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| 1 | Jayne Chambers, Federation of American Hospitals | General Comments on the Draft Report | The Federation of American Hospitals ("FAH") appreciates the opportunity to comment on this draft report. FAH supports the report's focus of driving improvements in emergency department (ED) transitions to positively impact the patients we serve. The comments that FAH provides are intended to further strengthen the proposed domains, subdomains and measure concepts.<br><br>The domains and subdomains identified in this framework are well outlined and FAH supports the inclusion of a domain specifically focusing on the role of the community at large. Recognizing and highlighting a community's contribution to improving the quality of life for patients and minimizing those factors that influence a patient's need to revisit the ED is critical. These factors such as lack of a primary care physician, access to food or pharmacies, and transportation should also be assessed at the individual patient level and not just at the broader community level. FAH recommends that the panel incorporate the data capture of social risk factors into the "provider information exchange" and the "patient, family, and caregiver information exchange" domains.<br><br>Expansion of the subdomains to address the needs of the family and caregivers in the "patient, family, and caregiver information exchange" domain would also be helpful. Currently, the subdomains appear to be primarily patient-focused; yet, the family and/or | Thank you for your review of the draft report and for your comments. We identified in our recommendations a research agenda that includes further research to understand which patients are at highest risk for encountering problems with poor quality or poor outcomes related to ED transitions. This recommendation includes the development of a tool to measure modifiable social determinants of health for incorporation into a community integrated electronic health record based on the National Academies recommendations on Capturing Social and Behavioral domains and measures in Electronic Health Records.<br><br>The Panel identified a number of leading programs specific to community supports and social determinants, such as San Diego 211 (link here), that are included in the engagement of the broader community section of the report.<br><br>NQF's current guidance states that "patient" is a term of art that includes caregivers, family members, parents, and others involved in the team of care. We see all of these roles as critical in providing information and participating in the care process. |

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| | | | caregiver play a critical role in providing information and participating in the care process. | |
| 2 | Jayne Chambers, Federation of American Hospitals | General Comments on the Draft Report | The report mentions, but does not address, many of the challenges that are encountered when developing and implementing measures around ED transitions. Several of the measure concepts included in Appendix C are aspirational as noted. Additional information on how to tackle measure development and implementation barriers associated with these concepts and in general would be beneficial.<br><br>FAH requests that the report also address where the evidence is the strongest to support the measure concepts. Given the goal of using this report to assist developers in identifying potential measures for development, the FAH recommends that only those concepts for which there is demonstrated evidence that the structure or process will improve patient outcomes should be included. Particularly, given the potential requirements and costs for infrastructure, staffing and other resources required to implement some of the structural measure concepts, it may be more beneficial to focus on processes and outcomes. The structural components for which there is evidence to demonstrate that others have been able to improve outcomes may be better suited to best practices or examples on how improvements in processes and outcomes were driven through its use. The FAH also notes that the measure concepts outlined on page 48 in Appendix C under the "effective communication and shared decision making" | Thank you for your comment. We agree that additional information on how to tackle measure development and implementation barriers associated with the proposed measure concepts in Appendix C is important.<br><br>We recognize that there are infrastructure challenges, however while this is a critical quality issue, we anticipate they will be resolved in the future. The report proposes one structural measure for future development and implementation. This concept is based on HIT infrastructure to provide patients access to health information via an online portal. The concept corresponds to the Panel's recommendations for HIT enhancements to support quality transitions for which there is an evidence base. We agree that the shared decision making concept is further strengthened by including patient-report and have updated to the concept to reflect this. |

