

Cost and Resource Use Phase II:
Cardiovascular Condition-Specific

Standing Committee Meeting

March 4 – 5, 2014

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Welcome, Goals, Agenda
Review, Recap of Day 1



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Agenda for the Meeting

Day 2

- Breakfast Buffet
- Welcome, Recap of Day 1
- Consideration of Candidate Measures (Continued)
- Public and Member Comment
- Lunch
- Path Forward – Future Direction for Cost Measurement and Phase 3
- Public and Member Comment
- Next Steps / Committee Timeline
- Adjourn

Recap of Day 1

- Outlined the role of the Standing Committee
- Provided input on NQF's Affordability Work
- Examined the NQF Cost and Resource Use Measurement Portfolio and explored future areas for measure development and application
- Measure Review
 - Lack of Consensus on Measures #2431 and #2436. Both Measures will go out for Public and Member Comment with that designation

Consideration of Candidate Measures



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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.

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NQF Measure Evaluation

Voting Slides

Importance to Measure and Report

1a. High Priority

1a. High Priority – The measure focus addresses:

A specific national health Goal/Priority identified by DHHS or the National Priorities Partnership convened by NQF:

OR

A demonstrated high-impact aspect of healthcare (e.g., affects large numbers, leading cause of morbidity/mortality, high resource use [current and/or future], severity of illness, and patient/societal consequences of poor quality).

1. High
2. Moderate
3. Low
4. Insufficient evidence

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9

Importance to Measure and Report

1b. Opportunity for Improvement

1b. Opportunity for Improvement - *Demonstration of resource use or cost problems and opportunity for improvement, i.e., data demonstrating variation in the delivery of care across providers and/or population groups (disparities in care).*

1. 1=High
2. 2=Moderate
3. 3=Low
4. 4=Insufficient evidence

10

Importance to Measure and Report
1b. Opportunity for Improvement

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11

Importance to Measure and Report
1c. Measure Intent

*1c. **Measure Intent**- The intent of the resource use measure and the measure construct are clearly described.*

AND

The resource use service categories (i.e., types of resources/ costs) that are included in the resource use measure are consistent with and representative of the intent of the measure.

1. 1=High
2. 2=Moderate
3. 3=Low
4. 4=Insufficient evidence

12

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13

Importance to Measure and Report
Overall

*Based on your rating of the subcriteria, make a summary determination of the extent to which the criterion of **Importance to Measure and Report** has been met.*

1. 1=High
2. 2=Moderate
3. 3=Low
4. 4=Insufficient evidence

14

Importance to Measure and Report Overall

*Based on your rating of the subcriteria, make a summary determination of the extent to which the criterion of **Importance to Measure and Report** has been met.*

15

Scientific Acceptability of Measure Properties 2a. Reliability

2a1. *Construction Logic*

2a1. *Clinical Logic*

2a1. *Adjustments for Comparability – Inclusion/Exclusion Criteria*

2a1. *Adjustments for Comparability – Risk Adjustment*

2a1. *Adjustments for Comparability – Costing Method*

2a1. *Adjustments for Comparability – Scoring Method*

2a2. *Reliability Testing*

16

Scientific Acceptability of Measure Properties
2a. Reliability

Based on your evaluation of the criteria, how would you rate the overall reliability of this measure? How well overall has the developer demonstrated the measure results are repeatable and can be implemented consistently?

1. 1=High (*only eligible if adequate testing at both levels*)
2. 2=Moderate
3. 3=Low
4. 4=Insufficient evidence

17

Scientific Acceptability of Measure Properties
2a. Reliability

Based on your evaluation of the criteria, how would you rate the overall reliability of this measure? How well overall has the developer demonstrated the measure results are repeatable and can be implemented consistently?

18

Scientific Acceptability of Measure Properties
2b. Validity

- 2b1.** *Construction Logic*
- 2b1.** *Clinical Logic*
- 2b1.** *Adjustments for Comparability – Inclusion/Exclusion Criteria*
- 2b3.** *Exclusions*
- 2b1.** *Adjustments for Comparability – Risk Adjustment*
- 2b4.** *Risk Adjustment*
- 2b1.** *Adjustments for Comparability – Costing Method*
- 2b1.** *Adjustments for Comparability – Scoring Method*
- 2b5.** *Significant Differences in Performance*
- 2b6.** *Comparability of Multiple Data Sources*
- 2b2.** *Validity Testing*

19

Scientific Acceptability of Measure Properties
2b. Validity

Based on your evaluation of the criteria, how would you rate the overall validity of this measure? How well overall has the developer demonstrated this measure is valid?

1. 1=High (*only if adequate testing at both levels & not face validity*)
2. 2=Moderate
3. 3=Low
4. 4=Insufficient evidence

20

Scientific Acceptability of Measure Properties
2b. Validity

Based on your evaluation of the criteria, how would you rate the overall validity of this measure? How well overall has the developer demonstrated this measure is valid?

