NATIONAL QUALITY FORUM

Moderator: Sheila Crawford
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Operator: Welcome to the conference. Please note, today's call is being recorded. Please standby.

Erin O'Rourke: Hi everyone. This is Erin and Ashlie and Vy from NQF. We also have Chris, Andy, Joyce, and Carole on the line. Thanks for taking the time to join our optional call. We wanted to get – give everyone an opportunity to provide some really high level thoughts and make sure we're all comfortable with the draft paper before we release it for public comments on Tuesday.

We've met Chris and Andy and did make extensive revisions after our in person meeting. So we wanted to just check in with the expert panel and see if there was anything we needed to change immediately. We'll be taking your feedback throughout the public comment period. So this is not your only chance and we will be having another web meeting in August to consider any revisions the committee might suggest as well as the public comments that we receive.

So with that, I'd turn it over to Joyce and Carole, if you had any opening thoughts.

Joyce DuBow: Erin, can we just see if who else from the committee is on. Are there any others from the committee?

Erin O'Rourke: Yes. So, we're showing that we've got Larry Becker, Donald Likosky, and Cathy MacLean. Did I miss anyone? Is there anyone else on the line?

(Crosstalk)

Dennis Scanlon: This Dan Scanlon, I'm on the line.

Erin O'Rourke: I'm sorry, can you repeat that?

Joe Stephansky: This is Joe Stephansky.

Erin O'Rourke: Great.

Dennis Scanlon: And Dennis Scanlon.

Erin O'Rourke: Oh, good. OK.

Gregory Wozniak: And Greg Wozniak

Joyce DuBow: Great. So, that's terrific. Thanks everybody. I just want to welcome you.

The purpose of this call is to get your input and we're going to ask Andy and Chris to give us a just a very high level overview of the changes they made and anything they want to emphasize and then get everybody's reaction and comments and suggestions. So, I'm sure we'll have a productive conversation. Carole?

Carole Flamm: Thanks, Joyce. I don't really have too much to add, although I think it will be very helpful as we sort of begin the open discussion to at a global (read) from folks and then determine how much we want to walk section by section through things. A lot of great work has been done and I think I'm looking forward to the discussion as well.

Joyce DuBow: Great. Andy and Chris.

Andrew Ryan: Sure. Well, I'll throw just to give – take the first cut at describing what we did for the revisions and then I'll let Chris give his comments.

So, I would say there were three types of revisions that we undertook for the second round here. One was basically a sort of clarifications and additions. For instance, there are issues raised by Cathy. And now there's about how

quality was defined and so we, you know, we tweaked that, or the questions about whether efficiency can really be measured objectively or is there always some value judgment. And so, throughout the paper, we have a number of places where we kind of respond to kind of specific, kind of issues that may then, you know, relevant for that kind putting some of the work in context and the thing about some of the interpretative issues of the work.

Another major revision we made here was to illustrate the alternative approaches using an actual data source. So, you know, as we went through the meeting, I think there's a lot of good discussion about the conceptual advantages and disadvantages and different approaches, but we heard a number of times that some kind of further illustration would help to bring out some of the defining characteristics of the different models and that would help to think about the trade-offs between using them. So we went ahead and did this for a number of the models and different permutations of the models to try to highlight some of the key differences and the kind of impact they could have on how, you know, efficiency would be measured and potentially interpreted. So that's another major thing we did here.

And then the third was to think about this, you know, efficiency in terms of the used cases which was, you know, a big part of our meeting. And instead of I think trying to give, you know, very specific advice or guidance, we thought about it more in terms about principles. And I think this was kind of the approach that was advocated by the committee. And so it wasn't you know, it's not prescriptive, but it's more kind of a conjunctive of these or kind of guidelines and ideas of how efficiency profiling and measurement might occur for different purposes. And some of the purposes that we described before like follow up reporting like, you know, tiering, like internal improvement-based performance.

So, you know, some of those discussion wasn't expensive in the revision but it was more – again focused on principles. So, you know, we laid out these revisions in a memo and then incorporated these into the paper. So I kind of – I've made numerous analogies that kind of the peer review process and that's kind of the approach that we took. This is our letter to the editor and to the

reviewers. And then we also updated our manuscript based on those revisions.

So, that's – I would say my high level summary of what Chris and I did for this iteration.

Joyce DuBow: Chris?

Chris Tompkins: Well, thanks Andy. I'm not sure that – I mean, I think that that lays out the table nicely, I hope, by way of introduction and reminder as what this iteration has that the previous one didn't, reflecting we hope the spearing and the direction that came from the committee. So I'm just going to have a small rather mundane dimension to this namely.

In between the draft side, the image when we asked Ashlie or the NQF staff in general, do you have any sense of how long the paper should be? And I think the answer was something like, well, let it be as long as you want, but probably not more than 30 pages. Depending on how you package it, you know, with the way it's currently packaged in this manuscript form. It's much longer than that.