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| | | | subdomain would be further strengthened if the information was derived from the patient's voice rather than requiring documentation from the provider's perspective.<br><br>FAH thanks the panel for their thoughtful report on such a critical topic and looks forward to viewing the final report. | |
| 3 | Rachel Abbey | Comments on Appendix D: Measure Prioritization | p. 51 under Provider Information Exchange #4. It might be useful to clarify that the transition of care document is the patient care report (PCR) somewhere in this document. You might also want to clarify the method of how the ED is receiving and EMS is sending the PCR data from EMS--electronic, paper or verbal? If electronic, what standards (NEMSIS 3.4 CDA) are being used? What about measuring if the ED incorporates the ePCR data into the ED's EHR system (manual entry or HL7 format)? | Thank you for your comment. We agree that standards are fundamental to interoperability and data sharing and recommend the use of data elements that conform to EHR standards in the development of eMeasures. We have included standard format examples such as PCR and NEMSIS to the final report. |
| 4 | Rachel Abbey | Comments on Appendix D: Measure Prioritization | p. 52. Provider Information Exchange #7: You may want to clarify what type of system (electronic or manual) and if electronic that the information provided back to providers uses data standards (e.g., for EMS NEMSIS 3.4 CDA standards). | Thank you for your comment and request for further clarification for this measure concept. We agree that standards are fundamental to interoperability and data sharing and recommend the use of data elements that conform to EHR standards in the development of eMeasures. We have included this recommendation in the final report. |

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| 5 | Rachel Abbey | Comments on the Project Overview section | p. 11 Table 2 under key information elements and properties of its transmission under provider information exchange. Is the term "Advanced directives" here being used to include POLST documents or not? This should be clarified because they are different. | Yes, the term “advanced directives” does include POLST documents. We have updated the report to clarify. |
| 6 | Rachel Abbey | Comments on the Measurement Framework, Measures, Concepts and Gaps section | P.17: The third bullet that discusses a "Transfer of a transition of care document", is this the patient care record from EMS? The transition of care document sounds as if it is a specific document and I am not clear that EMS uses this term. Also this is used in this context throughout the document. | Thank you for your comment and request for further clarification for this measure concept. We agree that this could be better described in the report with EMS specific nomenclature and have updated the report accordingly. |
| 7 | Rachel Abbey | Comments on the Expert Panel Recommendations section | p. 29 2.a. This sounds more of an opinion vs. a recommendation. What is the recommendation? | Thank you for your comment. Our recommendation in 2.a. is for health information exchanges to be supported by public funding or by payers. We recognize this recommendation is aspirational; however, current HIT infrastructure must be enhanced to achieve quality transitions of care. There are many different funding models, so our recommendation was intentionally broad. We will update the recommendation with some current examples of how payers and providers can work together to fuel data exchange (i.e., the HealthShare Exchange of Southeastern Pennsylvania). |
| 8 | Jennifer Gasperini, National Association of ACOs | General Comments on the Draft Report | NAACOS appreciates the opportunity to provide feedback on the National Quality Forum (NQF) Emergency Department Quality of Transitions of Care Measurement Framework, Draft Report. As the largest | Thank you for your comment. We agree that ACO’s play a key role in this area and will ensure that they are included moving forward to learn |

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| | | | association of ACOs, representing more than 3.5 million beneficiary lives through over 240 Medicare Shared Savings Program (MSSP) ACOs, Next Generation, and commercial ACOs we care deeply about this issue. NAACOS is an ACO member-led and member-owned non-profit organization that works on behalf of ACOs across the nation to improve the quality of Medicare delivery, population health and outcomes, and health care cost efficiency.<br>ACOs are committed to enhancing care coordination, particularly around transitions into and out of the Emergency Department (ED) and therefore we appreciate the Expert Panel's work in developing a priority set of measures and concepts to improve quality measurement and work in this area. NAACOS agrees with the panel's assessment of infrastructure improvements needed to better support ED transitions that are patient-centered. We also support the panel's recognition of the need to better engage the broader community in transitions of care efforts including non-clinical, social supports. ACOs are increasingly engaging their communities to support the social needs of their patients and connect them, when possible, with community services. We support the panel's focus and attention to furthering the availability of community supports information to better coordinate care provided following ED care.<br><br>We agree with the limitations detailed by the panel for the current measure set around ED transitions of care. NAACOS supports the panel's focus on enhancements | from the best practices they have identified to date. |

