

Welcome

- Wi-Fi network
 - User name “guest”
 - Password “NQFguest”



NATIONAL
QUALITY FORUM

Emergency Department (ED) Quality of Transitions of Care In-Person Meeting

April 25-26, 2017

Welcome, Introductions, and Overview of Meeting Objectives

In this Project we will:

- Develop a conceptual **measurement framework**
 - Identify measures in development, testing, and in use
 - Identify measure concepts
 - Identify significant measure gaps
 - Set measurement priorities
-
- We will not:
 - *Develop measures*
 - *Endorse measures*

Project Objectives

- Develop a quality measurement framework for emergency department transitions of care.
 - *Synthesize evidence including stakeholder meetings, research and public comment*
 - *Focus on patient-centered bidirectional transition communications*
- Identify and prioritize measures and measure concepts for improving the management of transitions of care in and out of the ED.
 - *Identify measure gaps*

Meeting Objectives

- Day One:

- *Refine domains and subdomains of ED Transitions of Care measurement framework*
- *Group discussions on how existing measures and measure concepts relate to domains and subdomains*

- Day Two:

- *Group discussions on measure concepts and gaps*
- *Recommendations for strengthening ED transitions of care performance measurement*

Meeting Ground Rules

- Acknowledge that you would like to speak by placing your name card in the vertical position
- Always use your microphone for the benefit of remote participants and transcript
- Share openly and respect differing views
- Avoid dominating a discussion and allow others to contribute

NQF Project Staff

- Marcia Wilson, PhD, MBA, Senior Vice President
- Kyle Cobb, MS, Senior Director
- Kirsten Reed, Project Manager
- Vanessa Moy, MPH, Project Analyst
- Jesse Pines, MD, Consultant

Expert Panel

- Stephen Cantrill, MD, FACEP (Co-Chair)
- Janet Niles, RN, MS, CCM (Co-Chair)
- Billie Bell, RN
- Donna Carden, MD
- Lisa Deal, PharmD, BCPS, BSN, RN
- James Dunford, MD, FACEP
- Tricia Elliott, MBA, CPHQ
- Susan (Nikki) Hastings, MD, MHS
- Joseph Karan
- Julie Massey, MD, MBA
- Aleesa Mobley, PhD, RN, APN
- Elif Oker, MD
- Andrea Pearson, MD
- Marc Price, DO
- Karin Rhodes, MD, MS
- Kristin Rising, MD, MS
- Brenda Schmitthenner, MPA
- Amy Starmer, MD, MPH
- Adam Swanson, MPP
- Arjun Venkatesh, MD, MBA, MHS
- Sam West
- Margaret Weston, MSN, RN, CPHQ
- Christine Wilhelm, MBA
- Stephanie Witwer, PhD, RN, NEA-BC

Project Introduction

Emergency Care Coordination Center

- **Mission:** To lead the U.S. government's efforts to create an emergency care system that is:
 - Patient-and community-centered;
 - Integrated into the broader healthcare system;
 - High-quality; and
 - Prepared to respond in times of public health emergencies.



