NATIONAL QUALITY FORUM

Emergency Department Quality of Transitions of Care

Prioritization and Recommendation Review Web Meeting

May 24, 2017

Welcome

National Quality Forum Project Staff

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

Expert Panel

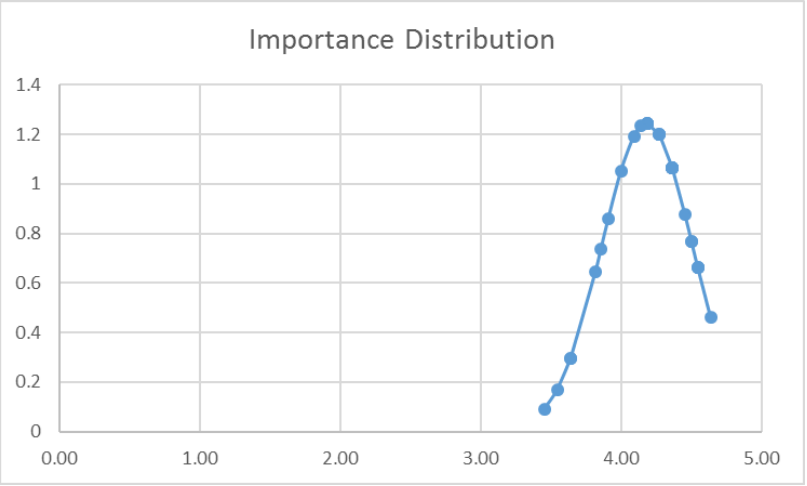
- Stephen Cantrill, MD, FACEP (Co-Chair)
- Janet Niles, RN, MS, CCM (Co-Chair)
- Billie Bell, RN
- Donna Carden, MD
- Lisa Deal, PharmD, BCPS, BSN, RN
- James Dunford, MD, FACEP
- Tricia Elliott, MBA, CPHQ
- Susan (Nikki) Hastings, MD, MHS
- Joseph Karan
- Julie Massey, MD, MBA
- Aleesa Mobley, PhD, 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

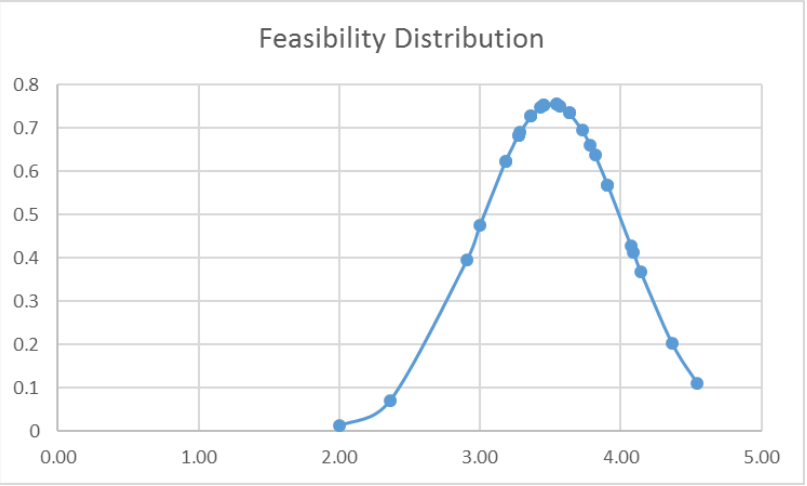
Agenda

- Project Update
- Synthesis and Discussion of Prioritization Results
- Review of Final Recommendations
- Next Steps

Prioritization Results
Score Distribution

- 30 measures / measure concepts ranked by the Expert Panel* for Importance and Feasibility



