

### Quality & Patient Safety Committee

1. Monitor quality initiatives and comment on behalf of ACEP to external organizations to ensure appropriateness of quality measures that impact the practice of emergency medicine, the emergency department, and the reimbursement of emergency physicians.

*Outcome:* The committee submitted comments on quality measures that impact the emergency department including:

- CMS: Safe Use of Opioids—Concurrent Prescribing measure.
  - CMS: Measures under Consideration 2015-2016
  - OP-21- Median Time to Pain Management for Long Bone Fracture
  - The Joint Commission : Acute Stroke Measures
  - NQF: New Endorsement and Ratification Process
  - NCQA: HEDIS 2017
2. Develop and submit recommended measures and measure concepts to the Board of Directors through the multi-stakeholder Quality Measures Technical Expert Panel that protect and enhance emergency medicine.
    - a. Follow through on the development, specification, and testing of the ACEP Board approved or adopted measure concepts through NQF endorsement (*optional*) and CMS and MOC Part IV implementation.
    - b. Initiate the next phase of quality measures development by:
      - Exploring measures of care coordination and joint accountability by engaging with other specialties (American College of Radiology, American Academy of Neurology, primary care specialties) and external stakeholders (The Joint Commission, American Hospital Association, and others).
      - Continue to explore methods to reduce measurement burden by aligning with hospital efforts for quality measurement.
      - Align measure development work with the Clinical Data Registry Committee (Subcommittee #2) to ensure valid and reliable measures are developed for CEDR.
      - Work with the Clinical Policies Committee as needed to identify new performance measures in new and revised clinical policies. (Clinical Policies is the lead committee).
    - c. Develop transition plan to fully migrate measure development to the Clinical Data Registry Committee for 2016-17.

*Outcome:* The Board of Directors approved Quality Measurement Concepts for the CEDR in October 2015:

- Pediatrics
  1. Percentage of pediatric patients <18 years old, weighed in kilograms in the emergency department
  2. Initiation of systemic corticosteroids prior to or within one hour of emergency department arrival for patients 2-18 years old with acute asthma exacerbation, who receive a second dose of bronchodilator.
- Ultrasound
  3. FAST exam for hemodynamically unstable blunt trauma patients (systolic blood pressure < 90 mmHg or heart rate > 130) in the emergency department
- Affordability
  4. Use of generic prescriptions among patients in the emergency department
- Geriatrics
  5. Falls risk assessment (Patient Safety)
- Population health and equity
  6. Interpreter health service measure

The workgroup will continue working with subject matter experts for each concept moving forward.

3. Nominate emergency physicians to represent ACEP to internal and external bodies developing quality measures that have relevance to the practice of emergency care.

*Outcome:* The Nominations Workgroup made recommendations to the ACEP president to ensure emergency physician representation to several national quality initiatives:

- Donald Yearly's nomination was accepted by NQF and now serves on the Pulmonary and Critical care Steering Committee
  - Stephen Huff's nomination was accepted by NQF and now serves on the Neurology Standing Committee
  - Keith Kocher's nomination was accepted by NQF's Attribution: Principles and Approaches 2015-2016 Committee
  - Mike Phelan's nomination was accepted to CMS's Technical Expert Panel End-Stage Renal Disease Emergency Department Visits
  - Mitesh Rao's application was submitted to NQF: Person- and Family-Centered Care
  - Fermann
  - Jeremiah Schuur's nomination submitted to the 2016-2017 roster for NQF's Measure Applications Partnership (MAP)
  - Arjun Venkatesh currently serves on NQF's Health and Well Being Phase 3
  - Wes Fields and Jeremiah Schuur currently serve on NQF's All-Cause Admissions/Readmission
4. Comment on the quality provisions of the Inpatient Prospective Payment System (IPPS), Outpatient Prospective Payment System (OPPS), the Physician Fee Schedule (PFS), Medicare Access and CHIP Reauthorization Act (MACRA) and Affordable Care Act (ACA) related regulations and educate members regarding implementation and best practices for quality measures and federal quality measurement programs. Develop educational resources and tools to assist members with navigating the Physician Quality Reporting System (PQRS), Measure Applicability Validation (MAV) Process, Value-Based Modifier (VBM) and future Merit-Based Incentive Payment System (MIPS).