So a companion question is, in addition to the scope, the content, the style et cetera, any comments about whether there's either too much, too much of something, or similarly, whether anything is lesser priority and could be moved back further into an appendix. That's just, again, more of a mundane stylistic note because it's the paper is too long then a lot of people won't pick it up in the first place and any suggestions on those lines would be helpful as well. Thanks.

Joyce DuBow: Could d I make a respond to that? Right.

Chris Tompkins: Sure.

Joyce DuBow: I don't think we have to count all the pages Chris, because some of them are references and some of them are just exhibits and then there are the charts. I think that it would do a disservice if we …

Chris Tompkins: Shorten it?

Joyce DuBow: … if we shorten it. I don't think it should be shorter.

Chris Tompkins: OK.

Joyce DuBow: I mean my feeling about it is that it's very clear in most cases. I have a couple of questions but it's clear and I think that we would – I think that the illustrations that you provide are very useful and I just don't see any reason to shorten it for the sake of shortening it. It's not – the text itself is no longer than 20 some odd pages.

Carole Flamm: Yes.

Joyce DuBow: So, I think you meet the NQF criterion.

Carole Flamm: And this is Carole. I would agree, Joyce, that the length of the actual text of the paper feels right. And the illustrations and the additional work that Chris and Andy have added has really brought some models more to life. I felt it was a lot more easy to understand as I was reading through that version. And you did a great job at striking a very practical balance in the way you sort of added in some of the new ones at the issue.

So, globally, I thought it was really a great revision from my perspective. Let's hear maybe the folks who are on the phone from the committee. Your global reactions around where this revision is and your sense of the content from a balance and length perspective.

Dennis Scanlon: So, this is Dennis Scanlon. So, you know, I thought the revision was, you know, positive and moved us in a good direction. But I still feel compelled to raise, you know, one issue or a concern I guess and I think that particularly enough – it'll be interesting to see in the public comment period whether this is addressed. And that is that – I guess it's maybe meant to be the executive summary or maybe it's the pages with Roman numerals, the abstract, whatever you want to call it, but this is repeated throughout the paper.

You know, the revision does go and sort of try to set out terms and definitions and it does try to talk about efficiency and this is kind of the value. And I guess this is my – continues to be my area of concern. When you read that text, I mean, on the one hand it's sort of does to its credit described economic efficiency and how efficiency is typically used in the literature and help them have a look at efficiency. And then it says, "Well, that's not really what we're going to here."

But then, it goes back and you can just call it efficiency. And that's really what I struggle with is, are we really capturing efficiency here? Or it this really valued? And there seems to be a distinction that value is, you know, what you get when you have the information and people put their own preference weights on it. But, I'm not sure that I see much of a difference, you know. I mean at the end of the day, we sort of take this quality data and this cost data and you either stack it up side by side or put it together. A lot of the use is really I think are around value and value for purchasers whether they're public programs like Medicare and Medicaid or commercial programs or for individual consumers.

And so, I still struggle with, you know, I understand the task at hand and the sort of formation of this committee was, you know, like in cost and quality measures or efficiency. But I really still wonder whether that's the right term or whether we're really, you know, getting at value here. So that would be my major comment.

And I would also point out that in the table of contents and then in the text, there is a little bit of a disconnect. The table of contents talks about combining the cost and quality measures and the title I think or the other text talks about linking. And, you know, that's a minor thing but I think also related to sort of what the goal is here which I think is largely to take existing measures and to sort of see if you can bring them together and make some sense or – for end users which I think, you know, in my mind, I still sort of view more as value rather than efficiency. So that might be a little bit provocative but that still I think is my major sort of concern.

Erin O'Rourke: Thanks Dennis.

Gregory Wozniak: This is Greg. I actually had somewhat of a different read. I thought the setup is – well, and let me – one more general comment. I think the examples, illustrations are very powerful.

So, in terms of the – again, the issues around value and efficiency, I thought that upfront it was very clear that value was taken off the table. That value does require preference waiting which we don't have. The one thing that confused me a little bit, having said that, is that in several places, value is used but it's usually in a sentence or a phrase that says efficiency and value. And I would suggest that – as I said, my read was the efficiency is the combination of quality and cost metrics that value has been taken off the table that you would strike value anywhere after that sort of introductory sections. I guess probably once you're in section one. So that would be my lead.

One concern I did have was – and I'm trying to find the patient number just so we have a reference. Chris and Andy on page 21 to 22 are the document, I think is an example that I at least marked. There's a couple maybe three places in those two pages where there are terms like stakeholders, policy makers, decision makers and I think that might help to be a little more explicit about who those are, because this is in the section where you're talking about used cases. And it maybe valuable to connect the particular agents if you will who you're referring to by the decision makers, stakeholders, et cetera to the particular used cases that you're presenting.

Chris Tompkins: That's great.

