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Attribution for Critical Illness and Injury

Web Meeting #2

February 18, 2021

This project is funded by the Centers for Medicare & Medicaid Services under Task Order 75FCMC20F0005 – Attribution for Critical Illness and Injury.

Welcoming Remarks

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Welcome!

Housekeeping reminders:

- Please mute your computer or line when you are not speaking
- Please ensure your name is displayed correctly (right click on your picture and select "Rename" to edit)
- We encourage you to turn on your video, especially during the discussions and when speaking
- To switch your display, click in the upper-right hand corner and toggle between “Speaker View” or “Gallery View” to choose your preferred view
- Please use the ‘hand raised’ feature if you wish to provide a point or raise a question.
  - *To raise your hand, click on the “participants” icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*

- Feel free to use the chat feature to communicate with the NQF Host
- For this meeting, we will be using RingCentral for presentations and discussions. Please ensure you have access to this platform.

If you are experiencing technical issues, please contact us at attribution@qualityforum.org

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Agenda

- Roll Call and Meeting Objectives
- Web Meeting #1 Recap
- Review Environmental Scan Draft #1
- Continue Use Case Discussion
- Recommendations for Key Informant Interviewees
- NQF Member and Public Comment
- Next Steps

Introductions and Meeting Objectives

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NQF Staff

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Committee Members

Brendan Carr, MD, MA, MS (co-chair)	**Gerald Maloney, Jr., DO, CHCQM, CPPS, CPHQ, FACEP, FACMT**
Carol Raphael, MPA, Ed (co-chair)	William Miles, MD, FACS, FCCM, FAPWCA
Michael Barr, MD, MBA, MACP, FRCP	Fred Neis, MS, RN, FACHE, FAEN
Sue Anne Bell, PhD, FNP-BC, NHDP-BC	Brian Park, RN, BSN
John Brady, RN	Robert Schmitt, FACHE, FHFMA, MBA, CPA
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Charleen Hsuan, JD, PhD	Arjun Venkatesh, MD, MBA, MHS
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Federal Liaisons

Federal Liaison	Affiliation
Craig Goolsby, MD, MEd, FACEP	Department of Defense (DoD)
Melissa Harvey, RN, MSPH	Department of Homeland Security (DHS)
Richard C. Hunt, MD	Office of the Assistant Secretary for Preparedness & Response (ASPR)
Chad Kessler, MD	Department of Veterans Affairs (VA)
Kyle Remick, MD	Department of Defense (DoD)
Anita Vashi, MD	Department of Veterans Affairs (VA)

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Meeting Objectives

- Recap Web Meeting #1
- Review Environmental Scan Draft #1 Findings
- Continue Use Case Conversations
- Recommendations for Key Informant Interviewees

Recap of Web Meeting #1

Environmental Scan Overview and Committee Discussion

Environmental Scan Approach

Purpose: Summarize information that can inform how to leverage attribution in quality measurement to incentivize/encourage various entities within a geographic area to act as one single system to respond to mass casualty events

Focuses of the scan:

- Existing frameworks for healthcare system readiness/providing care during emergencies, including how a patient's outcomes are linked to a provider and who makes the decision based on available information
- Existing frameworks for creating attribution models and how they relate to assessing quality of care for high-acuity Emergency Care Sensitive Conditions (ECSCs)
- Measures/ measure concepts related to healthcare system readiness and emergency care and their attribution approaches
- Program-level attribution approaches that attribute care to multiple entities

Attribution Models		
• Population/geographic-based models • Models that attribute to multiple entities	• Peer-reviewed literature • Grey and white literature • Seminal reports identified by experts	• CMS CMIT • NQF QPS • QCDRs • Measures and measure concepts recommended in the NQF Healthcare System Readiness final report

Environmental Scan Findings – Federal Response

- Department of Health and Human Services (HHS)
  - Office of the Assistant Secretary for Preparedness and Response (ASPR)
    - Hospital Preparedness Program (HPP)
    - National Disaster Medical System (NDMS)
    - Regional Disaster Health Response System (RDHRS)
  - Center for Disease Control and Prevention's (CDC) Emergency Preparedness and Response
  - CMS' Emergency Triage, Treat, and Transport (ET3) Model
  - National Institutes of Health (NIH)
    - National Institute of Environmental Health Sciences (NIEHS)
    - National Institute of Allergy and Infectious Diseases (NIAID)
- Department of Homeland Security (DHS)
  - Federal Emergency Management Agency (FEMA)
  - National Domestic Preparedness Consortium (NDPC)