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| | | | to Health Information Technology (HIT) to support ED transitions of care, including making HIT that easily identifies key information for a receiving provider related to the transition and to allow sharing of information among hospitals, clinicians and other non-clinical providers when appropriate. We appreciate the panel's commitment to minimizing provider burden in reviewing such information. We agree that further research is needed to understand which interventions work best to reduce transition related problems in order to develop further measures in this area. ACOs should be included in this assessment going forward to learn from the best practices they have identified around this issue to date. Lastly, we agree that any measurement in this area should be tailored for use in multiple settings to better facilitate care coordination.<br><br>In closing, we thank the NQF for their focus and work in this area. We support the ongoing evaluation of how to best measure work related to ED transitions of care. ACOs remain highly invested in this area of research and welcome the ability to share input in the panel's future work in this area. | |
| 9 | Josie Howard-Ruben, Emergency Nurses Association | Comments on the Executive Summary section | Does a great job of providing all the necessary info for those who can't dive deeper into the issue.<br><br>Add figure/diagram model to delineate discussion<br><br>Transitions include the sharing of vital information both verbally and in writing. The standardization of forms, | Thank you for your review of the draft report and for your comment. NQF is not in a position to make standardization requirements that support transitions of care. However, we acknowledge and strongly recommend information exchange standardization as a means to support successful transitions of care. |

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| | | | identification of key elements of information sharing, and the electronic storage of information should not only be a recommendation, but a requirement. The "barriers" mentioned can be overcome and monitored so that confidentiality is maintained during the sharing of information and coordination of the care is accomplished.<br><br>Very lengthy and needs to be condensed. No mention of patients that may be low income, mental illness, the fact that language may be a barrier, and that there has been an increase in ER Discharge Planners or Care Coordinators. | The report considers broad and varied populations including high-risk conditions, and other factors such as socioeconomic status, but fully acknowledges that more research is needed to identify ways that specific patients could be screened to identify unmet social service needs that may increase the risk of poor ED transitions. |
| 10 | Josie Howard-Ruben, Emergency Nurses Association | Comments on the Introduction section | Clearly identifies the problem, but doesn't address the EMS "gateway" into the system. In some areas, patients might be seen and treated in the field without subsequent transport and this information might be lost. The emerging concept of mobile healthcare is absent<br><br>No mention of EMTALA regulations. Unrealistic to have a standardized EMR due to overall cost and conversion. HCAHPS scores can assist in viewing hospitals patient satisfaction. | Thank you for your comments. This project aims to identify ways to measure and improve patient transitions of care into and out of the ED, and ultimately make the process more patient-centered. We recognize that there are transitions that occur when emergency medical services (EMS), the police, or the fire department respond to individuals who may or may not be transported to the ED. As part of the environmental scan for this project, we did engage EMS stakeholders and agree that EMS is an important component of transition metrics. The report includes priority proposed concepts that include EMS information exchange with the ED.<br><br>In the introduction we recognize the impact EMTALA has on the ED specific to visit volume |

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| | | | | and their obligation to provide medical screening examinations for all patients regardless of their willingness to pay.<br><br>In measure concept #26 we recommend the incorporation of the CAHPS 3.0 and American Indian Survey composite assessment capture: Getting Care Quickly; Getting Needed Care; Provider Communication; Clerks and Receptionists at Clinic; Health Education; Perceived Discrimination; Global Ratings. |
| 11 | Josie Howard-Ruben, Emergency Nurses Association | Comments on the Project Overview section | Explains why EMS was omitted from project and narrows the scope exclusively to the ED. There is utility in the framework of care coordination to identify EMS and ED "super" users who use excess resources in the setting of patient transitions. EMS may interface with a recently discharged ED patient before follow-up care can be obtained, and the number of times that interface results in non-transports, so this exclusion may be short-sighted. EMS plays a key role in assessing and reassuring patients and the number of time this scenario ends in non-transport for a repeat ED visit should be quantified. No mention of EMS personnel and various educational needs of hospital personnel/EMS | Thank you for your review of the draft report. We agree with your comment. The Panel identified patients at high-risk of having a poor transition in care and patients who use the ED frequently as being two groups requiring special attention. The Panel recognized that high-risk patients and patients who use the ED frequently typically require additional time and resources, which may not always be available. Even while recognizing the challenges in ensuring an effective transition of care for these patients, the Panel agreed it was important for the ED to take initial steps in measurement that would enable the ED to become an even more effective partner within the system of care.<br><br>As part of the environmental scan for this project, we did engage EMS stakeholders and agree that EMS is an important component of transition metrics. The report includes priority |