Gregory Wozniak: Other than that, again, I can – we can – I can send along some sort of minor tweak kinds of comments. The other comment was an – again, this is on page 22, section – the Section 2, that – I really didn't understand that, you know. I'm not understanding those questions or the text. I'm not sure what you're trying to say. And maybe it's just me. I read it several times on the airplane yesterday and I couldn't get through it. So, maybe look at that, again, page 22, Section 2 for some clarity to make sure that you're stating that in a clear way. It's at least awkward if not confusing.

Chris Tompkins: Thank you, Greg.

Donald Likosky: This is Donny. Is it OK for me to chime in?

Joyce DuBow: Yes.

Donald Likosky: I appreciate all the work that everyone did in this. I think it reads much better and certainly reflects some (inaudible) that occur at the meeting. There's some wordsmithing that I'm happy that to send offline. So we don't use up people's time. But, one of the things I was thinking about and this is reflected on page 10 of the overall document that I guess page three on the numbering system. But if I understand it correctly and I appreciate just a sense of whether or not I'm offline.

But, we used the word best approach in line four of that page. And I guess, I'm wondering whether or not it's fair to assume that there's a best approach but what we wanted to do was to really offer the pros and cons of different approaches because that's why we're putting the, you know, the different types of methodological approaches in the figures now and using real data to visually provide the reader with, how different these approaches might yield different measures of balancing cost and quality.

Is that right? Are we really trying to develop what the best approach is or simply providing pros and cons of different approaches?

Andrew Ryan: I would say Donald that's it's – our intent is really what you said it is. So, we're not – I think our job – and Chris and I certainly haven't conceptualized our task here as kind of adjudicating the different approaches and saying this is best but rather illustrating some of the trade-offs and what might be better in this situation versus that situation for the – with respect to the used cases. So, I think – so, to the extent that that we appear to be doing something else and we should revise that.

Donald Likosky: Yes. So in speaking for instances in line and said and where we say, "Now is the time to develop a set of best practices." I'm wondering whether or not it's to put forth a framework for evaluating options and the trade-offs that each option perhaps provides.

(Crosstalk)

Andrew Ryan: I personally would agree with that change.

Donald Likosky: OK. And then the other major comment I have is on page 20 on the first paragraph. And I'm wondering whether or not when you – we talk about exhibit A and showing the cost per (benny) and the quality scores for different hypothetical samples of hospitals that perhaps you could come up with examples where if you look at a short-term following a procedure let's say, that the cost and quality ratio in measuring of efficiency would give you a different answer than if you look at perhaps a mid or long-term framework.

I'm wondering whether or not it matters or whether or not that perhaps we at least provide that it may differ by disease or treatment that we're looking at. Thinking for instance like PCI versus CABG. Depending upon the measure and the timeframe, there's really an interaction of time, and let's say, overall survival. And I'm wondering whether or not we ought to consider that.

Andrew Ryan: Right. So …

Donald Likosky: Any thoughts on whether or not we ought to at least raise a point that perhaps we're only considering these sets of assumptions but we – that one ought to consider the fact that there maybe differences in cost and quality depending upon the trajectory of time in which we have it now looked. Is that relevant for this or?

Andrew Ryan: I think it's a good point. I think it speaks to kind of how to think about, you know, an episode of care. And so for, you know, some episode of, you know, cardiac surgery that the initial treatment cost might be higher for some modality but then there's lower cost to follow up for instance if it's, you know, a safer, you know, more effective procedure and you got fewer applications. So, presumably the right kind of episode could capture the differences that you're talking about that are, you know, reflective over a meaningful clinically relevant period to evaluate to the kind of combination of cost and quality.

So that certainly – and certainly an addition that could be made or just to at least emphasize that that's a relevant issue. And I don't think many people

would dispute that the way you described it Donald that it's how the right way – it's the right way to think about and really where the system is moving. So, I certainly think that's, you know, a reasonable revision to make. Chris, I don't know if you have any thoughts about that.

Chris Tompkins: Yes, well, I mean, it's certainly – I mean this is a common theme in cause effectiveness analysis per se. You know, there are lots of just examples of this cardiac rehab, you know. If you have your patients coming out on a vulnerable state and you refer them to cardiac rehab. In the short-term, your patients are going to look incredibly expensive all of a sudden compared to somebody else. But the answer of course is, "Well, let's wait and see what happens, you know. Maybe these cardiac rehab patients are going to actually feel much better over the long run." And it's a – it would be an unfair pronouncement of "inefficiency" to improperly capture cost which are predominantly short-term and ignore benefits which are predominantly long-term.

So yes, if you were to – depending on the types of comparisons. If you are always comparing PCI to PCI, then the implicit cost effectiveness trade-off would always be in the background. And then the focus would be more in differences and how cost in the PCI was any complications et cetera.

But if you're actually making a different comparison, you're saying – asking the question suggested that somebody could be rating providers based on actually implicitly their choice between PCI and CABG. And therefore, you could tilt the argument of efficiencies so-called in favor of somebody who chooses the PCI over the CABG because of the natural differences. Yes, I think that the point is good. The point is well taken. And since the manuscript prompted that observation in particular, I would say I agree that, you know, in the article or in the paper, we've tried to, you know, incorporate the notion that lining up the so-called alignment.

