Friday, October 08, 2010

To Whom It May Concern:

I would like to file an appeal on behalf of myself and my patients regarding two recently approved NQF measures:

OT1-023-09: Intensive care unit (ICU) length-of-stay (LOS)
OT1-024-09: Intensive care: in-hospital mortality rate

I am a practicing intensivist and also direct an ICU. In this country, many patients come to the ICU at the end of their lives. As reflected by other NQF measures, we have incomplete penetration of palliative medicine in the US. In my experience, I am often the first person to discuss goals of care with patients and families who have reached the end of their lives. I worry that OT1-024-09 may have multiple unintended consequences that may harm patients. Instead of having difficult conversations with families and patients, clinicians may find it easier and in line with PMs to simply transfer the dying patient to another facility. Furthermore, ICU care is rarely discretionary. Many of our deaths are NOT unexpected. I think we would all agree that prolonging these patients dying process does not improve the quality of healthcare. Working at a tertiary care hospital, I consider our role to accept all transfers referred to us. However, I worry that with approval of this measure, there may be pressure for us to only accept patients unlikely to die.

I have similar concerns about OT1-023-09. That I am aware, there is not a validated risk-adjustment technique of ICU LOS. Without another measure looking at ICU readmission, there may also be a pressure for clinicians to discharge ICU patients prematurely. Finally, while there is the perception that reducing ICU LOS will reduce costs, recent data suggests this may not be the case (Med Care. 2008 Dec;46(12):1226-33.).

We need to work to reduce unexpected ICU deaths and un-needed ICU days. However, I am uncertain that we have the ability with current data to identify deaths which are unexpected and/or preventable and ICU days which need not be accumulated. Assuredly, other PMs, such as those to reduce CLABSIs and VAPs, will have these downstream effects. However, incorporating these measures may shift attention from these important preventive measures associated with avoidance of avoidable complications and place emphasis on addressing issues which may result in net harm for patients.

I appreciate your attention and urge you to reconsider these measures.

Sincerely,

James M. O'Brien, Jr.
Associate Professor
Division of Pulmonary, Allergy, Critical Care and Sleep Medicine Center for Critical Care
The Ohio State University Medical Center