NATIONAL QUALITY FORUM

Conference Call for the National Voluntary Consensus Standards for Resource-Use Measurement: Phase 1 Summary of Measure Specifications and Criteria Work Group
July 30, 2010

Steering Committee members present: Paul Barnett, PhD; Kurt Elward, MD; Lisa Grabert, MPH; Jack Needleman, PhD; David Redfearn, PhD; William L. Rich, MD; Dolores Yanagihara, MPH

NQF Staff present: Sally Turbyville, MA, MS; Ashlie Wilbon, RN, MPH; Sarah Fanta

Audience Members registered: Fred Dong, Battelle; Rita Gallagher, American Nurses Association; Joel Harder, Society for Cardiovascular Angiography and Interventions (SCAI); Dawn Hopkins, SCAI; Wayne Powell, SCAI; Annemarie Wouters, Manatt Health Solutions

INTRODUCTION

A conference call for the National Voluntary Consensus Standards for Resource Use Measurement Project—Phase 1 Work Group was held on Friday, July 30, 2010. Ms. Turbyville began the meeting with a review of the meeting agenda and roll call. The purpose of the conference call was to discuss the work group's suggestions for components that will be subject to evaluation by the Resource Use Steering Committee and Technical Advisory Panels for endorsement consideration. The work group was also provided the current National Quality Forum (NQF) measures submission form for quality measures as a starting point for developing a submission form specifically for resource-use measures.

The Steering Committee work group agreed that the definition of "resource-use measures" that was the agreed-upon definition stemming from the July 12 and 13 Steering Committee meeting. The work group suggested the definition may need further refinement. The group also agreed that all the modules listed (beginning on page 3 of this document) should be subject to evaluation. Clear definitions and some examples are needed to clearly communicate to the submitters and other interested parties.

WORK GROUP DISCUSSION OF RESOURCE-USE MEASURES

The work group briefly discussed the definition for resource use agreed to during the July Steering Committee meeting. The following definition for resource-use measures was agreed upon:

- Resource-use measures are broadly applicable and comparable measures of input counts—(in terms of units or dollars)—applied to a population or population sample.
- Resource-use measures count the frequency of specific resources; these resource units may be monetized, as appropriate.
- The approach to monetizing resource use varies and often depends on the perspective of the measure and those being measured. Monetizing resource use allows for the aggregation across resources.

The work group stressed the importance of stating the definition of resource-use measures in the "Call for Measures" phase of the project, in order to communicate specifically the scope of the project to measure developers. The work group suggested that an episode of care be called a "unit," in which case further discussion may be needed to clarify the term "unit" to include episodes. This change should suggest that measure developers submit "episodes of care" rather than episode groups. NQF staff will continue to work with the Steering Committee to refine the definition of resource-use measures. The group also suggested listing on the submission form the "type of resource-use measure" that a submitter must select. All submitters may not understand the terminology used to describe the required information—it is important to be clear. Further, a request was made that the submission form requires the submitter to indicate if the resource-use measure is a measure of inappropriate resource use or "relative" resource use.

WORK GROUP DISCUSSION OF MEASURE SPECIFICATION STEPS BY MODULE

The work group discussed the five sub-systems or modules: (1) data protocol, (2) measure or episode clinical logic, (3) measure of episode construction logic, (4) risk-adjustment methods, (5) profiling system: assigning and reporting. These modules were compiled based on known resource-use development and measurement methodologies. In general, the work group was extremely satisfied with the categorical breakdown of information for the measure submission

form. They agreed that each of the listed modules should be subject to evaluation and thus requested in the submission form. The format and type of data required for evaluation of resource-use measures will not fit the current NQF submission form; a new form should be created to organize the submitted data and facilitate a comprehensive evaluation by the reviewers.

Module 1: Data Protocol

The information in this section is comparable to that on the current NQF measure submission form; however, the fields must be changed to be more applicable for resource-use measures.

a. Data type and steps needed to run the measure

   Work group comment: *The work group suggested the insertion of who would be measuring the data (i.e., physician), as well as who the data would be about (i.e., type of patient). The work group also wanted to include a description of the data needed to run the measure.*

b. Data cleaning steps (for example, approaches to deal with $0 claims, rejected claims, etc.)

c. Initial inclusion and exclusion criteria, for example, truncation or removal of low or high dollar claims

   Work group comment: *A separate section may be needed on measure exclusions, as there are different instances and reasons for the exclusions throughout the calculation of the resource-use measure.*

