Resource Use – Cycle 1
October 26, 2011

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Webinar Goals

Provides opportunity for clarification prior to voting:

- Project scope
- Cycle I Status
- Measures Recommended for Endorsement
- Overarching Issues
- Comments received/Actions Taken
Project Scope

- Evaluated the submitted measures according to NQF resource use evaluation criteria;
- Project was completed in two phases;
  - Cycle I
  - Cycle II
- Identified potential next steps in resource use measurement & evaluation
Cycle I Status

- Member and public comment period has closed
- Comments have been addressed by Developers and Steering Committee
- Voting opened Monday, October 24 with four measures recommended for endorsement
- Draft report and comment table available on the project page
Measures Recommended

- Recommended four measures for endorsement:
  - 1598 Total Resource Use Population-based PMPM Index (HealthPartners)
  - 1604 Total Cost of Care Population-Based PMPM Index (HealthPartners)
  - 1558 Relative Resource Use for People with Cardiovascular Conditions (NCQA)
  - 1557: Relative Resource Use for People with Diabetes (RDI) (NCQA)
Overarching Issues

- Reliability and validity testing at the individual physician level
- Appropriateness of actual/standardized costing in various applications
- Evaluating single measures that are part of a grouper system
- The linkage between cost/resource use measures and quality needs to be refined
- Proprietary components within measures
- Implications of carve out arrangements (e.g., mental health, pharmacy)
Comments

• 93 comments received from 35 organizations/individuals

• Major Themes:
  – Importance of Measures at the Individual and Group Practice Level
  – Costing Approach
  – Attribution Approach
  – Complexity of Resource Use Measures
  – Linking Quality and Resource Use Measures

• Comment responses from NQF staff, measure developers & Steering Committee
Impact of Comments

• Clarifications to the draft report:
  – The Committee believes that measures at both the individual and group practice level are needed.
  – The Committee agrees that both standardized and actual costing approaches could be used in specific applications.
  – The Committee affirmed that the flexibility in the resource use submission process for the attribution approach to be submitted as guidelines or specifications should remain.
  – NQF will clarify the principles for resource measure evaluation indicates that resource use measures and results should be clear and understandable for all stakeholders to interpret.
  – NQF and the Committee agree that resource use measures should be used with quality performance information to understand efficiency and value.
Impact of Comments

- (1557) Relative Resource Use for People with Diabetes (NCQA) & (1558) Relative Resource Use for People with Cardiovascular Conditions (NCQA)
  - Measures will be recommended for both group practice and health plan levels of analysis
- (1604) Total Cost of Care Population-based PMPM Index (HealthPartners)
  - Committee affirmed recommendation for endorsement
Next Steps

- Member voting will end on November 7
- Voting results will be forwarded to CSAC for discussion on December 12
- Steering Committee call on December 5 to discuss Cycle 2 comments
Questions