

TCPi

**Transforming Clinical
Practice Initiative**

E•QUAL

**EMERGENCY
QUALITY
NETWORK**

Disclosures

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

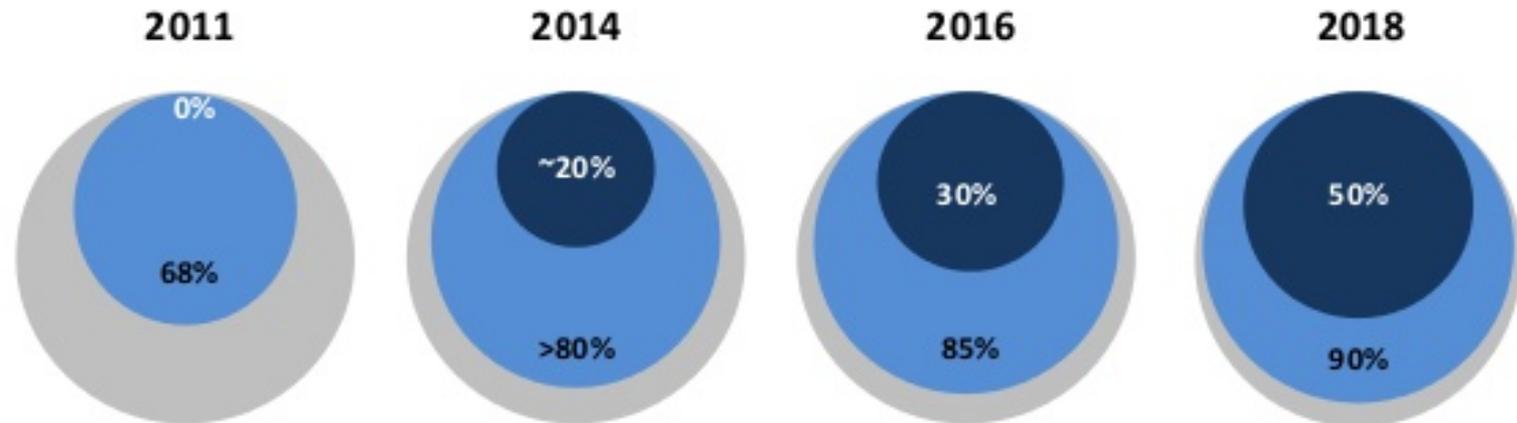
Disclaimer

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Drive to transform clinical practice

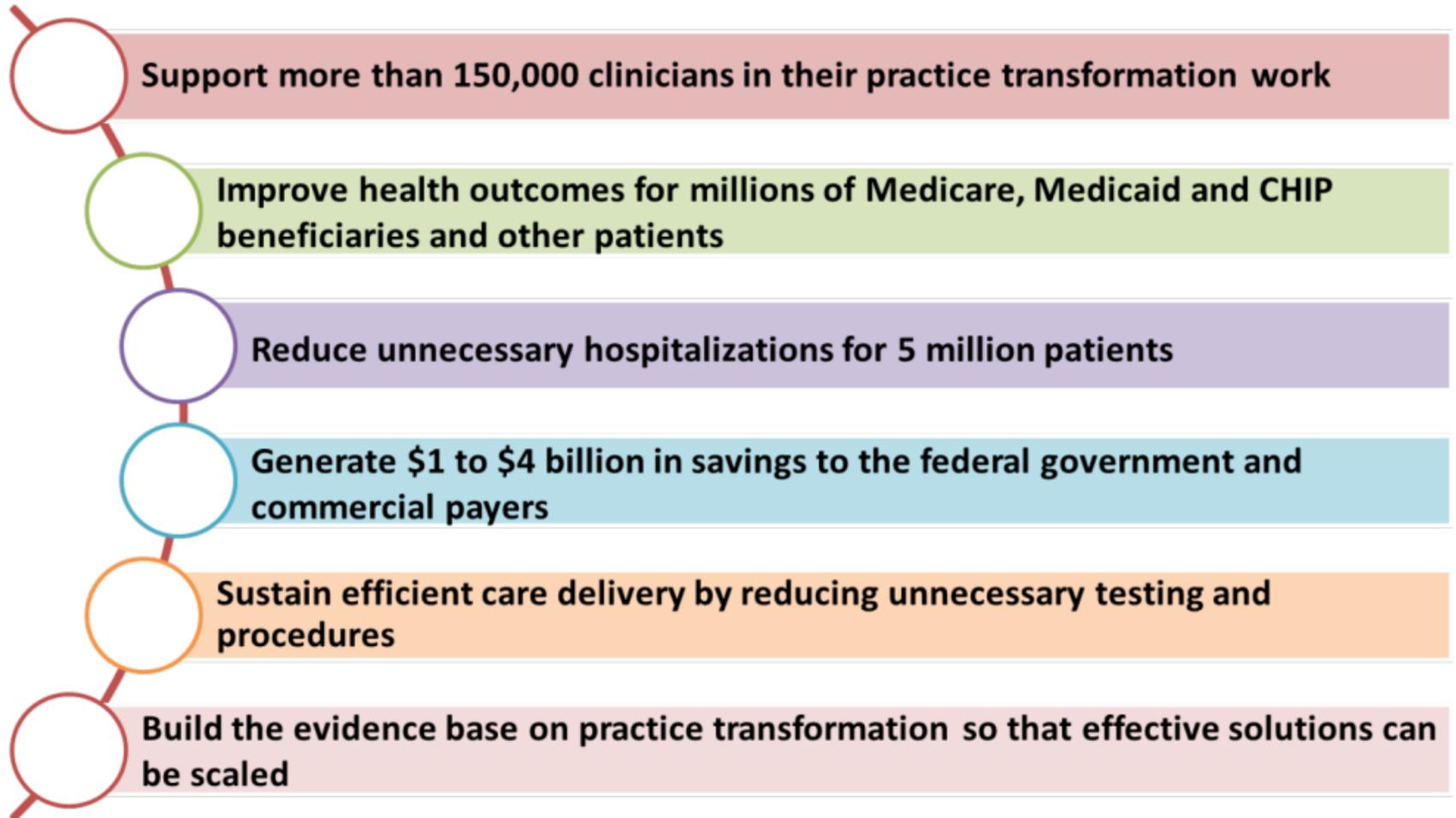
Target percentage of payments in 'FFS linked to quality' and 'alternative payment models' by 2016 and 2018

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



Historical Performance

Goals



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?