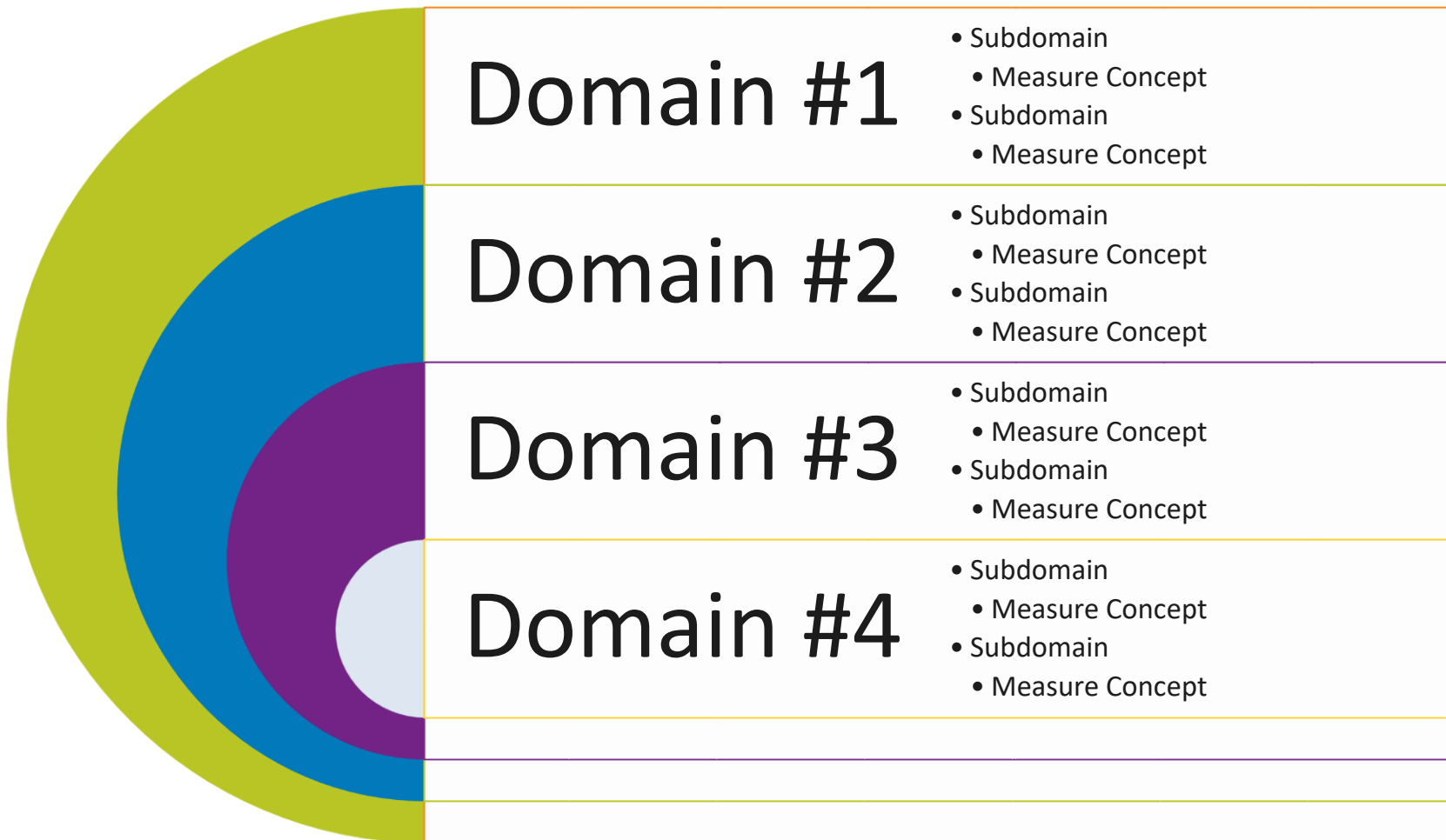


Background

- U.S. emergency departments (ED) treat 130 million patient visits annually.
 - About 10% admitted, accounting for about 50% of all admissions
- ED visits are critical inflection points in a patient's health trajectory.
- Emergency care is costly but often preferred by patients.
- Most transitions efforts have focused on hospital discharges.
- Better transitions *into* and *out* of the ED could result in more efficient resource utilization and a more seamless patient care experience.

Review of Measurement Frameworks

What is a Measurement Framework?



Definitions

- **Measurement Framework** is a conceptual model for organizing ideas about what is important to measure in a topic area.
- Considerations include:
 - **whose** performance should be measured
 - **what** care settings should be considered
 - **when** measurement should occur

Frameworks provide a structure for organizing currently available measures, identifying measure gaps, and prioritizing future measure development.

Definitions

Domain is a categorization/grouping of high-level ideas that further describes the measurement framework



Subdomain is a smaller categorization/grouping within a domain

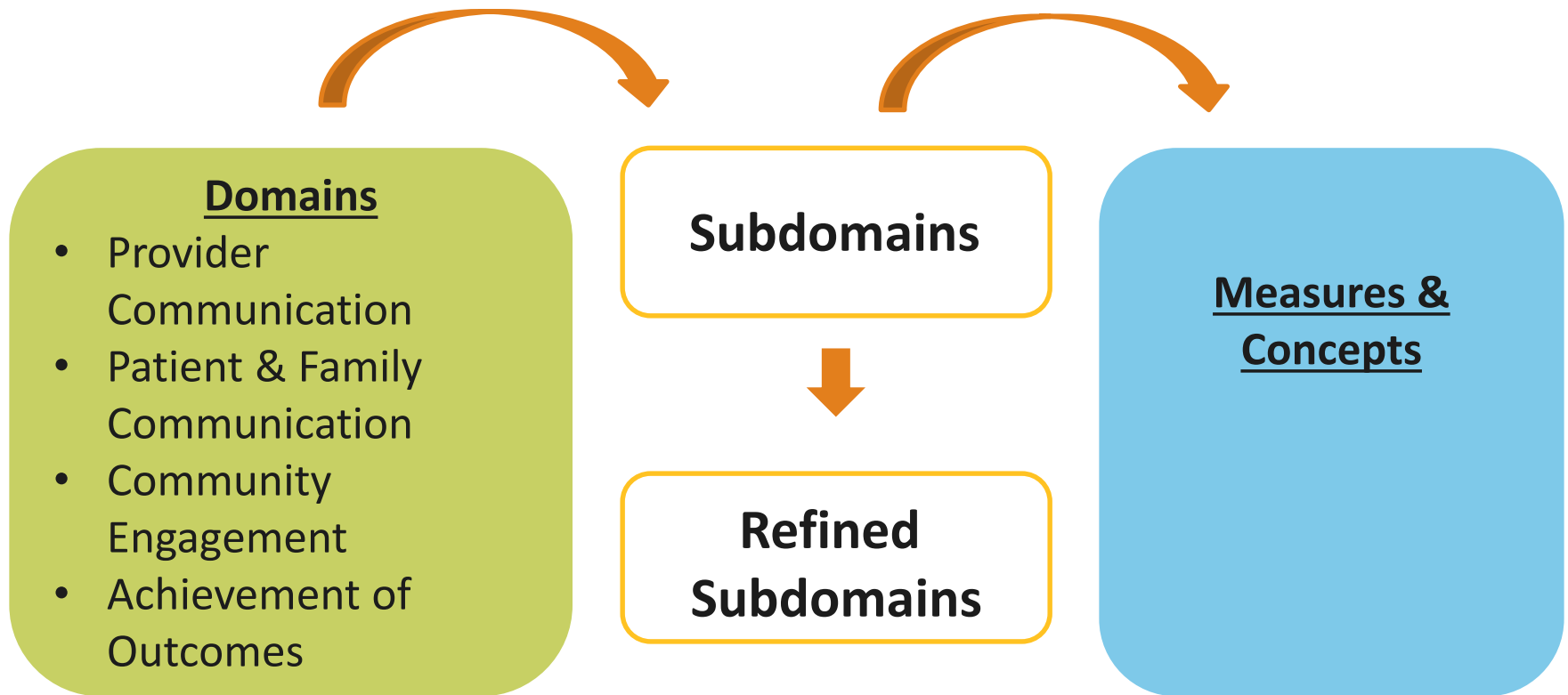


Measure is a fully developed metric that includes detailed specifications and may have undergone scientific testing



Measure concept is an idea for a measure that includes a description of the measure, including planned target and population

Current Domains



Review of Domains and Subdomains

Proposed Domains & Subdomains

Proposed Domain	Proposed Subdomain
Provider Communication	Key Information Modality Timeliness Accuracy Efficiency Education Shared Accountability
Patient & Family Communication	Key Information Modality Timeliness Accuracy Efficiency Education Shared Accountability
Engagement of Broader Community	Linkages and Synchronization Quality and Availability of Services
Achievement of Outcomes	Healthcare Utilization & Costs Provider Experience Patient Experience Safety Outcomes

Domain #1: Provider Communication

Subdomain	Draft Definitions
Key Information	Transition plans, discharge packages, risk assessment, person centered assessment, red flags, test and procedure results, pending tests, medication lists, rationale for medication changes, advance directives, caregiver status, contact information for the discharging physician and recommended follow-up care.
Modality	Verbal (in person or telephone), electronic (email or text), written, Fax, HIT (e.g. health information exchange or EHR) radio transmission, or patient portal).
Timeliness	Specific types of patients will require more timely communication between the sender and receiver based on the urgency of patients' medical condition and/or care needs.
Accuracy	Whether specific information was communicated accurately between the sending receiving provider.
Efficiency	Salience of information communicated, was it communicated in time to allow the receive to assume full care of the patient.
Education	The level of provider education required to support a transition of care.
Shared Accountability	Assign responsibilities for transition providers to meet care recipients' goals and transition providers accept mutual accountability for transferring information.