Environmental Scan Findings – Attribution Models

- Geographic-Based Approaches (e.g., Geographic-based Direct Contracting (Geo), Oregon Medicaid Coordinated Care Organizations (CCO), California Cooperative Healthcare Reporting Initiative, New Jersey Medicaid Accountable Care Organization Demonstration Project)
  - Benefits of a geographic model include the potential to capture individuals that do not often interact with the healthcare system and incentivize a team-based model to care delivery for all patients in a region
  - Challenges of geographic-based attribution include defining the "population" and using data-drive approaches to align the care and goals across systems and payers Population-Level Measure Examples
  - 63 NQF-endorsed measures specified at the population level
  - Example population-level measures are intended for use in quality improvement efforts to improve care transitions and/or reduce hospitalizations
- Attribution to Multiple Providers
  - Models that attribute to multiple providers generally do not assign a different weight per provider
  - Potential challenges of attributing to multiple providers include the complexity involved in defining the team or multiple entities involved during a specific time period and determining who should get responsibility and to what extent

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Environmental Scan Findings – Key Themes

- **Defining the Population/Geographic Regions.** How should populations be defined and by what criteria should individuals be assigned to a particular population? Should all patients in region or only those that interact with the medical system be considered? How to ensure an attribution approach is data driven? To what extent do existing data provide the information needed to support fair and accurate attribution for high acuity ECSCs?
- **Timing of Attribution**. In terms of the timing for making attribution for mass casualty events or individual emergencies, what are the options, and what are the pros and cons for each option?
- **Data Challenges**. How should capturing non-claims based data points be approached in these scenarios, and where would the responsibility for collecting this information fall within the care process?

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Environmental Scan Findings – Key Themes[2]

- **Patient Role in Decision-Making During Emergencies.** Should measurement models for emergency care include the potential for patient self-attribution? If so, under what circumstances? What data or information have to be available to patients to help them make fair and accurate attributions?
- **Team-Based Attribution.** What information or data should be used to determine who/which entity can influence the outcomes of interest? If multiple providers have influence over an outcome, under what circumstances should multiple attribution approaches be considered? If so, what weighting approach should be used? In other words, what information would be needed to help determine whether all the providers should be held equally accountable for an outcome, or if some of them should be held more accountable?
- **Aspirational Approaches**. Attribution can be used as a tool to drive system changes. What are some of the actionable approaches to incentivize high-quality, coordinated care for emergencies through attribution that could ensure fairness?

Environmental Scan Findings – Measure Gaps

Several questions to explore further specific to emergency care measurement include:

- Do existing measures reflect key components of emergency response for mass casualty events?
- What measures should be prioritized and used together to assess whether emergency response is high quality?
- Do available measures hold the right entities accountable?
- How would the measure data be collected and shared across providers and organizations that play a role in emergency response?

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Environmental Scan Discussion

- What guidance do you have on the Environmental Scan methodology?
- Do you recommend any additional resources?
- Do you have any recommendations for team-based or multi-attribution models that attribute high-acuity ECSC outcomes to more than one team member?
- What attribution model components would encourage public and private entities within the same geographic area to coordinate care more effectively during mass casualty incidence?
- What information or tools would be needed to inform fair and accurate attribution? Which of these tools are available, which of them are not?

Use Case Discussion

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Review: Purpose of Use Cases

- The final report will include five use cases of high-acuity ECSCs in situations of pandemics, natural disasters, mass violence, or other national emergencies to illustrate what to consider in developing an attribution approach for measuring quality of care related to health outcomes.
- Use cases should represent various emergency scenarios that require team-based approaches to care.
- The use cases will be vetted against potential attribution approaches to identify consistent attribution elements across each scenario, consider pros and cons of various approaches to attribution, and anticipate challenges of certain attribution models and solutions to address them.

