on the differences between 2014-2016 performance by facility type. The developer noted that this analysis was not conducted. The developer argued that high-quality care equates to a short wait time for all patients, and all facilities should be held to the same standard. However, the Committee reiterated that throughput time could not be interpreted without an understanding of the mix of acuity at a given ED.
- Committee members acknowledged that the measure has been endorsed for 10 years, but noted that there has been limited improvement in throughput time. Committee members questioned if the measure has been appropriately capturing quality performance, as there has been limited change in throughput time during this period.
- The Committee members noted that this measure might be strengthened by segmenting the time categories of the measure (e.g., time from presentation to triage, time from triage to treatment, time from treatment to discharge).
- Committee members had concerns regarding the validity of the measure particularly related to the need for risk adjustment. The Committee noted the relationship between the validity of the measure and performance gap, as users do not know how meaningful the measure results are without information on the case mix or diagnostic information. Without this information, users cannot determine what the variation in median time means.
- Ultimately the Committee did not reach consensus on the evidence criterion, and measure did not pass performance gap, both of which are must pass criterion.

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**2. Scientific Acceptability of Measure Properties:** The committee did not discuss or vote on Scientific Acceptability.

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

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**3. Feasibility:** The committee did not discuss or vote on Feasibility

*(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified 3d. Data collection strategy can be implemented)*

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**4. Use and Usability:** The committee did not discuss or vote on Use and Usability.

*4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)*

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**5. Related and Competing Measures:** The committee did not discuss Related and Competing Measures.

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**6. Standing Committee Recommendation for Endorsement: The committee did not vote on an overall Recommendation for Endorsement**

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**7. Public and Member Comment**

- NQF received one comment. The commenter was in support of the Committee's recommendation to not maintain endorsement of the measure.

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**8. Consensus Standards Approval Committee (CSAC) Vote**

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**9. Appeals**