“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

Recruitment Goals				
Year 1	Year 2	Year 3	Year 4	Total
5,250 ED clinicians	12,000 ED clinicians	5,250 ED clinicians	1,500 ED clinicians	24,000 ED clinicians

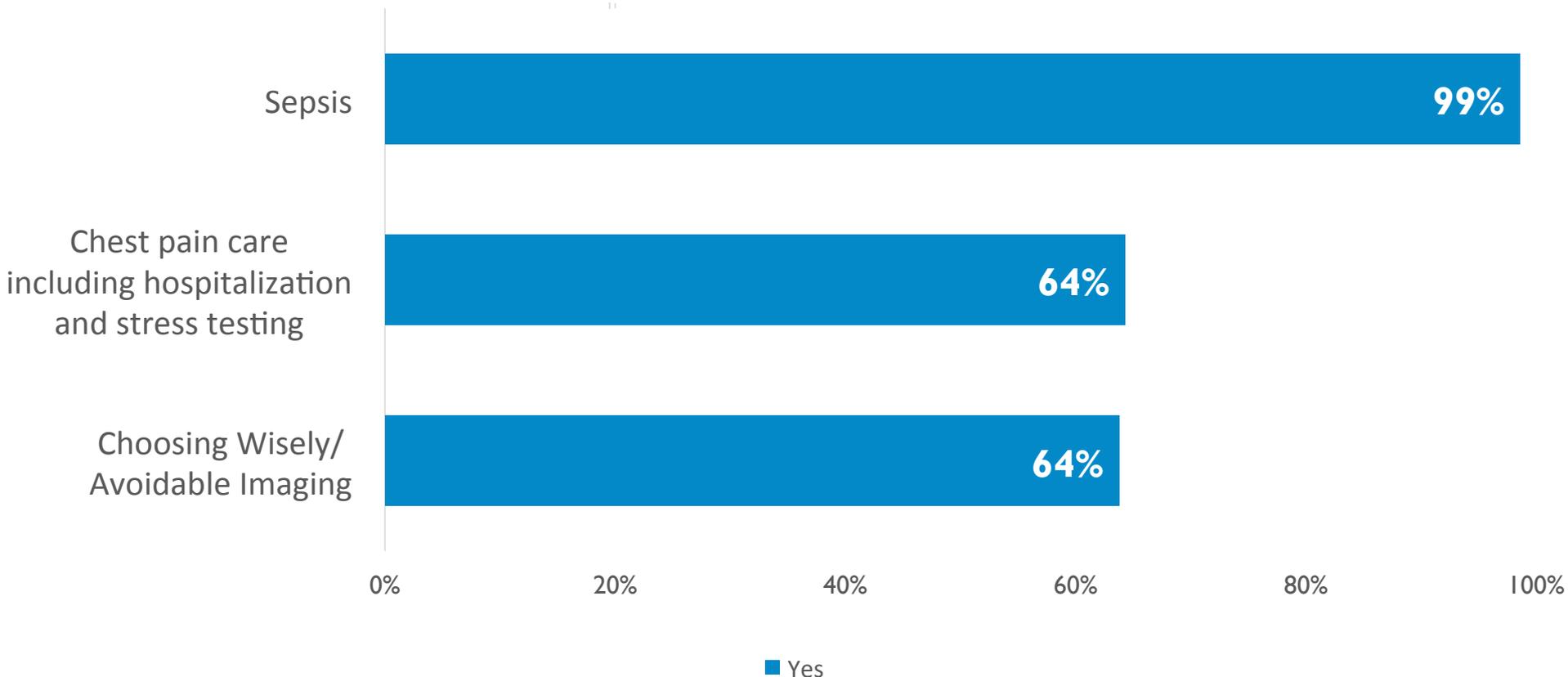
September 2016 Recruitment - 12,297 emergency clinicians!

Quality Readiness in Emergency Medicine

- 82 E-QUAL Early Adopters
 - 11% Critical Access
 - 16% Rural
 - 9% Safety-net
- 95% Hospital Based / 5% Free-Standing

