Meeting Summary

Improving Diagnostic Quality and Safety/Reducing Diagnostic Error: Measurement Considerations Project: Committee Web Meeting 5

The National Quality Forum (NQF) convened a web meeting for the Improving Diagnostic Quality and Safety/Reducing Diagnostic Error: Measurement Considerations project on March 12, 2020.

Welcome and Review of Meeting Objectives

Meredith Gerland, NQF Director, opened the call and welcomed participants before providing opening remarks and reviewing the meeting objectives, which included:

- Review the overall purpose and approach for the use cases
- Introduce and discuss Use Case 3: Cognitive Error— Information Overload
- Introduce and discuss Use Case 4: Cognitive Error—Dismissed Patient
- Describe the approach for the Committee discussion on the use cases, including reviewing the:

    - **Clinical context:** Identify the clinical context for the specific error occurring
    - **Case exemplars:** Brainstorm specific clinical case exemplars relevant to the specific error
    - **Diagnostic challenge/causal factors:** Identify the diagnostic challenges and causal factors that contribute to the error
    - **Solutions:** Identify global and granular solutions to prevent and overcome the diagnostic error
    - **Quality measurement:** Identify opportunities for performance measures

NQF staff introduced themselves, and Carolee Lantigua, NQF Project Analyst, called roll to determine which Committee members were present.

Discussion of Use Case 3 and 4

David Newman-Toker, Committee Co-chair, began the discussion of Use Case 3: Cognitive Error—Information Overload, which highlights information overload in complex or critically ill patients when the disease "signal" is too high. The Committee reviewed three possible case exemplars, which described scenarios in which information overload can occur and result in diagnostic error. The Committee suggested revising the case exemplars to include additional patient care settings. One suggestion was to include a case in the Emergency Department where clinicians experience information overload from simultaneously managing multiple patients with varying complexities.

The Committee then discussed diagnostic challenges and causal factors for information overload and identified additional challenges that should be highlighted. The Committee suggested drawing more attention to the ways that high patient volume might contribute to information overload, as well as the impact of alarm fatigue, cognitive load, and high levels of uncertainty. Additionally, the Committee identified poor electronic health record (EHR) interoperability and lack of patient access to medical records as challenges that contribute to the error. The Committee identified opportunities to address these challenges by sharing additional solutions, including implementing team-based approaches to

care, increasing patient access to medical records, using shared decision making, enhancing clinician access to online textbooks and diagnostic reminder systems, and improving EHR interoperability.

The Committee concluded the discussion of use case 3 by sharing measurement considerations. The Committee described how the measurement approaches should align with the solutions, as it will be important to measure the presence of structure and processes that support specific solutions (e.g., measuring the existence of specific protocols). The Committee discussed the importance of measuring alarm fatigue or an influx of communications received through pages, phone calls, emails, and other modes of communication. Additional measurement considerations included measures related to internal team collaboration. For example, measures of relational coordination, which focus on coordination and communication of teams, could serve as a proxy for if information and tasks are being addressed successfully by the team. The Committee also identified approaches to using patient surveys to measure communication and coordination between clinicians and patients.

David Andrews, Committee Co-chair, began the discussion of Use Case 4: Cognitive Error—Dismissed Patient, which highlights prolonged diagnostic odysseys for chronic symptoms when the disease "signal" is almost nonexistent. Upon reviewing the three possible case exemplars, the Committee suggested including case exemplars from other patient care settings (e.g., ED, inpatient care), as well as including a case exemplar that highlights the complexities and dismissal that arise from a patient with a mental health diagnosis.

The Committee then proceeded to discuss challenges and causal factors associated with the use case. The Committee identified the tendency of clinicians to undervalue the knowledge and contribution of patients during the diagnostic process as a significant challenge. Additionally, the Committee discussed the challenges of implicit bias, over-adherence to protocols, and the failure of clinicians to educate and explain to patients the diagnostic tests and processes performed to rule out diagnoses. The Committee then built on the list of identified solutions. Many of the suggested solutions focused on increasing interactions between clinicians and patients, including by finding new opportunities to engage Patient and Family Advisory Councils (PFACs), ensuring that patients have access to medical records, and creating processes to support patients initiating a retrospective review of diagnostic odysseys and/or errors. Committee members also shared ideas related to clinicians and organizations harvesting data obtained from patient concerns and surveys to identify trends and patterns to inform organization-specific solutions.

Finally, the Committee discussed measurement considerations for use case 4. Building on the measurement approaches suggested in the discussion guide, the Committee highlighted opportunities to partner with payers to perform retrospective review of claims data to understand time and costs associated with dismissed patients and diagnostic odysseys. The Committee suggested process measures related to the use of teams and second opinions. Committee members also emphasized the importance of balancing measures. Additionally, opportunities exist for crowdsourcing and partnerships with a variety of data-focused organizations to support measurement and data-mining collection for this use case.

Public Comment

Meredith Gerland opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Carolee Lantigua presented next steps. NQF will host the sixth web meeting on May 19th, 2020. The sixth web meeting will involve a more detailed review and discussion of use cases 3 and 4.