

Emergency Department Transitions of Care In-Person Meeting – Group Discussion Guide

Expert Panel members will be assigned to one of four breakout groups to review domains, subdomains, measures and measure concepts. Your group assignment will remain the same for the second day of the meeting. Each group should select a representative to speak for the group during the report-back sessions. Please use this guide as a reference or feel free to ask any of the project staff if there are questions.

Day 1: Tuesday, April 25

10:30am Breakout Session #1 –Domain and Subdomain Refinement

Objective: To reach consensus on the measurement framework domains and subdomains.

Breakout groups will review their assigned domains. Each domain is intended to represent a measurement area specific to ED transitions of care. Breakout group members should work together to arrive at consensus on the subdomains associated with their assigned domain.

Potential Discussion Questions:

- Are the domain/subdomains adequate? Are they the correct ones to address ED transitions of care based on your own experience?
- Are there other subdomains (or domains) missing that could create a gap in the framework?
- Do the subdomains have an appropriate balance of breadth and depth? Are some too narrow, or vague?
- Are domains/subdomains discrete, or are they overlapping or duplicative? If the latter, can they be combined?
- Are the subdomains defined appropriately?

11:30am Small Groups Report Back – Domain and Subdomain Refinement

Objective: To reach Expert Panel consensus on measurement framework domains and subdomains.

Each group will report back to the full panel, describing any changes made to the assigned subdomains and definitions. Each group will highlight important considerations and decision points. The full panel may want to address any similar issues that were considered in other breakout groups:

- Are the subdomains accurate and appropriate, or do they need to be modified/amended?
- Can any of the domains or subdomains be further specified or described?
- Should any of the domains or subdomains be moved or renamed?

1:45pm Breakout Session #2 – Existing Measures, Concepts, and Gaps

Objective: Map existing measures and measure concepts to domain and subdomains to validate framework and identify preliminary gaps.

Breakout groups will review their assigned domain and subdomains to determine how existing measure and measure concepts relate.

Potential Discussion Questions:

- Are the measures and measure concepts represented in the appropriate domains/subdomains?
- To what extent do the existing measures address quality in ED transitions of care?
- Do the existing measures/measure concepts address an opportunity for improvement in quality of transitions of care?
- What gaps exist and can you fill them with a measure concept?
- Do you have experience with any of these measures, and if so was the measure helpful?

3:00pm Small Groups Report Back – Existing Measures, Concepts, and Gaps

Objective: Each group will report back to the full panel with a review of assigned domains and corresponding measure and measure concept mapping. Report back will also take into consideration any identified gaps.

- Breakout groups will review their assigned subdomains and measure / measure concepts as well as any identified gaps.
- Potential Discussion Questions:
 - Ideally, each subdomain would include a set of measure concepts that accurately and comprehensively reflect that aspect or dimension of ED transitions of care. Are there other potential measures that would help to better or more fully represent the subdomain?
 - For any of the measures/concepts that are narrowly focused could any of these measures/concepts be broadened or generalized?

Day 2: Wednesday, April 26

9:15am Breakout Session #3 – Measure Concepts

Objective: To revisit measure concepts and provide additional refinement for concepts.

Breakout group members should work together to arrive at consensus of what is measureable within the domains/subdomains as high level concepts. Measure concepts should be defined further by identifying the measure concept's level of analysis, the type of measure, the data source and a numerator/denominator definition.

10:45am Small Groups Report Back – Measure Concepts

Objective: Each group will report back to the full panel, identifying the measure concepts they have selected from their assigned subdomains and highlighting any major points of discussion.

The full panel discussion should consider the following issues:

- Have the correct concepts been selected from each subdomain?
- Were there concepts that could not be specified?
- Can any of the concepts be further specified or described?
- Should any of the concepts be re-categorized?
- Where there any gaps without concepts?

12:30pm Full Panel Discussion – Recommendations for Strengthening ED Performance Measurement

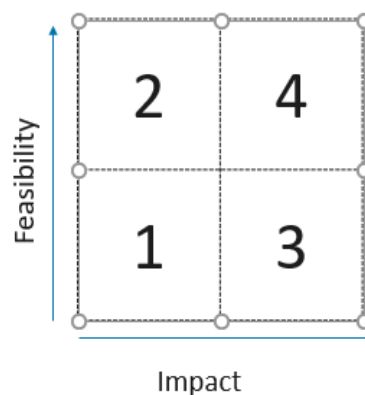
Objective: As a full panel, discuss any recommendations for improving the quality of transitions of care into and out of the emergency department.

- The full panel will discuss overarching issues, such as
 - Accountability
 - Role of technology
 - Unintended consequences (e.g., burden, balancing incentives, gaming)
- The full panel should also discuss whether they would like to emphasize any particular subdomains or crosscutting issues as being of particular importance in measurement of ED transitions of care.
- The full panel will provide recommendations on how to move the measurement framework forward with considerations for:
 - Policy
 - Strategy
 - Tactical

Homework

Small Group Recommendations for Prioritization of Measure Concepts

Objective: Each small group will provide prioritization recommendations for their measure concepts. Prioritization will be based on feasibility and impact (e.g., importance) of identified measures and measure concepts. Additional guidance will be provided to the Expert Panel prior to the prioritization exercise. Concepts may be rated 1 – 4 based on a combination of their feasibility and impact score.



Criteria	Example
1 – Low feasibility and low impact	Data to compute the measure concept is not available and/or systems are not in place to support implementation in the short term, AND the result of measurement has low impact and/or importance on ED transitions of care.
2 – High feasibility and low impact	The measure is easily implemented, but the result of measurement has low impact on improving quality of ED transitions of care.
3 – High impact and low feasibility	The data and/or systems are not in place to implement the measure in the short term, BUT will become feasible in the mid to long term, AND the measure has high impact on improving the quality of ED transitions of care.
4 – High impact and high feasibility	The data and/or systems are in place to implement measure concept and the impact of the measure on ED transitions of care is high.

Breakout group assignments

<p>Provider Communication</p> <p>NQF Facilitators: Jesse Pines, MD and John Bernot, MD</p> <ol style="list-style-type: none"> 1. Aleesa Mobley 2. Andrea Pearson 3. Amy Starmer 4. Arjun Venkatesh 5. Marc Price 6. Christine Wilhelm 	<p>Patient Communication</p> <p>NQF Facilitators: Kyle Cobb and Vanessa Moy</p> <ol style="list-style-type: none"> 1. Donna Carden 2. Joseph Karan 3. Kristin Rising 4. Adam Swanson 5. Elif Oker 6. Margaret Weston
<p>Engagement of Broader Community</p> <p>NQF Facilitators: Elisa Munthali and Kirsten Reed</p> <ol style="list-style-type: none"> 1. Lisa Deal 2. James Dunford 3. Brenda Schmitthenner 4. Janet Niles 5. Julie Massey 6. Stephanie Witwer 	<p>Achievement of Outcomes</p> <p>NQF Facilitator: Marcia Wilson</p> <ol style="list-style-type: none"> 1. Steve Cantrill 2. Billie Bell 3. Tricia Elliott 4. Karin Rhodes 5. Sam West 6. Nikki Hastings