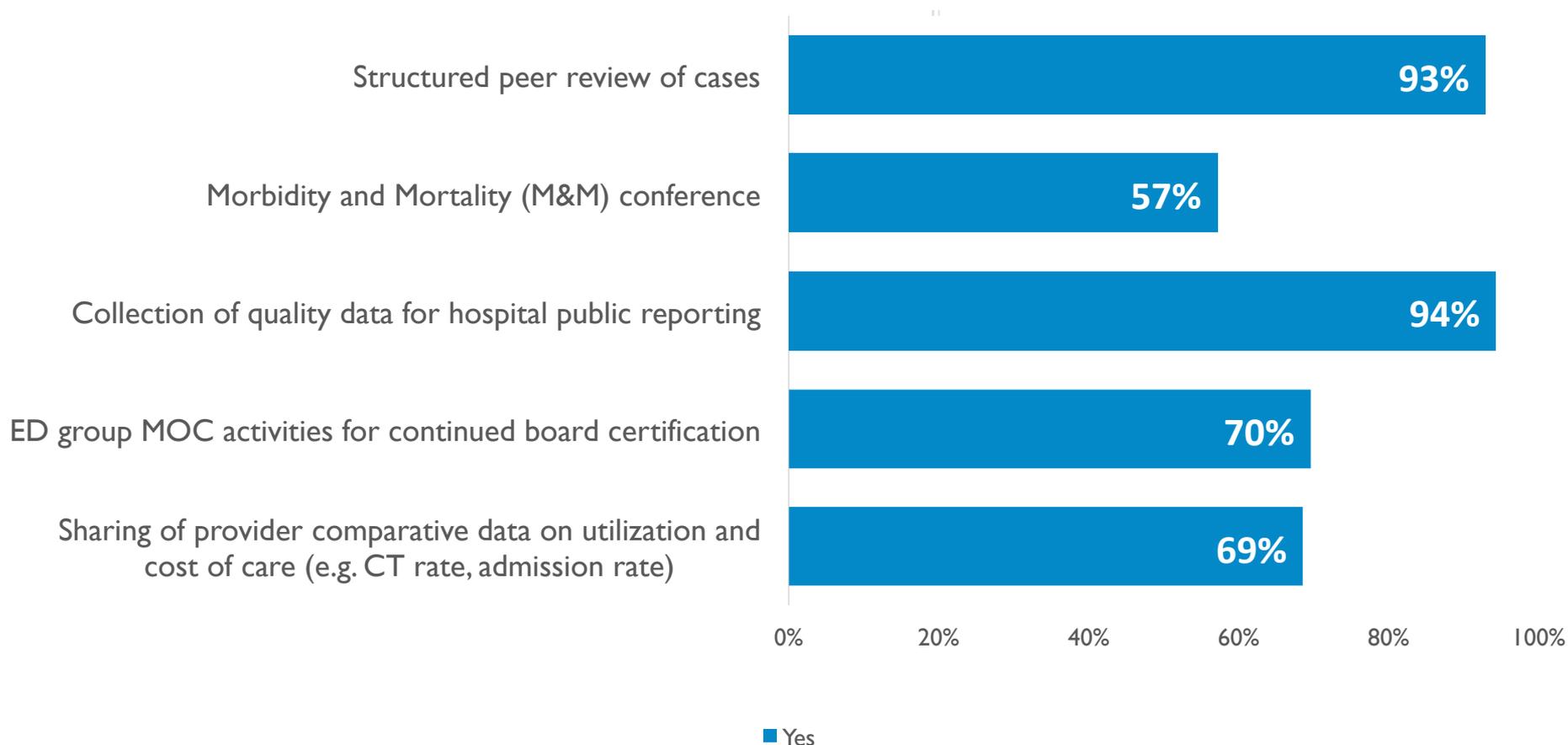
Quality Readiness

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



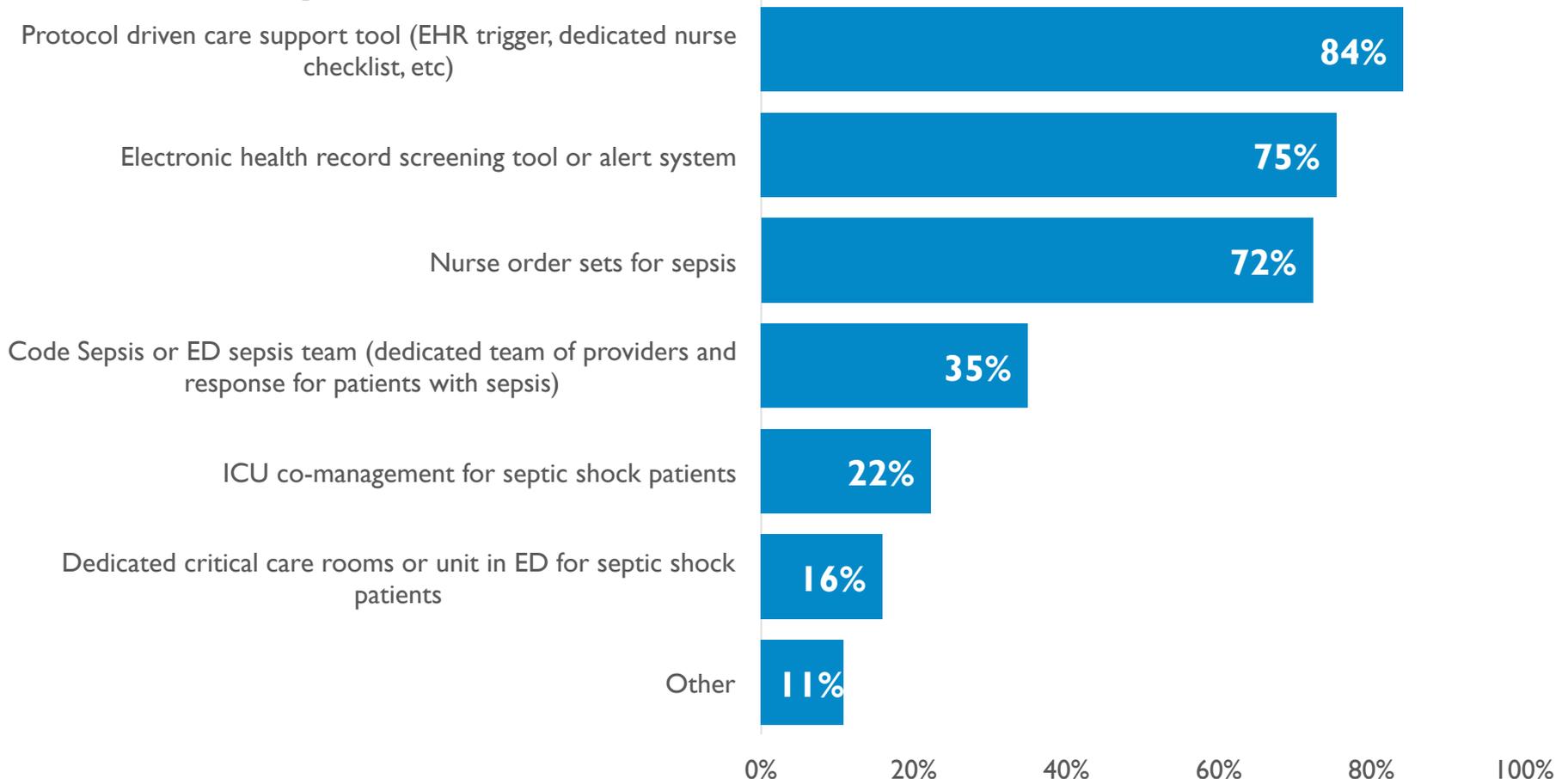
Quality Readiness

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





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





What is the frequency of the quality of sepsis process care in your ED today?

	0-25%	26-50%	51-75%	76-100%	Unsure
% patients with septic shock getting lactate checked	3%	0%	12%	74%	12%
% patients with septic shock receiving broad spectrum antibiotics in less than one hour	3%	9%	21%	48%	19%
% patients with septic shock receiving 20cc/kg of IV fluids within one hour	3%	7%	30%	40%	19%
% patients with septic shock and elevated serum lactate with repeat lactate performed	7%	13%	21%	49%	9%

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



Reduce Avoidable Testing

for low risk patients through implementation of Choosing Wisely Recommendations

Which ACEP Choosing Wisely™ recommendations is your ED either engaged in or interested in?