Module 2: Measure or Episode Clinical Logic

The work group would like to ensure that the goal of the measure, as well as the level of analysis, is required as part of the submission. The form should specify the type of measure and the sub-category of measure (e.g., IP, NH, ambulatory, Rx, broad). It was suggested that there be a series of check boxes in the submission form that would allow a user to decipher the components of the aggregated data. This section should note if the resource-use measure seeks to identify inappropriate use.

a. Basic framework of the episode clinical logic

b. Rationale for grouping or assigning of condition codes

Work group comment: *would like to divide this section into:*

- *clustering*
- *assigning codes*

c. Identification of distinct and homogenous unit for measurement (e.g., type of episode, patient population, procedure of interest)

Work group comment: *The work group suggested that this section be divided by each of the distinct units for measurement (i.e., episode, patient population, etc.)*

d. Grouping or assigning algorithms

e. Treatment of co-morbidities and disease interactions

f. Any hierarchy of codes or condition groups

g. Any severity level assignments

Work group comment: *Include sub-categories of the measure (e.g., ambulatory, nursing home, input, etc.) Can the measure be disaggregated? (i.e., subtotals of costs)*

Work group comment: *Add question on submission form where user can check off whether measures are focused on relative resource use or whether the resources identified are appropriate.*

Module 3: Measure or Episode Construction Logic

The work group would like to define what this portion of the measure submission means, including the start and end date, time length, etc. There were also concerns around the managing of competing and "phantom" (diagnoses not assigned to an episode) episodes, unrelated diseases, etc. This unintended consequence can be avoided by adjusting for "phantom" episodes.

a. Creates rules by which claims are assigned or grouped using the clinical logic;

b. Establishes denominator or episode start/trigger and end mechanisms (e.g., an AMI event or the beginning of a measurement period)

c. Eliminates redundancy and overlap, as appropriate (e.g., episodes of the same episode type at the same time)

Work group comment: *The sub-criteria should be further articulated.*

d. Links complementary services

Work group comment: *An example of what this would look like in a submission form would be helpful for measure developers.*

d. Identifies and counts each unit of resource service (e.g., an inpatient stay, emergency department visit, or a unit of pharmacy service by dosage and amount)

Module 4. Adjustments for Comparability

a. Risk-adjustment method

Work group comment: *Remove "Adjusts denominator or episode resource use amounts (counts or monetized) for" and keep "How does measure control for co-morbid conditions and other factors that may influence resource use, but which may or may not be accounted for in the clinical logic (e.g., using exclusions) or construction logic (e.g., rational temporal logic)."*

b. Stratification of results

c. Costing methodology

Module 5: Profiling System: Assigning and Reporting

a. Attribution rules

Work group comment: *This is an extremely important factor for risk adjustment; it is often the most difficult to account for. It can make or break a measure depending on how it is used. The work group believes the attribution rules must be made very clear and specific in order to deal with problematic data. Attribution should also include physician, ACOs, national, health plans, etc. Attribution may need to be added as a header (number 6).*

b. Peer group identification and assignment

c. Sample size requirements

d. Threshold or outlier decisions

e. Benchmarking or comparative estimates

f. Reporting with descriptive statistics (e.g., distribution, confidence intervals)

g. List of quality (process or outcomes) or appropriateness measures with which the resource-use measure has been linked (informational not "recommendation")

Work group comment: *The work group was concerned that measure developers may not be able to produce all of the sub-criteria in number 5. It should be stated or understood that preference is given to those measures that can supply data for these criteria; however, the data should not be required. NQF's current submission form and evaluation criterion for quality measures communicates this preference. If the measure developer cannot provide adequate measures specifications or testing evidence, a justification or rationale as to why their measure does not meet the specific requirement is required. This same approach can be applied to the resource-use measures.*

PUBLIC COMMENT

Commenter: Rita Gallagher, American Nurses Association (ANA)

Ms. Gallagher encouraged NQF to plan for sufficient education of reviewers of the resource-use measures and developed criteria; reviewers will include both Steering Committee members and Technical Advisory Panel (TAP) members.

NQF Response: NQF will be hosting a series of webinars to provide education and training on the resource-use submission form for those submitting measures, as well as the evaluation criteria for those evaluating resource-use measures.

NEXT STEPS

- This work group will meet again on **Monday, September 13 from 1:00pm-3:00pm ET.**
- During this meeting the group will focus on ensuring the measure specifications align with the suggested evaluation criteria for resource-use measures.
- NQF staff will work on creating a draft list of measure submission items for resource-use measures for review during the next call.
- The results of this work group will be shared with the full Steering Committee once completed.