

TO: NQF Episode Grouper Expert Panel
FR: Elizabeth Carey & Ashlie Wilbon
DA: 05/30/14
SU: Preparation for conference call/webinar on Tuesday, 6/3, 3:00 pm-5:00 pm ET

This memo provides background for the upcoming conference call. The purpose of the call is to:

- Provide a summary of comments received on the draft report,
- Highlight cross-cutting themes, and
- Discuss issues that would benefit from further committee input.

Panel Actions

1. Review this briefing memo and comment received (in Excel Spreadsheet) prior to the conference call.
2. Identify any issues that are not reflected in this memo so that they can be discussed by the Expert Panel.
3. Be prepared to discuss and assist with responding to issues raised in the comments.

Webinar & Conference Call Information

Tuesday, June 3, 3:00pm - 5:00pm ET

Speaker Line: (877) 509-7717 (for NQF Staff/Expert Panel Members; no conference code required)

Webinar link: <http://nqf.commpartners.com/se/Rd/Mt.aspx?722740>

In order to speak, you must be dialed into the phone line. The webinar will stream audio and slides.

NQF Process for Addressing the Comments

NQF received about 40 comments on the draft report from 12 NQF member organizations and members of the public. Where possible, NQF staff has proposed draft responses for the Panel to consider.

Although all comments and proposed responses are subject to discussion, we will not necessarily discuss each comment and response on the post-comment call. Instead, we will spend the majority of the time considering the major themes and the most significant issues that require Panel discussion and resolution.

We have included all of the comments that we received in the Excel spreadsheet that is part of the call materials. This comment table contains the commenter's name, as well as the comment, topic area, and proposed draft responses for the Panel's consideration. Please refer to this comment table to view the individual comments received and the proposed responses to each.

As a voluntary consensus standards organization, NQF follows OMB Circular A-1109 on Voluntary consensus standards:

*4.a.(1).(v) Consensus, which is defined as general agreement, but not necessarily unanimity, and includes a process for **attempting to resolve objections by interested parties, as long as all comments have been fairly considered, each objector is advised of the disposition of his or her objection(s) and the reasons why**, and the consensus body members are given an opportunity to change their votes after reviewing the comments.*

Major Themes and Issues for Discussion

To focus the Panel's discussion, NQF staff has identified the major themes expressed in the comments as well as discussion questions. These themes and discussion questions are not intended to limit the Panel's discussion but to provide a starting point and target areas on which the Panel can focus.

1. Patient-centered episode of care approach

Several commenters supported the patient-centered episode of care approach as described in the draft report, while acknowledging the challenges of using this approach for provider profiling. The draft report also describes an alternative approach, provider-centric episodes.

- *Question 1:* How can a patient-centered approach be used for provider profiling?
- *Question 2:* In addition to provider- and patient-centric episodes, what other approaches to defining episodes of care should be explored in the context of evaluation for endorsement?
- *Question 3:* What are the pros and cons of these approaches?

2. Demonstrating validity of the grouper

Several commenters acknowledged the importance and challenges of ensuring the validity of the grouper methodology. In particular, identifying the threats to validity was of great importance. Potential threats to validity may include:

- a. Defining chronic episodes in the presence of other co-occurring conditions: Acute episodes generally have defined time periods related to when the condition began and ended, while chronic conditions are generally defined by a pre-determined time window. Commenters agreed that a one year timeframe for chronic conditions seems appropriate, but cautioned about the challenges of identifying and attributing care for patients with multiple chronic conditions, complications, or sequela.
- b. Data Limitations: Most episode grouper software currently relies on administrative claims data to identify episodes of care. Several commenters noted the limitations of claims-derived data, and urged the inclusion of clinical data from electronic health records or registries for grouping episodes. Some commenters highlighted more general data aggregation and data quality issues, while other focused more specifically on the impact the transition to ICD-10 will have on episode groupers and on administrative claims-based measures.
- c. Risk and Severity Adjustment: A few commenters suggested the Panel provide additional guidance on how risk adjustment and patient severity should be addressed when evaluating an episode grouper. Given the various ways in which severity and risk adjustments can be applied within a grouper system, additional guidance and clarification on these approaches and the implications should be explored.

- Question 4: What guidance should the draft report provide regarding the application of the various approaches to risk and severity adjustment of episodes? What considerations should developers reflect in their rationale and approach to adjusting episodes for risk and severity?
- *Question 5:* Are there other threats to validity for episode groupers that should be specifically addressed by the developer/submitter of the grouper?
- *Question 6:* How should threats to validity be considered during evaluation of an episode grouper?

3. Distinguishing between grouper, episode, and measure levels of evaluation and endorsement

A few commenters noted that more clarity is needed regarding the levels of evaluation that may be required when evaluating a grouper. The Panel's current recommendations note that the grouper logic, the episodes and measures that result from episode groupings should be subject to evaluation.

- *Question 7:* What are the differentiating characteristics of a grouper, an episode and a measure?
- *Question 8:* How should the evaluation process distinguish the evaluation of the grouper, the episodes and measures?

4. Linking quality to grouper episodes/measures

While the quality measurement is not typically a key feature of an episode grouper, both cost and quality signals are an important to understanding value and efficiency. Several commenters noted the importance of assessing utilization and costs in combination with quality measures. One commented cautioned that assessing utilization and costs in isolation is likely to result in unintended consequences, especially for vulnerable populations and individuals with multiple co-occurring conditions.

- *Question 9:* How can quality measurement be integrated into episode groupers?
- *Question 10:* What guidance should developers and users of episode groupers consider when seeking to combine episode-based utilization and cost measures with quality measures?

5. Use of clinical guidelines in developing/defining episodes of care

Commenters emphasized that episode groupers should be grounded in sound process and methods. This includes ensuring the methods and evidence base used in defining both the episode and grouper are transparent; time dimensions of the clinical episode are clear and objective; accounting for variations in the treatment population; and linking the episode to relevant, endorsed measures of clinical quality. Episode construction should include assumptions about the most currently available nationally available clinical practice guidelines, appropriate use criteria and patient preference sensitive interventions and technologies. The report does not currently address this concern in any detail.

- *Question 11:* How should clinical guidelines be used to develop and define episodes of care for episode groupers?

Additional Discussion on Comments/Responses or Draft Report

We ask that if any Panel members identify any specific comments or draft responses in the table or the draft report that require discussion or resolution by the Panel, please forward the comment ID# or concern to staff via email prior to the call.