

**NATIONAL QUALITY FORUM**

**Moderator: Sheila Crawford**  
**January 23, 2014**  
**12:00 p.m. ET**

Erin O'Rourke: All right. Thank you so much. Welcome to the Linking Cost and Quality Expert Panel Orientation call. My name is Erin O'Rourke and I'm the project manager and I'd like to let the rest of the NQF staff in the room introduce themselves.

Vy Luong: Hi. This Vy Luong, I'm the Project Analyst for this project.

Taroon Amin: Hi everyone. This is Taroon Amin. I'll be the senior director supporting the team here at NQF. I'm very much looking forward to working with all of you.

Erin O'Rourke: I just want to make sure, can everyone see the slides OK?

Male: No.

Male: No.

Male: How do we do that?

Male: Yes, I can. I hit the link on the very top left.

Male: Where do we find those?

Male: You have to go to the link on the invite and sign in.

Male: Yes, but when was that e-mail sent?

Erin O'Rourke: That was sent out yesterday.

Male: It should be in Outlook if you just click on your invite, open it and you'll see it inside.

Erin O'Rourke: If you're having trouble with the web platform, the slides are also posted on the expert panel's SharePoint site and ...

Taroon Amin: They'll also be e-mailed at the end of the presentation as well. So just let us know if you're having problems and we'll try to get it sent to you either during today, during the orientation call or we'll make sure (inaudible).

Larry Becker: Yes, I don't – This is Larry. I don't get it either, all I get is a blank screen and (inaudible).

(Crosstalk)

Male: Try refreshing it, Larry. Try refreshing your screen.

Larry Becker: I'm working on it

Male: What you need do is to hit the – there is a link on the upper left hand corner that says orientation slides. And if you click on that, they will download to your computer.

Larry Becker: I got it.

Male: Working great.

Larry Becker: Right. Thank you.

Male: Thank you.

Male: All right.

(Kenna Frontier): And then this (Kenna Frontier) from Minnesota Community Measurement. I don't think I'm on this affordability group. I think I'm on measuring affordability care. But I just wanted to double check for some reason I have both meetings on my schedule.

Erin O'Rourke: Yes. I think you're correct. I think – we don't have you on the roster for this expert panel. You're welcome to listen if you're interested but if you – so for that group will be having their orientation on February 7th.

(Kenna Frontier): Great, OK. So this is Linking Cost and Quality not measuring affordable care ...

Erin O'Rourke: This is Linking (inaudible).

(Kenna Frontier): Got it. OK, thank you.

Erin O'Rourke: Thank you.

Male: OK great.

Erin O'Rourke: Apologies for the technical difficulties – and thank you to everyone for standing by and helping out. We wanted to let the group have a chance to quickly introduce themselves. So if we could first introduce our co-chairs Joyce Dubow from AARP and Carole Flamm from the Blue Cross and Blue Shield Association.

Joyce and Carole, if you would like you to tell the committee a little bit about yourself.

Joyce Dubow: You know Erin there is feedback on your end, I think.

Erin O'Rourke: Yes. We seem to be getting a lot of feedback on the call. Is it our machine or can – is it something on your end?

Operator: Yes. If everyone could mute their computer speakers please.

Steven Asch: Hi, it's Steve Asch joining.

Taroon Amin: OK. Well hopefully, whoever computer speakers are on, maybe we can try to work on that as we continue, but Joyce if you can ...

Joyce Dubow: Right. I think it's a little bit, Taroon. I think that it's – you're not echoing anymore. Anyway, welcome everybody. This is Joyce Dubow from AARP.

I'm a member of the NQF board and have been participating in NQF activities for a long time. I did a quality work at AARP. I am a consumer representative on this group. We have very exciting work and I welcome you all. I think we're going to have an interesting project up here.

Erin O'Rourke: Thanks, Joyce. Carole, are you on the line? Would you mind introducing yourself to the group as well?

It looks like we don't have Carole. We wanted to give the work group members a chance to introduce themselves. So I'll read off their names on the slide. And if you could just briefly tell the committee a little bit about yourself and your – which organization you're from.

Peter Almenoff?

Peter Almenoff: Hi, I'm from the Department of Veterans Affairs. I'm the advisor to the Office of the Secretary, senior fellow in the VA Center of Innovation and I'm also the director of Operational Analytics and Reporting in – on the health side of VA. And a pulmonary ICU doctor by background and I'm basically spending a lot of time in the last few years, first building quality program, now running financial programs and now linking them together to develop healthcare values for the VA.

Erin O'Rourke: Steve Asch?

Steven Asch: Good morning. I'm a physician and like Dr. Almenoff, I also work for the VA but since I have an affiliation with Stanford University where I'm the clinical chief for General Medical Disciplines, my research program has been very much in the area of how to make good quality measurements. And more recently, we've been focusing quite heavily on the concepts of value billing, how to simultaneously measure (rater), access quality outcomes and the denominator resources or utilization in a way that – well, it's for better care.

Erin O'Rourke: Larry Becker?

