

NATIONAL QUALITY FORUM
Efficiency Resource Use, May 11, 2010
White Paper Subcommittee Conference Call

Steering Committee Attendees: Doris H. Lotz, MD, MPH (co-chair); Bruce Steinwald, MBA (co-chair); Jack Needleman, PhD; David Redfearn, PhD; Deloris Yanagihara, MPH

NQF Staff Attendees: Helen Burstin, MD, MPH; Ann Hammersmith, JD; Sally E. Turbyville, MA, MS; Jennifer Podulka, MPAff; Ashlie Wilbon, RN, MPH; Maisha Mims, MPH

Welcome and Introductions

Ms. Turbyville welcomed the Efficiency Resource Use White Paper Subcommittee members and reviewed the agenda for the conference call. Ms. Hammersmith led the subcommittee members in verbally disclosing any conflict of interest that might be relevant to the discussion, reminding them that they represent themselves as individuals and not as part of an organization.

Meeting Objectives:

- Review the purpose and status of the white papers project;
- Communicate and discuss the Subcommittee role in white papers scope of work (SOW); and
- Discuss and obtain input on white paper outlines.

The Subcommittee Role in the White Papers Scope of Work (SOW)

Ms. Turbyville expressed the need for input from the Subcommittee during the formulation of the white papers and after their completion. NQF hopes to have an in-depth review of each paper that will include additions; suggestions for deletions; identification of gaps, redundancy, and applicability; suggestions for the order of information. Ms. Turbyville stated that NQF staff is responsible for ensuring review, formatting, and communicating results to the Steering Committee (Committee). NQF staff also will take responsibility for making changes to the outlines and drafts. Further, each paper will have a co-chair: Bruce Steinwald for the Geographic Variation white paper and Doris Lotz for the Episode white paper.

Goals of the White Papers

Ms. Turbyville reviewed the Efficiency Resource Use timeline for Phase One with the Subcommittee. She stated that NQF is currently finalizing the first drafts of both white papers. At the end of May, NQF and HHS will review the paper and incorporate any changes, then send a revised draft to the Committee at the end of June. The goal is to complete the second draft by the beginning of July before the in-person Committee meeting, where the Committee will be able to provide input. Afterward the meeting, NQF staff will review and revise any suggested changes from the in-person Committee meeting. The final drafts of the white papers

will be posted for public and member comment by September. The final goal is to submit the final white papers to HHS and for public use by October 2010. It also was noted that instead of using a contractor, as first established in the original scope of work, NQF is taking the role of writing the white papers with the input of the Committee. Dates for the upcoming conference calls for the first white paper drafts will be distributed via e-mail to the Subcommittee. Committee members expressed that the SOW was premature in stating a definition of efficiency and that such a statement should be part of the Committee's objective in this project.

Review of the Outlines

Physician Efficiency: Episode and Resource Use Measurement White Paper Outline

Ms. Podulka led the Subcommittee in discussing the Physician Efficiency: Episode and Resource Use Measurement white paper outline (Version 8). The Subcommittee members provided their input for the outline. Some of the points of concern or comment regarding the white paper:

- Set parameters for the scope of the project going forward. Can it go beyond physician-level? What about system level? Others?
- The paper addresses multiple types of measures, so there may need to be a change in the title of the white paper.
- Per capita measures do not exclusively have to be defined by a geographic area.
- The need to address at what level we expect efficiency needs to be achieved. Whose patient is it? Need to think about the level of attribution and the implications for the organizations involved.
- Calls for improvement for efficiency are calls to move away from fee-for-service. How do we get away from fee-for-service primary single provider framework when thinking about how to measure performance?
- Addressing types of populations and how you organize and include them:
 - Mental illness benchmark against the norm
 - Poor disabled, low socioeconomic-status populations and how it effects their consumption.
- Limitations, implications of, and unresolved questions: A need to talk about variation around these measures as absolutes or some implication in measuring around some variation or benchmark goal. (Is the comparison to an absolute value or range allowing for variation?) Is it a relative or absolute improvement?
- Integration of quality measures: Spending less and getting less is not an improvement in efficiency. When measuring resources, need to be clear about what those measures of outputs are when comparing performance and outcomes as criteria for judging efficiency and achieving that outcome. The issue of usability – how the measures relate to geographic variation, where to look for improvement on the aggregate measures.

Geographic Variation White Paper Outline

Ms. Turbyville led the Subcommittee in discussion of the Geographic Variation white paper outline. The Subcommittee members provided their input for the outline. Some of the points of concern or comment regarding the white paper:

- One of the goals is to tie back to the Physician Episode white paper when we can.
- Comparing efficiency measures across fee-for-service only would make this project of limited value. Measures need to be ahead of the fee-for-service system. Need to make clear we want to not be so limited and find measures beyond fee-for-service into different delivery and financing systems.
- Market Factors and Influences (II. 3b)—Is there a role to talk about current market incentives, financing strategic global budget something influencing the market besides pricing (e.g., pay-for-performance)?
- Would like measures to be applicable to different delivery systems and show relevance to efficiency.
- Outline Section IV. 2a: Look at how physicians are organized and the role of hospitals or physician organizations and how they play on measurement and influence efficiency beyond the individual of physician group level.
- How do integrated healthcare systems measure performance (e.g., Kaiser, VA)? Look at places that do not have the same incentives, that take aggregated payments and are driven by fee-for-service payment, to see how they perform.
- Address the allocation of resources to preventive measures as opposed to curative.

General Comments

- Why are the two papers divided?
- Call for Measures: Will we have to maintain this divide?
- Important to identify who the users are and what the uses of this information will be.

Public Comments

None

Next Steps:

- Two Subcommittee conference calls to discuss each of the white papers are coming up:
 - May 25, 2010, 1:00 pm-2:00 pm ET (Episodes)

- May 26, 2010, 1:00 pm-2:00 pm ET (Geographic Variation)
(Agendas and conference call information to follow)
- NQF staff will follow up with funders (HHS) to determine the degree of flexibility for adjusting the scope of the white papers and the subsequent Call for Measures.
- NQF staff will research tools for sharing documents and facilitating written feedback with the Committee beyond e-mail.