NATIONAL QUALITY FORUM
Driving measurable health improvements together

Meeting Summary

Improving Diagnostic Quality & Safety/ Reducing Diagnostic Error: Measurement Considerations Project: Web Meeting 6

The National Quality Forum (NQF) convened a web meeting for the Improving Diagnostic Quality & Safety/Reducing Diagnostic Error: Measurement Considerations Project on May 19, 2020.

Welcome and Review of Meeting Objectives

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

- Review the overall purpose and approach for the Use Cases
- Describe the approach for the Committee discussion on the Use Cases, including reviewing the:
    - **Clinical context:** Discuss the clinical context for the specific error occurring
    - **Case exemplars:** Review clinical case exemplars relevant to the specific error
    - **Diagnostic challenge/causal factors:** Identify additional diagnostic challenges and causal factors that contribute to the error
    - **Solutions:** Identify additional global and granular solutions to prevent and overcome the diagnostic error
    - **Quality measurement:** Identify opportunities for performance measures
- Discuss Use Case 3: Cognitive Error – Information Overload
- Discuss Use Case 4: Cognitive Error – Dismissed Patient
- Discuss cross-cutting recommendations
- Provide an update on the structure of the final report

Discussion of Use Case 3 and 4

David Newman-Toker, Committee Co-chair, began the discussion of Use Case 3: Cognitive Error—Information Overload. The Committee discussed three case exemplars illustrating clinical scenarios in which information overload leads to diagnostic error. The Committee discussed revising the case exemplars to make them more realistic from a clinical perspective while also explicitly demonstrating how information overload leads to the errors described. The Committee suggested including a scenario that demonstrates how critical patient information can be overlooked due to the design of an electronic health record (EHR) or the information being presented in a way that is unclear. The Committee also suggested highlighting the cognitive challenges associated with information flowing through multiple clinicians.

The Committee proceeded to discuss challenges and causal factors that lead to information overload, including system factors such as inadequate patient engagement, suboptimal EHR design, and poor data presentation. The Committee also discussed individual factors that can impact a clinician's cognitive function and lead to error, such as age, medical condition, and experience. The Committee suggested including additional patient factors in the Use Cases to highlight the role of the patient in the diagnostic process. The Committee concluded the discussion of the Use Case by identifying additional solutions for managing cognitive load, including increasing the widespread use of telemedicine to reduce cognitive

load and improve communication between clinicians and patients. Other solutions shared by the Committee included optimizing clinical performance by implementing shift scheduling, taking circadian rhythm as well as age, experience, and individual condition into account. Additionally, the Committee highlighted the importance of empowering patients to be part of the diagnostic team through shared decision-making.

David Andrews, Committee Co-chair, then began the discussion of Use Case 4: Cognitive Error—Dismissed Patient. The Committee reviewed the case exemplars and discussed ways to make the exemplars more comprehensive. The Committee suggested emphasizing the challenges associated with various care settings (i.e., emergency department, ambulatory, inpatient), and highlighting factors that lead patients to avoid care and contribute to diagnostic delay, such as access to care, inability to cover costs, and fear of diagnosis.

The Committee proceeded to identify challenges and causal factors associated with the error, including slow disease progression, patients presenting with constellations of unrelated symptoms that are perceived to be related to one illness, the impact of social determinants of health (SDOH) on access and quality of care, and affective bias in healthcare which often results in the dismissal of patients belonging to certain patient populations (e.g., patients with psychiatric comorbidities, patients who are homeless). The Committee then discussed solutions for overcoming the error. The solutions were centered around improving patient engagement by engaging patients in the co-design of healthcare systems, optimizing EHR design, identifying barriers to patient care (e.g., inability to follow up due to costs, clinician availability) and implementing targeted strategies to address SDOH. The Committee also discussed the importance of directing patients to reliable information and ensuring that patients fully understand the information provided to them during the diagnostic process.

The Committee then discussed measurement considerations for both Use Cases, citing the need for structural measures with a focus on systems that support the diagnostic process (e.g., clinician feedback systems, referral mechanisms for homeless patients). The Committee recommended adding in a direct measure of relational coordination, as well as identifying opportunities for assessing data sharing. The Committee also suggested including measures related to learning systems that connect healthcare entities through data sharing as well as measures involving peer review or direct review of clinical quality (e.g., root cause analysis, sample chart reviews).

Jesse Pines, NQF consultant, continued with a discussion on cross-cutting recommendations. The Committee reviewed a list of cross-cutting themes and provided suggestions for additional recommendations, which included advancing the integration of technology into healthcare through improved EHR system design as well as prioritizing clinician education around technology and informatics.

Meredith continued the discussion by providing a high-level overview of the structure of the final report, sharing that NQF has incorporated the Committee's feedback and discussions into the report, which will go out for public comment on July 14, 2020. The report will begin with an executive summary and will go on to highlight introductory information, which will include key findings from the environmental scan, a review of the diagnostic process and outcomes domain from the original framework, and a description of the Use Case approach. The remainder of the report will include the four Use Cases, as well as recommendations for applying the framework. The report will also include a series of appendices, which will provide additional information regarding the project and report.

Meredith concluded the discussion with a review of the Use Case structure. Meredith shared that the Use Cases will include a brief narrative providing clinical context of each Use Case as well as tables highlighting key stakeholders and implementation strategies. The Use Cases will focus on primary solutions and will outline subsequent process steps for implementing solutions. The case exemplars included in the Use Cases will illustrate the errors in practice and highlight specific strategies stakeholders can take to operationalize the solutions in various settings. The Use Cases will also include a table highlighting measurement approaches and rationale for how specific measurement strategies will help address the diagnostic errors outlined in the Use Cases. Meredith concluded by sharing that an early draft of the report will be shared with the Committee in mid-June.

Public Comment

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

Next Steps

Udobi proceeded to outline next steps, sharing that Web Meeting 7 will be held on June 30 from 12:00-2:00 pm. During Web Meeting 7, the Committee will review cross-cutting recommendations and discuss the final report. Udobi concluded by sharing that Web Meeting 8, which was originally scheduled for September 1, has been rescheduled and will now be held on September 14 from 1:00-3:00 pm.