Larry Becker: Hi, I'm Larry Becker. I work at Xerox. I'm on the NQF Board and I'm also on the PCORI Board.

Erin O'Rourke: David Cohen?

David Cohen: Hi, I'm David Cohen. I'm a cardiologist in Kansas City where Peter Almenoff is. And I'm at the University of Missouri, Kansas City and representing I think the (VACC) on this committee. I have a long standing research interest in health economics and cost-effectiveness evaluation of medical technologies.

Peter Almenoff: Hi, David.

David Cohen: Hi, Peter.

Erin O'Rourke: Mary Cramer?

Mary Cramer: And I'm Mary Cramer. I am the director of the Process Improvement Program at Massachusetts General Hospital and the Physicians Organization where we are spending enormous amount of time and energy trying to kind of drive the value equation as I'm sure all of my colleagues on the call were certainly cost and quality measures are funding center, and a lot easier said than done. So, I'm very much looking forward to this work overtime because I know it's got very real relevance and significance at least certainly at Mass General.

Erin O'Rourke: Christine Goeschel?

Christine Goeschel: Great. Hi everyone. I am the assistant vice president for Quality at MedStar Health. MedStar is a (general) hospital, 50 plus physician practice integrated system in the Mid-Atlantic (AC) Maryland, Virginia. I've been here just since November. Prior to that was at Hopkins as part of the Armstrong Institute and before that at Michigan.

I consider myself an implementation scientist at this point. I have done a lot of work around the quality cost equation looking at MedStar really in where value lies. I'm a board member of the Maryland Patient Safety Center. I sit on the Cost of Quality Committee for the Maryland Hospital Association where our new Medicare labor was just approved, provides all sorts of team

opportunity so were in differently and I'm a (inaudible) examiner. So, I come at this with a lot of different hands on, really delighted to part of this team.

Erin O'Rourke: Timothy Lowe?

Timothy Lowe: Sure, Timothy Lowe. I'm a principal research scientist for Premier Incorporated and not so sunny at the moment, Charlotte, North Carolina. And, if you don't know about a little bit about Premier, we're a hospital organization owned by hospitals, about 2,900 members of both the acute care facilities and about 100,000 ancillary sites. And my – I'm a (inaudible) trained health services researcher. Most of my work focuses on looking at healthcare overdue utilization and developing measures for that and also a lot of healthcare acquired infection work.

Erin O'Rourke: Donald Likosky, I'm sorry, I skipped over you.

Donald Likosky: That's OK. I am a cardiovascular epidemiologist and Section Head of Health Services Research and Quality at the University of Michigan, Cardiac Surgery Department. I'm representing the Society of Thoracic Surgeons.

Erin O'Rourke: Catherine MacLean, I believe she was not able to join us today. Jack Needleman?

Jack Needleman: Yes, good morning. I'm Jack Needleman. I'm a professor in the Department of Health Policy and Management at the University of California, Los Angeles School of Public Health. I also – (where has) associate director of the UCLA Safety Institute and director of our departments, PhD, and in Research Masters Programs.

I have been serving on the prior and actually the current NQF committee looking at resource use measures. And it was in the work that that committee was doing that this issue of identifying and linking the quality measures to the cost measures emerged. I'm very excited to be on this committee as we tried to draw links between the cost – the cost and resource use measures and the quality measures.

Erin O'Rourke: Steven Pantilat?

Steven Pantilat: Yes. Hi, it's Steve Pantilat. I am at UC San Francisco. I'm a professor of Medicine. I also direct the Palliative Care Program at UCSF and I'm a hospitalist here in our division of Hospital Medicine. And my work – a large part of the work that we've been doing in palliative care focuses on value and thinking about cost savings and how to calculate and understand cost savings in the context of quality, and how to combine those in the value equation to help to improve quality of care and also promote palliative care for seriously-ill.

Erin O'Rourke: Kimberly Rask?

Kimberly Rask: Hi, I'm a general internist, a clinical trainee and a health economist. Most of my career had worked around quality improvements and help outcomes measurement. I'm a medical director for Georgia's Medicare Quality Improvement organization where we do a lot of data driven improvement work and the cost in the economic side both of promoting quality improvement activity as well as trying to document and demonstrate value is an important part of what we do everyday.

Erin O'Rourke: Iyah Romm?

Iyah Romm: Hi. I'm the director for System Performance and Investments at the Massachusetts Health Policy Commission (inaudible), we did out of our cost consumer's legislation last summer. I play a couple of roles that are pertinent to (inaudible) state-based investment program into community hospitals as well as have staffed since the outset of this body since 2010 the Massachusetts Statewide Quality Advisory Committee which is tasked by law with developing the standard quality measure set for the common law.

Erin O'Rourke: Dennis Scanlon?

Dennis Scanlon: Hi. I'm a professor and faculty member at Penn State University. I direct our Health Services Research PhD program. And I do research in a variety at related areas to the technical performance measurement, public reporting quality improvement, cost efficiency value measurements, have an interesting

payment reform and also consumer decision making and consumer engagement.