Andrew Ryan: Right.

Chris Tompkins: And this is a case where alignment matters. And specifically any instance if you're trying to – if you're at the risk of making erroneous conclusions about efficiency because you haven't taken into account the timeframes.

Joyce DuBow: Chris, this is Joyce. That actually prompts one of the questions that I had if I understand the point that we're talking about now.

On page 26, you talk online for, you say, whenever possible it's preferable to harmonize specifications. But this would suggest the necessity of harmonizing the specifications. And I was sort of surprised that you weren't more emphatic in making the point about having these harmonized specifications. When I read it, it sounded as sort of nice to have but not necessary.

Carole Flamm: So Joyce, I have a question. This is Carole, along those lines. I wonder if even if there isn't perfect harmonization, if we could derive a lot of the value of the context of being raised here by being transparent and explicit when we're looking at these measures of efficiency and looking at the combined or linked quality and cost.

Yes, a parameter, it is very important to make sure it's clear and transparent what the timeframe of the horizon of the episode is, or the sort of range of those timeframes that's used in the underlying quality and cost measures might be something that we put forward as transparency. Might have to make sure it's not lost behind scenes under the hood.

Joyce DuBow: That sounds quick to me. I wonder what Andy and Chris say about that.

Chris Tompkins: Well, Joyce just in your point for a second. I mean, remember even in the group discussions and I suppose it's occurring still in the paper itself.

There's this tension between, is the paper about – it's supposed to be a practical manual for somebody who could pick up today and assemble the closest measures they can get to the cons that that they have in mind appropriate to the provider et cetera, and try to work on the efficiency value part of it. Or is it more of an inspirational paper, to say that, you know, if you really wanted to get this right and if we feel it really wants to move to the

place where people can get it right, then the principle should be put into motion and the developed – measure development process itself and so on should try to get adhere to these principles by, for example, trying to come up with shall we say a consensus or standardized time window to evaluate for example post-surgical cardiac patients.

And if that – if we were living in the inspirational world and everyone who read these words aspirational principles and so forth then you would think that or you would think that a possibility is that the measures of quality would be specified with a strong emphasis on the appropriate time window. And in companion and the conjunction, the cost measures that are – that were intended to be married to those quality measures would follow the same framework and choose, you know, by choice they would align. So, somewhere in between there, between the inspirational when we could emphasize the necessity. And then the practical manual that says maybe modestly or maybe, as you're saying, maybe and consciously that in – whenever possible you should align them. Maybe we could try to strike that balance in a different way.

Joyce DuBow: Well, I guess I think what I'm asking is whether as methodologists and experts in this area, you're giving your blessing to something less than the aspirational that is good enough. Because I could imagined these, the discussion at the endorsement tables where somebody is going to say, you know, "You can't do that. They're not like the populations. You can't do that. They're not, you know, looking at the same timeframe."

And so, I think that, you know, what I infer from this whenever possible is that why we would rather have something different, this is good enough. Is that the correct conclusion?

Chris Tompkins: Well, you could say whenever it matters. It's not always going to quite matter. Sometimes a cost measure that's 30 days and a quality measure that's 60 days is not necessary going to give you the wrong inference. The examples we were using here were deliberately chosen because it's not because of the different time dimension to the resulting benefits as compared to cost.

Joyce DuBow: Yes.

Chris Tompkins: So, in some cases it matters less. In some cases it might make all the difference. So therefore, the language might be something to be in fact whenever it matters which then begs the question or implies or puts the ones, puts the burden on whoever is trying to make the case that it doesn't matter.

Donald Likosky: And then the time …

Chris Tompkins: OK.

Donald Likosky: … span in which we had evaluate it, it ought to be defined based on what matters to the consumer. So, for instance if, you know, if you have a patient who really cares about the quality of life, the short-term quality of life that after an operation versus a person who cares about the trajectory long-term because they have different needs or wishes. They are internally making that calculation and we ought to cater to what their needs are.

So, what really matters depends upon who the consumers, right?

Chris Tompkins: Well, that's an added – that itself is an added overlay. It goes back and, you know, a minute ago in response to your initial comment I said, if you're trying to make efficiency comparisons of PCI to PCI, that's one thing. Implicitly, the time trajectories underneath will be the same. But if you're comparing PCI to CABG and trying to imply that the provider is more efficient to choose the PCI then you would be especially making a mistake if you didn't have enough – long enough time window to reflect all the benefits.

The new twist there is when you said that the actual choice between the PCI – we didn't say it in these terms, but the actual choice between the PCI and CABG is actually that choice is in the hands of the consumer not the provider and to hang on the provider as a choice of efficiency would be confounding extremely actually just in that scenario.