Domain #2: Patient & Family Communication

Subdomain	Draft Definitions
Key Information	Transition plans, discharge packages, contact information for the discharging physician and recommended follow-up care.
Modality	Verbal (in person or telephone), electronic (email or text), written, Fax, HIT (e.g. health information exchange or EHR) radio transmission, or patient portal).
Timeliness	Timing of communication dependent on urgency of patients' medical condition and/or care needs.
Accuracy	Whether specific information was communicated accurately between provider and patient / family.
Efficiency	Salience of information communicated, was it communicated in time to allow the receive to assume full care of the patient. OR – PATIENT LITERACY? CULTURAL COMPETENCY?
Education	The level at which the patient / family understand transition of care information to ensure successful transition.
Shared Accountability	Shared accountability between patient / family and provider(s) to ensure communication in a quality transition of care.

Domain #3: Engagement of the Broader Community

Subdomain	Draft Definitions
Linkages and Synchronization	Identification of appropriate community services to support a transition, or bidirectional communication to facilitate coordination, or frequent and accurate communication to solve problems, such as interoperable health information technology systems.
Quality and Availability of Services	Quality of services moves beyond the availability of services that support transitions of care. Examples of quality may include equity, continuity, and culturally appropriateness of services.

Domain #4: Achievement of Outcomes

Subdomain	Draft Definitions
Healthcare Utilization & Costs	Healthcare utilization may include ED visits, medications, procedures, and transportation. Increased costs may occur due to increased expenditure of provider time/resources.
Provider Experience	Assess the transition team members' experiences as being part of a unit responsible for delivering or receiving coordinated care. It may also relate to the broader community of supports.
Patient Experience	The extent to which the patient, and family experiences care in a transition – may take into consideration level of respect and responsiveness to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
Safety Outcomes	The extent to which important information such as medication reconciliation, or diagnoses may impact patient safety in a transition of care.

Break

Breakout Session #1

Review of Domains and Subdomains

Small Group Assignments

Provider Communication

- Aleesa Mobley
- Andrea Pearson
- Amy Starmer
- Arjun Venkatesh
- Marc Price
- Christine Wilhelm

Patient Communication

- Donna Carden
- Joseph Karan
- Kristin Rising
- Adam Swanson
- Elif Oker
- Margaret Weston

Engagement of Community

- Lisa Deal
- James Dunford
- Brenda Schmitthenner
- Janet Niles
- Julie Massey
- Stephanie Witwer

Achievement of Outcomes

- Steve Cantrill
- Billie Bell
- Tricia Elliott
- Karin Rhodes
- Sam West
- Nikki Hastings

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.

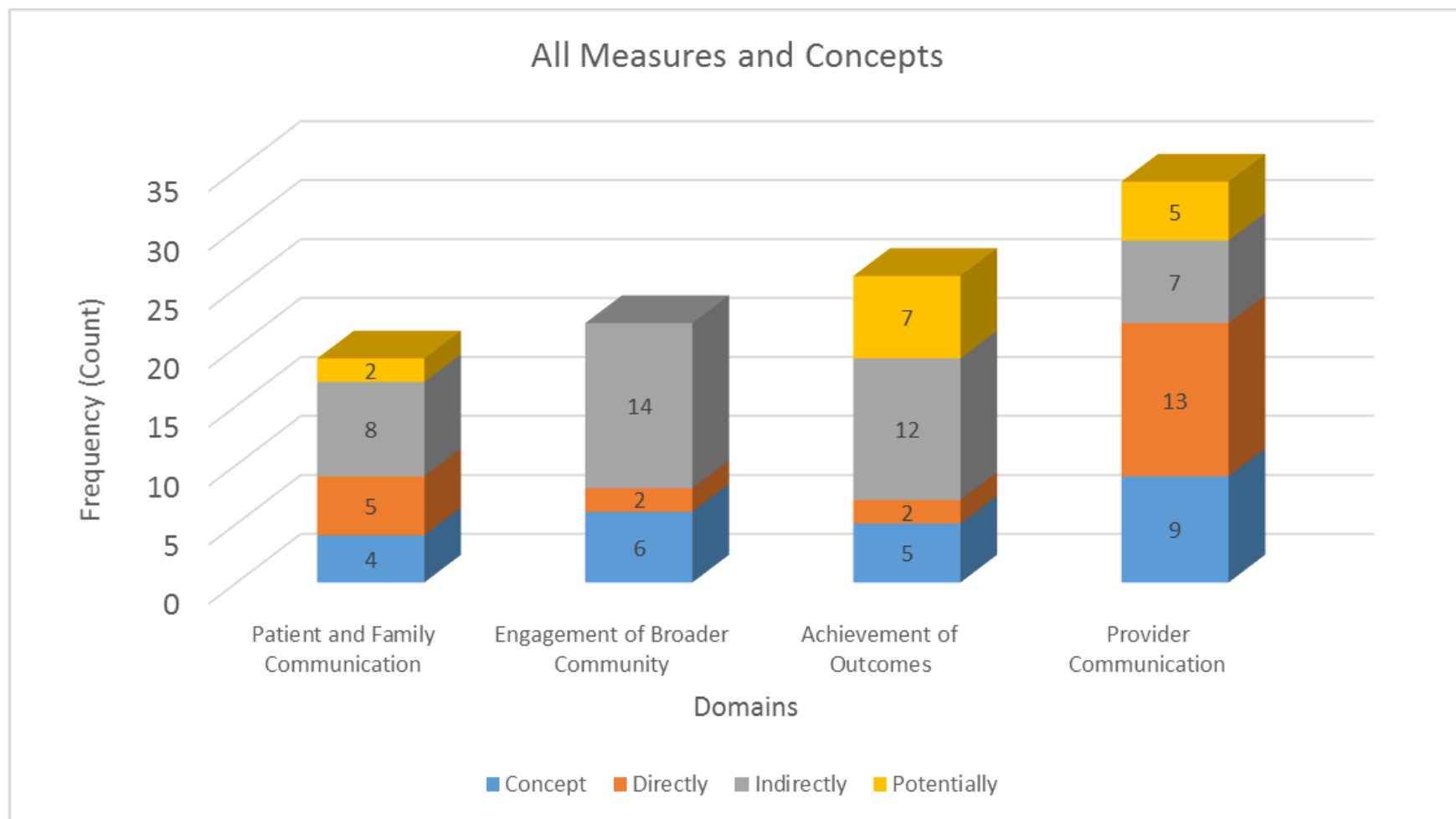
Small Group Report-Outs: Domain and Subdomains Refinement

