NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

Topic Area	(NQF#) Measure Title	Measure Description	Measure Steward
Hip/Pelvic Fracture	(1603) PEG Based Hip/Pelvic Fracture resource use measure	The measure focuses on resources used to deliver episodes of care for patients with Hip/Pelvic Fracture. Hip/Pelvic Fracture episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating Hip/Pelvic Fracture. A number of resource use measures are defined for Hip/Pelvic Fracture episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons. As requested by NQF, the focus of this submission is for Hip/Pelvic Fracture episodes and will cover both measures at the Hip/Pelvic Fracture base and severity level and also a Hip/Pelvic Fracture composite measure where Hip/Pelvic Fracture episode results are combined across Hip/Pelvic Fracture severity levels. At the most detailed level, the measure is defined as the base condition of Hip/Pelvic Fracture and an assigned level of severity (e.g., resources per episode for Hip/Pelvic Fracture, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for Hip/Pelvic Fracture is derived by combining Hip/Pelvic Fracture episode results across Hip/Pelvic Fracture severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of Hip/Pelvic Fracture episodes by severity level when supporting a Hip/Pelvic Fracture composite comparison). The focus of this measure is on Hip/Pelvic Fracture. However, Hip/Pelvic Fracture episode results could also be included in an "orthopedics", "acute care", or other clinical composite for a physician, combining episodes in clinical areas similar to Hip/Pelvic Fracture. Further, an "overall" composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.	Ingenix

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

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Asthma	(1605) ETG Based ASTHMA resource use measure	The measure focuses on resources used to deliver episodes of care for patients with Asthma. Asthma episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating asthma. A number of resource use measures are defined for asthma episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons. As requested by NQF, the focus of this submission is for Asthma episodes and will cover both measures at the Asthma base and severity level and also an Asthma composite measure where Asthma episode results are combined across Asthma severity levels. At the most detailed level, the measure is defined as the base condition of Asthma and an assigned level of severity (e.g., resources per episode for Asthma, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for Asthma is derived by combining Asthma episode results across Asthma severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of Asthma episodes by severity level when supporting an Asthma composite comparison). The focus of this measure is on Asthma. However, Asthma episode results could also be included in a "pulmonologist", "chronic care", or other clinical composite for a physician, combining episodes in clinical areas similar to Asthma. Further, an "overall" composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.	Ingenix

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

Topic Area	(NQF#) Measure Title	Measure Description	Measure Steward
COPD	(1608) ETG Based Chronic Obstructive Pulmonary Disease (COPD) resource use measure	The measure focuses on resources used to deliver episodes of care for patients with COPD. COPD episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating COPD. A number of resource use measures are defined for COPD episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons. As requested by NQF, the focus of this submission is for COPD episodes and will cover both measures at the COPD base and severity level and also a COPD composite measure where COPD episode results are combined across COPD severity levels. At the most detailed level, the measure is defined as the base condition of COPD and an assigned level of severity (e.g., resources per episode for COPD, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for COPD is derived by combining COPD episode results across COPD severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of COPD episodes by severity level when supporting a COPD composite comparison). The focus of this measure is on COPD. However, COPD episode results could also be included in a pulmonary", " chronic care or other clinical composite for a physician, combining episodes in clinical areas similar to COPD. Further, an "overall" composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.	Ingenix

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

Topic Area	(NQF#) Measure Title	Measure Description	Measure Steward
Hip/Knee Replacement	(1609) ETG Based HIP/KNEE REPLACEMENT resource use measure	The measure focuses on resources used to deliver episodes of care for patients who have undergone a Hip/Knee Replacement. Hip Replacement and Knee Replacement episodes are initially defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating the condition. The Procedure Episode Group (PEG) methodology uses the ETG results and further logic to creating a procedure episode that focuses on the Hip Replacement and Knee Replacement component of the care. Procedure episodes identify a unique procedure event as well as the related services performed before and after the procedure including workup and therapy prior to the procedure as well as post-op activities such as repeated surgery and patient follow-up. Together, the ETG and PEG methodologies identify the services involved in diagnosing, managing and treating patients with Hip/Knee Replacements. A methodology to assign a severity level to each episode is employed to group Hip and Knee Replacement episodes by level of risk. A number of resource use measures are defined for Hip/Knee Replacement episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons. As requested by NQF, the focus of this submission is for Hip/Knee Replacement procedure episodes and will cover both measures at the Hip Replacement and Knee Replacement PEGs and severity level and also a Hip/Knee Replacement composite measure where Hip and/or Knee Replacement procedure episode results are combined across severity levels. At the most detailed level, the measure is defined as a Hip Replacement or Knee Replacement episode and an assigned level of severity (e.g., resources per episode for Knee Replacement, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for Hip/Knee Replacement is derived by combining episode results across Hip and Knee Replacements and severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of Hip and Knee Replacement episodes by severity level when supporting a composite comparison).	Ingenix