Erin O'Rourke: Matthew Rousculp? I apologize, I skipped you as well.

Matthew Rousculp: No worries, yes. Matt Rousculp. Good afternoon. I am the Senior Director for Comparative Effectiveness Research as well as Health Policy Research at GlaxoSmithKline. We are a Pharmaceutical Company with our headquarters in the United Kingdom although I'm based in Research Triangle Park in North Carolina. My background is Health Services Research.

I spent majority of my career either in research focus more (inaudible) also research and a lot more into the value propositions and now currently trying to understand the changing U.S. healthcare environment and what is the – both the evidence that's going to be needed to understand value but at the same time, what's the type of data and how do we start by capturing that data to make it a lot more efficient process.

Erin O'Rourke: Jeremiah Schuur?

Jeremiah Schuur: Good afternoon. I'm a practicing emergency physician at Brigham and Women's Hospital in Boston where I serve as the vice chair for Quality and Safety and also Division Chief for Health Policy. I do health services research around quality measurement and had been involved in a number of projects that have either led to NQF measures and commission or done evaluation to those.

Erin O'Rourke: Jeffrey Silber?

Jeffrey Silber: Hi. I am the director of the Center for Outcomes Research at the Children's Hospital of Philadelphia. I'm a professor of Pediatrics, Anesthesiology, at Penn Medicine and a professor of healthcare management at Wharton.

Erin O'Rourke: Alan Speir?

Alan Speir: Good afternoon. I'm a practicing cardiac surgeon in the Metropolitan Washington area in Northern Virginia and representing both the American



Medical Association and the Society Thoracic Surgery, a medical director of cardiac surgery for the Inova Health System. And I'm also a chairman of Virginia Cardiac Surgery Quality Initiative. This is a 12 physician practices in 17 hospitals in the Commonwealth that's been in place for over 20 years. We've amassed a unique database with both the patient's discharge, clinical data as documented through the (STS) database. And also there are cost of care for that episode with their UBO4 bill and been having implemented those process improvement initiatives to track to all the improvement and have been documented the reduction in cost.

Erin O'Rourke: Joe Stephansky?

Joseph Stephansky: Yes. I am with the Michigan Health & Hospital Association. By training, I am an economist like Jack Needleman and Herb Wong. I have been participating in the Research Use Measures Group at NQF. And I have been working with some the Michigan Health Insurance with some of these research use measures or at least related measures into practical play.

Erin O'Rourke: Herb Wong?

Herbert Wong: Hi. My name is Herb Wong. I am a senior economist with the Agencies for Healthcare and Research and Quality. My research interest is actually in healthcare cost and quality elements. Like Joe and Jack, I do sit on the NQF cost and resource measure panel. And certainly the issues of cost and the relationship to quality had come up in those conversations. So, I'm happy to be part of this particular committee.

Erin O'Rourke: Greg Wozniak?

Gregory Wozniak: Good morning everybody, this Greg Wozniak. I'm the director of Outcomes Analytics in the Improving Health Outcomes Area of the American Medical Association. Before moving into the improvements – improving of outcomes area, I was in the AMA Physician Consortium for Performance Improvement which develops performance measures, PCPI measures doing, the supporting measure development as well as measure testing for liability feasibility. A lot of involvement with submissions of those measures to NQF.

I'm also – our team at the AMA is part of the recognized university led team on the CMS funded project to develop episode groupers for Medicare that's lead by Chris Tompkins at Brandeis.

Erin O'Rourke: And Gary Young?

Gary Young: Hello. I'm located in Northeastern University Boston where I am the director of the University Central for Health Policy and Healthcare Research which brings together faculty from across schools and college at the university to conduct research on a variety of health policy, health services, research issues, quality performance measurement being certainly a focal area.

I'm a professor at the university school – Schools of Business and College of Health Sciences, also affiliated with BA, the Health Services Research Program, have had a long standing interest in research program focusing on performance measurement in healthcare arenas quality specifically, and have done research on design and implementation of value-based or pay for performance programs and public quality reporting.

Erin O'Rourke: Thank you. Thank you to all for joining us today and for agreeing to serve on this expert panel. I'm very excited be working with you on this project. If you move to the next slide, I just wanted to quickly review our agenda for the call.

We want to give you a brief overview of NQF. Give you a little bit of background on the landscapes that we're currently dealing with. Take you though some of NQF prior work in this area, then go through the scope and activities that this project will cover, as well as the role of this expert panel. Then we'll give you a brief tutorial on the SharePoint site that we'll be using to share materials and other documents with you, and then finally, just going through the next steps to accomplish this work.

A brief background on the NQF mission. We're a private, non-profit voluntary consensus standard setting organization. NQF operates under a three-part mission to improve the quality of American healthcare, building consensus on national priorities and goals for performance improvement and working in partnership to achieve them, endorsing national consensus

standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs.

Now, I'd like to turn it over to Taroon Amin to present those backgrounds about where we are in these world of cost measurements.