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| | | | | proposed concepts that include EMS information exchange with the ED. |
| 12 | Josie Howard-Ruben, Emergency Nurses Association | Comments on the Synthesis of Findings and Definitions section | Very broad and needs to be condensed. Seems to have cast a wide net. | Thank you for your comment. This report was intentionally written to cover a broad topic in which not much work has been done on to date. It was our hope that this report would encompass the many aspects of transitions of care into and out of the ED and serve as a starting point for the field. |
| 13 | Josie Howard-Ruben, Emergency Nurses Association | Comments on the Measurement Framework, Measures, Concepts and Gaps section | Comprehensive identification of all salient issues for implementation of the quality goals; did not identify any barriers such as HIPAA, patient reluctance to share information across system, information security, etc.<br><br>Several references are made regarding transfers "into the ED" with some mentions of EMS and fire departments, but on Page 10, an episode of care as patients enter the ED and only list on "e.g." as being from an outpatient provider, so do not call out the role of EMS. Page 14 discusses provider information exchange and doesn't specifically address EMS arrivals<br><br>This information is not new to medicine and nursing and seems to be ongoing.<br><br>Repetition noted and no mention of hospitals with ER Discharge Planners. No mention of patient education and follow-up care. | Thank you for your review of the draft report and for your comment. The Panel considered barriers to information sharing and recognized HIPAA as a perceived barrier which needs to be addressed through our recommendations of creating HIT systems that facilitate secure data transfer.<br><br>This project aims to identify ways to measure and improve patient transitions of care into and out of the ED, and ultimately make the process more patient-centered. We recognize that there are transitions that occur when emergency medical services (EMS), the police, or the fire department respond to individuals who may or may not be transported to the ED. As part of the environmental scan for this project, we engaged EMS stakeholders and agree that EMS plays a critical role in transitions of care. The |

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| | | | | report includes priority proposed concepts that include EMS information exchange with ED.<br><br>We agree with you on the importance of effective ED discharge planning and patient education. The report includes a section on *Patient, Family and Caregiver Information Exchange* which we believe captures the need for not only discharge planning, but post-discharge educational resources and follow-up care. |
| 14 | Josie Howard-Ruben, Emergency Nurses Association | Comments on the Priority Measures and Measure Concepts section | Agree with the priority measures.<br><br>Good content. | Thank you for your comment. |
| 15 | Josie Howard-Ruben, Emergency Nurses Association | Comments on Appendix D: Measure Prioritization | May need to condense. | Thank you for your comment. Appendix D highlights the measures and measure concepts that were identified by the Panel and shows rankings for each measure/concept based on importance and feasibility. NQF and the Panel believes that prioritizing each measure/concept will assist the field in future development and believe that including the importance and feasibility score is important to include. |
| 16 | Tahroma Alligood | Comments on Appendix C: Measure Compendium | #1, 2 and throughout: use consistent terminology for PCP (primary care provider vs. physician to account for PAs, NPs).<br><br># 1, 2 and throughout: Should PCPs AND relevant | Thank you for your comment and recommendations. We have updated Appendix C to ensure we are using consistent terminology for PCP. |