Jack Needleman: This is Jack Needleman. I'm having a little bit trouble by the dichotomy that's been drawn here as an either or, because I feel it should be more of an and both. You know, one of the – the folks who study, you know, one of the folks

who studied the Toyota system and we're close with Toyota executives to understand what they were doing said they always begin their conversation with – ideally we'd be doing it this way but for this, this and this reason we're doing it this way right now. And, you know, here's our path for moving to where we're going.

And I think the aspirational versus the practical here is not an either or situation. We would have the aspirational. We want to know what the standards are that we're trying to move to. And then we have to figure out whether things that are short of that are good enough. And we need some standards for assessing where the things are good enough, the minimum acceptable. But I do think it's important to capture both the aspirational, what the systems would look like if we had, you know, sub – that we ought to be moving closer towards and what the systems in place are now and how we access whether those are good enough. It's not an either/or.

Andrew Ryan: OK. I think that's a great point and I also really like Chris' contribution here. And I think the reason why we – I think hedged with the initial languages and I remember Greg making good argument for aligning this, you know, the cost and quality episodes basically to get on the same scale when measuring efficiency. And I also remember Carole saying that, you know, in reality and I don't want to put words in your mouth, either of you. But, Carole is saying, you know, in reality we're just – we're dealing with extent in measures on the NQF side that have already been approved and they have different specifications.

So, if we're – it's a real challenge to say the least to kind of start de novo and try to get everything lined up. It would mean basically starting all over, throwing out what we have on the quality side to have things match up with the cost specifications. So I want this to be like, you know, one of those systematic reviews where they say overall they're going to look at randomized trials for evidence. And then they say there's no randomize trials so we don't know anything.

I mean hopefully or somewhere, we can get somewhere with the efficiency. Maybe not where we want to go aspirationally as Chris and Jack said. But I

would hope that the current state of measurement, we can still say something with the combination of NQF measures. But as we just discussed, there could be situations where it's actively misleading than misalignment of, you know, this – for instance, the time windows. And I think …

Jack Needleman: Right.

Andrew Ryan: … this is a really good point to make sure that's part of the analysis of – it's the burden on the developer to indicate that. There isn't some – when there isn't alignment that it isn't causing some kind of systematic bias in the measurement of efficiency.

Dennis Scanlon: So, this is Dennis. I mean, I guess why can't the paper say more about this? I mean on the one, you know, I mean I think these two aspirational versus practical and oftentimes a filling in between is an important discussion. You know, starting with NQF is already endorsed in the filling that we want to use two of these things and bring them together versus if we we're to start out from scratch fresh with all the resources in the world, how would we tackle this concepts of efficiency?

I mean it seems like, you know, some discussion of this tension and this trade-offs is worked at maybe more discussion than I sort of breathe in the current version. So, I guess, you know, and I think this is important to call out and for the audience that's going to take a look at this to sort of understand.

Jack Needleman: I agree. I agree with that.

Dennis Scanlon: And I hear Jack's on now. I don't know if he heard my earlier point. But the one other thing I also wanted to sort of – that I forgot to say related to the earlier point I made about value or efficiency in whether we're really capturing efficiency here. I thought it was a useful to the examples you guys included on the automobile, I think from consumer reports and then the U.S. news and world report education rankings and ratings.

And I guess just a question, you know, related to sort of that earlier point is, I don't think any of those are called, you know, sort of college efficiency scores or automobile efficiency ranking or ratings. I think they are sort of – went out

there as value measures and, you know, you get the most valuable Sedan and the Sedan class. You've got the most valuable hybrid vehicle in the hybrid class.

But by the same time, they are stacking up side by side measures of price or – price really more so than cost but that's what we're talking about in this area as well. We're talking about spending. And then they're putting out there side by side quality measures, you know, failure rates and crash test and that sort of thing.

So, you know, and I think those examples partly illustrate the point that I'm struggling with which is I don't think those examples are called efficiency measures for college or efficiency measures for cars. They're really value. They're meant to sort of – at least as I see them, you know, of value.

Joyce DuBow: Anybody else? Larry, are you still on?

Larry Becker: I'm here.

Joyce DuBow: Do you have any comments?

Larry Becker: No, I don't.

Joyce DuBow: OK.

Catherine MacLean: Hey, it's Cathy.

Joyce DuBow: Hi, Cathy.

Catherine MacLean: Hi everyone. I have a couple of comments. So it's a great discussion.

Two things following up under the discussion that we just had, I think that there would be value to laying out this construct kind of more explicitly and I think the way Chris described it was quite good of, you know, within a given condition, right? You might want use one therapeutic approach versus another. And you would look at the efficiency in this way and the value in that way. So, I think that's useful

I think following us on that and I don't know if it goes in this paper or not but it just kind of got me thinking in this discussion the sort of the next step for a – let's say a plan administrator is making this value judgments across conditions entirely. So, it's one thing to decide, you know, should I get PCI done at hospital A, B or C and I can look and see, you know, what the cost and the quality is that A, B, C for this series research procedure. Then you take the next step which is, well, so I guess the PCI donor, should I get a CABG. And then you're going to look at the, you know, cost and the quality and your quality and your outcomes are going to be a bit different, right? And have a different timeframe.