21

Feasibility

- 3a.** *Byproduct of Care Processes;*
- 3b.** *Electronic sources; and*
- 3c.** *Data Collection Strategy*

*Based on your evaluation of the subcriteria, make a summary determination of the extent to which the criterion of **Feasibility** has been met.*

1. 1=High
2. 2=Moderate
3. 3=Low
4. 4=Insufficient information

22

Feasibility

- 3a.** *Byproduct of Care Processes;*
- 3b.** *Electronic sources; and*
- 3c.** *Data Collection Strategy*

*Based on your evaluation of the subcriteria, make a summary determination of the extent to which the criterion of **Feasibility** has been met.*

23

Usability and Use

- 4a.** *Accountability/transparency (used in accountability w/in 3 yr, public reporting w/in 6 yr, or if new - credible plan); and*
- 4b.** *Improvement – progress demonstrated (if new - credible rationale);and*
- 4c.** *Unintended Consequences - benefits outweigh evidence of unintended negative consequences (to patients/populations)*
- 4d.** *Measure Deconstruction – can be deconstructed to facilitate transparency and understanding*

*Based on your evaluation of the subcriteria, make a summary determination of the extent to which the criterion of **Usability and Use** has been met.*

- 1. 1=High
- 2. 2=Moderate
- 3. 3=Low
- 4. 4=Insufficient information

24

Usability and Use

- 4a. Accountability/transparency (used in accountability w/in 3 yr, public reporting w/in 6 yr, or if new - credible plan); and*
- 4b. Improvement – progress demonstrated (if new - credible rationale);and*
- 4c. Unintended Consequences - benefits outweigh evidence of unintended negative consequences (to patients/populations)*
- 4d. Measure Deconstruction – can be deconstructed to facilitate transparency and understanding*

*Based on your evaluation of the subcriteria, make a summary determination of the extent to which the criterion of **Usability and Use** has been met.*

25

Overall Suitability for Endorsement

Does the measure meet NQF criteria for endorsement?

(Note: This may not yet be a recommendation for endorsement. Final recommendation for endorsement may depend on assessment of any related and competing measures.)

1. 1=Yes
2. 2=No

26

Overall Suitability for Endorsement

Does the measure meet NQF criteria for endorsement?

(Note: This may not yet be a recommendation for endorsement. Final recommendation for endorsement may depend on assessment of any related and competing measures.)

27

Break



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Public and Member
Comment



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Lunch



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Path Forward – Future Direction for Cost Measurement



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Activities and Timeline: Phase 3

Process Step	Timeline
Measure submission deadline	4/18/2014
SC member orientation	4/23/14
SC and TEP Receive Measures	5/12/14
TEP member evaluation and review	5/12/14 – 5/30/14
TEP member submit evaluations on SharePoint	Due by 5/30/14
SC member preliminary review and evaluation	5/12/14 – 5/30/14
SC members submit evaluations online	Due by 6/16/14
SC in-person meeting	6/25/14 – 6/26/14
SC call to review and respond to comments	9/17/14 from 12pm - 2pm ET
Draft report posted for NQF Member vote	10/6/14 – 10/20/14
CSAC review and approval	10/21/14 – 11/21/14
Endorsement by the Board	11/24/14 – 12/5/14
Appeals	12/8/14 – 1/ /15

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CDP Improvement Feedback

- NQF has been active in improving the Consensus Development Process (CDP). We have developed surveys to capture our progress. We are looking for feedback in the following areas
 - Orientation
 - Workgroup / Q&A Calls
 - Measure Documentation
 - Staff Review, TEP Review, Preliminary Evaluation
 - Meeting Facilitation
 - In-Person Meeting
 - Developer Interactions

Key Strategic Opportunities Questions for the Standing Committee to consider

- What are the high-impact measures of cost/resource use that we need in the measure portfolio?
- How should we prioritize the clinical areas for episode-based measures for future work?
- What additional areas should NQF consider in terms of future project work to advance the cost/resource use measurement science?
 - Integration of clinical data and other data sources? Pricing data?
 - What's the impact of the use of the measure on the evaluation and endorsement?
 - Other types of cost measures? Production costs (ABC)?

Public and Member
Comment



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Next Steps/Wrap up



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Next Steps

- Questions and Feedback?

- **Phase 2**
 - Draft Report Posted – April 21st, 2014
 - Post-Comment Call – June 4th, 2014

- **Phase 3**
 - Measure Submission Deadline – April 18th, 2014
 - Orientation Call – April 23rd, 2014
 - Q&A Calls – May 28th, 2014 & June 11th, 2014
 - In-Person Meeting – June 25th & 26th, 2014

Adjourn



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