Disclosures

- Centers for Medicare and Medicaid Innovation: ACEP TCPI
- Contracted with Centers for Medicare and Medicaid Services to develop hospital outcome and efficiency measures
Disclaimer

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Drive to transform clinical practice

Target percentage of payments in ‘FFS linked to quality’ and ‘alternative payment models’ by 2016 and 2018

- Alternative payment models (Categories 3-4)
- FFS linked to quality (Categories 2-4)
- All Medicare FFS (Categories 1-4)

<table>
<thead>
<tr>
<th>Year</th>
<th>Historical Performance</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>0%</td>
<td>68%</td>
</tr>
<tr>
<td>2014</td>
<td>~20%</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>2016</td>
<td>30%</td>
<td>85%</td>
</tr>
<tr>
<td>2018</td>
<td>50%</td>
<td>90%</td>
</tr>
</tbody>
</table>
TCPi | Transforming Clinical Practice Initiative

- Support more than 150,000 clinicians in their practice transformation work
- Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
- Reduce unnecessary hospitalizations for 5 million patients
- Generate $1 to $4 billion in savings to the federal government and commercial payers
- Sustain efficient care delivery by reducing unnecessary testing and procedures
- Build the evidence base on practice transformation so that effective solutions can be scaled

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Practice Transformation

• Individual Patient → Treating Populations

• Fragmented Care → Coordinated Care

• Payer-driven change → Provider-driven

• Volume-based $ → Value-based $

But where does Emergency Medicine Fit in?

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“engage emergency clinicians and leverage emergency departments to improve clinical outcomes, coordination of care and to reduce costs”
Emergency Quality Network Focus Areas

1. Improving outcomes for patients with sepsis

2. Reducing avoidable imaging in low risk patients by implementation of ACEP’s Choosing Wisely recommendations
   - High-cost imaging for low back pain
   - Head CT scan after minor head injury
   - Chest CT for pulmonary embolus
   - Abdominal CT for renal colic
   - Head CT for syncope

3. Improving the value of ED evaluation for low risk chest pain by reducing avoidable testing and admissions
Goal: National Impact

- Support widespread implementation early recognition and treatment interventions to save **60,000 lives**

- Reduce **one million imaging studies** by supporting clinicians and patients in implementing ACEP’s Choosing Wisely™ recommendations

- **Save over $200 million** by improving the value of care for ED patients with low-risk chest pain by:
  - Improving appropriateness of noninvasive cardiac diagnostic testing
  - Improving care coordination to reduce hospitalization rates
Recruitment and Engagement

**Goal:** E-QUAL will engage over 2,000 EDs and 24,000 emergency clinicians over 4 years

<table>
<thead>
<tr>
<th>Recruitment Goals</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,250 ED clinicians</td>
<td>12,000 ED clinicians</td>
<td>5,250 ED clinicians</td>
<td>1,500 ED clinicians</td>
<td>24,000 ED clinicians</td>
<td></td>
</tr>
</tbody>
</table>

September 2016 Recruitment - 12,297 emergency clinicians!
Quality Readiness in Emergency Medicine

• 82 E-QUAL Early Adopters
  – 11% Critical Access
  – 16% Rural
  – 9% Safety-net

• 95% Hospital Based / 5% Free-Standing
Quality Readiness

Does your ED currently engage in quality improvement activities focused on:

- Sepsis: 99%
- Chest pain care including hospitalization and stress testing: 64%
- Choosing Wisely/Avoidable Imaging: 64%
Quality Readiness

Does your ED currently engage in any of the following quality improvement activities?

- Structured peer review of cases: 93%
- Morbidity and Mortality (M&M) conference: 57%
- Collection of quality data for hospital public reporting: 94%
- ED group MOC activities for continued board certification: 70%
- Sharing of provider comparative data on utilization and cost of care (e.g. CT rate, admission rate): 69%

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Does your ED currently engage in quality improvement activities focused on:

- Protocol driven care support tool (EHR trigger, dedicated nurse checklist, etc): 84%
- Electronic health record screening tool or alert system: 75%
- Nurse order sets for sepsis: 72%
- Code Sepsis or ED sepsis team (dedicated team of providers and response for patients with sepsis): 35%
- ICU co-management for septic shock patients: 22%
- Dedicated critical care rooms or unit in ED for septic shock patients: 16%
- Other: 11%
What is the frequency of the quality of sepsis process care in your ED today?