	Currently engaged in QI activities	Interested in starting a QI activity
Avoid CT of the abdomen and pelvis in young patients with recurrent renal colic	29%	71%
Avoid lumbar imaging in patients with atraumatic low risk back pain without red flags	32%	70%
Avoid chest CT imaging for PE in low pre-test probability patients with a negative D-Dimer or PERC rule	48%	54 %
Avoid CT imaging of the head in atraumatic syncope with a normal neurological exam	32%	68%
Avoid CT imaging of the head for mild traumatic head injury meeting established clinical criteria	42%	58%

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

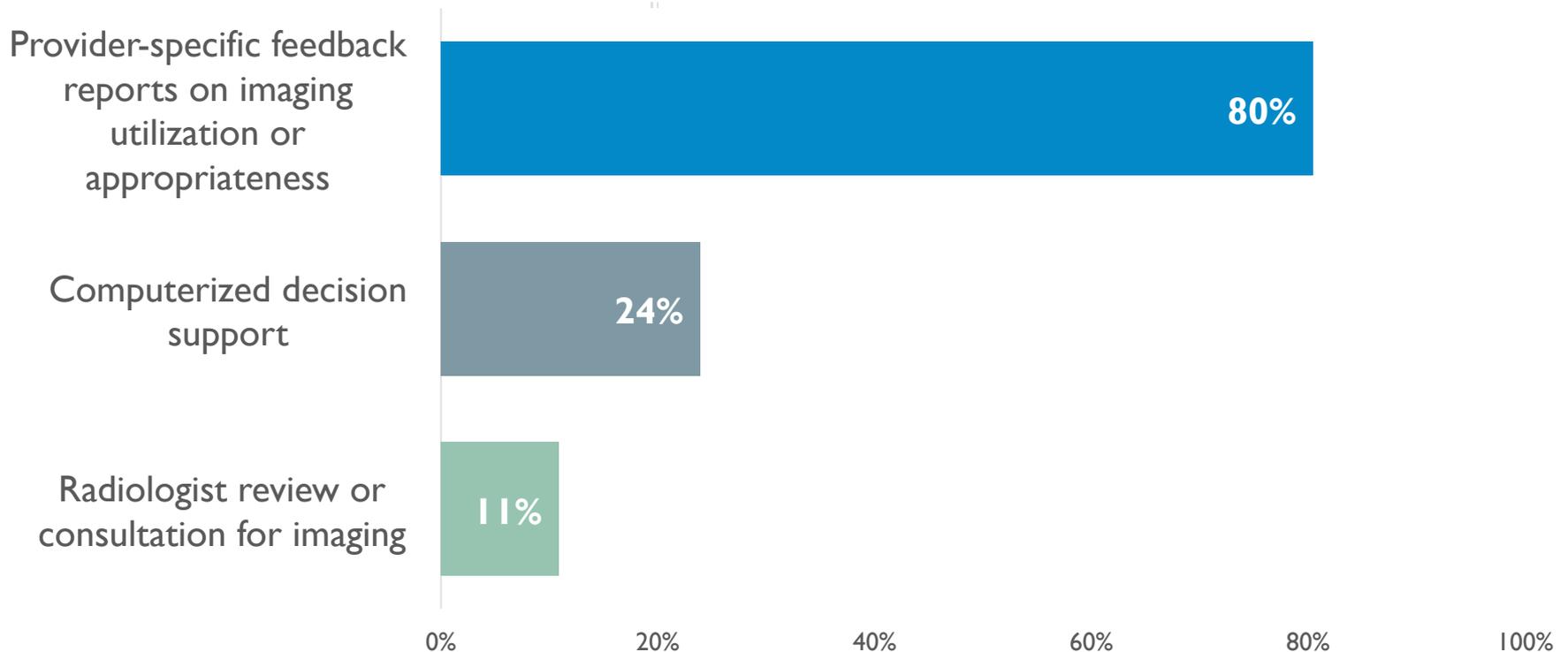
Results: 20% decrease in imaging



Reduce Avoidable Testing

for low risk patients through implementation of Choosing Wisely Recommendations

Which of the following QI approaches have been used in your ED?