Public Comment

Lunch

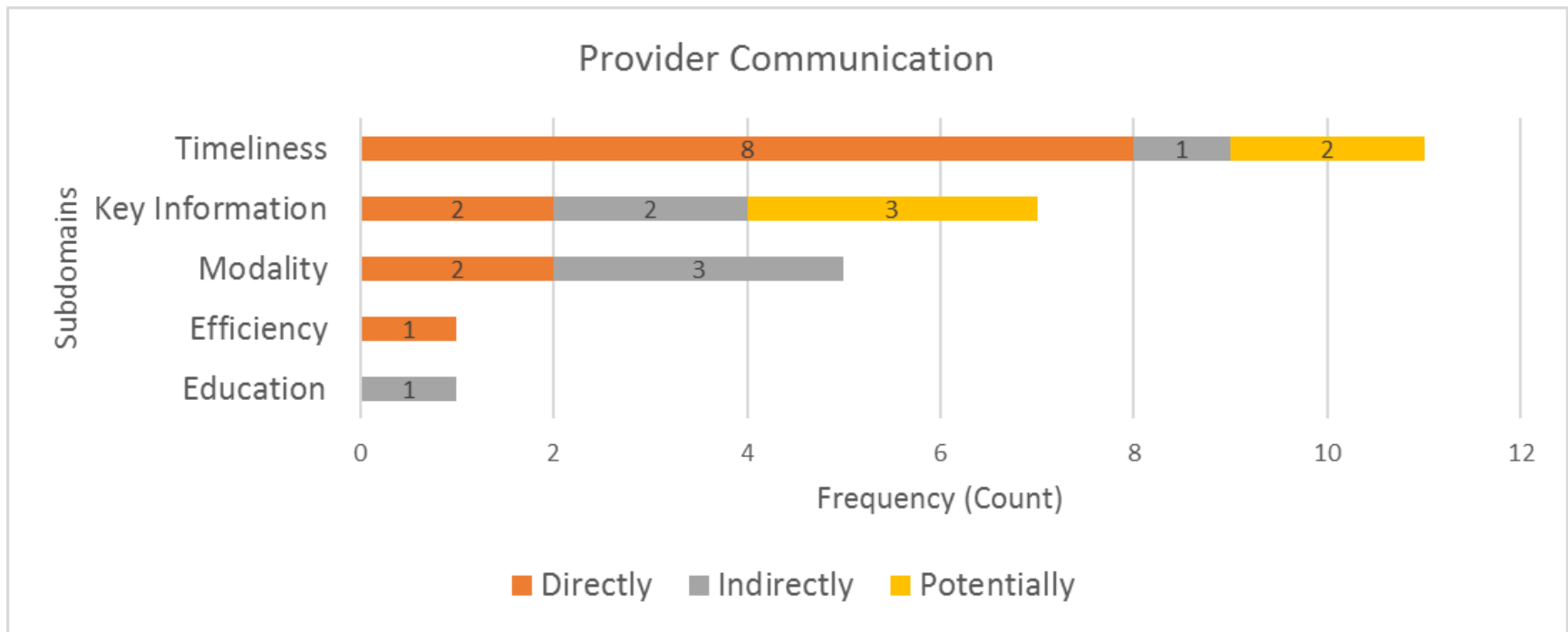
Measurement Overview

Results of Environmental Scan: Summary



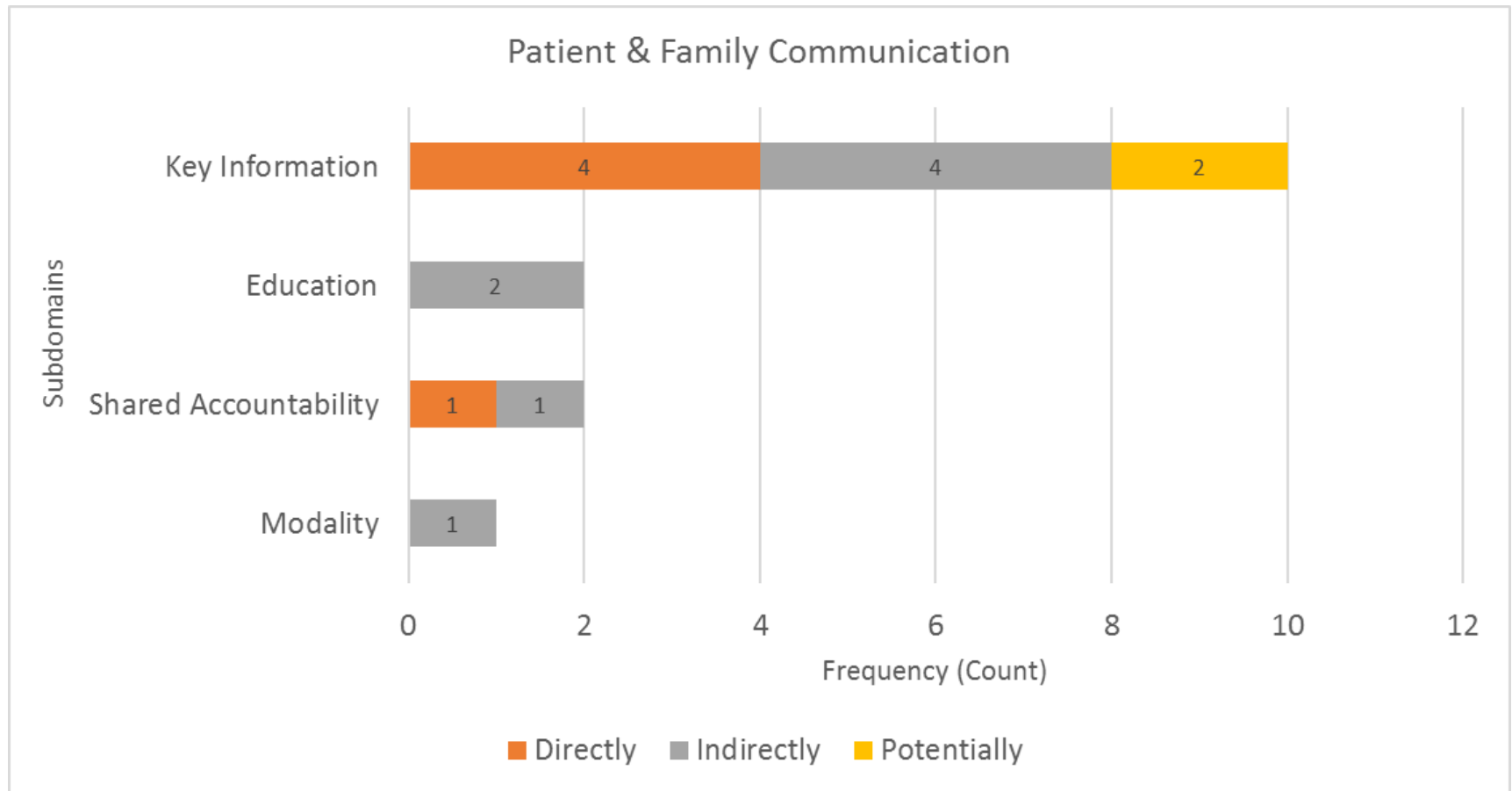
Measures and concepts are ranked by relevance to ED Transitions of Care (Directly, Indirectly, Potentially)

