Please note: These comments were submitted electronically via a dashboard function. Because of the preferred submission style, a formal, signed letter from AAP leadership was not included with these comments.

Comments for “Coordinating Care – Emergency Department Referrals”

Thank you for the opportunity to comment on this measure. The American Academy of Pediatrics (AAP) is a non-profit organization of over 62,000 primary care pediatricians, pediatric medical subspecialists, pediatric surgical specialists, and other pediatric health care providers dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. While the AAP applauds the efforts at addressing the challenge of care coordination between the Emergency Department and a patient’s primary care provider or specialist, we feel this measure falls somewhat short of the stated intent, at least for pediatric populations, for the following reasons:

- Since there is weak evidence that notifying a patient’s primary care provider after an Emergency Department visit leads to actual follow-up appointments with the primary care provider, a more appropriate title for this measure would be “Communicating Care”.

- Measuring attempted communication with a primary care provider does not necessarily measure successful communication with a primary care provider. In the Emergency Department, the primary care provider information received from patients or caregivers is often inaccurate.

- It is unclear why Emergency Department visits for which the patient does not report a primary care provider or relevant specialist are excluded from the denominator. The Emergency Department clinician or institution should ensure that this is documented in the EHR or ensure referral to a primary care provider or specialist who can follow-up. In pediatrics, over 95% of children have an identified provider.

- Patients present to the Emergency Department with chest pain for a variety of reasons/causes, most of which are not serious and do not need follow-up, especially in younger age groups. As written, this measure includes patients 18 years and older, but the likelihood of chest pain being due to a cardiac condition is exceedingly small in adolescents/young adults. This would be a more meaningful measure if the denominator included “patients ages 18 and over who visit the ED with chest pain, and who have preexisting conditions putting them at-risk for cardiac disease”.