



MEDIA RELEASE
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Study Suggests the Care Transitions Measure-3 May Have Utility as a Patient-centered Measure of Emergency Department Care

DES PLAINES, IL — The Care Transitions Measure-3 (CTM-3) is associated with outcomes of care after an emergency department (ED) visit, including ED return visits and medication adherence. That is the conclusion of a [study](#) to be published in the June 2019 issue of *Academic Emergency Medicine (AEM)*, a journal of the Society for Academic Emergency Medicine (SAEM).

The study is the first to evaluate the performance of the CTM-3 in the ED setting. The results suggest that the CTM-3 may have utility as a patient-centered measure of ED care, capturing the effectiveness of discharge care transitions as reflected in acute care outcomes.

The lead author of the [study](#) is Amber Sabbatini, MD, MPH, is an assistant professor of emergency medicine at the University of Washington, in Seattle. The findings of the study are discussed in a recent AEM podcast, [“Capturing Emergency Department Discharge Quality with the Care Transitions Measure: A Pilot Study”](#)

The study findings indicate that the CTM-3 is likely to be most useful as a patient-reported metric to facilitate quality improvement efforts but may also complement other administrative metrics that seek to capture the quality of ED care.

Richard Griffey, MD, MPH, associate professor and associate chief of emergency medicine at the Washington University School of Medicine in St. Louis, commented:

“Discharge from the ED has been identified in prior studies as a high-risk transition of care. Patient-reported outcomes are important markers of quality with a paucity of measures identified for the ED setting. This study by Sabbatini et al provides an excellent first step in testing CTM-3, a patient-reported ED transitions of care quality measure focused on discharge from the ED. They found associations with short term outcomes including higher medication adherence, and lower likelihood of return ED visits among those with higher CTM-3 scores. This work underscores the importance of effective discharge practices. More work is needed to develop patient-reported outcomes and to build infrastructure that supports transitions of care from the ED to the outpatient setting.”

Dr. Griffey’s operational, research, and teaching interests center around quality and patient safety, and the impact of information systems on these areas. He is involved with national measurement development and evaluation, serving as the American College of Emergency Physicians (ACEP)

representative to the American Medical Association's Physician Consortium for Performance Improvement (PCPI), on various committees of the PCPI, and the National Quality Forum.

ABOUT ACADEMIC EMERGENCY MEDICINE

Academic Emergency Medicine, the monthly journal of Society for Academic Emergency Medicine, features the best in peer-reviewed, cutting-edge original research relevant to the practice and investigation of emergency care. The above study is published open access and can be downloaded by following the DOI link: <https://doi.org/10.1111/acem.13623>. Journalists wishing to interview the authors may contact Stacey Roseen at sroseen@saem.org.

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IMAGE: CTM-3 DISCHARGE QUALITY AND OUTCOMES

CREDIT: KIRSTY CHALLEN, B.SC., MBCHB, MRES, PH.D., LANCASHIRE TEACHING HOSPITALS, UNITED KINGDOM.

CTM-3 discharge quality and outcomes

Pilot study: convenience sample 410 adult patients discharged to self-care

Excl: non-English-speaking, discharge to institution, attendance for intoxication/psych complaint, cognitive impairment

CTM-3 components

- ER took patient preferences into account
- Understood own responsibilities on leaving ER
- Understood purpose of meds on leaving ER



108 (81%) Took meds as prescribed
AOR for 10% increase CTM-3 1.45 (1.12–1.87)



57 (14%) had return ED visit
AOR for 10% increase CTM-3 0.88 (0.77–1.0)



Mean transformed CTM-3 78.5/100 (sd 22.2)
Lower in medicaid, Native American, poorer self-reported health



159 (39%) Perceived a problem with care
AOR for 10% increase CTM-3 0.83 (0.75–0.93)



188 (55%) completed follow-up
AOR for 10% increase CTM-3 1.03 (0.93–1.15)

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CTM: Care Transitions Measure
AOR: adjusted odds ratio