Taroon Amin: Excuse me. Before we move on, I just want to point out to the Committee, this is one of the more high profile projects that NQF has taken on with a generous funding from the Robert Wood Johnson Foundation. And one of the reasons why this is a really high profile project is as you can see through Erin's description of the NFQ mission, this project touches upon many different aspects of what NQF is intending to do for the field. In particular, that is typically known for its consensus standards for quality measurements and standard setting organization which we have done increasingly amount of new work in cost care measurement.

So, the work that comes out of this panel will seek to inform cost of care and quality of care our future work in terms of how we look at these whether these are – these qualities and cost measures are looked at independently or we actually look to have some sort of guidance around putting these two cost and quality signals together in one individual measure. So that will directly impact the way that we look at our measure or endorsement process.

Secondly and equally importantly, this project seeks to impact the measures application partnership as to advice HHS on selection of measures for federal program in addition to private program. So, as you all know, we're increasingly moving to a very different pay for performance application to validate purchasing applications.

So this group will also not only advise on the technical issues around how you link cost and quality measures to give a signal of efficiency both at a measure level, but also at a programmatic and policy level.

So this is a very unique project in the sense that it really expands both areas. So we're very excited to get this work started. And, you know, I'll move on to just start talking about the macro context in which we're initiating this project.

And as you all know, you know, GDP continues to be – U.S. healthcare spend in relation to GDP continues to outpace any other country in the world. Spending also moves and allow spending has curtailed a bit in the last year spending growth, I should say, not spending in an absolute sense, but continue to move faster than inflation.

And these out-of-pocket expenses continue to put pressure on other public sector investment. And so when we really look at where we are currently in the current state of quality measurement and cost measurement, there really is no guidance in the field that we have – that we're looking to advance guidance in the field about how we actually link these two signals in a way to – in a standardized way to really give signals of efficiency.

You know, again, I don't need to explain to this group that the federal movement towards in the ACA really put forward the number of pay for performance programs that include both cost and quality measures, both the hospital value-based purchasing program and the physician value-based value modifier. Both have some level of cost and quality measures.

And there's no clear guidance in the field in terms of a national consensus standard about how we construct and deal with methodological issues with dealing with these two types of signals. So again, I'll just reiterate a couple of times during this introduction that this is very unique in the sense that we're looking for guidance on the construction of measures. One can think about that as a potential composite. What would – how would we want to develop the composite that includes both cost and quality measures. And that has clear implications for how we're looking at our endorsement of cost measures going forward, but also looking at guidance for how we – guidance for reporting program in particular value-based purchasing program that will link directly into the measures application partnerships work going forward.

So, we're happy to include on this panel some of our colleagues who have participated in our work and happy to have you guys. If you have anything to – ways or to add any additional thoughts about our prior work, but there – this work is in the context of existing work that NQF has been doing and really is a sort of our next step in our next generation of our work.

This work was really rooted in our episodes of care measurement framework which really recommended that we need to move toward an environment of national consensus standard for cost measurement. But also that these cost measures should be linked to quality measures to really be able to assess efficiency of providers. So we have included this measurement framework as a conceptual starting point for this group on the SharePoint site. And we would recommend as we go through going forward that this is an area that you spend some time reviewing.

For additional context, you know, as our first effort, we knew that we needed to have scientifically sound reliable and valid cost measures that can be then linked to quality measures in the future. And that really led to two phases of work related to actually endorsing quality – cost measures. They included conditions, specific measures and also included total per capita PMPM, per-member per-month measures for the commercial sector.

They weren't – I mean they weren't – we didn't start out looking for a just commercial sector measures but that's what we ended up within the phase 1 and phase 2 of this of – of the efficiency project.

The third bullet here talks about the cost and resource use phase 1 project which was our last effort which looked at non-condition specific total cost measures, one that was – for a hospitalization in 30 days post-hospitalization. And secondly, was a total PMPM attributed to physicians and those were Medicare measures and that was our recent project.

Our future work is looking at condition specific measures starting with cardiovascular care, again, driven by the National Quality Strategy and the movement toward ensuring that we look at high impact areas in measurement and cost.

There are four additional projects in our cost of care domain that – again, to give you context – micro context of how NQF is looking at these issues. The next one is really looking at defining Episode Grouper Evaluation Criteria. As many of you on the call are aware, Medicare and the commercial sector has been using episode groupers to evaluate cost of care measures, or just

evaluate cost of care. And they have been using episode groupers as a methodology for doing that. We're looking to a future of a standardized approach or national consensus standard for how we define and use episode groupers going forward.

There's this group which is tasked with the goal of trying to understand how we link cost and quality signals in an individual measure but also at the programmatic level.

And then we have two additional projects looking at measuring affordable care for consumers and defining what affordable care really means to consumers and whether we have the right measure construct from a consumer perspective which we're very excited about as well. And also MAP Affordability Families work which is recommending to HHS defining the concept affordability with also a series of measures that could be used across programs. We'll go into that in a little bit more detail going forward. But, you know, this work is within a larger macro context of additional work that NQF is pursuing in the cost of care area.

