

# **CALL FOR NOMINATIONS**

# **Cost and Resource Use 2012**

NQF is seeking nominations for members for a Steering Committee for a new project to evaluate cost and resource use measures.

## **BACKGROUND**

In January 2010, NQF released the Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, which addressed cost and resource use as one of the three overarching domains for assessing efficiency. This framework advised that measures of resource use and cost should acknowledge the value of measuring actual prices paid, standardized prices, in addition to measuring overall utilization. Further, inappropriate care, including failing to provide an evidence-based intervention to an eligible patient or administering an intervention that is unwarranted, cannot be efficient.

Later in 2010 NQF embarked on its first effort to evaluate and endorse cost and resource use measures to expand the NQF portfolio of endorsed cost and resource use measures that in turn could be used as building blocks toward understanding efficiency and value. This learning was captured in the <u>final</u> and <u>technical reports</u>, yielded the first eight endorsed cost and resource use measures in the NQF portfolio, and the <u>NQF Resource Use Measure Evaluation Criteria</u>. The work in this first consensus development project on cost and resource use measures will serve as the foundation for this project.

For the purposes of this project, *resource use measures* are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters). A resource use measure counts the frequency of defined health system resources; some may further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource use. Current approaches for measuring resource use range from broadly focused measures, such as per capita measures, which address total healthcare spending (or resource use) per person, to those with a more narrow focus, such as measures dealing with the healthcare spending or resource use of an individual procedure (e.g., a hip replacement).

This project focuses on evaluating and endorsing cost and resource use measures. At this point, the project entails evaluation of non-condition specific measures of total cost, using per-capita or per-hospitalization approaches. NQF anticipates that additional phases of this project may be necessary to evaluate condition-focused measures, depending on availability of funding, so individuals nominated may be asked to serve on a second phase, as outlined below:

# THE NATIONAL QUALITY FORUM

Phase One: Non-condition specific per capita or per hospitalization measures

<u>Phase Two</u>: Condition-specific per capita and condition-specific episodes beginning with the following condition areas:

- Cycle 1: Cardiovascular
- Cycle 2: Pulmonary, Diabetes

Input on the clinical components of the cost and resource use measures submitted in the proposed phase two will be provided by clinical experts from NQF Steering Committees and/or Technical Advisory Panels (TAPs) in the specific condition areas (e.g., cardiovascular, pulmonary and diabetes).

## STEERING COMMITTEE

The steering committee will be charged with overseeing the development of a draft consensus report, including recommendations of which measures should be endorsed as consensus standards for resource use. Steering Committee members should not have a vested interest in the candidate measures. This includes employees or contractors of measure owners/developers; members of workgroups that developed the measures; and members of committees that approve measures, or direct or set policy for measure development. Please see the NQF website for additional information about the Disclosure of Interest policy. All potential Steering Committee members must disclose any relevant current and past activities during the nomination process.

This Steering Committee, comprised of 20-25 individuals, will represent the range of stakeholder perspectives possessing relevant knowledge and/or experience in, but not limited to:

- Measurement of health care quality and resource use/efficiency
- Implementation and use of resource use measures
- Episodes of care as a basis for payment, performance accountability, and provider profiling
- Applied health care economics and econometrics
- Measurement methodologies (e.g. adjustments for patient heterogeneity though risk adjustment, models for attribution, data aggregation, grouping)
- Statistical models (e.g. measure design, evaluation, classification)

As with all NQF projects, the Steering Committees will work with NQF staff to provide advice about the subject, ensure input is obtained from relevant stakeholders, and review draft products.

**Time Commitment:** Across the two phases of the project, through 2014, the Steering Committee will meet in person in Washington, DC, for three meetings and a series of conference calls. Follow-up e-mail communications or conference calls may be needed. Dates for meetings and conference calls for Phases one are listed below. Phase two dates will be determined once it has been approved and the Committee is seated.

# THE NATIONAL QUALITY FORUM

#### 2013 Phase 1 Dates:

The Steering Committee will meet in person for three, two-day meetings in 2013, in Washington, DC. Committee members must be available to attend all meetings. Additionally, Steering Committee members will meet approximately two times by conference call for two hours per call before each meeting and one time during each stage of the review, and will be asked to review materials and provide feedback throughout the process on reports and other products of the evaluation process. Additional conference calls may be needed.

#### **Conference Calls:**

- 1. Project orientation call: Monday, March 18, 2013, 2-4pm ET
- 2. Measure evaluation tutorial call #1: Monday, March 25, 2013, 2-4pm ET
- 3. Measure evaluation tutorial call #2: **Thursday, March 28, 2013, 11am-1pm ET**
- 4. Discuss public and member comments received for Phase 1: Wednesday, August 28, 2013, 2-4pm ET

# Two-day in-person meeting:

1. Evaluate submitted measures: Wednesday, May 8- Thursday, May 9, 2013

## CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF Members. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals from an organization are not permitted.

# **MATERIAL TO SUBMIT**

Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve. To be considered for appointment to the Steering Committee, please send the following information:

- A completed online Resource Use Nomination Form (login to NQF website required);
- Confirmation of availability to participate at the in-person meetings and conference calls;
- A two-page letter of interest;
- A 100 word maximum biography, highlighting experience/knowledge *relevant to the expertise described above* (posted online for selected nominees)
- Curriculum vitae and/or list of relevant experience (e.g., publications) up to 20 pages; and
- Completed Disclosure of Interest form (signature or e-signature required).

# **DEADLINE FOR SUBMISSION**

All materials for nominations <u>MUST</u> be submitted by <u>COB Wednesday</u>, <u>December 12</u>, <u>2012</u>. All nominations are due by Wednesday, December 12, 2012 at 6:00 p.m. ET

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# **QUESTIONS**

Additional information on the project can be found on the <u>project page</u>. If you have any questions, please contact, Ashlie Wilbon, RN, MPH at 202-783-1300 or via e-mail at <u>efficiency@qualityforum.org</u>.