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

Topic Area	(NQF#) Measure Title	Measure Description	Measure Steward
Pneumonia	(1611) ETG Based PNEUMONIA	The measure focuses on resources used to deliver episodes of care for patients with pneumonia. Pneumonia episodes are defined using the Episode Treatment Groups (ETG) methodology and describe the unique presence of the condition for a patient and the services involved in diagnosing, managing and treating pneumonia. A number of resource use measures are defined for pneumonia episodes, including overall cost of care, cost of care by type of service, and the utilization of specific types of services. Each resource use measure is expressed as a cost or a utilization count per episode and comparisons with internal and external benchmarks are made using risk adjustment to support valid comparisons. As requested by NQF, the focus of this submission is for pneumonia episodes and will cover both measures at the pneumonia base and severity level and also a pneumonia composite measure where pneumonia episode results are combined across pneumonia severity levels. At the most detailed level, the measure is defined as the base condition of pneumonia and an assigned level of severity (e.g., resources per episode for pneumonia, severity level 1 episodes). Composite measures can then be created using these measurement units to meet a specific need. For example, a composite measure for pneumonia is derived by combining pneumonia episode results across pneumonia severity levels. Appropriate risk adjustment is applied to support comparisons (e.g., for physician measurement, adjusting for a physician's mix of pneumonia episodes by severity level when supporting a pneumonia composite comparison). The focus of this measure is on pneumonia. However, pneumonia episode results could also be included in a "pulmonary" or other clinical composite for a physician, combining episodes in clinical areas similar to pneumonia. Further, an "overall" composite for a physician can be created, again by aggregating episode results across appropriate conditions and severity levels and applying proper risk adjustment when making comparisons.	Ingenix
Asthma	(1560) Relative Resource Use for People with Asthma	The risk-adjusted relative resource use by health plan members with asthma during the measurement year.	National Committee for Quality Assurance (NCQA)
COPD	(1561) Relative Resource Use for People with COPD	The risk-adjusted relative resource use by health plan members with COPD during the measurement year.	NCQA

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

Topic Area	(NQF#) Measure Title	Measure Description	Measure Steward
Asthma	(1577) Episode of care for patients with asthma over a one year period	Resource use and costs associated with management of patients with asthma care over a one-year period. Patients with asthma are identified in the year preceding the measurement year and asthma-related resource use and costs are identified during the measurement year. Resource use is evaluated separately for three age strata with the measure: 5-12, 13-50 and 50+ years. Attribution occurs at the level of the physician.	American Board of Medical Specialties Research and Education Foundation (ABMS-REF)
Breast CA	(1578) Episode of care for 60-day period preceding breast biopsy	Resource use and costs associated with breast biopsy. Women with a breast biopsy are identified and the resource use and costs associated with the biopsy in the 60 days preceding the biopsy and the seven days following the biopsy are measured.	ABMS-REF
Breast CA	(1579) Episode of care for cases of newly diagnosed breast cancer over a 15 month period	Resource use and costs associated with management of newly diagnosed cases of breast cancer over an 18-month period, three months preceding the diagnosis date and 15 months following the initial diagnosis. Patients are included in the cohort based on identification of new diagnoses of breast cancer using a validated algorithm. Women with a diagnosis code for breast cancer are identified during the measurement year and stratified into high likelihood cases if they have surgical or procedure claims related to breast cancer (mastectomy, lumpectomy, radiation treatment) or have more than two visits with a primary diagnosis of breast cancer. Women are identified as non-high likelihood cases if they do not meet these criteria. These women are included as potential cases if they meet certain criteria related to surgery, multiple claims, other cancers and secondary breast cancer. Patients with a previous diagnosis of breast cancer, metastatic disease and non-melanoma non-skin cancer are excluded. Eligible patients are followed for 15 months following the initial date of their diagnosis during the measurement period and data from the three months preceding the entry date are also captured for identification of breast cancer-related care. Patients are stratified into four mutually exclusive groups: 1) Chemotherapy, with trastuzumab; 2) chemotherapy, no trastuzumab; 3) no chemotherapy; and 4) neoadjuvant chemotherapy. Overall breast cancer-related costs and resource use are calculated for each stratum. Costs of care are calculated at a system level due to the inability to measure important case-mix factors such as stage of disease and estrogen and progesterone receptor status in current administrative datasets.	ABMS-REF

