

# Emergency departments save 25,000 lives, \$55 million. Here's how.

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Emergency departments across the nation are delivering better care for patients with sepsis and chest pain, improving opioid prescribing and ordering fewer unnecessary imaging tests.

Those outcomes are part of the recently concluded Transforming Clinical Practice Initiative (TCPI), through which the Centers for Medicare & Medicaid Services (CMS) awarded \$840 million for organizations, including the AMA, to create evidence-based, peer-led collaboratives and practice-transformation networks to help physicians provide high-quality care.

Explore how the AMA has joined dozens of health care collaborative networks selected to take part in the TCPI.

Under the initiative, the American College of Emergency Physicians created the Emergency Quality Network (E-QUAL) to:

- Improve sepsis patients' outcomes.
- Improve the value of ED evaluation for low-risk chest pain by reducing avoidable testing and hospital admissions.
- Reduce opioid-associated harm through safer prescribing and evidence-based interventions.
- Reduce avoidable imaging in low-risk patients by implementing Choosing Wisely recommendations for advanced imaging for low-back pain, minor health injuries, pulmonary embolus, renal colic, and syncope.

Preliminary results from ACEP's Support and Alignment Network (SAN) show that EDs using E-QUAL:

- Saved 25,000 lives because of better sepsis care.
- Exposed 30,000 fewer patients to harming ionizing radiation.
- Saved more than \$55 million as a result of fewer avoidable imaging studies and hospitalizations.

“The success of our Emergency Quality Network far exceeded what we thought,” said emergency physician Dr. Arjun K. Venkatesh who co-leads the ACEP’s SAN. “Before this, ACEP was primarily an advocacy organization. Now it has a large footprint in helping improve quality. It was a strategic shift in the organization.”

## Improving sepsis care

The E-QUAL program grew from 50 to more than 1,000 participating emergency departments in just three years, said Dr. Venkatesh, an associate professor and section chief of administration in the emergency medicine department at Yale University School of Medicine.

And, he said, they plan to keep the momentum going, noting that “we picked critical topics that your ED is already likely working on.”

Dr. Venkatesh’s ED was successful in an effort to improve sepsis care. Based on his hands-on experience in that initiative and in his larger role as a co-lead on ACEP’s E-QUAL project, here are some tips for EDs getting started on a sepsis initiative:

- Remember there is not one single quality improvement intervention that is going to improve care. You need to implement a number of different strategies.
- Each ED must determine their own best strategies to improve care based on the unique setting and needs. The E-QUAL network offers more than 10 proven strategies that EDs can tailor to their own setting.
- Close the gap of fact versus fiction for sepsis care by educating physicians about what works and what doesn’t work.
- Share data and feedback on how the changes are impacting care.

## Tapping into resources

By joining the E-QUAL network and taking on initiatives to improve quality, emergency physicians and their departments will have useful information at their fingertips, Dr. Venkatesh said. Among other things, physicians can:

- Find toolkits that include the best practices and sample guidelines.
- Access useful benchmarking data to compare one’s ED to others around the nation.
- Meet CMS Improvement Activity requirements for CMS’s Merit-based Incentive Payment System.

If EDs choose, more detailed quality data and feedback can come from ACEP’s Clinical Emergency Data Registry (CEDR), a CMS Qualified Clinical Data Registry that provides a unified way for emergency clinicians to collect and submit quality data. E-QUAL scores are only intended for benchmarking and local quality improvement; actual scores are not reported to CMS.

Participating in E-QUAL is intended to improve care, Dr. Venkatesh said, emphasizing that “it is not punitive” and that it will not affect what the government pays for services.

In fact, he notes, the TCPI program changed the relationship between CMS and ACEP for the better.