Results of Environmental Scan: Provider Communication



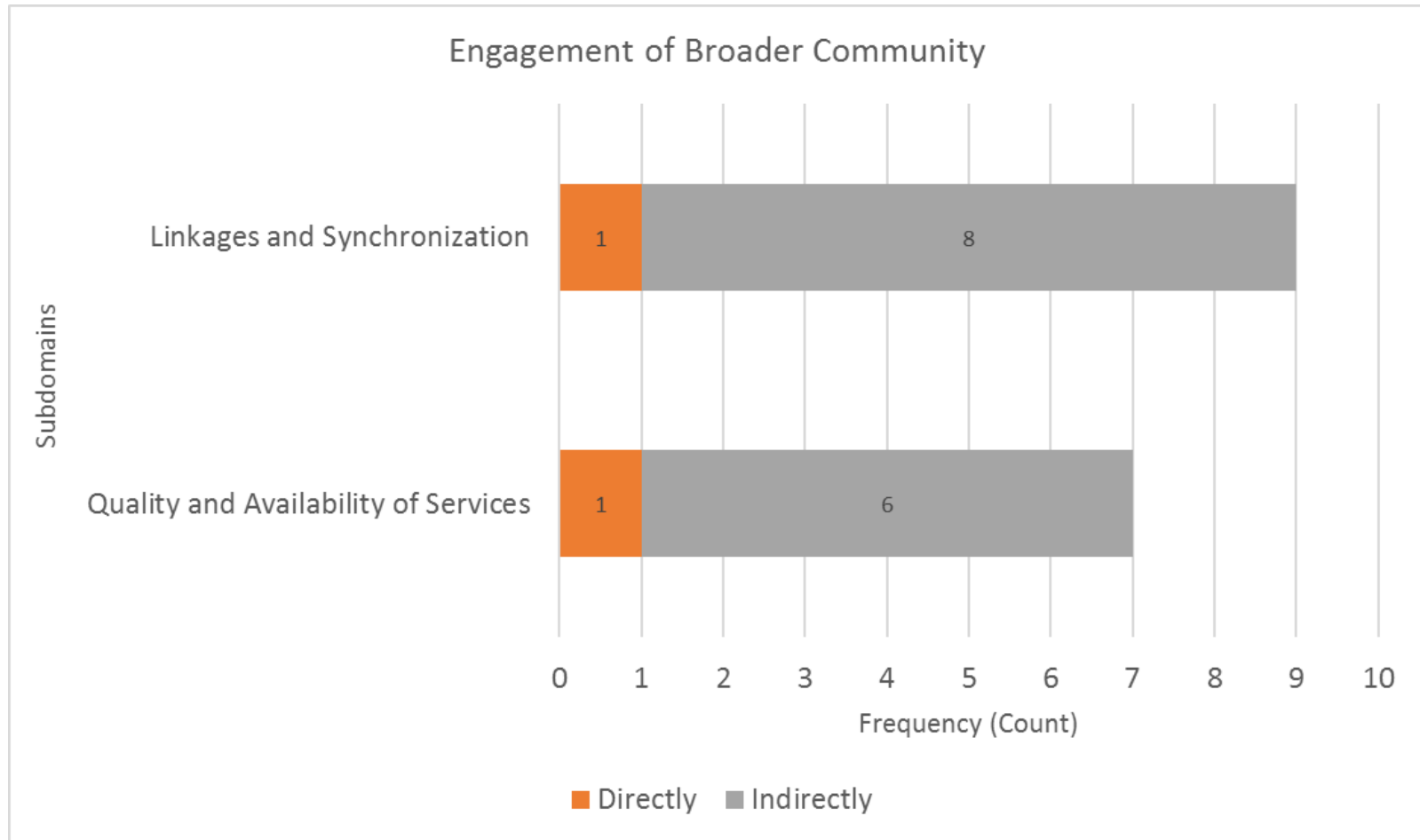
Measures are ranked by relevance to ED Transitions of Care (Directly, Indirectly, Potentially)