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

Topic Area	(NQF#) Measure Title	Measure Description	Measure Steward
COPD	(1581) Episode of care for patients with stable chronic obstructive pulmonary disease over a one year period	Resource use and costs associated with management of patients with stable chronic obstructive pulmonary disease (COPD) care over a one year period. Patients with COPD are identified in the year preceding the measurement year and the COPD-related resource use and costs are evaluated. Patients with a qualifying severe event any time during the identification or measurement year are excluded from this group. Attribution will take place at the level of the individual physician.	ABMS-REF
COPD	(1582) Episode of care for patients with unstable chronic obstructive pulmonary disease over a one year period	Resource use and costs associated with management of patients with unstable chronic obstructive pulmonary disease (COPD) over a one year period. Patients with COPD are identified in the year preceding the measurement year and those with one or more qualifying severe events are identified during the measurement year. The possible qualifying severe events are: 1) home oxygen use of two or more months consecutively; 2) severe hospitalization (severe hospitalization meets one of the following criteria: length of stay 14 days or more; ventilation; discharge to acute rehabilitation or skilled nursing facility); and 3) lung volume reduction surgery (LVRS). The onset of the episode begins at the first instance of one of the qualifying events, with the exception of LVRS where the episode begins 60 days prior to the procedure. The COPD-related resource use and costs are measured on a person-month basis for each of those included in the measure. Patients are stratified by the presence of a claim for hospice care during the measurement period. Resource use is attributed at the level of the individual provider.	ABMS-REF
Colon CA	(1583) Episode of care for 21-day period around a colonoscopy	Resource use and costs associated with colonoscopy. Patients undergoing a colonoscopy are identified and the resource use and costs associated with colonoscopy in the 7 days before the procedure and the 14 days following the procedure are measured. For the group of patients with a colectomy that includes a primary diagnosis for colon cancer within the 14-day follow-up period, the episode will be from 7 days preceding the colonoscopy to 2 days preceding the colectomy. Those with a colectomy with a primary diagnosis of colon cancer within 2 days of the colonoscopy will be excluded from the measure.	ABMS-REF
Colon CA	(1584) Episode of care for treatment of localized colon cancer	Resource use and costs associated with colon cancer treatment. Patients undergoing colectomy are identified and the resource use and costs associated with colon cancer care in the 30 days before the procedure and the 11 months following the procedure are measured.	ABMS-REF

NATIONAL QUALITY FORUM
Resource Use Consensus Standards
Table of Submitted Measures (Cycle 2)
As of May 25, 2011

Topic Area	(NQF#) Measure Title	Measure Description	Measure Steward
LBP	(1585) Episode of care for simple, non-specific lower back pain (acute and subacute)	Resource use and costs associated with management of an episode-of-care for simple non-specific lower back pain. The episode is triggered by an initial ambulatory care visit for non-specific lower back pain (LBP). The episode lasts three months (90 days) from the time of the trigger ambulatory visit. An episode only begins if there are no LBP ambulatory care visits within 90 days prior to the initial LBP visit. Also, all individuals with a radiculopathy diagnosis during the measurement or prior period are excluded. LBP-related resource use and costs are measured during the episode, including 14 days prior to the initial visit that triggers the episode.	ABMS-REF
LBP	(1586) Episode of care for acute/subacute lumbar radculopathy with or without lower back pain	Resource use and costs associated with management of an episode-of-care for acute/sub-acute lumbar radiculopathy with or without lower back pain (denoted radiculopathy below). The episode is triggered by an initial ambulatory care visit for radiculopathy and lasts for 90 days following the initial visit. All individuals with a radiculopathy diagnosis within six months prior to initial radiculopathy visit are excluded. Measure radiculopathy-related resource use and costs during the three month measurement period following the initial visit, as well as 14 days prior to the initial visit that triggers the episode.	ABMS-REF
Pneumonia	(1587) Episode of care for ambulatory pneumonia	Resource use and costs associated with management of an adult pneumonia episode following an initial trigger E&M visit with primary diagnosis of pneumonia. The initial E&M visit for pneumonia is defined by requiring that there be no E&M visit for pneumonia within the prior 6 weeks. An episode is defined to last 14 days. To limit the cohort to community acquired pneumonia (CAP), exclude all individuals with any hospital discharge (require length of stay [LOS] greater than two days only when not admitted for pneumonia) within 90 days prior to the trigger outpatient visit and also exclude individuals identified as being in a nursing home prior to the trigger visit. Also exclude all individuals hospitalized with pneumonia within three days after the trigger visit (these individuals will potentially be included in the CAP Hospitalization Episode).	ABMS-REF
Pneumonia	(1588) Episode of care for community acquired pneumonia hospitalization	Resource use and costs associated with management of adult episode following initial admission for community acquired pneumonia (CAP). The episode is defined to last 30 days from the day of admission to the hospital, and will also include the 3 days prior to hospital admission and will measure all pneumonia-related resource use. Attribution will occur at the level of the admitting hospital.	ABMS-REF