ACEP received recognition from the **2019 Architecture of High Value Health Care National Conference** with a first-place award in the Optimization of patient care setting or improving discharge transitions.

Abstract:

**Background:**

Historically, EDs in the United States have filled important gaps in the patchwork quilt of acute care delivery that has often resulted in the lack of a coherent, single vision of value for emergency care. The American College of Emergency Physicians’ (ACEP) Emergency Quality Network (E-QUAL) is a collaborative-driven, practice change network tailored to the unique environment of emergency medicine. It is designed to achieve higher quality patient outcomes at lower cost by creating and accumulating meaningful tools targeted at emergency clinicians and quality improvement leaders.

**Objective:**

Since its inception in 2015 as the first network designed to engage both front-line emergency clinicians and ED leaders in national quality improvement movement, E-QUAL has rapidly grown a national quality and value movement across over 1,000 EDs including many rural and critical access hospitals.

**Methods:**

The E-QUAL network is modeled based on the CMS Transforming Clinical Practice Initiative and is designed to be scaled to any ED in the nation using a virtual quality learning network model. Participating EDs and clinicians join E-QUAL to advance local quality improvement efforts focused on high-impact areas that demonstrate the value of emergency care: improving sepsis outcomes, reducing avoidable imaging, reducing chest pain hospitalizations, reducing harm from opioids.

Participation occurs through annual 9-month learning collaboratives, during which each ED selects a Champion to complete virtual quality improvement activities which include engaging all eligible clinicians through the sharing of E-QUAL webinars, podcasts, generating and reviewing performance data, distributing patient engagement materials and ultimately ensuring local success. All activities are designed to align local emergency clinician QI efforts with national payment programs and incentives such as the CMS MIPs.

**Results:**

Since 2015, E-QUAL has grown from an idea to include over 1000 emergency departments (EDs) and over 39,000 emergency clinicians. Participating EDs hail from 48 states, emphasizing E-QUAL’s national reach, with 190 EDs located in rural areas, including 77 critical access hospitals.

During the first wave of the chest pain initiative, 73% EDs agreed that participation encouraged patients and families to collaborative in goal setting, decision-making, and self-management.  In the first year of the national collaborative, 50 EDs caring for over 412 patients with sepsis demonstrated improvements of 19% in providing a bundle of high-quality emergency sepsis care. Improvements have continued to be observed across over 600 EDs that have participated in sepsis collaboratives and resulted in an estimated 15,000 lives saved. The success of E-QUAL is not limited to improving outcomes but has proven reductions in cost. Through 2018, EDs recorded an estimated 30,000 fewer patients being harmed by ionizing radiation resulting in approximately $6.7 million saved from fewer avoidable imaging studies. Finally, across the prior 2 years 300 EDs earned over 4450 improvement activity credits in the CMS QPP MIPS.

**Conclusions:**

E-QUAL demonstrates that QI models can be applied to value-improvement work. Unlike most learning collaboratives focused solely on increasing the effectiveness of care, E-QUAL has applied similar quality improvement principles to support de-adoption of low-value practices and tackle controversial topics in healthcare delivery, such as routine imaging or admission.

**Clinical Implications:**

The successes of E-QUAL and its close alignment with CMS’s quality and value improvement work demonstrates the potential of national, provider-led networks to rapidly improve in patient care quality, reduce patient and ED cost, and advance national quality priorities.

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