Boehringer Ingelheim

Ashlie Wilbon
Program Director, Performance Measures
National Quality Forum
601 13th Street NW, Suite 500 North
Washington DC 20005

October 12, 2010

RE: Comments on the Resource Use Measurement White Paper and Proposed Resource Use Evaluation Criteria

Dear Ms. Wilbon,

Hemal Shah, PharmD
Executive Director
Health Economics & Outcomes Research
Boehringer Ingelheim Pharmaceuticals, Inc.
900 Ridgebury Rd/P.O. Box 368
Ridgefield, CT 06877-0368

On behalf of Boehringer Ingelheim Pharmaceuticals, Inc. (BI), I am pleased to submit comments in response to the National Quality Forum's Resource Use White Paper. Boehringer Ingelheim (BI) supports the development of innovative new measure types to improve the quality, outcomes, and delivery of patient care. This white paper informs the Resource Use Measure Evaluation Criteria that will be used to evaluate performance measures for endorsement in the second phase of this project. We believe it is particularly important for NQF to provide guidance on this topic to ensure resource use measures appropriately incorporate both health outcome performance and efficiency, and we appreciate the opportunity to contribute to this guidance document.

Along with many other stakeholders, BIPI believes that measures, including those that address resource use, can only make a positive impact on the healthcare system if they are used appropriately by health plans, providers, and other stakeholders, and if they are rigorously developed with a credible methodology. As stakeholders identify a need for increasingly complex and sophisticated measures, NQF and others must continually consider which measures types are most appropriate for assessing quality of care in different scenarios. In particular, as the healthcare community continues to focus on resource use through initiatives such as Accountable Care Organizations and the CMS Medicare Physician Resource Use Feedback Program, it will become even more important to maintain a well-developed, standardized approach to creating and endorsing resource use measures.

We believe NQF's draft white paper effectively presents the unique attributes of resource use measures that should be considered during their development and evaluation process. In particular, we support NQF's explicit recognition in "Module 5: Measure Reporting" that resource measures should quantify efficiency of resource utilization only in combination with quality or health outcome performance. Additionally, we support the additional rigor above the standard NQF-evaluation criteria incorporated in the proposed Resource Use Measure Evaluation Criteria (Appendix B) given relative complexity of these measures and their potential for inappropriate implementation.

However, the outcome measures considered in any assessment of resource use must be holistic and comprehensive. It is difficult to accurately compare quality of care in cases where robust measures do not exist across all disease states. We ask that NQF carefully consider the breadth and strength of existing quality measures when

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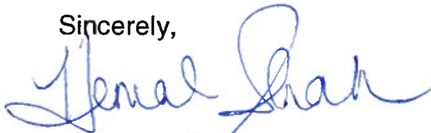
evaluating resource use measures. We also encourage NQF to continue to review and refine the evaluation criteria as new evidence becomes available and stakeholder needs change.

At the same time, a large portion of healthcare resource utilization is driven by specific sub-populations of patients, such as those with multiple chronic conditions. Consequently, resource use measures that are adopted in physician reporting and incentive programs must be sophisticated enough to distinguish between narrowly defined patient populations and adjust for more complex patients. These measures should take into account specific disease states and the presence of co-morbid conditions, and the impact these may have on costs as part of the risk-adjustment methodology.

Finally, we ask that NQF consider the potential unintended consequences of endorsing and encouraging development of resource use measures generally. For resource use measures to encourage individual behavior change to achieve improvement in efficiency along with patient outcomes, attribution should be tied to providers, rather than determined at the group or regional level. However, the measures and corresponding incentives must be constructed appropriately so as not to encourage underutilization of care, which in turn could lead to increased costs in the long term. These issues are especially important in the context of several new provider incentive programs currently being implemented under healthcare reform and the American Recovery and Reinvestment Act (ARRA), such as the "meaningful use" of electronic health records.

As complex measures continue to be developed and implemented in an increasing number of public and private quality improvement initiatives, it is critical to draw on the information and expertise available across healthcare sectors. We welcome and value NQF's efforts to obtain input from a range of stakeholders on these issues. Continued collaboration across healthcare sectors going forward will help ensure performance measures are developed, tested, and endorsed in an appropriate manner to support their use.

Sincerely,



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