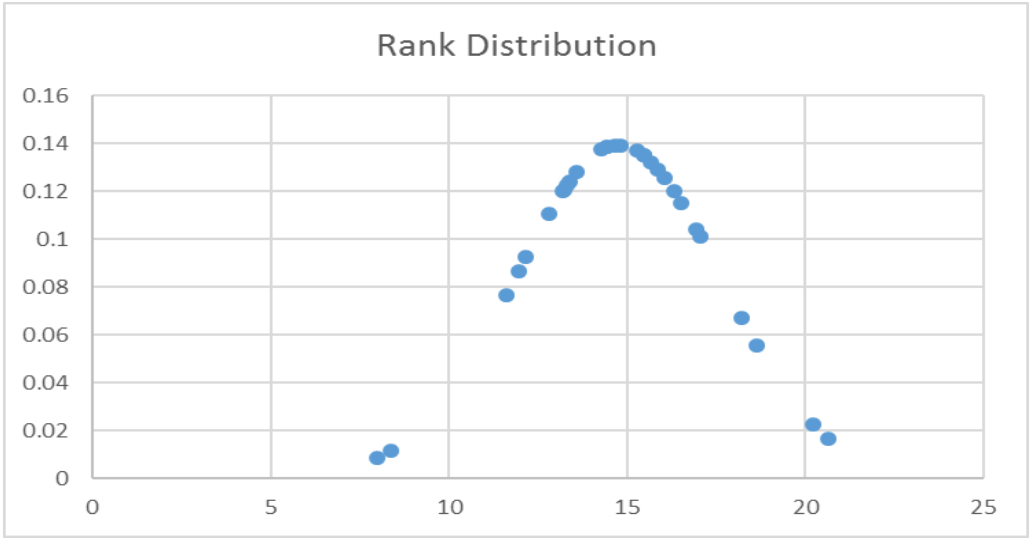


- *Importance & feasibility score distribution range differ slightly*

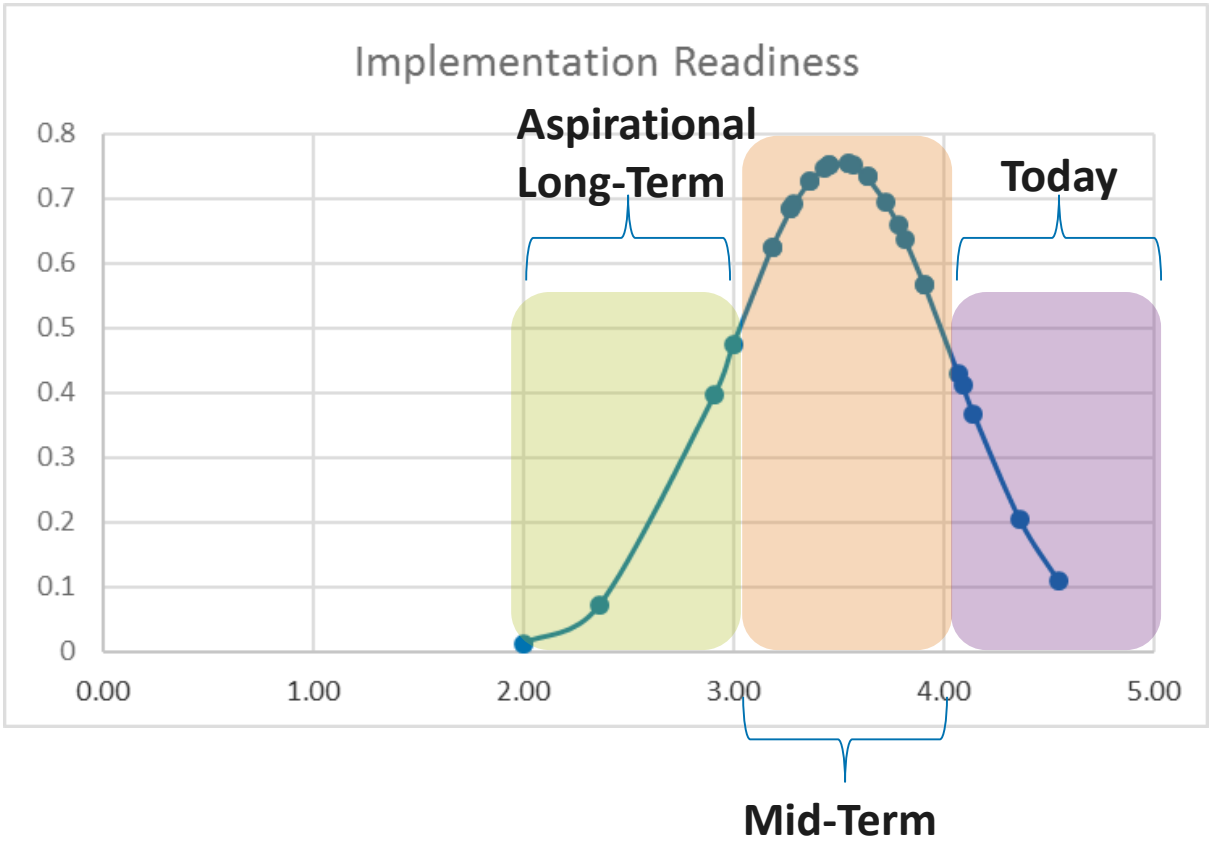
** Results based on 15 responses, or 62% of total Expert Panel*