So again, and this area is very important to set forward some definitions, so they were all sort of speaking the same language. And these definitions are meant to be set in stone. I mean if there is a reason why we potentially may be needing to adjust these definitions, we can have that conversation during our in-person meeting. But we wanted to make sure that we are all starting from the same conceptual starting point.

So, I'll describe these in terms of a definition. I don't tend to like to read from slides but I think it's important spend a little bit time here to make sure that we all starting from the same place. And then I'll also move to our sort of conceptual framework of how these concepts fit with one another.

So cost of care is really intended to measure health – cost of healthcare spending and that can be from various different perspectives. (Inaudible) is intended to be measures of cost associated will a specified level of – specified level of quality of care. So, it's very important that – that cost of care and quality of care when linked together is giving us a measure of efficiency.

There are various other groups that have used the term efficiency to just – to just – as just cost – cost measure. But in the context of NFQ work and inform (inaudible) institute of medicines to work on cost of care. Efficiency from our vernacular has been specifically the cost of care associated with a specified level of quality.

And then finally, the value definition is really thinking about the preference weighted assessment of a particular combination of quality and cost. And so really that is there are various different stakeholders that will think about the cost and quality potentially differently. And potentially, you know, have different assessments of value. So really we're not necessarily, you know, trying to get toward value in the sense of this effort because obviously there are various different perspectives about what is value and how one would wait quality and cost together.

So, you know, I'll sort of turn to the next slide which gives a conceptual framing for this work that we've used in the past. And really think about how these concepts relate to one another, with resource use and cost being very narrow in terms of the cost used to provide care. And really trying to get more – our previous work has really been to have national consensus standard of resource use that are scientifically sound but moving toward measures of efficiency around how you link, how cost and quality measures need to be aligned to really understand efficiency and how that link should occur, whether that link should occur both at the measure level in terms of a composite or – and/or they should be linked at a programmatic level to understand the efficiency of providers. And then later, thinking about the stakeholder preference weighting to get to assessments of value.

So again, as a few of the Steering Committee, Standing Committee members have noted, as we were working through the prior efforts of endorsing cost measures, there was a continual interest and obvious need toward trying to get toward measures of efficiency.

We not only experience that through the Steering Committee but through the various different points where we had public comment. It became very clear

that stakeholders of NQF felt very strongly that we should not be simply looking at measures of cost but we should be striving towards getting to measures of efficiency.

And so, the Steering Committees have spent some time thinking about general principles. Principles that should be taken into account as we sort of start this work. That clearly resource use measures in themselves should have scientifically acceptable properties, should be in themselves usable and feasible. That as we're looking for measures of efficiency, we should start with measures of cost and resource use that meet those criteria first and then use them in the context of quality measures to assess efficiency.

Considerations were – when we're actually linking these types of measures, we should strive toward measures of outcome and patient of – patient experience. And we should – we should think about the question of how the measurement periods potentially should be aligned? Is there a temporal relationship between cost and quality, meaning that the downstream effect of cost spending may have a quality impact later on? Or is there a – should they be aligned in terms of the time period?

And then it may be used, you know, in a programmatic level to understand and monitor for underuse of needed services. So simply looking at lower cost providers at the expense of quality is obviously not what we're trying to achieve here.

So, I won't spend too much time on the next slide, but as we talk about the various different projects, the NQF has been undertaking in the past and will be undertaking in the next few – in the next year. They are sort of grounded in the same conceptual construct. This group, again, in the efficiency domain is focused on how to link resource use measures and quality measures together.

The affordability – the MAP affordability families has been really exploring the domain of the consumer and various stakeholder preferences that are at play in addition to further around measuring affordability and what consumers are interested in understanding about quality and resource use. And then we



have our strict resource use efforts around the episode grouper and the cost of – the cost and resource use measurement work.

So again, all these work sort of has a history and has a future and has a contact within the multiple different committees that NQF is convening. And we're happy to have some overlap with our Standing Committee here that can cross-pollinate and cross – provide additional guidance in terms of how all these works relates to one another.

So, that's kind of a high level overview of what we're trying to achieve. Again, we're very excited about this work because it's particularly important and the fact that it sets in play a lot of impact in terms – our efficient – or our endorsement work and our measures application works.

And so, just again, just to reiterate, you know, the various different measures that we have had to the various different projects, they include PMPM total cost of care measures. They also include condition specific total cost measures over measurement period, so the NCQA measures are constructed to identify a patient who has diabetes and then captures their entire cost over the year regardless of whether or not the cost are directly related to diabetes.

Finally, the ETG measures are part of the ETG grouper system and are much more narrowly focused in the sense that they're just (dividing) an episode of care.

I'll turn it over to Erin to talk about project goals and scope.