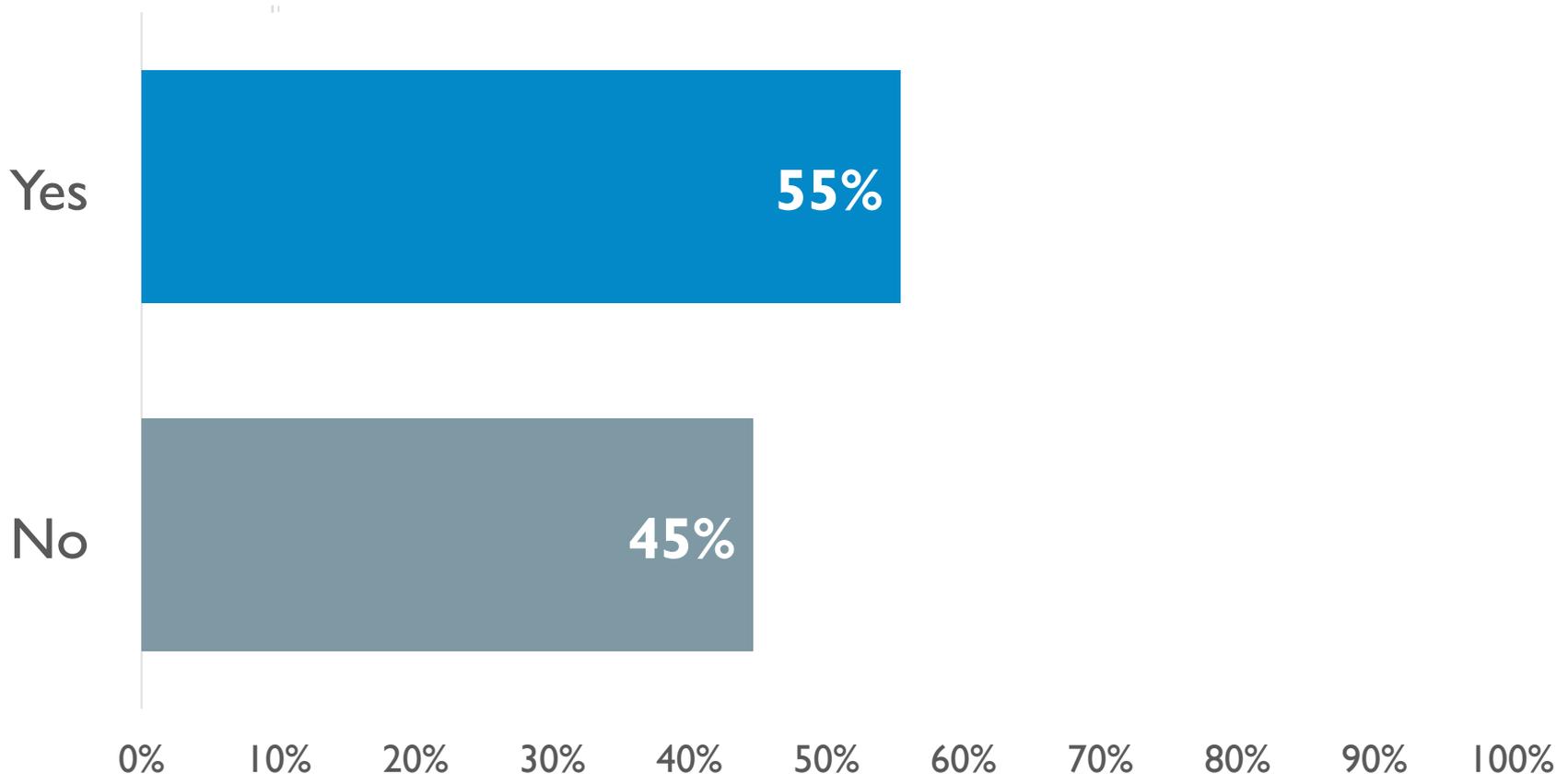




Improve The Value

of ED chest pain evaluation by reducing avoidable testing and admissions of low risk patients

Does your ED have a local clinical practice guideline for the evaluation of low-risk suspected ACS?

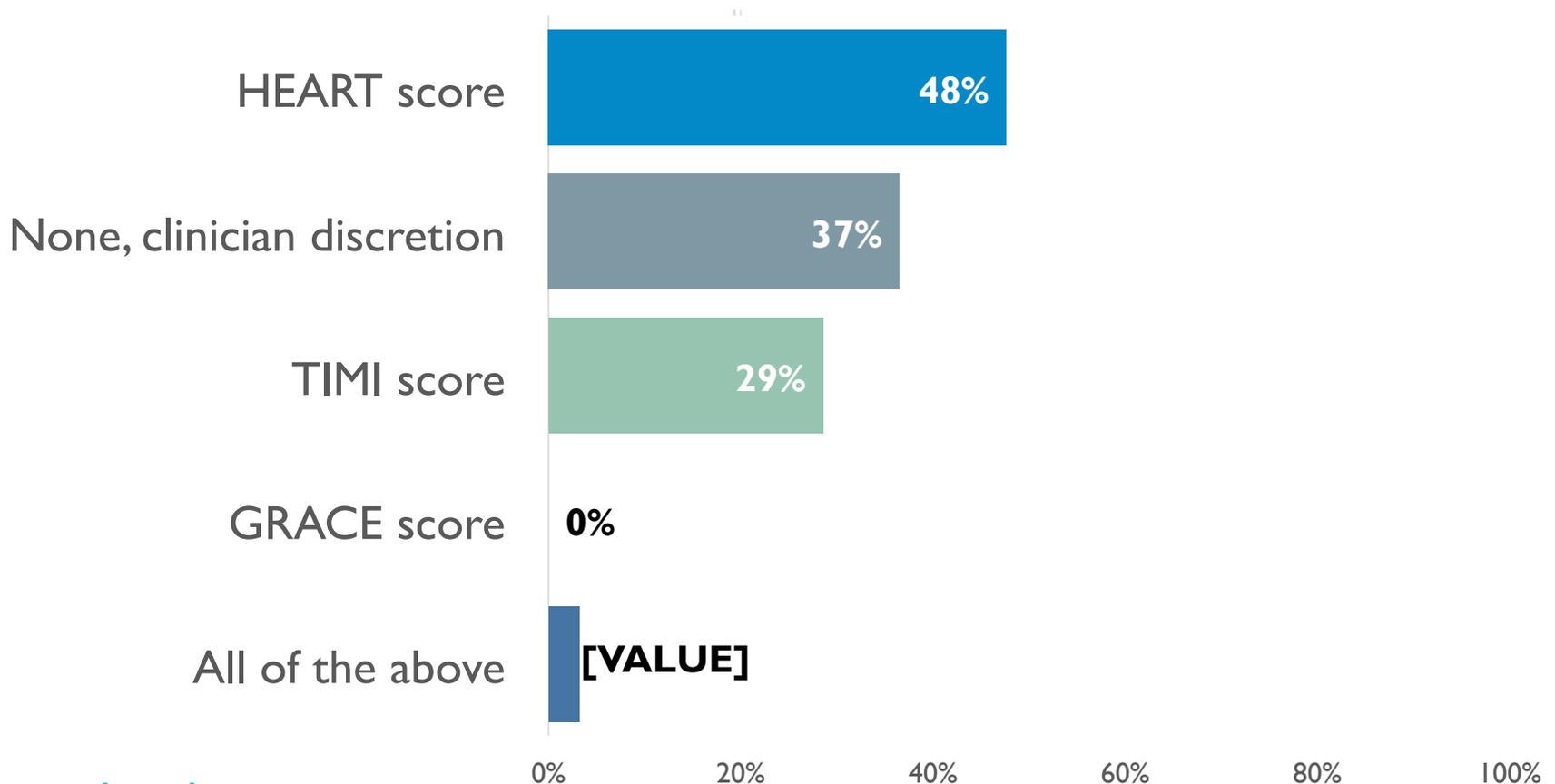




Improve The Value

of ED chest pain evaluation by reducing avoidable testing and admissions of low risk patients

Does your ED formally support the use of any of the following clinical risk stratification tools?