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Use Case #1: Trauma

- A 64-year-old man who lives in the Chicago suburbs receives all of his care at health system X which is near his home. He is a pedestrian struck by a car while in the city at work and is transported to a local trauma center that is a part of health system Y. He sustains a head injury and multiple orthopedic injuries that result in a week long admission including an immediate operation as well as operations on admission days 2 and 4.
- Upon discharge, he transitions his orthopedic care back to health system X near his home, but keeps his neurosurgical care at the trauma center associated with health system Y.
- To which system should his care be attributed?

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Review: Previous Themes from Use Case 1

- Consider the time period of attribution
- Where the patient is initially taken, and level of intervention
- What elements within the attribution model do not currently exist but are going to be essential for making it successful
- Interconnectedness of local, state, and regional EMS transportation decisions and aligning with payer models
- Who should be accountable would differ based on measurement
- Layering of attribution over time to promote quality transitions in care
- Role of the PCP – from the State perspective, measures at a group/plan level using PCP-attribution is the only method to have higher-level outcomes

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Use Case #2: Mass Casualty Readiness

- A mass casualty incident (bombing) in downtown Philadelphia results in several hundred injured patients. There are multiple trauma centers and non-trauma center hospitals in the immediate area to which patients are distributed
- Preventable deaths occur as a result of undertriage (severely injured patients being transported to facilities that aren't able to manage them)
- Delays in care and preventable deaths occur as a result of overtriage (minimally injured patients being transported when it is not necessary)
- In what way can attribution be used to assess effectiveness of regional response?
- Should accountability for outcomes within a region be shared across health systems?

Review: Previous Themes from Use Case 2

- Accountability should be shared, as the response is community-based
- Paris shooting as an example, an organized city-wide response
  - Hospital coordination led to a low mortality outcome
- U.S. has opportunities for community-based response
- Illustrates an example of EMS system failure, transportation agencies and protocols are responsible for selecting the patient's treatment destination
- Health systems should have an incentive to work closely with EMS

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Discussion

- Use cases may include scenarios of massive surge of patients to a health system or in a community, trauma, pandemics, radiation or chemical exposure, bombings, natural disasters, crashes involving multiple vehicles or/and large commercial vehicles, or mass shootings.
- What additional scenarios can be considered as use cases?
- What questions related to attribution should be considered for each use case?
- What are potential methods or solutions of attributing outcomes to multiple entities during public health emergencies that should be considered?

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Update: Use Case Development

- Five use cases of high-acuity ECSCs to illustrate what to consider in developing an attribution approach for measuring quality of care related to health outcomes will be developed

- Due to the project focus, the following topic areas are proposed:
  - Trauma
  - Chemical event
  - Small-scale nuclear event
  - High-consequence infectious diseases
  - Burns (independent of trauma)

- Suggesting small groups to develop these use cases related to attribution of critical illness and injury

Discussion of Key Informant Interviewees

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Review: Key Informant Interviews

- Purpose: to identify promising approaches, existing knowledge and literature gaps, and issues of debate central to the development of population/geographic-based attribution approaches for measuring health outcomes resulting from ESCSs/national emergencies

- Potential interview stakeholder groups:
  - Experts who have significant experience in the areas of attribution for measure development
  - First responders and clinicians specializing in ECSCs
  - Quality performance measurement/measurement science within this scope
  - Value-based purchasing model implementers
  - Patient/consumer groups

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Key Informant Interview Discussion

- Are there any key informants that you recommend we interview?
- What topics or interview questions should we include in the key information interview discussion guides?

NQF Member and Public Comment

Next Steps

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Next Steps

- Draft #1 of the scan will be posted for public comment from February 24 through March 29, 2021
- Web Meeting #3
  - March 25, 2021, 11:00 am – 1:00 pm ET
    - » Attribution Discussion for New Use Cases
    - » Key Informant Interview (KII) feedback
    - » Elements of Population and Geographic-based Attribution Models

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Project Contact Information

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Project page: http://www.qualityforum.org/Attribution_for_Critical_Illness_and_Injury.aspx

SharePoint site: https://share.qualityforum.org/portfolio/AttributionCriticalIllnessInjury/SitePages/Home.aspx

THANK YOU.

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