



Cost and Efficiency Standing Committee—Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Cost and Efficiency Standing Committee for a web meeting on February 12, 2019 to evaluate one new measure.

Welcome, Introductions, and Review of Meeting Objectives

NQF Senior Director Ashlie Wilbon and Co-chairs Brent Asplin and Cheryl Damberg welcomed the Standing Committee and participants to the web meeting. NQF staff reviewed the meeting objectives. Committee members each introduced themselves and disclosed any conflicts of interest.

Topic Area Introduction and Overview of Evaluation Process

Ms. Wilbon provided an overview of the topic area and the current NQF portfolio of endorsed measures. There are currently six endorsed measures in the Cost and Efficiency portfolio. Additionally, NQF provided an overview of the evaluation process noting that both the Scientific Methods Panel (SMP) and an NQF-convened Orthopedic Surgery Technical Expert Panel (TEP) provided evaluation inputs to the Standing Committee. The Scientific Methods Panel (SMP) evaluated the scientific acceptability criteria of reliability and validity but focused specifically on the testing. For this reason, the Cost and Efficiency Committee was asked to re-evaluate and vote on reliability and validity taking into consideration the SMP evaluation in addition to their own assessment of the specifications (reliability) and the threats to validity. The TEP provided qualitative evaluative inputs based on their clinical expertise and review of the clinical elements of the measure.

Measure Evaluation

During the meeting, the Cost and Efficiency Standing Committee evaluated one new measure for endorsement consideration. A detailed summary of the Committee deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report on March 21, 2019 for public comment on the NQF website. The draft technical report will be posted for 30 calendar days.

Measure Evaluation Criteria Rating Key: H – High; M – Medium; L – Low; I – Insufficient

3474 Hospital-Level, Risk-Standardized Payment Associated with a 90-Day Episode of Care for Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA) (Centers for Medicare & Medicaid Services/Yale-CORE)

Measure Steward/Developer Representatives at the Meeting

Anouk Lloren
Elizabeth Triche
Karen Dorsey
Susannah Bernheim
Jackie Grady
Lisa Suter

Standing Committee Votes

- Opportunity for Improvement: H-4; M-11; L-2; I-0
- Reliability: H-3; M-14; L-0; I-0
 - This measure is deemed as complex and testing was evaluated by the NQF Scientific Methods Panel.
- Validity: H-2; M-12; L-2; I-0
 - This measure is deemed as complex and testing was evaluated by the NQF Scientific Methods Panel.
- Feasibility: H-14; M-3; L-0; I-0
- Use: Pass-17; No Pass-0
- Usability: H-2; M-14; L-1; I-0

Standing Committee Recommendation for Endorsement: Yes-17; No-0

The Standing Committee recommended the measure for NQF endorsement. The measure is a cost and resource use measure looking at hospital-level risk-standardized payment associated with a 90-day episode of care for elective primary total hip and/or total knee arthroplasty. The developer provided 2012-2013 risk-standardization payment data to demonstrate variation in performance among hospitals. Overall the Committee agreed that the measure focuses on a high-impact area of healthcare and that there was demonstration of variation in risk-standardized payments, although the variation was less than the Committee expected. The Committee also questioned the developer on whether there was data to demonstrate where and when in the post-acute episode the variation lies. Although the developer did not submit data to illustrate it, they reported that most of the post-acute payment was clustered in the first 30 days after hospitalization.

Based on its assessment of the reliability and validity testing, the SMP voted to pass the measure on scientific acceptability. However, given the additional subcriteria within reliability and validity that the SMP did not fully assess, the Standing Committee discussed and voted on both criteria. The Committee expressed few concerns with reliability; they had no concerns with the reliability of the specifications. To demonstrate reliability of the measure, the developer performed signal-to-noise testing which the Committee deemed acceptable, as the results indicated high reliability and sufficient ability to discriminate differences in performance among hospitals.

The Committee considered inputs from the Orthopedic Surgery Technical Expert Panel regarding the use of present on admission codes and the exclusion of Medicare patients younger than 65 years of age. In general, the Committee had few concerns with the validity of the measure and agreed that the measure as specified aligns with its intent to drive hospitals to improve the selection of post-acute care services and discharge planning.

The Committee agreed that the measure is feasible, as all data elements are available electronically, and the SAS code to implement the measure is publicly available. The Committee also expressed no major concerns regarding the use and usability of the measure. The measure is

currently publicly reported and part of the Hospital Inpatient Quality Reporting (IQR) program. Committee members requested whether hospitals have been able to demonstrate improvement on this measure since its use began in the IQR in 2017. Since the measure has only been in use for a short time, the developer reported that there is not yet enough data to demonstrate a trend, as they only have two data points from prior years. Overall, the Committee agreed that the measure is usable and its implementation along with complications and readmissions measures better supports its usability

Cost and Quality Measures

Ms. Wilbon provided an overview of the current state of cost measure evaluation and reporting in the context of quality measures. NQF intends that this Committee would eventually be able to provide structured feedback and input to the field on the use of cost measures linked with specific quality measures. However, NQF's current process is not designed to accommodate this goal, as cost and quality measures are currently reviewed separately by different Committees. While NQF has developed several products (i.e., *Linking Cost and Quality Report*, *Measurement Systems Report*, *Composite Measure Guidance*) that would guide the evaluation of cost and quality measures together as an efficiency signal, no criteria or process currently exists to facilitate that need. Ms. Wilbon reviewed some potential future next steps in linking cost and quality measures, including reviewing existing work products to determine a path forward with current guidance. In addition, going forward, NQF will identify related quality measures in the portfolio that may align with cost measures under review.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps/Cost and Resource Use Pipeline

Ms. Wilbon provided the Committee with an overview of the planned and anticipated activities for the upcoming measure review cycles based on the tentative measure pipeline.

Fall 2018 Cycle

NQF will post the draft technical report on March 21, 2019 for public comment for 30 calendar days. The public comment with member support will close on April 19, 2019. NQF will re-convene the Standing Committee for the post-comment web meeting on May 8, 2019.

Spring 2019 Cycle

The spring 2019 cycle intent to submit deadline occurred on January 7, 2019. Eight new clinician-level, episode-based measures were submitted to the Cost and Efficiency project. NQF's Scientific Methods Panel will review the reliability and validity testing for all eight measures. There will be a Committee in-person meeting on June 27, 2019 and a follow up webinar on July 10, 2019.

Future Pipeline for Cost and Resource Use Measures

Ms. Wilbon provided an overview of the Cost and Resource Use Measure Evaluation Pipeline to the Standing Committee which will be driven largely by a statutory requirement for CMS to develop cost measures that cover 50 percent of Medicare costs. With this anticipated measure

development, NQF anticipates a large number of measures through spring 2021, including IMPACT Act measures, episode-based clinician-level measures, and measures due for maintenance. NQF will be assessing its capacity (including volunteer Committee members) and process to accommodate the anticipated influx of cost measures.