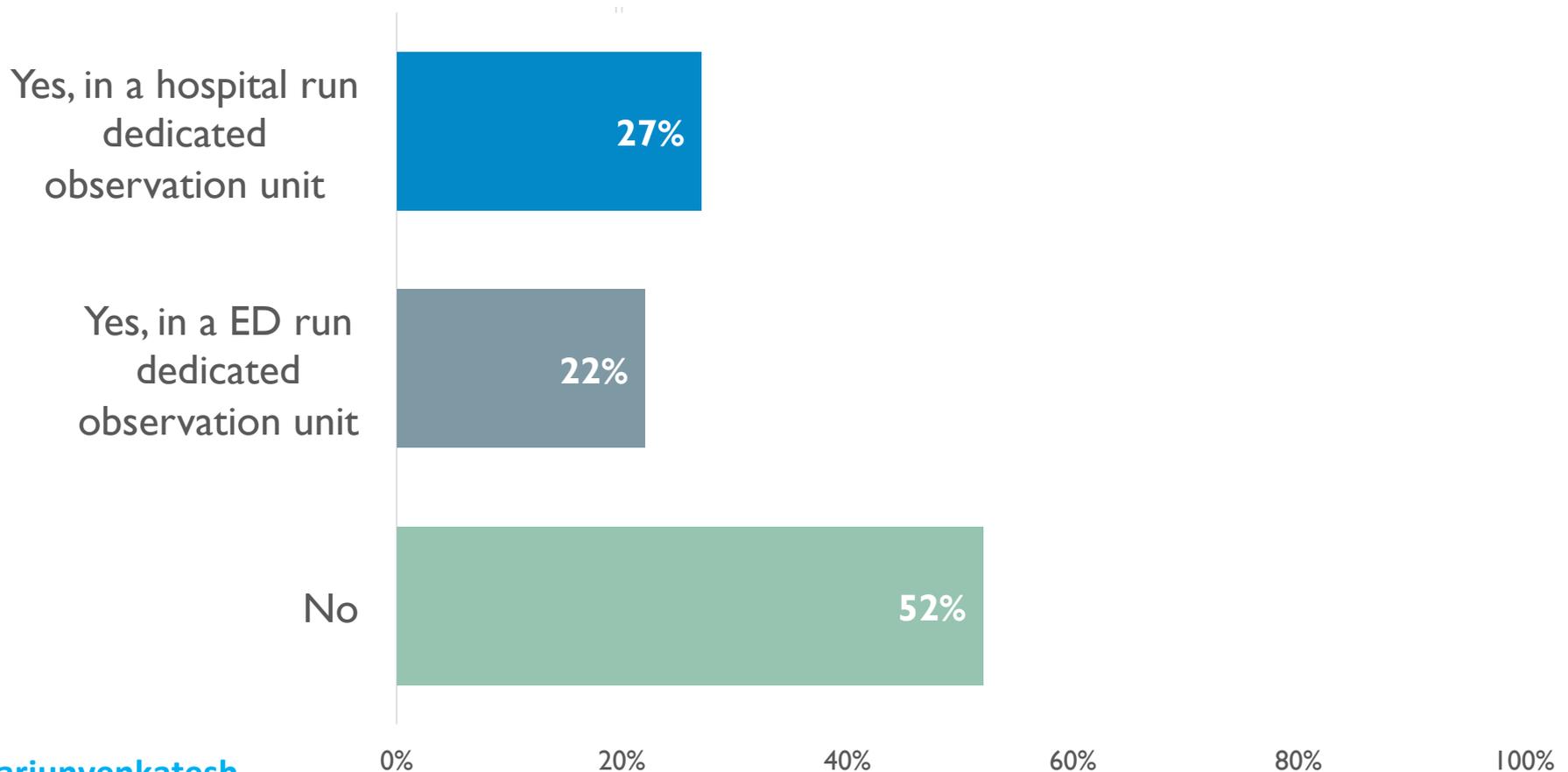




Improve The Value

of ED chest pain evaluation by reducing avoidable testing and admissions of low risk patients

Does your ED utilize protocolized observation care for patients with suspected ACS?