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| | | | specialists be included in information exchanges, medication reconciliation, care plans, etc. rather than OR?<br><br>It might be helpful to insert a separate column or footnote containing the source of existing measures and concepts, when available. | Regarding your second comment on should PCPs OR relevant specialists be included in information exchanges, we agree that it could be AND/OR. In some cases, for example cancer patients, the PCP and specialist would be the same. We also want to clarify that these are recommended concepts and have not yet been developed. Thus, the language has been left intentionally broad to not restrict innovation.<br><br>For existing measures, we have updated Appendix C to include a link to additional information on that measure. |
| 17 | Josie Howard-Ruben, Emergency Nurses Association | Comments on Appendix C: Measure Compendium | Lengthy. | Thank you for comment. NQF and the Panel agreed that including the domain/subdomain, whether it is an existing measure or measure concept, the title, and a brief description were important to display and would be helpful for those looking for measures/concepts to implement. |
| 18 | Josie Howard-Ruben, Emergency Nurses Association | Comments on the Expert Panel Recommendations section | Manageable priority list with clear directions and where to proceed for future implementation and the inclusion of some examples of “best” practices. Minimal inclusion of EMS within the framework.<br><br>Advanced practice nurses are poised to assume the role of care coordinator for the ED patient population. We would like to see this identified as a viable option. Broad categories of “care coordinators/ managers” are identified and nursing is not mentioned. | Thank you for your review of the draft report and for your comments.<br><br>This project aims to identify ways to measure and improve patient transitions of care into and out of the ED, and ultimately make the process more patient-centered. We agree that advanced practice nurses are poised to assume the role of care coordinator for the ED population however, the report was meant to focus on functions, not |

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| | | | Health information technology (HIT) is vital to the transfer of information to all parties involved in care coordination programs. The use of biotechnology in the collection of patient vitals is not addressed here. Why is biotechnology not being recommended here as a means of transmitting current and past bio- responses to care and state of health? Biotechnological monitoring of patients in the home care setting is the future of medicine if we expect to manage care outside of hospitals.<br><br>It is clear that positive clinical outcomes should be the drivers for payer incentives. What are the incentives to reporting or will you strongly recommend that regulatory agencies be involved?<br><br>Care Coordination is not a new concept and research will assess the outcomes of these recommendations.<br><br>Many hospital systems in the same county are not able to have standardized EMRs. Financial burden on the hospital system is the main factor or hurdle in a EMR conversion or utilization.<br><br>The sharing of information would be applicable in printed out patient report in compliance with EMTALA.<br><br>New payment models may need legislative assistance to change the current 3rd party reimbursement and not an | specific roles. We recognize that supporting quality transitions of care is a team sport and involves many key players.<br><br>There have been significant advancements and innovations in biotechnology monitoring; however, it is not widespread or standard of care. The aim of this report is to recommend a measurement framework with additional considerations to support the advancement of the framework. |

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| | | | easy task to collaborate due the uninsured, Medicare and other private insurance regulations. | |
| 19 | Josie Howard-Ruben, Emergency Nurses Association | General Comments on the Draft Report | This topic is critical to population health. At a high level, this document addresses existing structures to tackle the problem of transitions of care, but does not seem innovative, so the result would be getting the same outcomes we do now. The paper does not to address the most current cutting edge care models that are being deployed to better serve patients in need of urgent/acute care and the concomitant follow-up. Communication, readmissions, and medication reconciliation are necessary, but what is the new charge for researchers, providers and even the business managers to make change? A conceptual model is needed to guide the future research and measurement.<br><br>EMS and nursing/ancillary services, nursing leadership and business managers seem to be missing from this document. A charge to change should include all system stakeholders that make the ED run. The challenges affecting smaller EDs with resource poverty (social workers, etc.) should also be addressed.<br><br>Recommend sections 1) on emerging technologies (i.e. telemedicine both for follow up as well as to generally avoid ED visits); 2) policy and funding changes needing to be made by government and payers to more comprehensively address the root causes for ED utilization; 3) redeploying/reconfiguring the entire delivery system to meet the patient where they're at | Thank you for reviewing the draft report and for your comments. We agree that a conceptual model is needed to guide future research in measuring and promoting quality transitions of care. We believe our report is a starting point providing a measurement framework and research agenda. It is our hope that the measurement framework set forth in the report may be used as a foundation in identifying innovative, feasible, and reliable ways to incentivize meaningful, person-centered transitions of care.<br><br>This project aims to identify ways to measure and improve patient transitions of care into and out of the ED, and ultimately make the process more patient-centered. We recognize that there are transitions that occur when emergency medical services (EMS), the police, or the fire department respond to individuals who may or may not be transported to the ED. The aim of the report is to address the challenges affecting all types of EDs including ones with varied resources. The final draft will address this.<br><br>We agree that the identification and dissemination of integrated healthcare community models in which ED transitions are |

