February 16, 2024

Yale New Haven Health Services Corporation
Center for Outcomes Research and Evaluation (CORE)
Submitted electronically: cmsemergencycarecapacity@yale.edu

RE: Equity of Emergency Care Capacity and Quality (ECCQ) Electronic Clinical Quality Measure (eCQM) Public Comment Period

Dear Yale CORE team,

On behalf of the Emergency Department Practice Management Association (EDPMA), we are writing to provide feedback on the Equity of Emergency Care Capacity and Quality (ECCQ) eCQM, which is being developed under contract with CMS for the Hospital Outpatient Quality Reporting (HOQR) program. EDPMA is the nation's largest professional physician trade association focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's membership includes emergency medicine physician groups of all ownership models and sizes, as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. Together, EDPMA's members deliver or directly support health care for about half of the 146 million patients that visit U.S. emergency departments each year.

EDPMA appreciates CMS prioritizing this issue and supports the main goal of the ECCQ eCQM, which is to measure capacity and quality of emergency care to support hospital quality improvement, reduce patient harm, and improve outcomes. Since the end of the pandemic, patient flow has been severely challenged by increasing emergency department volume and decreasing hospital staff availability. These and other factors have resulted in the unavailability of inpatient beds for emergency patients requiring inpatient admission and prolonged ED "boarding," which in turn reduces the number of treatment rooms available for new emergency patients. Unfortunately, this problem is not improving. The ED median boarding time increased from 121 minutes in 2020 to 192 minutes in 2022, and is predicted to trend even higher in the future. As a result, it is not uncommon for high volume EDs to average 50 or more boarding patients in their emergency department. At the same time, the number of patients that leave emergency departments before treatment is complete has more than doubled in the past 4 years, to the highest level ever at 4.6% in 2022, and is also predicted to continue growing in the future.[1]

[1] https://www.emopti.com/emopti-blog/ed-care-landscape-2023-data-shows-crowding-problems-are-worse-than-ever

The draft ECCQ eCQM under consideration defines a quality gap in access if the patient experiences any of the following during an ED visit:

1. The patient waited longer than 1 hour to be placed in a treatment space in the ED; or
2. The encounter ended without the patient undergoing a completed medical screening examination (MSE) by qualified medical personnel (QMP); or
3. The patient boarded (time from admission order to patient departure from the ED for admitted patients) in the ED for longer than 4 hours; or
4. The patient had an ED length of stay (LOS) (time from ED arrival to ED departure) of longer than 8 hours.

The measure's target population includes patients of all ages and all visits that occur at an ED. However, there are two separate cohorts for this measure: one for patients without behavioral health disorders, and one for patients with behavioral health disorders.

EDPMA is generally supportive of this measure, but we also believe it is important that the numerator better flesh out certain definitions to ensure that EDs are not penalized for factors outside of their direct control. For example, in some EDs, door-to-room time and door-to-physician timestamps are not the same. In some EDs, due to boarding issues and space constraints, physicians see patients before they even get to a room, such as in the hall or even in the waiting room. This measure should not penalize EDs if a physician sees a patient before they actually secure a room. Similarly, this measure should not penalize EDs for patients being held in the ED after the decision to admit has been made because there are no inpatient beds. We request that the measure developers consider ways to make these important distinctions. This measure should recognize ED staff who are trying to work around these challenges and ensure timely patient access, rather than hold EDs accountable for root causes outside of their control.

EDPMA also thanks the measure developers for incorporating a behavioral health stratification into the ECCQ eCQM. The recent surge in the number of ED visits related to behavioral health issues (i.e., mental health disorders, substance use disorders, etc.) is another external factor that could negatively impact ED performance if not properly accounted for. Although ED providers are trained to triage care for these patients, behavioral health treatment is not the primary focus of emergency medicine and high volume of these patients imposes additional strains on ED capacity. EDPMA appreciates that the ECCQ eCQM evaluates and filters these patients and encourages the measure developers to maintain two separate cohorts as part of the measure's performance analysis.

EDPMA appreciates the opportunity to provide feedback on this measure. Should you have any questions, please do not hesitate to contact EDPMA Executive Director Cathey Wise at cathey.wise@edpma.org.

Sincerely,

Andrea Brault

Andrea Brault, MD, MMM, FACEP
Chair of the Board