Results of Environmental Scan: Patient and Family Communication



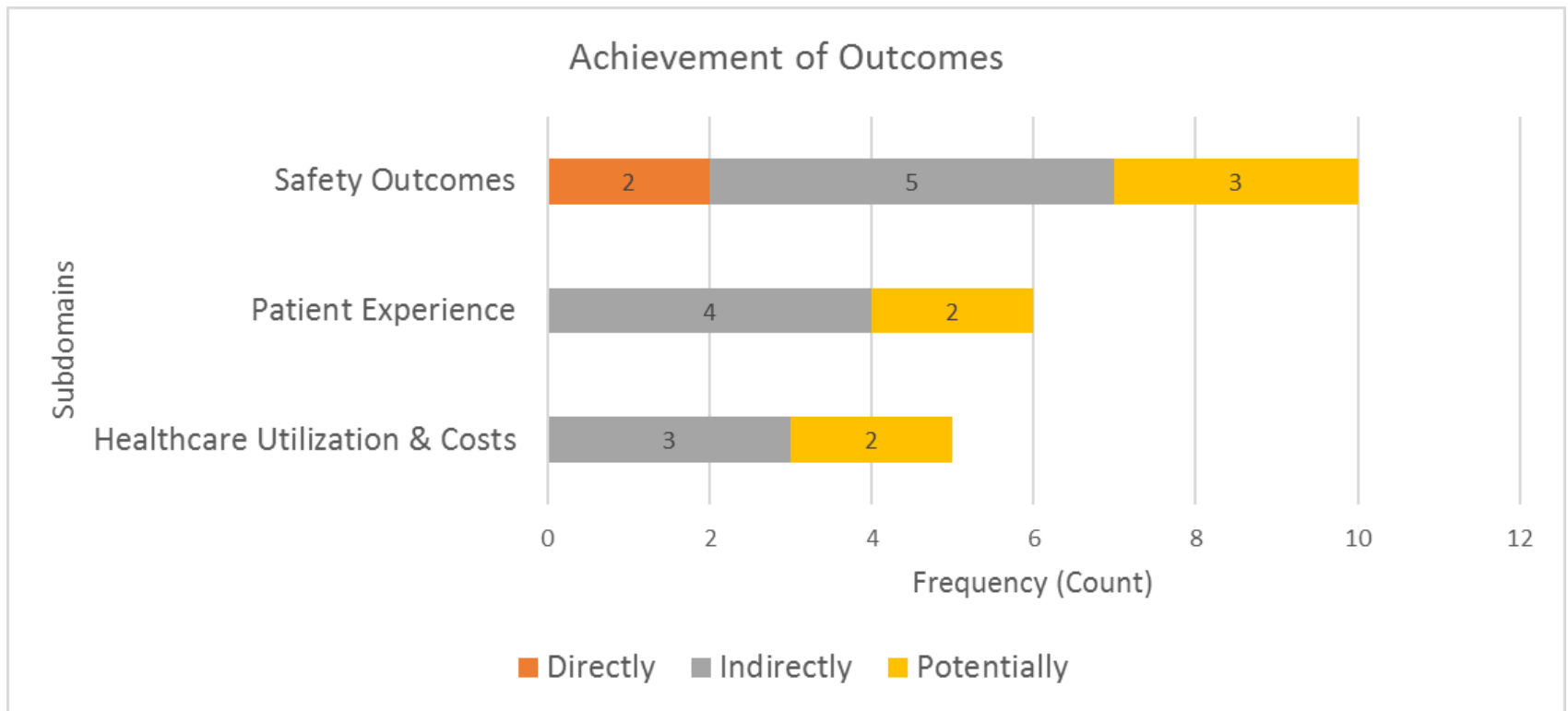
Measures are ranked by relevance to ED Transitions of Care (Directly, Indirectly, Potentially)

Results of Environmental Scan: Engagement of Broader Community



Measures are ranked by relevance to ED Transitions of Care (Directly, Indirectly, Potentially)

Results of Environmental Scan: Achievement of Outcomes



Measures are ranked by relevance to ED Transitions of Care (Directly, Indirectly, Potentially)

What is a measure?

Measure

n. A standard: a basis for comparison; a reference point against which other things can be evaluated; “they set the measure for all subsequent work.”
v. To bring into comparison against a standard.

- A measure is a metric that has a specific numerator and denominator and has undergone scientific testing.
- The result of a measure is usually shown as a ratio or a percentage.

Numerator - # of consumers with a person-centered plan of care
Denominator - # of consumers enrolled in a program

Types of Quality Measures

Structure - Features of a organization or provider relevant to capacity or capabilities. This may include, but is not limited to, measures that address health IT infrastructure, provider capacity, systems, and other infrastructure supports.

Process - Measures whether an action was completed on behalf of a consumer – such as writing a prescription or providing a particular type of counseling.

Outcome - Measures the actual results of the care or services received - such as experience of care or quality of life.

