

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 1)
As of April 18, 2011

Topic Area	(NQF #) Measure Title	Measure Description	Measure Steward
Diabetes	(1557) Relative Resource Use for People with Diabetes (RDI)	The risk-adjusted relative resource use by health plan members 18-75 years of age who were identified as having diabetes (type 1 and type 2) during the measurement year.	National Committee for Quality Assurance (NCQA)
Cardiovascular	(1558) Relative Resource Use for People with Cardiovascular Conditions	The risk-adjusted relative resource use by health plan members with specific cardiovascular conditions during the measurement year.	National Committee for Quality Assurance (NCQA)
AMI	(1570) Acute myocardial infarction episode-of-care for 30 days following onset	Resource use and costs associated with acute myocardial infarction (AMI) episode during the acute period. The acute period is defined as 30 days following initial hospitalization for an AMI event. An index AMI event is identified and all AMI-related services are identified in the 30 days following the onset of the acute event. Total AMI-related costs are calculated for each patient and summarized at the attributable hospital level. Observed costs are compared to risk-adjusted expected costs at the hospital level.	American Board of Medical Specialties Research and Education Foundation (ABMS)
AMI	(1571) Acute myocardial infarction episode-of-care for post acute period (days 31-365)	Resource use and costs associated with acute myocardial infarction (AMI) episode during post-acute period. Post-acute period is defined as days 31 to 365 following an index AMI event. An index AMI event is identified and all AMI-related services are identified between days 30 and 365. Resource use is attributed at the level of the individual provider.	American Board of Medical Specialties Research and Education Foundation (ABMS)
CAD	(1572) Episode of care for management of chronic coronary artery disease	Resource use and costs associated with management of chronic coronary artery disease (CAD) care over a one-year period. Patients are identified with a diagnosis of CAD in the year prior to the measurement year and the resource use and costs associated with CAD during the measurement year are assessed.	American Board of Medical Specialties Research and Education Foundation (ABMS)
CAD	(1573) Episode of care for management of coronary artery disease post re-vascularization	Resource use and costs associated with management of coronary artery disease (CAD) care over a one-year period post revascularization (coronary artery bypass graft [CABG] or percutaneous coronary intervention [PCI]) without an acute myocardial infarction (AMI). Patients are identified who had a revascularization and CAD-related resource use and costs during a 12-month period post revascularization are measured.	American Board of Medical Specialties Research and Education Foundation (ABMS)

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CHF	(1574) Episode of care for management of chronic congestive heart failure over a 12 month period	Resource use and costs associated with management of congestive heart failure (CHF) care over a one-year period. Patients are identified in a management phase of CHF by including patients with CHF in the year prior to the measurement year and measuring CHF-related resource use and costs during the measurement year.	American Board of Medical Specialties Research and Education Foundation (ABMS)
CHF	(1575) Episode of care for management of post-hospitalization chronic congestive heart failure over a 4 month period	Resource use and costs associated with management of congestive heart failure (CHF) care over a 4-month period post discharge from a hospitalization for CHF.	American Board of Medical Specialties Research and Education Foundation (ABMS)
Diabetes	(1576) Episode of care for patients with diabetes over a one year period	Resource use and costs associated with management of diabetes over a one year period. Identify patients in a management phase of diabetes by including patients with diabetes in the year prior to the measurement year and measure diabetes-related resource use and costs during the measurement year. Patients with new diagnoses of diabetes and those with end stage disease are excluded from the measure. Resource use is attributed at the level of the individual provider.	American Board of Medical Specialties Research and Education Foundation (ABMS)

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Topic Area	(NQF #) Measure Title	Measure Description	Measure Steward
CHF	(1591) ETG Based Congestive Heart Failure (CHF) resource use measure	<p>The measure focuses on resources used to deliver episodes of care for patients with CHF. CHF Episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating CHF. A number of resource use measures are defined for CHF episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons.</p> <p>As requested by NQF, the focus of this submission is for CHF episodes and will cover both measures at the CHF base and severity level and also a CHF composite measure where CHF episode results are combined across CHF severity levels. At the most detailed level, the measure is defined as the base condition of CHF and an assigned level of severity (e.g., resources per episode for CHF, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for CHF is derived by combining CHF episode results across CHF severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of CHF episodes by severity level when supporting a CHF composite comparison).</p> <p>The focus of this measure is on CHF. However, CHF episode results could also be included in a "cardiovascular", "chronic care", or other composite for a physician, combining episodes in clinical areas similar to CHF. Further, an "overall" composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.</p>	Ingenix

