On Tuesday, October 18, 2016 member of the Quality Improvement & Patient Safety Section gathered in Las Vegas, NV for the section’s annual meeting which was led by outgoing Chair, Jeffrey J. Pothof, MD, FACEP. The following topics were discussed.

**QIPS Keynote presentation: CT Utilization and Choosing Wisely**
Dr. Miller provided the QIPS Keynote Presentation on CT Utilization & Choosing Wisely. In his presentation, Dr. Miller noted the following four points:

1. CT overutilization is a problem due to radiation, ED throughput, and cost
2. ED docs have to change their ways, and Choosing Wisely is a good tool to focus Emergency Physicians on areas of overutilization
3. Developing direct feedback reports is an effective way to decrease utilization
4. Emergency Physicians have the power to lead

**Emergency Quality (E-QUAL) Network**
Arjun K. Venkatesh, MD, MBA, provided the section with and overview of E-QUAL. He mentioned that over the next 4 years, ACEP will be helping emergency departments (EDs) across the U.S. demonstrate the value of emergency care in improving patient outcomes and lowering healthcare costs. ACEP will connect EDs from across the country in shared learning collaboratives designed to support ED Directors and front-line clinicians with quality improvement activities that also meet regulatory and educational requirements.

The ACEP Emergency Quality (E-QUAL) Network is now recruiting EDs and emergency clinicians for three planned learning collaboratives:

- Improving outcomes for patients with sepsis
- Reducing avoidable imaging in low risk patients through implementation of ACEP’s Choosing Wisely recommendations
- Improving the value of ED chest pain evaluation by reducing avoidable admissions in low risk patients with chest pain

For more information on how to join the ACEP Emergency Quality Network please email equal@acep.org

**Elections**
The officers for 2016-2017 are as follows:
Quality & Patient Safety Committee (QPSC) Update

Dr. Cantrill, Chair of the Quality & Patient Safety Committee reported on progress and outcomes of each of the QPSC’s objectives. Among them, the highlights were as follows:

QPSC Workgroup 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 QPSC 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
- New Endorsement and Ratification Process for comment
- NCQA: HEDIS 2017

QPSC Workgroup 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:

- 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 2016-2017.

**Outcome:**
Action Item memo was approved by the Board of Directors regarding proposed Quality Measurement Concepts for CEDR:

- **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 WG will continue their work with subject matter experts for each concept moving forward.

Transition plan for QPSC and CEDR Committee measure development is as follows:

- QPSC subcommittee for QMs will continue the measure solicitation and measure concept prioritization and measure concept development process.
- CEDR subcommittee for QMs will continue the measure specification and data element definition process.
- Both subcommittees will continue to meet jointly with PCPI consultants to ensure that the measure specifications and data elements are consistent with the original clinical intention of the measures.

**QPSC Workgroup 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:**
ACEP’s QSPC Nominations WG3 made recommendations to the ACEP Board to ensure emergency physician representation to several national quality initiatives:

- Donald Yealy’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
Dr. Mike Phelan’s nomination was accepted to CMS’s Technical Expert Panel End-Stage Renal Disease Emergency Department Visits

Dr. Mitesh Rao’s application was submitted to NQF: Person- and Family-Centered Care

Fermann

Dr. Schuur’s name was submitted to the 2016-2017 roster for NQF’s Measure Applications Partnership (MAP)

Dr. Arjun Venkatesh is currently serving on NQF’s Health and Well Being Phase 3

Drs. Wes Fields and Jeremiah Schuur are currently serving on NQF’s All- Cause Admissions/ Readmission

QPSC Workgroup 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 WG contributed and submitted comments on the quality provisions of many federal proposed rules and RFI 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)

QIPS Awards
In 2016, the QIPS Section received the Service to College Award for the section’s outstanding contributions to the Quality and Performance Committee and to the Choosing Wisely initiative.

QIPS again reviewed submissions for its annual Resident Quality Improvement Award and awarded residents Michael Boyd, M.D. and Arun Ganti, M.D. from The University of Michigan/St. Joseph Mercy Emergency Medicine Residency for their project:

- Shared Decision Making Using the HEART Score and a Visual Aid in Patients Presenting with Chest Pain to a Community Emergency Department