Erin O'Rourke: Thanks, Taroon. As Taroon has mentioned, this project is funded by the Robert Wood Johnson Foundation. And we're seeking to build on the earlier recommendation of the cost – the resource use standing committee to play out the best practices for linking cost and quality measures out. We'll be – We've commissioned a white paper to provide the expert panel with the necessary background and to more technical information that we'll be bringing to during our two-day in-person meeting for your input.

The goal of this project is to really explore current approaches to linking cost and quality measures, identifying key methodological challenges, defining key

principles and best practices for linking cost and quality measures, and providing operational guidelines and recommendation for future submission and evaluation of efficiency measures.

As Taroon mentioned, there's also a programmatic component of this project where this group will be providing principles to the measure application partnership on how to best use these measures in federal quality reporting and pay for performance program.

To give you a little more background on the project white paper. The paper is being authored by Chris Tompkins of Brandeis and Andrew Ryan of Cornell. Some key questions of the paper will be exploring – includes what are the various approaches to linking cost and quality measures, perhaps do a composite, scoring methodology, displaying information side by side. They'll be playing out some of the technical challenges for this alignment exclusion level of analysis, risk adjustment et cetera.

They'll also be explaining some of the challenges for actionability of efficiency measures and how can we get to a measure that can actually drive change. And then finally, how can – the results of these measures be used for public reporting purposes and payments. And this is where the expert panel will be really developing their principles and providing them to the MAP Affordability Task Force.

So I would take you to the timeline of how we'll be accomplishing this work, our next meeting will be on February 21st. Well – and to get you the materials for that meeting by February 14th. This meeting will be introducing you to the authors of the white paper and bringing you a draft outline so that this expert panel can provide input on the white paper before we get too far down if there's – if it seems like the right approach to you, if there's anything the authors are missing. Then we'll be distributing a draft paper, too, around April 24th for your consideration during our two-day in-person meeting in Washington D.C. at the NQF offices on May 1st and 2nd.

We'll then put the draft paper out for a public comment period and be reconvening this expert panel to review the comments and decide if there's

changes that need to be – made to the paper based on those. We'll then be taking the draft paper to the Consensus Standard Approval Committee, CSAC, for their review and input.

So to expand on what the role of this expert panel will be, you'll be serving as individual experts working with staff to achieve the goals of this project. So we have two co-chairs, Joyce and Carole who will be helping to facilitate our meetings and as well as participating as a panel member. They will be the ones to represent the expert panel at CSAC meetings. They'll help keep us on track to make sure we're meeting our goals.

They'll also be assisting us with the background of any additional information we should identify to bring to this panel and we'll be working with staff to achieve the goals of the project.

Taroon Amin: I just want to reiterate on this issue. The expert panel has been selected based on your individual experience. So we'll walk through this during the in-person meeting where we'll be doing disclosures of interest. But I just want to reiterate that we selected members of this panel as individual experts and not representatives of any other organization, your own organization, or other – any other professional societies that you may be affiliated with.

We selected the panel based on their individual expertise related to this topic. And that's a really important perspective to keep in mind because at times potentially, your individual expertise may not be inline where, you know, potential current organization or other professional societies that you may be a part of.

So I just want to make sure that was clear as far as this work. And again, we'll spend a little bit more time talking through that during the in-person meeting when we get to our disclosures process.

Erin O'Rourke: Thanks, Taroon. Finally, I've decided to highlight the role of NQF staff. We'll be helping to organize and staff the meetings and conference calls. We're here to facilitate communication among the panel as well as with the white paper authors. We're also here to facilitate communication between the different projects. As Taroon mentioned we've got quite a bit going on in the

cost and affordability phase and we are here to tie together all of that work and make sure we're making a necessary connection for the expert panel. We're also here to help communication with any external stakeholders and the general public through our public comment periods.

We'll also – as you can see, we'll help respond to member of public queries about the projects and maintain documentation of all project activity.

Next, I'd like to turn it over to Vy to give you a brief tutorial of the SharePoint site that we'll be using to share materials with you.

Vy Luong: Hi everyone. So by now you should have already received an e-mail from nominations with your username and password and the link to the SharePoint site. For your reference, you can also click on the links on the slide to get to the SharePoint site.

As Erin mentioned, this is where all the documents will be posted pertaining to the project. And, right now I would like to do a quick tutorial with you so that you can familiarize yourself with the site. I'm going to do some free sharing. So, I'd like everyone – tell me as – I'm sorry, I am – if you can just hold up one second while I do a screen share.

Can everyone see the SharePoint site?

Male: Yes.

Female: Yes.

Vy Luong: Great.

Male: No.

Vy Luong: You can't see it?

Male: Yes.

Vy Luong: OK. So, as you can see it's quite simple in this format. There are four different categories. So first category is, if you go to the committee home it

includes the all the documentations included in the project. You can see the roster and bios of expert panel along with meetings and call documents for every meeting that we will have. This will be uploaded shortly with more information. And there's also a section here called the calendar which will be uploaded with all the meetings shortly as well.

And if you want to be able to contact any of the staff, our information is also up here for your viewing. We will also be including an evaluation survey section for you prior – moving forward for the project.