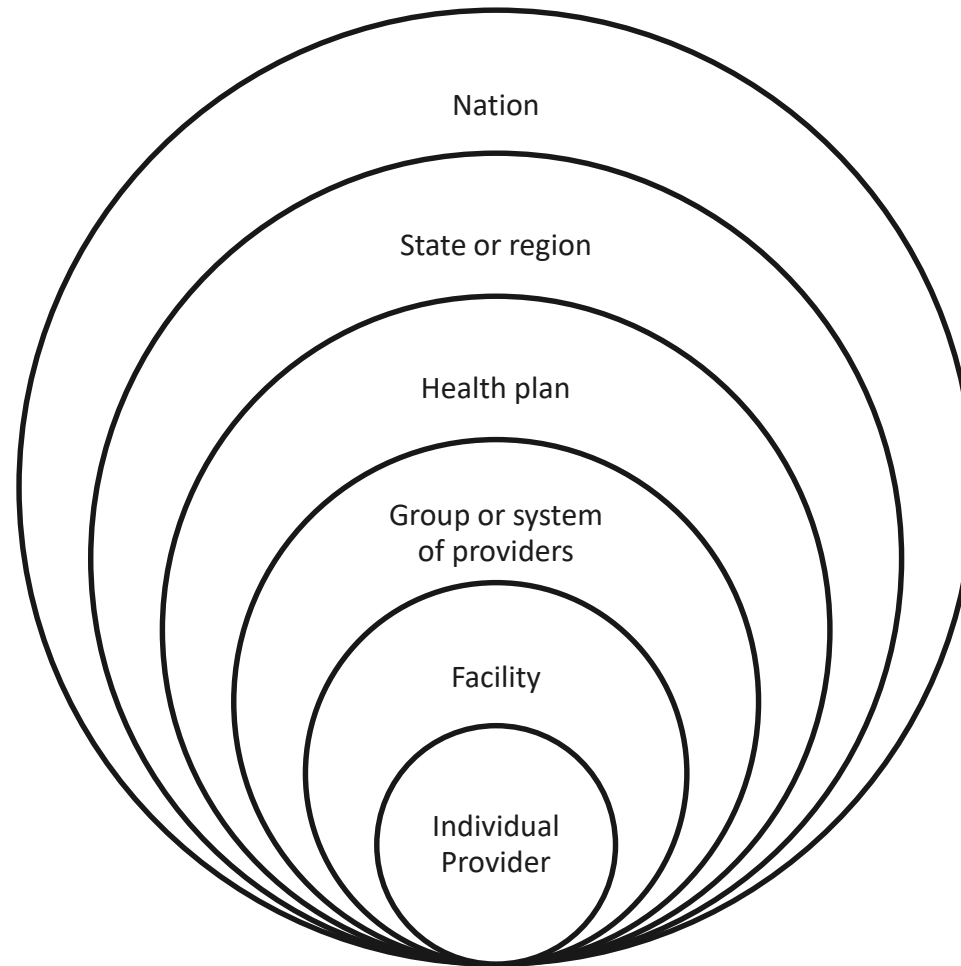
Composite - Combines the results of multiple performance measures to provide a more comprehensive picture of quality.

What can be measured?

Measure Type	Example
Structure	Number of productive hours worked by nursing staff with direct patient care responsibilities per patient day
Process	Percentage of patients whose medical record contains a list of current medications with dosages verified with the patient or authorized representative
Outcome	Percentage of hypertension patients whose blood pressure is under control
Patient Experience	Patient experience with care survey for patients who have been in the hospital

Who Can Be Measured?

Levels of Analysis



Questions to ask when deciding what to measure

- What is the goal of the desired outcome for the patient?
- Do providers have an ability to influence what is being measured?
- Is there variability among providers and opportunity for improvement?
- Are we measuring best performance, or “passing the test”?

Breakout Session #2

Review of Measures, Concepts and Gaps

Small Group Assignments

Provider Communication

- Aleesa Mobley
- Andrea Pearson
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- Sam West
- Nikki Hastings

Breakout Session #2 – Existing Measures, Concepts & 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 to the framework.

Break

Small Group Report-Out: Measures, Concepts and Gaps

Public Comment

Adjourn

Panel Dinner

Siroc Restaurant

915 15th Street Northwest

5:30 pm – Reservation under NQF

Walking Directions from NQF:

Head south on 15th St. NW toward K St.

Turn left toward 15th St. NW and the destination is on your left



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Emergency Department Quality of Transitions of Care In-Person Meeting

April 26, 2017



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Welcome and Day One Recap

Day 2 Objectives

- Measure concept refinement
- Recommendations for strengthening ED performance measurement

Measure Concept Examples

- Measure Concept Ideas

- *Percent of patients who's primary care provider is documented in their ED chart.*
- *Percent of patients who's primary care provider reviews clinical information associated with patients ED visit.*
- *A facility's ability to either send or receive patient information electronically.*

- NOT measure concepts (too broad and vague)

- *Increased communication*
- *Better transitions of care*

Defining Measure Concepts

- A measure concept provides descriptive information for a measure including:
 - *Level of analysis*
 - *Type of measure (process, outcome, structure)*
 - *Data source*
 - *Target population*
 - *Numerator and denominator definition*
- The concept should relate to one of the subdomains.
- The concept should provide information that could guide future measure development.

Breakout Session #3

Define Measure Concepts

Small Group Assignments

Provider Communication

- Aleesa Mobley
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- Sam West
- Nikki Hastings

Breakout Session #3 – Measure Concepts

Objective: To revisit and refine measure concepts.

Breakout group members should work together to identify measure concepts. Each measure concept should be defined by:

- *level of analysis*
- *type of measure*
- *data source*
- *numerator / denominator definition*

Break

Small Group Report-Out: Measure Concepts

Public Comment

Lunch

Full Panel Discussion: Recommendations for Strengthening ED Performance Measurement

Expert Panel Recommendations

- Identify overarching issues, such as:
 - *Accountability*
 - *Role of technology*
 - *Unintended consequences (e.g., burden, balancing incentives, gaming)*
- Highlight critical themes across measures and measure concepts
- Recommend overcoming implementation challenges via:
 - *Policy changes*
 - *Strategies*
 - *Tactics*

Public Comment

Next Steps and Group Assignments

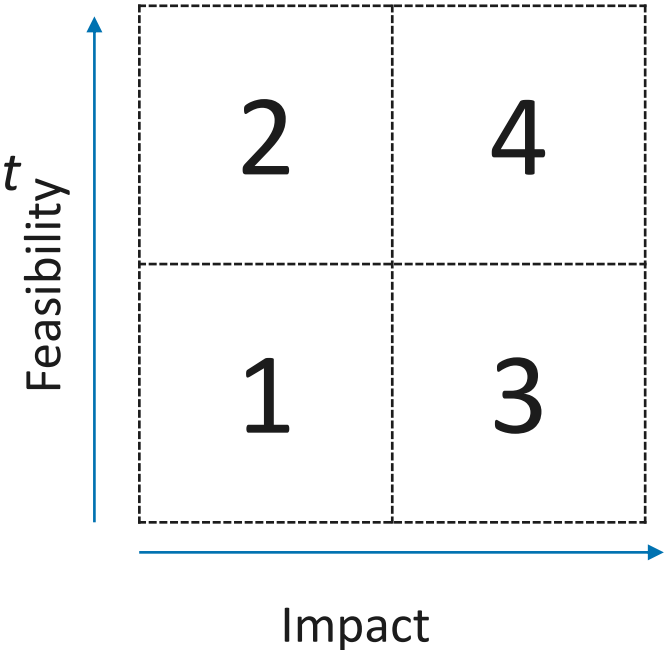
Homework

Small Group recommendations for prioritization of measure concepts

- **Objective:** Each small group will provide prioritization recommendations for their measures and measure concepts based on:
 - ▣ *Feasibility*
 - ▣ *Impact (e.g., importance)*
- **How:** Small groups will meet via web conference a week after the in-person meeting to determine these recommendations.