<table>
<thead>
<tr>
<th></th>
<th>0-25%</th>
<th>26-50%</th>
<th>51-75%</th>
<th>76-100%</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>% patients with septic shock getting lactate checked</td>
<td>3%</td>
<td>0%</td>
<td>12%</td>
<td>74%</td>
<td>12%</td>
</tr>
<tr>
<td>% patients with septic shock receiving broad spectrum antibiotics in less than one hour</td>
<td>3%</td>
<td>9%</td>
<td>21%</td>
<td>48%</td>
<td>19%</td>
</tr>
<tr>
<td>% patients with septic shock receiving 20cc/kg of IV fluids within one hour</td>
<td>3%</td>
<td>7%</td>
<td>30%</td>
<td>40%</td>
<td>19%</td>
</tr>
<tr>
<td>% patients with septic shock and elevated serum lactate with repeat lactate performed</td>
<td>7%</td>
<td>13%</td>
<td>21%</td>
<td>49%</td>
<td>9%</td>
</tr>
</tbody>
</table>
E-QUAL Success Story: UPenn Sepsis

Challenge: Missed occult sepsis

Actions:

• EHR trigger based on chief complaint and vitals
• Automatic lactate order

Results: 94% of ESI 2/3 had lactate >3 and 43% were admitted to ICU faster
Which ACEP Choosing Wisely™ recommendations is your ED either engaged in or interested in?

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Currently engaged in QI activities</th>
<th>Interested in starting a QI activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid CT of the abdomen and pelvis in young patients with recurrent renal colic</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Avoid lumbar imaging in patients with atraumatic low risk back pain without red flags</td>
<td>32%</td>
<td>70%</td>
</tr>
<tr>
<td>Avoid chest CT imaging for PE in low pre-test probability patients with a negative D-Dimer or PERC rule</td>
<td>48%</td>
<td>54%</td>
</tr>
<tr>
<td>Avoid CT imaging of the head in atraumatic syncope with a normal neurological exam</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Avoid CT imaging of the head for mild traumatic head injury meeting established clinical criteria</td>
<td>42%</td>
<td>58%</td>
</tr>
</tbody>
</table>
E-QUAL Success Story Avoidable Imaging: San Joaquin General

Challenge: CT utilization high with too much provider-level variation

Actions:
• Individual performance feedback
• Local coaching

Results: 20% decrease in imaging
Which of the following QI approaches have been used in your ED?

- Provider-specific feedback reports on imaging utilization or appropriateness: 80%
- Computerized decision support: 24%
- Radiologist review or consultation for imaging: 11%
Does your ED have a local clinical practice guideline for the evaluation of low-risk suspected ACS?

- Yes: 55%
- No: 45%
Does your ED formally support the use of any of the following clinical risk stratification tools?

- HEART score: 48%
- TIMI score: 29%
- None, clinician discretion: 37%
- GRACE score: 0%
- All of the above: [VALUE]
Does your ED utilize protocolized observation care for patients with suspected ACS?

- Yes, in a hospital run dedicated observation unit: 27%
- Yes, in an ED run dedicated observation unit: 22%
- No: 52%
What proportion of ED patients held for additional evaluation receive diagnostic testing (stress test, CT angiography)?

- 0-25%: 6%
- 26-50%: 6%
- 51-75%: 20%
- 76-100%: 17%
- Unsure: 50%
Do any of your ED group’s commercial payer contracts include specific quality metrics?

- Yes: 48%
- No: 52%
Quality Readiness: Payment

How does your ED engage with an Accountable Care Organizations (ACO)?

- ED group is part of the hospital or physician group ACO either Medicare Shared Savings Program or Pioneer ACO program of CMS or Commercial ACO: 25%
- Hospital is part of an ACO: 48%
- Not at All: 35%
**Quality Readiness: Payment**

Rate your level of readiness to move into an alternative payment model (APM) within your physician group

<table>
<thead>
<tr>
<th>Level of Readiness</th>
<th>1 (Not Ready)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (Ready)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>27%</td>
<td>36%</td>
<td>13%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>
# Timeline – Sign Up!

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Launch Date</th>
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</thead>
<tbody>
<tr>
<td>Sepsis Initiative SEP-I Challenge</td>
<td>Launching October 2016</td>
</tr>
<tr>
<td>Sepsis Initiative Wave II</td>
<td>Launching January 2017</td>
</tr>
<tr>
<td>Avoidable Imaging Initiative Wave II</td>
<td>March 2017</td>
</tr>
<tr>
<td>Chest Pain Initiative Wave I</td>
<td>Spring 2017</td>
</tr>
</tbody>
</table>
Thank You to Our Supporters!

- American Board of Emergency Medicine (ABEM)
- Emergency Medicine Residents Association (EMRA)
- Emergency Nurses Association (ENA)
- Society for Emergency Medicine Physician Assistants (SEMPA)
- Council of Emergency Medicine Residency Directors (CORD)
- Greater New York Hospital Association (GNYHA)
- Association of Academic Chairs of Emergency Medicine (AACEM)
- TeamHealth, CEP America, EmCare, Schumacher Clinical Partners, US Acute Care Services
For More Information

E-QUAL Website: [www.acep.org/equal](http://www.acep.org/equal)

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