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| | | | (home, homeless, SNF, etc.); and 4) education of the community on correct ED utilization.<br>It would be helpful to add a focus on ways that EMS can be involved in care transitions. If EMS is to be represented in the changes made in the ED, it is necessary that this document discuss the ways to utilize EMS as part of the solution to care transitions. EMS is moving toward becoming an integrated portion of our healthcare delivery model and is an important player in the care transition into the ED. Mobile integrated healthcare-community paramedicine is also missing from this document, and this document can be an opportunity to help EDs understand the benefit of MIH-CP in improving transitions of care. Post-discharge follow-up with MIH-CP for high risk patients is already a documented practice that has reduced certain readmissions and an extension of this practice to involve MIH-CP in care transition out of the ED and back into the community. EMS can play a vital role in avoiding ED utilization, if the proper protocols are put in place at dispatch and for the field crews. | supported by multiple stakeholders is essential and have included examples in the report. |
| 20 | Jessica Oidtman, Department of Health and Human Services | Comments on the Priority Measures and Measure Concepts section | Why did only 2/3 of the panel provide responses to your prioritization exercise? | Thank you for your comment. While it is always NQF's hope to receive 100% participation from our Panel, we recognize that our Panel is generously volunteering their time to this project and have competing priorities, which sometimes makes it difficult to participate in every aspect of the project. The prioritization exercise was sent to the full Panel and two- |

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| | | | | thirds responded which NQF considers to be a large enough subset of the Panel. |
| 21 | Jessica Oidtman on behalf of Brendan Carr, Department of Health and Human Services | General Comments on the Draft Report | Thanks for this wonderful framework which will allow the acute care community to develop quality measures that fully capture the experience of the patient as they transition from their usual state of health, into the acute care system, and then back into their usual source of outpatient care.<br><br>The bi-directional flow of information described in this document captures an essential approach to efficiently using resources while ensuring high quality and patient centered care.<br>There is no mention of the role of payers in owning the key domains described. I'm concerned that payers are not involved in discussion about how to ensure that the broader community is engaged. Specifically, I would like the framework to include some discussion of how payers are encouraged to engage the broader community. A concrete example here includes the use of emergency departments as a safety net and the reality that some patients can't be discharged into a low cost setting as a result of their sociodemographic challenges. It is easy for payers to deny the admission on clinical grounds and they have no incentive to engage the community supports necessary to find a lower cost option.<br><br>The recommendations should more concretely articulate how to use novel payment structures to | Thank you for your comment. We agree that payers can play a key role in successful transitions. In our recommendations, we identified that stakeholders, to include payers, should work together to identify, develop, evaluate, and promulgate promising models for ED and community engagement. In addition, the report mentions the importance and use of care managers, social workers, coordinators, or navigators within the ED to better facilitate communication with payers. |

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| | | | create shared incentives and penalties across different settings of care. | |
| 22 | Jessica Oidtman, Department of Health and Human Services | General Comments on the Draft Report | How might we leverage the Medicare Access and CHIP Reauthorization Act (MACRA) to improve ED transitions in care? For example, how can we leverage quality measures or the clinical practice improvement activities outlined under the merit-based incentive payment system (MIPS) to improve ED transitions in care?<br><br>The 21st Century Cures Act drives toward better interoperability by, for example, setting up a provider directory to facilitate data exchange. It also helps to minimize information blocking among providers and facilities. How might we leverage the 21st Century Cures Act's provisions to enhance HIT to support high quality ED transitions in care?<br><br>It might be helpful to provide a definition for "acute, unscheduled care" at the beginning of the report since it is used throughout. | Thank you for your comment. The Panel recommends quality incentive models that promote shared accountability, which in turn supports quality transitions of care. Models that incentivize individual providers (versus shared accountability) do not improve quality transitions of care. We agree that the development of quality measures for the MIPS incentive program is a promising approach to improving ED transitions. We also agree that interoperability is the lynchpin to ED high quality transitions of care and that programs such as the 21st Century Cures Care Act will only have positive results.<br><br>A definition for "acute, unscheduled care" will be included in the final report. |
| 23 | Jessica Oidtman, Department of Health and Human Services | Comments on Appendix C: Measure Compendium | Did NQF consider any patient reported outcomes measures as part of the environmental scan?<br><br>How might patient reported outcomes be included in quality measurement approaches for ED transitions? | Thank you for your comment. Yes, NQF included the search for patient-reported outcome measures in the environmental scan. There are several hospital-based measures in the HCAPS survey that could help to identify a patients experience with a transition of care. These measures have been included in the recommended measures. The Panel also identified concepts based on patient-reports |

