



NATIONAL
QUALITY FORUM

Emergency Department Quality of Transitions of Care

Post-Comment Web Meeting

July 12, 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

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

- Overview of Comments Received
- Review Proposed Responses
- Panel Questions/Comments
- Panel Discussion: Final Feedback and Recommendations
- Next Steps

Overview of Comments Received

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- 35 comments received from 9 organizations
- Major themes:
 - *Support of the draft report*
 - *Domain/subdomain specific recommendation*
 - *Development/implementation challenges*
 - *Requests for clarification*
 - *General recommendations*
 - » EMS role
 - » Too broad
 - » Role of payers
 - » Inclusion of examples, graphics, and innovative models

Review Proposed Responses

Evidence for Proposed Concepts

- **Comment:** 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.
- **Proposed Response:** *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 shared decision making concept is further strengthened with patient-report and have updated to the concept to reflect this.*

Standardization

- **Comment:** 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 (NEMESIS 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)?
- **Proposed response:** *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.*
- **Action item:** should this concept be updated to include: patient care report (PCR), and whether or not the ED's EHR system incorporates the ePCR data?

Standardization

- **Comment:** The standardization of forms, 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.
- **Proposed response:** *NQF is not in a position to make standardization requirements that support transitions of care, we however acknowledge and strongly recommend information exchange standardization as a means to support successful transitions of care.*

Role of EMS

- **Comment:** 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.
- **Proposed response:** *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 environmental scan for this project engaged EMS stakeholders and we agree that EMS plays a critical role in ED transitions of care. The report includes measure concepts specific to EMS information exchange with ED during a transition of care.*

Perceived Barriers

- **Comment:** did not identify any barriers such as HIPAA , patient reluctance to share information across system, information security, etc.
- **Proposed response:** *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.*

Best Practices

- **Comment:** 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
- **Proposed response:** *NQF has added an appendix to the report which includes a list of promising/best practices.*
- **Action Item:** Review proposed list of promising/best practices. Is anything missing?

Impact of Current Policy

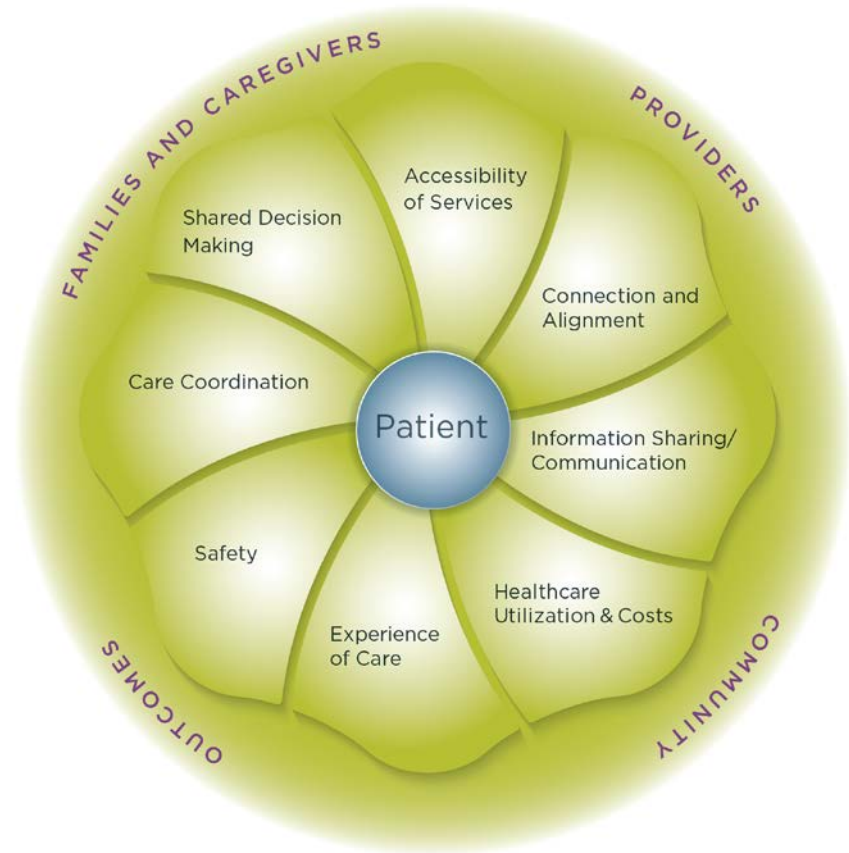
- **Comment:** How might we leverage the Medicare Access and CHIP Reauthorization Act (MACRA) to improve ED transitions in care? The 21st Century Cures Act drives toward better interoperability by, for example, setting up a provider directory to facilitate data exchange. It also helps to minimize information 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?
- **Action Item:** *Does the Panel agree with adding this information to the report? If so, how should this information be depicted?*

Incentives

- **Comment:** 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.
- **Action Item:** *Does the Panel agree with adding this information to the report? If so, what should be included? Accreditation, EHR requirements, public reporting P4P?*

Graphics

- **Comment:** add a figure/image to delineate discussion.
- **Action Item:** *Does the Panel approve with adding this image to the report?*



Panel Questions/Comments

Panel Discussion: Final Feedback and Recommendations

Public Comment

Next Steps

- Finalize Measurement Framework Report
- Final Report Due
 - *September 14, 2017*

Project Contact Info

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- SharePoint:
[http://share.qualityforum.org/Projects/Transitions%20of
%20Care/SitePages/Home.aspx](http://share.qualityforum.org/Projects/Transitions%20of%20Care/SitePages/Home.aspx)

Thank you.