But then taking the next step, if you're a program administrator and you're saying, "Well, should I be covering this experimental chemotherapy that maybe he's going to buy a month of survival. Or should I buy this new hip replacement which is, you know, going to give, you know, potentially a long-term, you know, value but it's not going to really change the short-term survival at all."

So, I don't want to make things too complicated but I just want to call out that maybe for this future state that that's something else that at least some stakeholders are going to be looking at is get into that point where you're looking at the efficiency and the value, not even within the same procedure condition but across conditions entirely.

Joyce DuBow: Cathy, isn't that outside of the scope of what we're doing here? I mean if we are …

Catherine MacLean: I don't know.

Joyce DuBow: Well …

Catherine MacLean: I don't know.

Joyce DuBow: … if we are measuring performance of a particular condition, you know, a particular intervention, we're not doing value-based benefit design here. We're doing measurement. It does seems to me that's a little bit outside of the scope.

Catherine MacLean: Well …

Joyce DuBow: And some of the …

Jack Needleman: This is Jack again and I apologize for getting on the call late, third phone call of the day. But the – no, because we have some of these low-cost measures. And the low-cost, you know, the low-cost, you know, patients with AMI, patients with CHF. The full cost measures incorporate these differences in treatment decisions. So, they maybe hidden from us the way the costs are being presented. But the trade-offs are there in the measures we're looking at.

Joyce DuBow: Well, don't we assume there's a – well, we need appropriateness as well. We have to assume that the intervention that is selected is appropriate for that particular situation. I mean, I don't think we can be all things – I don't think we can answer all the challenges we have in healthcare. I mean I think we have to make some assumptions here.

I'm very reluctant to be thinking about this in terms of trade-off between one intervention for one thing and something else for another thing. I mean that's benefit design and I don't think that's what we support.

Catherine MacLean: Well, it's a choice. I'm not suggesting that we – that in those paper that we go into that in any great detail. But what I'm saying is what's being laid out in this paper was certainly to form the foundation of that next status decisions. And therefore, you know, any recommendations that are made in this paper ought to take that into account and, you know, I'm not looking for used cases or anything like that. What I'm suggesting is there should be, you know, some consideration of it and that, you know, may simply be, you know, a paragraph or a page but I think that it's relevant.

Carole Flamm: Well – this is Carole, just to maybe underscore. Joyce, the point you were making earlier, I think if we look on page two lines in my version, 15, 16, and 17. I think Chris and Andy are trying in this paper to focus particularly on efficiency profiling between provider and not to explicitly inform the decisions that – the important decisions, Cathy, that you're laying out there …

Catherine MacLean: OK.

Carole Flamm: … are certainly things that Jack completely agreed if they're kind of rolled in to the total cost of care results. But in terms of informing the decisions and being focused on profiling providers, that seems to be the scope in the direction that was set out for this particular paper.

Joyce DuBow: Yes. I just, I mean, Cathy, I mean I'm not even challenging whether you're right or not. But I just – I'm not so sure we should be raising that in this paper.

Jack Needleman: You know, we just got finished looking at an AMI measure.

Joyce DuBow: Right.

Jack Needleman: And, you know, one of the choices that are potentially made after an AMI or, you know, do nothing, you know, or do, you know, drug treatment and follow up do a Stent, do a CABG. And each of those have different cost implications. They also potentially have different outcome implications. If we're looking at cost variations across physician group that – at one group which is very conservative about doing CABG versus Stents and others are more aggressive in doing CABG versus Stents.

We're going to see that as a cost difference between their profiles. And that's going to be mapped up against their outcomes whatever the outcomes are we're looking in, mortality being one but it maybe others as well. So we, you know, given the measures that have been coming in, we don't escape. And when CMS provides data to these folks to help them understand why their costs are high or low, they're going to include the mix of CABGs versus Stents somewhere in there as part of the background information for what we saw into – they contributed to these differences.

So we, you know, the more aggregated the measures are of cost for a patients with X. We are implicitly looking at these differences in treatment choices. We'll, the cost of them and the outcomes of them when we start linking them.

Joyce DuBow: Right. And it gets even murkier with preference sensitive stuff.

Jack Needleman: And it gets even murky with preferences because murkier going the angina when we look at mortality.

Joyce DuBow: Right. But – I mean I don't think that we can resolve this here.

Male: But that's truly the patient's decision, it seems to me at the end of the day and they ought to have the information.

Carole Flamm: Yes, but the point is it's not always the patient who's making that decision particularly in the non-preference sensitive stuff. So, I think to Jack's point, it could very well be that there's overuse of costlier services when something left costly would be just as good. And that's not necessary driven by a patient. That's driven by a provider.

I just – I think – I don't know …

Male: Well, we've got it – we've got to drive the conversations because it's the day of a physician other than an emergent situation just simply doing whatever they want without respect to what the patient desires is a lifestyle following whatever it is, it has to come to an end.