Prioritization Criteria

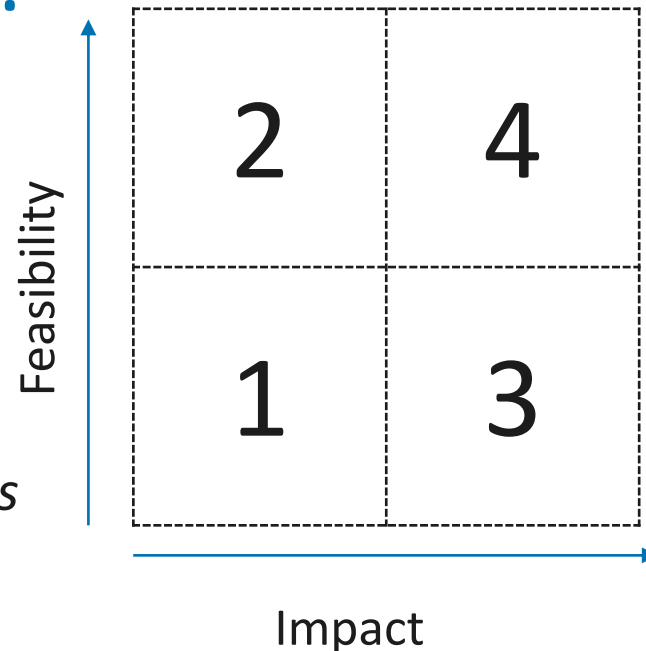
- 1 - Low Feasibility / Low Impact
 - ▢ *Data to compute the measure concept are not available and/or systems are not in place to support implementation in the short term, AND the result of measurement has low impact and/or importance on ED transitions of care.*
- 2 - High Feasibility / Low Impact
 - ▢ *The measure is easily implemented, but the result of measurement has low impact on improving quality of ED transitions of care.*



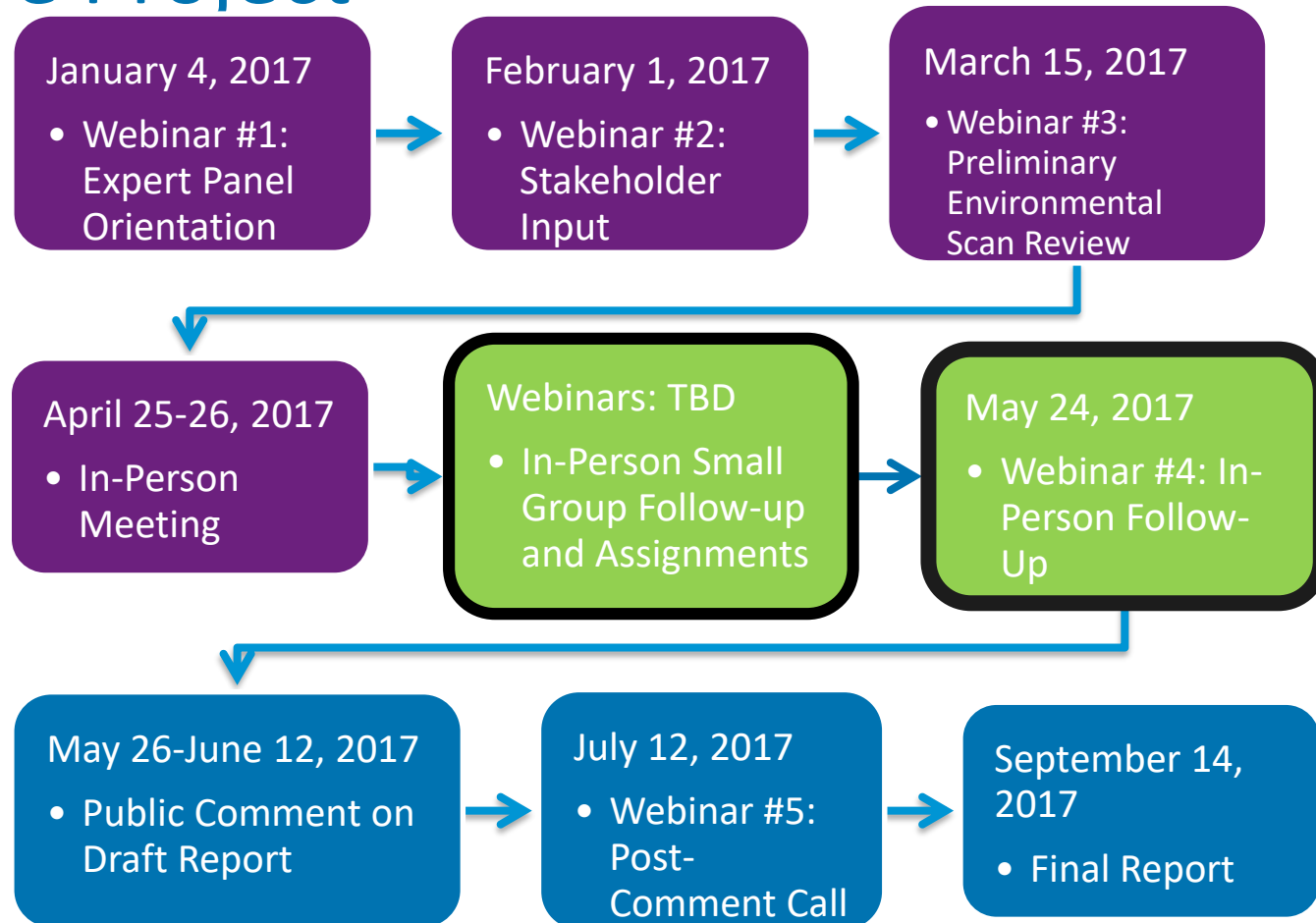
Prioritization Criteria cont.

- 3 – Low Feasibility / High Impact
 - *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 Feasibility / High Impact
 - *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.*



Next Steps for ED Quality of Transitions of Care Project



Adjourn