Prioritization Results

- Overall Rank score = product of importance (average) and feasibility (average) scores
- Feasibility cut offs not aligned perfectly with rank distribution



Prioritization Results cont.



Prioritization Findings for Today

Measures rated high in both importance and feasibility that can be **implemented today** (n = 5):

- Provider communication (EMS, ED, other facilities)
- Patient-centered communication and discharge activities
- Community resource information to support transitions

Prioritization Findings for Mid-Term

Measures of high importance and moderate feasibility that can be **implemented in the mid-term** (n = 21):

- Care managers / coordinators / navigator services in ED
- Improved discharge instructions with considerations for language, social economic status, contact information
- Timeliness of information transfer to support high-risk transitions
- Provider and patient experience

Prioritization Findings for Future

Aspirational measures of high importance with low feasibility for **future implementation** (n = 4):

- Reduction in duplicate testing
- Improved transitions for frequent ED users
- Bi-directional communication between clinical and community resources
- Shared care plan for frequent ED users

Recommendations

1. EDs need to build infrastructure and linkages to support ED transitions that are patient centered.
2. Enhancements to health information technology (HIT) to support high quality ED transitions in care.
3. New payment models may facilitate quality improvement in ED transitions.
4. Research agenda

Recommendation #1
Infrastructure & Linkages

- Investments in ED-based care managers, navigators, and social workers; referrals to community health workers and healthcare coaches
- ED-based system for patients (e.g., phone number) where a provider is available to answer questions
- Regular screening of patients who may be at high-risk for poor ED transitions in care, with a focus on unmet social service needs
- Information on community resources, ensuring resources are available for patients

Recommendation #2
Health Information Technology

- Health information exchanges should be viewed as a public good and supported by public funding or by payers
- Sharing of key information elements important to ED transitions between clinical and non-clinical providers; support feedback about specific patients to promote a learning system
- Integration of information from multiple sources (e.g., pharmacy data and prescription drug monitoring programs)

Recommendation #2 cont.
Health Information Technology

- Care team members to be contacted automatically when the patient arrives or departs the ED, e.g., ADT alert system
- Shared decision making between providers and patients during transitions
- Consider patient privacy concerns when sharing information between health care providers and community-based organizations
- Systems to improve patient understanding, e.g., evolution of symptoms

Recommendation #3
New Payment Models

- Global budgets to budgets to reward hospitals for coordinated care, e.g., investment in ED transitions
- New reimbursement codes to support additional resources, e.g., observation units providing more intensive care coordination services
- Primary care providers reimbursed for coordination efforts or follow-up not involving an in-person visit
- Capitated payments to spur investments in improving ED transitions

Recommendation #4
Research Agenda

- Taxonomies to support improved ED transitions:
  - *Provider-to-provider communication*
  - *Provider-to-patient communication*
- Research to understand which patients are at highest risk for poor transitions or poor outcomes
  - *Research to understand which interventions work best to improve transitions and outcomes*

Recommendation #4 cont.
Research Agenda

- Identify and promulgate promising models for ED and community engagement including:
  - *Community engagement with law enforcement, social services, housing, and other resources*
  - *Payer engagement*
  - *Linkages between community clinical providers and EDs*

Public Comment

Next Steps

- Draft Measurement Framework Report Public Comment Period
  - *May 26-June 26, 2017*
- Web Meeting #5: Post-Comment Call
  - *July 12, 2017*

Thank you.