Male: Yes. But you guys, I can tell you as a physician, I can influence the choice a patient makes profoundly.

Female: Absolutely.

(Crosstalk)

Male: And I will tell you as a patient that if I'm in the ED with my heart attack or in the bed with my heart attack, I'm not getting on (PubMed) to read the (Cochrane) interview on whether CABG versus Stent is the right to go.

Joyce DuBow: Absolutely. Absolutely. But listen, Cathy …

Male: How do you know that?

Male: My cardiologist did and whom my cardiac surgeon is will clearly help me given their preferences in the sense of what's the most valuable.

Joyce DuBow: But I think we need to get back to the paper at hand. Because, you know, I mean this is an interesting discussion and it's quite relevant to a lot of stuff that's going on in the NQF. But I think what we need to do – and actually Chris and Andy maybe you can weigh in here. I think you're hearing the conversation and I guess the question for you is, whether you think there is a way to acknowledge this without having to right lots about it. Because I …

Male: Right.

Male: Yes. But …

Male: I think we have to open up the discussion. I mean, I appreciate the two comments about being able to influence and who you're going to who, you know, we don't have time to do that. But that sort of an all in conversation at the absolute but at the margins there are maybe some opportunities and we want to begin start those conversations.

Jack Needleman: But I think the relevance to this paper is going back to that bolded section on page 2 that we were talking about. It needs more expansion and the fact that some of the cost and quality measures are narrowly focused on the efficiency of doing very specific kinds of treatments. And others incorporate choices of treatment.

Male: Agree.

Jack Needleman: And that's not here.

Joyce DuBow: OK, that's a good way to address that I think. Andy?

Jack Needleman: Good. Thank you.

Andrew Ryan: No, I agree – I think what Jack said was very similar to what I was thinking that the whole range of treatment decisions that are, you know, provider takes will be manifested and their quality and cost, you know, it's – you know, the quality and cost if it's the driven decisions, you know, matter. And then, you

know, then hustles – it can – they can figure out – it can be possible to figure out, you know, what they are doing and say OK these guys are doing all these PCIs that they don't need to, therefore, that high cost and they don't have quality there any better.

So, it seems to me that combination of the kind of background practice patterns that are kind of driving variations and quality and cost. And then this idea that it's knowable what they're doing, kind of incorporating those two comments along with this idea that there's, you know, clinical evidence outside of, you know, this whole evidence compared to effectiveness, they could be brought to bare on, you know, specific treatments that, you know, is relevant, and presumably incorporated by providers themselves.

And I think, you know , I would hope that that would go someway if towards addressing, you know, Cathy's point about the same, you know, this physician's provider profiling, you know, doesn't tell the whole story about, you know, which clinical interventions are better than others in different used cases and different situations.

But, you know, in aggregate, we can see how this shakes out and also kind of identify places where in a potential identified places where certain procedures are being used, you know, optimally. And I think to Jack's point that that certainly could be expanded here to better connect this idea of provider profiling versus treatment choices.

Joyce DuBow: Can I just ask one more question on this and I guess it's to you Cathy. If we had composites of quality that looked at – that included processes that had a known relationship to the outcome. Would that inform our understanding that this selection of the treatment option was correct or appropriate? And so that we would be able to factor that into the quality score?

Catherine MacLean: Yes, I mean I think that you can manage the quality with, you know, some sort of a composite as a combination of process and outcomes. But if you – but regardless, let's say you have a perfect measure for the quality measure that some combination of process and outcome for, you know, PCI. And some other set of measures that are, you know, perfect quality measure for

CABG. This sure has to be a way to compare, I mean they have to probably some sort of a common outcome measure across the two, right? It doesn't make sense to measure certain processes or, you know, the processes are different, right?

Joyce DuBow: You know, the outcome …

Catherine MacLean: I think the …

Joyce DuBow: … to the composite.

Catherine MacLean: Yes, so the outcome is in the composite. I think depending on a way that the composite was constructed, you know. Honestly, it could be constructed in a way that the – it could be – if it's not constructed right, it could show that the two are equivalent when they're not and that's from a quality standpoint. If you're taking into account, you know, some of the outcome pieces that's – I think you should have to be careful.

And through comparing, you know, one procedure versus another, I think you can't composite. But I think you have to have that outcome measure that's come across the two to make the comparison.

Joyce DuBow : So, we feel like we've reached a reasonable place on this theme of the discussion or is there more we want to probe on this? What do you guys think? Versus kind of capturing whether we've had other areas of concern, other parts of the paper, I don't know.

Jack Needleman: OK, since I came into the call late. And again, I apologize. Can you tell me where we are on the discussion?

Joyce DuBow: We're just offering comments on the paper.

Jack Needleman: OK. I've got a few if there – if this is the appropriate time?

Joyce DuBow: Yes.

