

TO: Consensus Standards Approval Committee (CSAC)

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RE: Cost and Resource Use Phase 2 Cardiovascular Member Voting Results

DA: July 7, 2014

The CSAC will review recommendations from the *Cost and Resource Use Phase 2 Cardiovascular* project at its July 9th in-person meeting. This serves as an addendum to the previous memo and contains the updated voting results as of the ending of the NQF member voting period on July 2nd.

NQF MEMBER VOTING RESULTS

None of the recommended measures were approved, with 40% approval by the councils.

Measure #1558 Relative Resource Use for People with Cardiovascular Conditions

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	2	0	0	2	100%
Health Professional	0	2	1	3	0%
Provider Organizations	2	2	0	4	50%
Public/Community Health Agency	0	0	0	0	
Purchaser	3	0	0	3	100%
QMRI	1	1	0	2	50%
Supplier/Industry	0	0	0	0	
All Councils	8	5	1	14	62%
Percentage of councils approving (>50%)					40%
Average council percentage approval					60%

*equation: Yes/ (Total - Abstain)

Voting Comments:

- America's Health Insurance Plans: While we are generally supportive of this measure - to assess health plan members' resource use - we do not support its use in public reporting or for consumer decision-making purposes. Relative resource use measures are not meaningful if used in isolation and need to be used in conjunction with other cost measures. Additionally, resource use measures are not useful to consumers to assess efficiency as they do not directly address out of pocket or total costs specific to the condition. This measure is also limited as it is focused only on cardiovascular conditions and consumers need information on total costs of care. We recommend that the usability of this measure to end users be further examined. Additionally, issues with the current measure specification need to be further examined such as exclusion of some but not all high cost diagnoses (e.g. cancer and HIV).

Measure #2431 Hospital-level risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	1	0	1	2	100%
Health Professional	0	3	1	4	0%
Provider Organizations	1	5	0	6	17%
Public/Community Health Agency	0	0	0	0	
Purchaser	3	0	0	3	100%
QMRI	0	2	0	2	0%
Supplier/Industry	0	0	0	0	
All Councils	5	10	2	17	33%
Percentage of councils approving (>50%)					40%
Average council percentage approval					43%

*equation: Yes/ (Total - Abstain)

Voting Comments:

- America's Health Insurance Plans: We are generally supportive of this facility-level measure that estimates hospital-level, risk standardized payments for a 30-day episode of care for AMI. We do not support expanding its use outside of Medicare FFS and it should not be applied to a commercial population or health plans, as variation in health plan contracting with hospitals would affect the results of this measure.
- Society for Cardiovascular Angiography and Interventions: SCAI is also disappointed by NQF's current situation with Socio-Economic Factors in Measures under endorsement consideration. A timeline to publication needs to be communicated (or reiterated with new status updates).
 - NQF Staff Response: With respect to concerns that socio-demographic factors should be included in the measures' methodology, NQF appreciates these comments and is in the early stages of reviewing our policy on risk adjusting for socio-demographic factors. The report referenced is a draft report that has recently been reviewed during an NQF member and public comment period; the recommendations have not yet been finalized. As such, we ask that Committees continue to evaluate measures according to our current guidelines, that measures not be adjusted for socio-demographic variables. If in the future the recommendations for adjusting for socio-demographic variables become NQF policy, measures needing this adjustment will be updated and reviewed by the Committee through measure maintenance.

Measure #2436 Hospital-level risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	0	0	0	0	
Health Plan	1	0	1	2	100%
Health Professional	0	2	2	4	0%



Provider Organizations	1	5	0	6	17%
Public/Community Health Agency	0	0	0	0	
Purchaser	3	0	0	3	100%
QMRI	0	2	0	2	0%
Supplier/Industry	0	0	0	0	
All Councils	5	9	3	17	36%
Percentage of councils approving (>50%)			40%		
Average council percentage approval			43%		

*equation: Yes/ (Total - Abstain)

Voting Comments:

- America's Health Insurance Plans: We are generally supportive of this facility-level measure that estimates hospital-level, risk standardized payments for a 30-day episode of care for heart failure. We do not support expanding its use outside of Medicare FFS and it should not be applied to a commercial population or health plans, as variation in health plan contracting with hospitals would affect the results of this measure.