Now, I'd like to take a pause and ask if you have any questions.

Female: Just a quick question, who would we have received the e-mail from that includes our username and password?

Erin O'Rourke: That would have come from nominations at Quality Forum email address.

Female: OK.

Erin O'Rourke: If you did not get it, follow up with Vy or myself and we'll reach to our committee management office and get that re-sent to you.

Male: I've received it on January 16th, if that helps in terms of your phone e-mail system.

Female: Thank you.

Erin O'Rourke: Any other questions?

Taroon Amin: So just pointing out as Vy's here on the SharePoint site, this is where we'll also be posting the committee reports, the various different committee reports that I described earlier in the presentation that will give you a good sense of what the committee deliberations were in the past that influence this work. And then, we'll also be providing a general reference list of routes of important sort of seminal pieces that discuss this topic of the relationship between cost and quality and potential methodological guidance.

I would also ask – given the expertise on the panel, we would very much welcome additional references that the panel thinks is relevant for the committee's discussion for the in-person meeting to please provide that – those references to NQF staff, and we'll make sure that they get distributed to the rest of the committee given the expertise on the panel. So we have a starting set of about six that we will share with the committee.

Male: Just a question, the slide that we just reviewed, will they be posted to the site?

Taroon Amin: Absolutely.

Vy Luong: Yes, they are on the site already.

Male: And where are they ...

(Crosstalk)

Taroon Amin: Go ahead.

Male: Quick question about that. If you go into qualityforum.org and log in and go to My Dashboard, you'll see something that says like My Projects and these projects will show up, is that a way to the SharePoint. I'm not – when I do this kind of real time, I'm not seeing something comfortable to what you are presenting on your slide. And I'm just trying to figure out why.

Erin O'Rourke: I do not think so. I think that might be an ideal vision for the future that these will all be linked. But I think right now, it's the discrete sites so ...

Male: OK.

Erin O'Rourke: ... if you go through that ...

Male: So you got to go separately.

Erin O'Rourke: Yes, I think it's like a share.qualityforum address rather than the Quality Forum dashboard. I think our vision for the future is one day you can log in and access all your projects but we're not quite there yet.

- Joyce Dubow: Erin, this is Joyce. It would be useful when you communicate with the members of the panel to just include the link for the SharePoint. It makes it much easier. We don't have to go tracking down the original e-mail.
- Erin O'Rourke: Thanks, Joyce, that's good point. We'll make sure that we've got that in any future e-mails when we let you know that materials are posted that you don't need to save that in, bookmark it and keep it forever. We'll make sure we had that for you.
- Taroon Amin: So, just to summarize on the reference request, I would also ask – I know that many of you have written some sort of great literature around this topic, you know, Greg, in particular, I know that you've spent a little bit of time on that at your work AMA. So, I'm not sure that those are – if you can provide those as well, those – that would be helpful. Just so we could make sure that the committees are most up to date in terms of other thinking on this topic.
- Larry Becker: This is Larry. One of the things that – one of the other committees I'm on did with the SharePoint site was they created like a committee packet in sort of one document, so you could sort of open it and efficiently print if you want to print it rather than sort of, you know, going through how many documents are here.
- Taroon Amin: Right.
- Larry Becker: That might help everybody.
- Vy Luong: We can get that done by today for you.
- Taroon Amin: Yes. We'll – we can create measures that – I mean we typically do that for measures since they're – but we can do that. No problem, Larry. Typically ...
- Larry Becker: That would be great. You know, just make the printing easier for everybody, I think.
- Taroon Amin: Yes, sure. That makes sense.
- Larry Becker: Thank you.

Erin O'Rourke: Any other questions pertaining to SharePoint?

Vy Luong: I'm on the SharePoint site but this committee is not coming up. I see other – the affordability project and the efficiency project but I don't see this project coming up.

Erin O'Rourke: This is also the – this is the efficiency project.

Male: OK.

Erin O'Rourke: If you click that that might you take to where we are. I apologize. We can change the title to get that nickname out.

Male: OK. Thank you.

Erin O'Rourke: All right, all right. Then I would just wanted to briefly pause for any questions. I know we – everyone had some technical questions for me on SharePoint, but is there are any other broader more general questions on the scope of the project and how we'll be accomplishing these works?

Male: So, I guess the only the question I had is, you were talking about the white paper, it sounds there are times to start and stop when we will be able to review this. Is there anything you think that this will become sort of systematic, you know, the particular chapter, something like that is completed? So, we had the ability to kind of read it more and, you know, forward pieces. To give us a little bit more to review and give comments back or are we going to try and keep it to that two times, the two-hour comment back in February and then kind of wait until May.

Taroon Amin: The typical way that we do that is that, you know, the first opportunity is to review sort of the outline and make sure that we're fully comprehensively addressing the sort of question. The in-person meeting is intended to really be the time to do the deep dive. It's, you know, we're not – I mean, we're not entirely sure how long this is going to end up being, but we do anticipate that it's going to be, you know, 100 pages. I mean we, you know, we've anticipated it going to be a lot less than that.