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| | | | | that could support identification of a PCP, or shared decision making for discharge planning. Patient-reported shared decision making will be included in the final report. |
| 24 | Jessica Oidtman, Department of Health and Human Services | Comments on the Project Overview section | Page 7 states: "This project, however, focuses on the transitions of care into and out of the ED, with a particular emphasis on the role of follow-up care for the patient." It is unclear from this statement if entry into the ED through EMS is considered in scope for this project. Please clarify which entry methods are considered in scope for this project. | Thank you for your comment. Entry into the ED through EMS is considered in scope for this project. As part of the environmental scan for this project, we engaged EMS stakeholders and agree that EMS plays a critical role in transitions of care. The report includes priority proposed concepts that include EMS information exchange with the ED. |
| 25 | Jessica Oidtman, Department of Health and Human Services | Comments on Appendix A: Methodology | It might be helpful to include a graphic that depicts how you collected your data (environmental scan, measures scan, interviews, expert panel), how this data feeds into your framework, and finally, how the domains and subdomains are related to each other. | Thank you for your comment. We agree with your suggestion and have included a graphic to depict how our data was collected and used. |
| 26 | Jessica Oidtman, Department of Health and Human Services | Comments on the Expert Panel Recommendations section | In the recommendations section, it might be useful to provide suggestions for what levers/incentives/mechanisms, where appropriate, can be used to implement the recommendations.<br><br>Did the Panel only prioritize the measures, or did they also prioritize the recommendations? It might be helpful to know which recommendations should be tackled first, and which can be saved for later. | Thank you for your comment. A number of the recommendations do include potential levers and mechanisms that can be used to implement the recommendations. For example, the use of a common consent form, the creation of new reimbursement codes to provide more intensive care coordination services, etc. We also recommend quality incentive programs that promote shared accountability. |

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| | | | | The Panel did not prioritize the recommendations but did draft the recommendations with unanimous agreement. |
| 27 | Jessica Oidtman, Department of Health and Human Services | Comments on the Priority Measures and Measure Concepts section | In the detailed discussion of domains, it is sometimes unclear whether findings were drawn from the environmental scan, from the expert panel, or from the measure scan (or a combination of all). Clarifying where results were drawn from may be useful. | Thank you for your comment. The domains were drawn from a combination of the environmental scan, the Expert Panel, and the measure scan. We will update the report to better clarify. |
| 28 | Jessica Oidtman, Department of Health and Human Services | Comments on the Priority Measures and Measure Concepts section | The "engagement of the broader community" domain begins to address the social determinants that influence a patient's health. However, these social determinants of health are not always well measured or assessed during care transitions.<br>How might the measurement of social determinants of health be important to high-quality ED transitions in care? | Thank you for your comment. We agree that high-risk includes specific conditions as well as social determinants of health. This report has included high-risk as a general term, but we agree that there is more work to be done to develop tools around assessing social determinants of health. As a start, the Panel has recommended a measure concept that assesses social determinants and what type of impact they may have on the outcome of a transition of care. |
| 29 | Tahroma Alligood | Comments on the Measurement Framework, Measures, Concepts and Gaps section | 1. The intro paragragh might be condensed based on prior content.<br><br>2. In high-risk transitions, it might be important to include disabilities in (2) or (3) on pg. 11<br><br>3. Standardize subheadings and descriptions among Domains narratives to assist reader in navigation. Perhaps put the bottom line up front (BLUF) of what the panel identified to be the main quality measures prior | Thank you for your comment. We agree that the inclusion of disabilities is important when discussing high-risk transitions and we will update the report accordingly.<br><br>We also agree that standard subheadings and better navigation is important and we will address these concerns in the final report. |

