

Resource Use – Cycle 1

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Bruce Steinwald, MBA

Tom Rosenthal, MD

Barbara Rudolph, PhD, MSSW

Provides opportunity for clarification prior to voting:

- Project scope
- Cycle I Status
- Measures Recommended for Endorsement
- Overarching Issues
- Comments received/Actions Taken

- Evaluated the submitted measures according to NQF resource use evaluation criteria;
- Project was completed in two phases;
 - Cycle I
 - Cycle II
- Identified potential next steps in resource use measurement & evaluation

- Member and public comment period has closed
- Comments have been addressed by Developers and Steering Committee
- Voting opened Monday, October 24 with four measures recommended for endorsement
- Draft report and comment table available on the [project page](#)

- Recommended four measures for endorsement:
 - 1598 Total Resource Use Population-based PMPM Index (HealthPartners)
 - 1604 Total Cost of Care Population-Based PMPM Index (HealthPartners)
 - 1558 Relative Resource Use for People with Cardiovascular Conditions (NCQA)
 - 1557: Relative Resource Use for People with Diabetes (RDI) (NCQA)

- Reliability and validity testing at the individual physician level
- Appropriateness of actual/standardized costing in various applications
- Evaluating single measures that are part of a grouper system
- The linkage between cost/resource use measures and quality needs to be refined
- Proprietary components within measures
- Implications of carve out arrangements (e.g., mental health, pharmacy)

- 93 comments received from 35 organizations/individuals
- Major Themes:
 - Importance of Measures at the Individual and Group Practice Level
 - Costing Approach
 - Attribution Approach
 - Complexity of Resource Use Measures
 - Linking Quality and Resource Use Measures
- Comment responses from NQF staff, measure developers & Steering Committee

- Clarifications to the draft report:
 - The Committee believes that measures at both the individual and group practice level are needed.
 - The Committee agrees that both standardized and actual costing approaches could be used in specific applications.
 - The Committee affirmed that the flexibility in the resource use submission process for the attribution approach to be submitted as guidelines or specifications should remain.
 - NQF will clarify the principles for resource measure evaluation indicates that resource use measures and results should be clear and understandable for all stakeholders to interpret.
 - NQF and the Committee agree that resource use measures should be used with quality performance information to understand efficiency and value.

- (1557) Relative Resource Use for People with Diabetes (NCQA) & (1558) Relative Resource Use for People with Cardiovascular Conditions (NCQA)
 - Measures will be recommended for both group practice and health plan levels of analysis
- (1604) Total Cost of Care Population-based PMPM Index (HealthPartners)
 - Committee affirmed recommendation for endorsement

- Member voting will end on November 7
- Voting results will be forwarded to CSAC for discussion on December 12
- Steering Committee call on December 5 to discuss Cycle 2 comments

Questions?