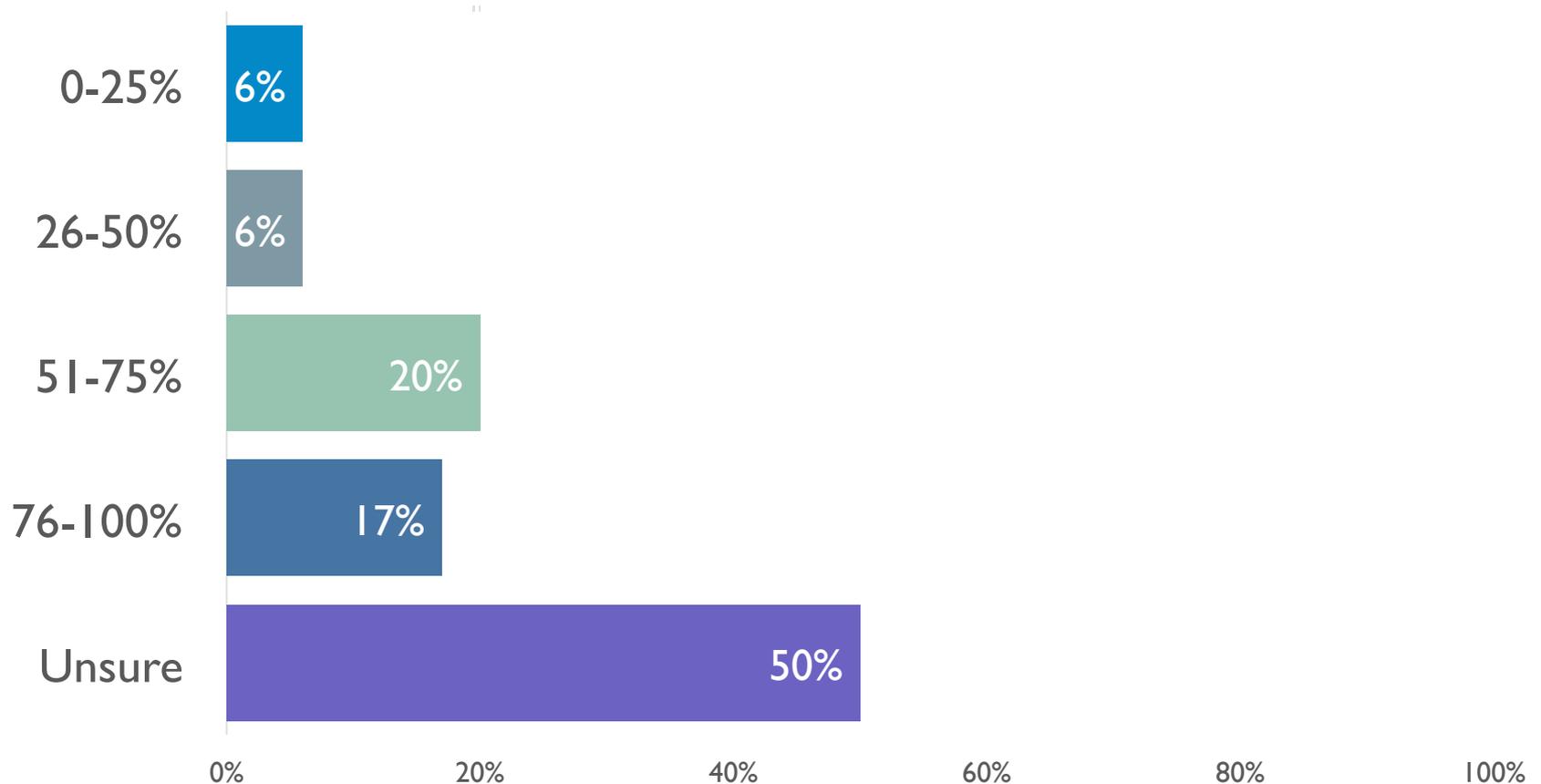




Improve The Value

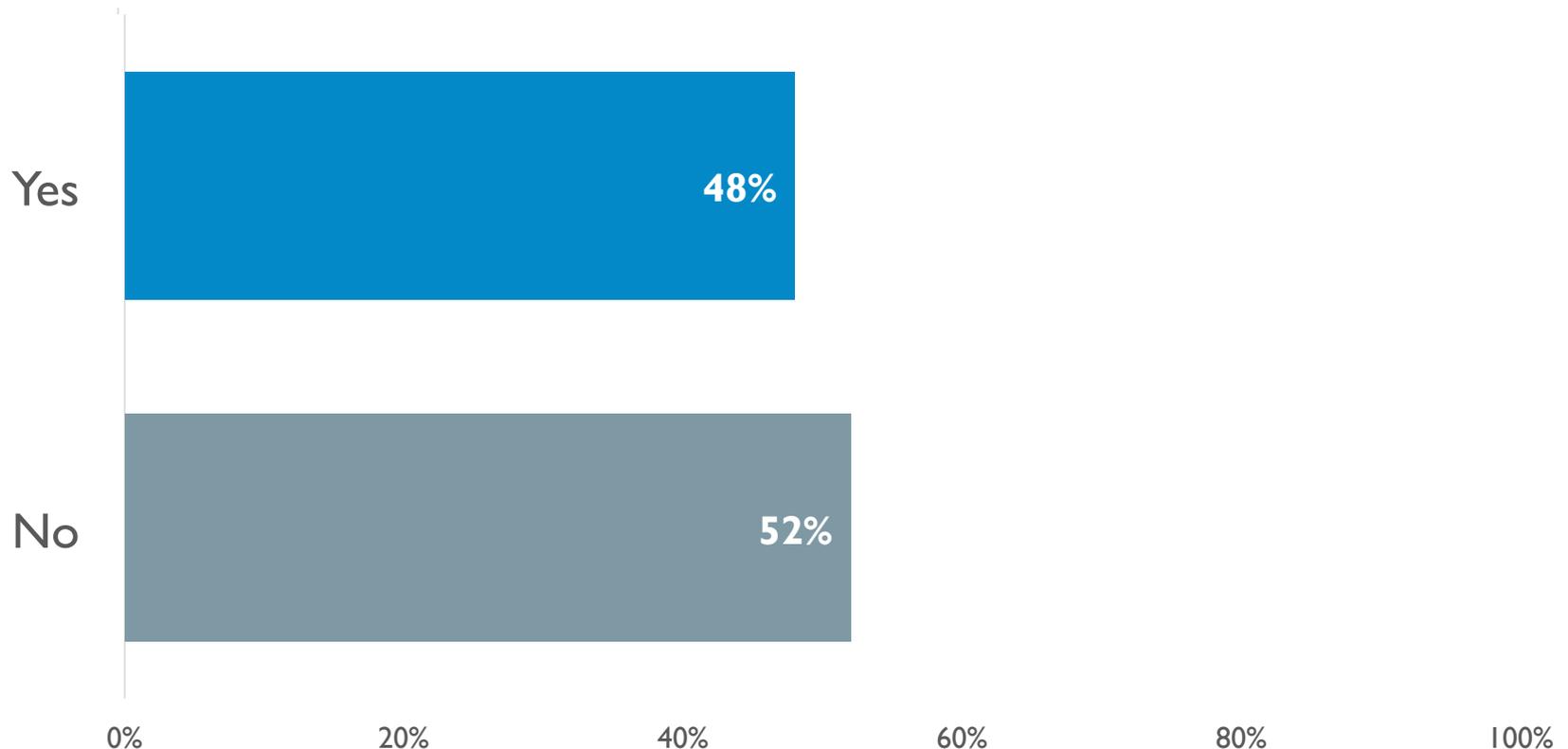
of ED chest pain evaluation by reducing avoidable testing and admissions of low risk patients

What proportion of ED patients held for additional evaluation receive diagnostic testing (stress test, CT angiography)?