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AMI	(1593) ETG Based Acute Myocardial Infarction (AMI) resource use measure	<p>The measure focuses on resources used to deliver episodes of care for patients with AMI. AMI episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating AMI. A number of resource use measures are defined for AMI episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons.</p> <p>As requested by NQF, the focus of this submission is for AMI episodes and will cover both measures at the AMI base and severity level and also a AMI composite measure where AMI episode results are combined across AMI severity levels. At the most detailed level, the measure is defined as the base condition of AMI and an assigned level of severity (e.g., resources per episode for AMI, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for AMI is derived by combining AMI episode results across AMI severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of AMI episodes by severity level when supporting a AMI composite comparison).</p> <p>The focus of this measure is on AMI. However, AMI episode results could also be included in a "cardiovascular" composite for a physician, combining episodes in clinical areas similar to AMI. Further, an "overall" composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.</p>	Ingenix

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Topic Area	(NQF #) Measure Title	Measure Description	Measure Steward
CAD	(1594) ETG Based Coronary Artery Disease (CAD) resource use measure	The measure focuses on resources used to deliver episodes of care for patients with CAD. CAD episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating CAD. A number of resource use measures are defined for CAD episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons.	Ingenix

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Topic Area	(NQF #) Measure Title	Measure Description	Measure Steward
	(1595) Measure Name: ETG Based Diabetes resource use measure	<p>The measure focuses on resources used to deliver episodes of care for patients with Diabetes. Diabetes episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating diabetes. A number of resource use measures are defined for diabetes episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons.</p> <p>As requested by NQF, the focus of this submission is for Diabetes episodes and will cover both measures at the Diabetes base and severity level and also a Diabetes composite measure where Diabetes episode results are combined across Diabetes severity levels. At the most detailed level, the measure is defined as the base condition of Diabetes and an assigned level of severity (e.g., resources per episode for Diabetes, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for Diabetes is derived by combining Diabetes episode results across Diabetes severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician’s mix of Diabetes episodes by severity level when supporting a Diabetes composite comparison).</p> <p>The focus of this measure is on Diabetes. However, Diabetes episode results could also be included in an “endocrinology”, “chronic care”, or other clinical composite for a physician, combining episodes in clinical areas similar to Diabetes. Further, an “overall” composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.</p>	Ingenix

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Topic Area	(NQF #) Measure Title	Measure Description	Measure Steward
Stroke	(1596) Measure Name: ETG Based Stroke resource use measure	<p>The measure focuses on resources used to deliver episodes of care for patients having had a CVA (Cerebral Vascular Accident/"Stroke"). CVA episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating stroke. A number of resource use measures are defined for CVA episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons.</p> <p>As requested by NQF, the focus of this submission is for CVA/Stroke (CVA) episodes and will cover both measures at the CVA base and severity level and also a CVA composite measure where CVA episode results are combined across CVA severity levels. At the most detailed level, the measure is defined as the base condition of CVA and an assigned level of severity (e.g., resources per episode for CVA, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for CVA is derived by combining CVA episode results across CVA severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of CVA episodes by severity level when supporting a CVA/Stroke composite comparison).</p> <p>The focus of this measure is on CVA. However, CVA episode results could also be included in a "neurological" composite for a physician, combining episodes in clinical areas similar to CVA. Further, an "overall" composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.</p>	Ingenix

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Topic Area	(NQF #) Measure Title	Measure Description	Measure Steward
Non-condition Specific	(1598) Total Cost of Care and Resource Use Population-based PMPM Index	<p>Total Cost of Care reflects a mix of complicated factors such as patient illness burden, service utilization and negotiated prices. Separating out and reporting the resource use index along with the Total Cost of Care index provides a more complete picture of population based drivers of health care costs.</p> <p>Total Cost Index (TCI) is a measure of a primary care provider's risk adjusted cost effectiveness at managing the population they care for. TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.</p> <p>The Resource Use Index (RUI) is an underlying risk adjusted measure of the frequency and intensity of services utilized to manage a provider group's patients. Resource use includes all resources associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.</p>	HealthPartners
Non-condition Specific	(1599) Measure Name: ETG Based Non-Condition Specific resource use measure	<p>The measure focuses on resources used to diagnose, manage and treat a population of patients (non-condition specific) during a defined 12-month period of time. The population included in the measurement can be described generally. Examples include a population of individuals enrolled with a health plan, individuals assigned to a patient-centered medical home or accountable care organization (ACO), or a panel of individuals managed by a primary care physician (PCP). A number of resource use measures are defined for this measure set, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per member per month and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons. Risk adjustment is based on the measure of risk assigned to each individual using the Episode Risk Group (ERG) methodology</p>	Ingenix

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