*Outcome:* The workgroup contributed their expertise by commenting on the quality provisions of many federal proposed rules and Requests for Information that impact the emergency department including:

- CMS: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  - Cross cutting and CMS final rule comments and information paper
  - Centers for Medicaid and Medicare Quality Measure Development Plan (MDP)
  - Proposed Medicare Physician Fee Schedule (MPFS) and Outpatient Prospective Payment System (OPPS) rules
  - Inpatient prospective payment system (IPPS)
5. Monitor and respond to requests from the Choosing Wisely initiative. Obtain input from the Emergency Medicine Practice Committee and the Medical-Legal Committee.
    - a. Provide periodic evidence-based literature review and updates to existing Choosing Wisely recommendations. Obtain input from the Emergency Medicine Practice Committee and Medical-Legal Committee.
    - b. Provide periodic evidence-based reviews and consensus activities to support new areas for ACEP Choosing Wisely recommendations.
    - c. Monitor recommendations of other Choosing Wisely partners for their potential impact on emergency care. Identify opportunities for collaboration on future efforts.
    - d. Make recommendations for responding to other requests from the Choosing Wisely initiative.

*Outcome:* The workgroup identified 49 Choosing Wisely recommendations highly relevant to emergency care and narrowed them down to 38 recommendations after removing those that were redundant. The workgroup is currently reviewing this smaller set of recommendations to identify those with the greatest potential impact on emergency medicine and will develop a summary of these findings for review by the committee and the Board of Directors.

6. Work with the Emergency Medicine Informatics Section as needed to monitor implementation of measures using EHRs and other electronic systems. (EM Informatics Section is the lead on this objective.)

*Outcome:* The committee is available to serve as a resource to the section as needed.

7. Monitor the development strategy for emergency medicine to be represented in alternate payment models ensuring quality is maintained or improved. Work with the Reimbursement Committee and the Alternate Payment Models Task Force as needed. (Reimbursement Committee is the lead committee.)

*Outcome:* The committee provided input to the Reimbursement as requested.

8. Complete development of an information paper on readmissions vs. observation as an “outcome” of quality measures. Work with the Observation Section, Federal Government Affairs Committee, and Reimbursement Committee as needed. (Quality & Patient Safety is the lead committee.)

*Outcome:* A literature search was completed and will be used to complete the development of an information paper in 2016-17.

9. Work with the Emergency Medicine Practice Committee and the Geriatric Emergency Medicine Section as needed to explore development of a policy statement in support of quality improvement initiatives for the care of geriatric patients in the ED and ensure its consistency with the Geriatric ED Guidelines. (EM Practice is the lead committee.)

*Outcome:* The committee provided input to the Emergency Medicine Practice Committee as requested. The Board approved the policy statement “[Quality Improvement Initiatives for the Care of Geriatric Patients in the ED](#)” in April 2016.

10. Develop a definition of “admit time.” Work with the Emergency Medicine Practice Committee as needed. (Quality & Patient Safety is the lead committee.)

*Outcome:* The Board approved the policy statement “[Definition of ‘Admit Time’](#)” in June 2016.

11. Review the IOM report on diagnostic errors and provide recommendations for next steps. Solicit input from the Public Health & Injury Prevention Committee, (Quality & Patient Safety is the lead committee.)

*Outcome:* The workgroup will continue working on this objective in 2016-17.

12. Work with the Emergency Medicine Practice Committee as needed to explore development of an information paper on the clinical pharmacist as part of the emergency medicine team. (EM Practice is the lead committee.)

*Outcome:* The committee provided input to the Emergency Medicine Practice Committee as requested. Representatives from the American Society of Hospital Pharmacists worked with content experts and committee members on the development of the information paper. The paper is anticipated to be completed by January 2017 and submitted to *Annals of Emergency Medicine* for publication consideration.

13. Work with stakeholders to create a quality measure that is related to safe prescribing of controlled medications (second resolved of Amended Resolution 38-15).

*Outcome:* Work on this objective will continue in 2016-17.