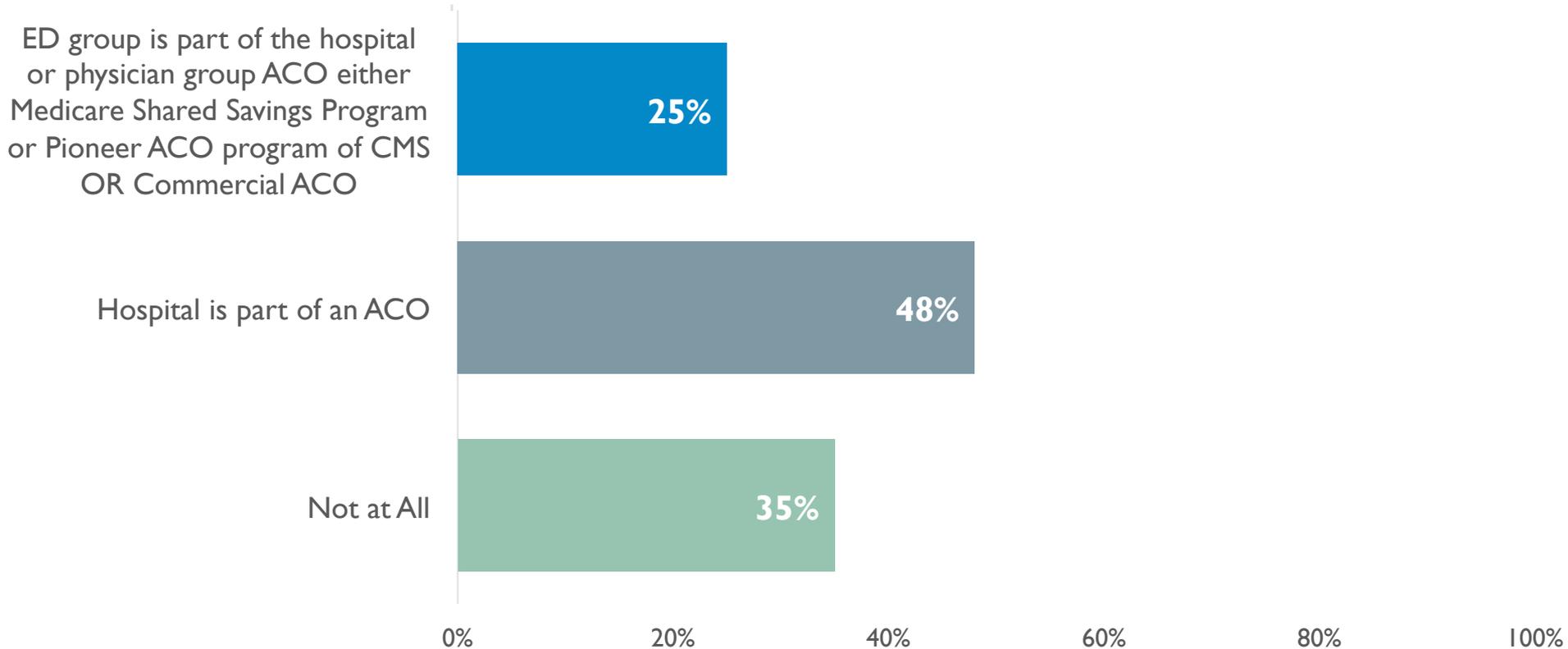
Quality Readiness: Payment

Do any of your ED group's commercial payer contracts include specific quality metrics?



Quality Readiness: Payment

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



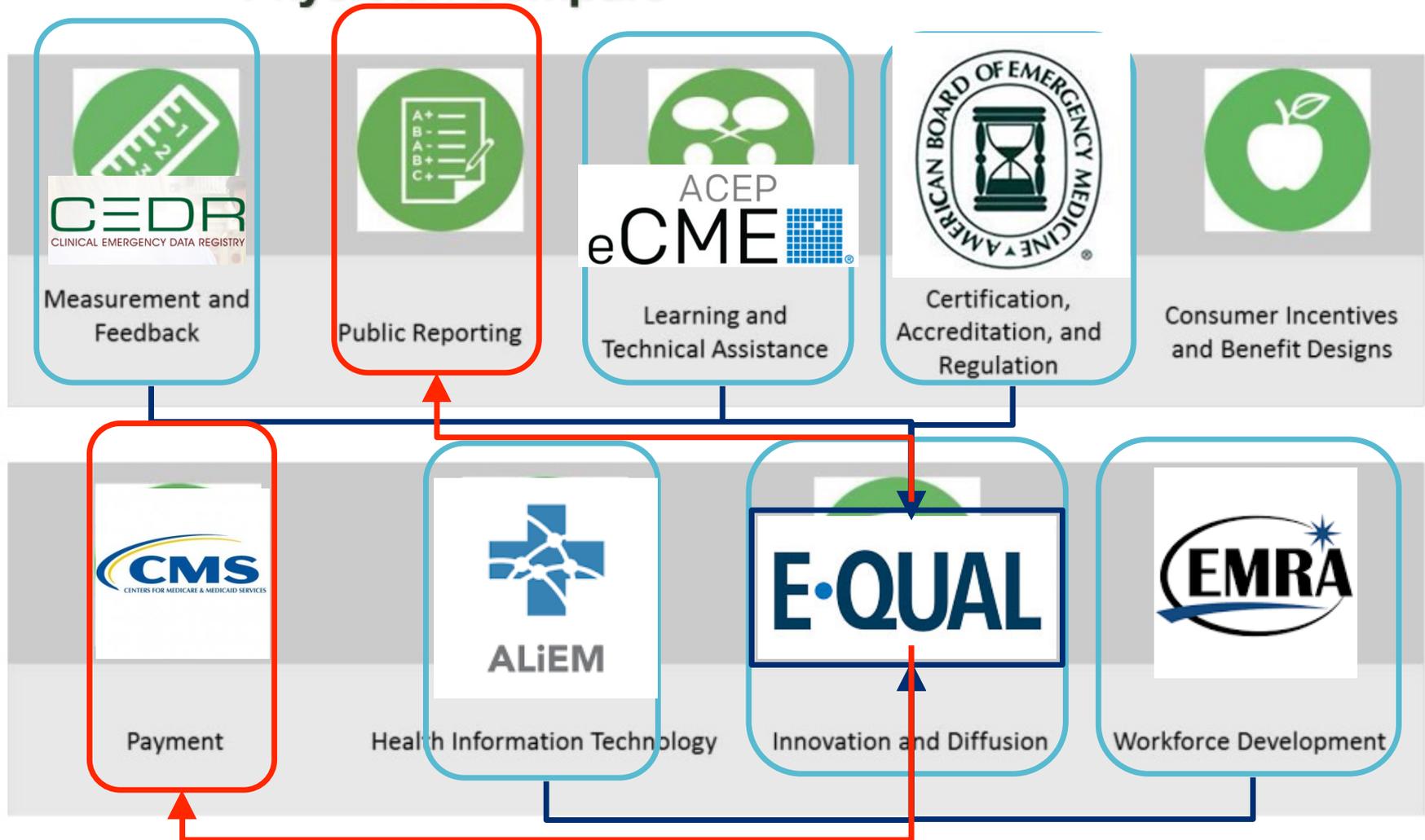
Quality Readiness: Payment

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

	1 Not Ready	2	3	4	5 Ready
Level of Readiness	18%	27%	36%	13%	6%

Aligning Levers for Change

Physician Compare



Timeline – Sign Up!

Sepsis Initiative SEP-I Challenge
SIGN UP TODAY!

Launching October 2016

Sepsis Initiative Wave II
SIGN UP TODAY!

Launching January 2017

Avoidable Imaging Initiative
Wave II

March 2017

Chest Pain Initiative Wave I

Spring 2017



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

Contacts:

- Nalani Tarrant: (Project manager) ntarrant@acep.org
- Jay Schuur: (co-PI) jschuur@partners.org
- Arjun Venkatesh: (co-PI) arjun.venkatesh@yale.edu