So, we should have enough – we should have enough time during the in-person meeting to deal with it. You should have enough time pre in-person meeting to do a review of the work. And the in-person meeting really is focused on sort of walking through each of the sections in detail. And then that paper, you – we'll also have some time after the in-person meeting to provide more track changes, comments-type feedback as well.

So, it is intended to be iterative but the authors aren't necessarily writing the paper in chapter format. So, you know, more likely be the whole version rather than section. So ...

Female: Larry Becker has question, I think.

Taroon Amin: Yes. I think I, Larry, I think I addressed your question around the papers. We're going to be putting those papers on SharePoint. And then – sorry go ahead.

Larry Becker: The question I sent on the website was to be in fact, are there some other papers that either these folks have written that might help us to understand sort of where they're coming from as we get ready to read this stuff.

Taroon Amin: Yes, and I – we'll post those on SharePoint as well.

Larry Becker: Great, thank you.

Female: Can you let us know when you're posting them please, so that we know they're there.

Taroon Amin: Yes, yes, we will.

Female: Thanks.

Erin O'Rourke: We'll send a follow up. We'll create a bundle of everything that's been previously posted and add some papers by (Chris) and (Andrew) and send an update to let the Committee know.

Female: OK.

Jack Needleman: Yes. This is Jack Needleman, I don't have a question but I just want to offer a little – a couple of comments on the work from the Resource Use Committee that spills over into this work. And as we look at the resource use measures, really three issues have continued to come up in the conversation.

One, and the Committee has sort of accepted this, but it's a source of (disquietness) as we move to measures of value, it will be even more important. We don't actually have measures of resource use or cost. What we usually have are measures of billable services, some of which are priced so that anything which is not billable, but its use in care is invisible including educators, nurses, a whole bunch of other services that maybe affecting. And people maybe organizing in a way they change the delivery of care to improve value to the patients. So, that's been an ongoing issue that keeps emerging in conversations.

The second has been getting risk adjustment right. And the third has been attribution of this cost of resources as they have been measured to individual physicians, physician groups or hospitals.

Dennis Scanlon: Right, and Jack, this is Dennis. To sort of additions to that, one is, it seems as though the scope of work for the white paper is something that you guys have posted. I guess the question is whether or not we should be reviewing that scope and providing any comments, as I guess the authors are embarking on their work.

And I asked that I guess related to sort of a point that Jack made is that I want to review some of this prior materials but I am familiar with some of the measures. Often times in this area, you know, the definitions and the terminology get confusing. You know, a lot of which measured cases actual amounts paid through spending which are influenced by whole variety of factors. Sometimes prices are standardized and, you know, when we talk about efficiency and we talk about resources or input used, this gets a little bit murky.

And so I guess a broad question is, it seems like some of these decisions have been made by prior panels or there are some definitions upfront. Is there are

any input that that you're looking for from the expert panel on this questions or, you know, is it – to some extent, what prior committees have done that sort of what you're going with, if that make sense?

Taroon Amin: So I can address that, this is Taroon from NQF. So, the way that we – so you will find when you review the statement of work that we've asked – in the preliminary review, the outline that we've seen from (Chris) and (Andy). They've sort of set their future considerations in the context of sort of existing definitions.

However, part of the efforts that we'll do during the in person meeting, part of the effort of that – part of this effort will be to revisit those definitions, ensure that they're still consistent with the field. And, you know, and there will be an opportunity to provide additional either clarification or, you know, changes if that need be.

So, you know, that will be part of this work and you'll find that that will be – that was part of statement work. And it's also from the preliminary outline that we've already seen from them that we will provide to the committee. They will be doing some of that work as well.

Erin O'Rourke: Thanks, Taroon. And I hate to cut off good conversation but we are at the top of the hour and I want to be respectable of everyone's time. So just to quickly review our next steps. As I mentioned, we'll be having a web meeting on February 21st where you'll get a chance to provide input on the annotated outline of the white paper. And then we'll be having our in-person meeting May 1st and 2nd where you'll be reviewing first draft of the paper and providing input and recommendations to the authors.

And finally, please feel free to reach out to any of us at any time if you have any questions, feedback, an article or anything you would like to share with the rest of the expert panel that you'd like us to include on SharePoint. Staff is here for you anytime. And there's also a quick link to our SharePoint site for your reference.

Thank you so much. And finally, this last slide is the episode – the patient's (focus) of episode of care. This here is the reference and we posted the full report explaining this diagram on the SharePoint site for you to take a look at, at your leisure, that we'll be using this as a starting place for the work of this expert panel.

So, thank you all for joining us today. And we're looking forward to speaking with you on the 21st.

Female: Thank you.

Male: Thank you.

Male: Thank you very much.

Female: Thank you.

Male: Thanks, bye-bye.

Female: Bye.

Male: Thank you. Bye-bye.

Operator: Ladies and gentlemen, this does conclude today's conference call. You may now disconnect.

END