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| | | | to explaining the background of each domain/subdomain, for context. | |
| 30 | Ula Hwang, Mount Sinai Medical Center | General Comments on the Draft Report | Well written report with important review, synthesis of domains, and recommendations/opportunities and directions for improving ED transitions of care. An additional citation and resource that should be considered in the Environmental Scan to inform ED Quality of Transitions of care measurement framework is the chapter "Geriatric dispositions and transitions in care" in the 2016 Rosen Geriatric Emergencies: A discussion-based review. The chapter provides a consensus-based check list of activities in quality care transitions for patients discharged from the ED that are as follows:<br><br>Assessment of care needs<br>Understanding the patient's/family's care preferences<br>Linkage to appropriate care setting<br>Identification of single care coordinator<br>Delivering effective patient/family/caregiver education<br>Facilitating a timely disposition from the ED setting<br><br>These elements are aligned with and support the 4 proposed domains in the draft report (provider information exchange; patient, family, caregiver information exchange, engagement of community, and achievement of outcomes). | Thank you for your comment. We agree that this is an important resource and will ensure that it is included in the final report. |

| # | Commenter and Organization | Report Section | Comment | Response |
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| 31 | Ula Hwang, Mount Sinai Medical Center | Comments on Citations | See above comment to also cite the following chapter specifically focused on transitions of care from the ED (for older patients):<br><br>Morano B, Morano C, Biese K, Coleman EA, Hwang U. Geriatric dispositions and transitions of care. In: Mattu A, Grossman S, Rosen P, eds. Geriatric Emergencies: A Discussion-based Review. Oxford, UK: Wiley Blackwell; 2016. | Thank you for your comment. We agree that this is an important resource and will ensure that itis included in the final report. |
| 32 | Stephen Cantrill, Denver Health Medical Center | Comments on the Measurement Framework, Measures, Concepts and Gaps section | Page 10, item 3 (1) iii: replace "Rivaroxaban" with "anticoagulation medication" to make it more general.<br><br>Page 10, item 3 (2) i: (e.g., neonates, elderly)<br><br>Page 16, under "Care Coordination...": should be "setting's" | Thank you for your comment. We have updated the report based on your suggestions. |
| 33 | Stephen Cantrill, Denver Health Medical Center | Comments on Appendix C: Measure Compendium | Measure 3: Add "in a timely fashion"<br><br>Measure 4: Change ".. care document OR verbal report.." to "...care document AND verbal report". (the timely written report is the most important"<br><br>Measures 6 and 17: Reconcile the wording so they are the same<br><br>Measure 31: Please change to "Unscheduled return visits..." | Thank you for your comment. We have updated the report based on your suggestions. |

| # | Commenter and Organization | Report Section | Comment | Response |
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| 34 | E. Clarke Ross, Consortium for Citizens with Disabilities | General Comments on the Draft Report | Patient, Family, & Caregiver Information Exchange. The American Association on Health and Disability and Lakeshore Foundation fully support and reinforce the significance of measures addressing patient, family, and care giver information. Pages 17-20, 23, and 28. One of the 4 important subdomains is patient-family-care giver experience. One of the prioritization findings is patient-centered communication. Clarke Ross, AAHD & Lakeshore. | Thank you for your comment. |
| 35 | E. Clarke Ross, Consortium for Citizens with Disabilities | General Comments on the Draft Report | Importance of Utilizing & Knowing About Available Community Resources. The American Association on Health and Disability and Lakeshore Foundation are delighted to see & fully support these recommendations. The NQF workgroup on persons dually eligible, the NQF committee on HCBS, the NQF committee on health disparities, and other NQF entities have recognized the importance of community resources-non-health, social services, and natural supports to promoting health. Pages 20-22, 25, 28-29. One of the 3 common themes, one of the priorization findings, and one of the priority performance measures. Clarke Ross, AAHD & Lakeshore | Thank you for your comment. |