Jack Needleman: OK. There are couple of issues involved in getting this work right that I see under discussed in the paper still. Some of them are almost tangential but others relate to the use I think relatively well. And we had some discussions.

One is the in precision in the cost and quality measures themselves. And, you know, this has come up on the cost and resource used committee where we've been asking about, well how stable of these rankings? So, I think there, you know, there needs to be at least some acknowledgment of the in precision in some of these measures. And that one of the issues if you're along either the dimension is getting the worrying about half precisely you're measuring either quality or cost. So, that would be one thing I'd like to be added somewhere in the paper.

The second thing which we had some discussion about the meeting was this issue of the bias or the unobserved variance in our current ways of measuring cost in particular. Where – you know, we took – we've got things like standardized pricing or other things when we've discussed what we're capturing in those measures of resource use and what we're missing, what we're not capturing. And again, it affects the use in the interpretation of measures.

So even though it's just the discussion of one of the dimensions of measurement, it ought to be at least raised as something to think about in terms of understanding what the measures are here and what they're measuring and what they're not measuring.

And the third issue that came up at the meeting and I probably came up because I was hammering at it, was this issue of whether or not the space of high quality and low cost was filled and reasonably robust or whether there was a trade-off between cost and quality that needs to be taken into account in terms of payment or standards or anything else.

And I think you see that actually on the displays of the distribution that Andy and Chris have given us in things like exhibit three and four. Where if you look at those exhibits and stare at them for awhile, you realized that on the standardized measure of performance, there is nobody who's above the level

of – there are folks who are above the level of two, but there's nobody above the level of two who isn't past the two on the standardized cost performance. And there are performers who are at three and four on that distribution. So that space of being three or four and three on quality and three or four on cost is basically empty. And that implies a certain amount of trade-off between cost and quality where that space was occupied then you wouldn't have to that tradeoff.

And we had talked about the implications of that for use. And for – in the meeting and the value of looking at displays like exhibits three and four as well as, you know, formal regressions and so forth to understand the trade-offs that exist and whether there are trade-offs that exist between achieving high quality and achieving low cost.

Chris Tompkins: It's hard to comment on some of those points. I don't recall in the revision the lowest said about precision of the cost and quality measures and maybe just in general discussion.

But we did – in several sections, we – given the committee input, we added some additional discussion about standardized prices and circumstances that, you know, they would matter to a greater or lesser spent and how they are kind of relevant to this discussion. I guess, you know, look at the specific instance that they are indicated in the – if you see and say on the memo page 18 of the memo, we have a, you know, one paragraph that we added about standardized prices and why they matter for instance. I recalled them that being somewhere else in the paper too.

With Jack's point too about high quality and that notion of the trade-off that, you know, there's a certain, you know, we often talk about healthcare this is how this kind of like stat. We can just turn from the system but in certain cases, we might have to come to grips with the reality that higher quality means higher cost. And actually, you know, in this data, the correlation of higher cost is correlated with higher quality. And you know, we have – I know we have some – we did – have some limited comment on that – on the fact in this draft and unless I can find it here.

Jack Needleman: OK, just look at the memo on page 19 about patient. I'm sorry, I missed that. I apologize.

Joyce DuBow: It's also in the narrative, it's in the text.

Jack Needleman: Yes, it is in the text because they said this is what we put in the text. I just missed it. I apologize.

Chris Tompkins: OK. And we do – I mean – and it's just like in the memo the last we talk about the page six of the memo, last paragraph. We talked about the correlation between cost and quality and the trade-offs between improving cost and quality to try to, you know, read the point that you may Jack. But again, I mean, we're – if this isn't – if you have – we may have some reminder to have suggested revision.

Jack Needleman: Let me look at this text a little bit …

Chris Tompkins: OK

Jack Needleman: It's been at the end of the quarter here. I've been teaching like and grading like crazy. And I probably didn't give this as much attention as I should have.

Chris Tompkins: OK.

Joyce DuBow: Look around page 18 and 19.

Jack Needleman: Yes. I see it.

Alan Speir: This is Alan Speir. I wonder why there's bit of a policy here. I'm sorry I got on late from – I got out in the operating room. But – and if this subject is already been clarified then maybe Erin could call me later and just tell me, you know, what the discussion was.

But, I wonder if I could just ask a brief question around the comments related to endorsement about the National Quality Forum. There were several references to that and it had to do with some quality measures that may have been endorsed some cost measures or processes have not been endorsed.

And I was instructed in our reference list of over 20 organizations that are seeking to deal with this subject. They've sort of been out ahead of the curve for many years. Mine particularly or ours particularly has been wrestling with this question for over 20 years. And the endorsement by the NQF carries with it a lot of weight. And how do you propose or is there a way that those groups that had been struggling with this for decades and still aren't able to get it right are able to qualify for such endorsement? Or, you know, have rather than just throwing everything out of the workout and changing patterns or directions based on the NQF which has now come to the table fairly recently?

And I'm not discounting but rather I'm elevating this endorsement. But it doesn't really qualify within the paper or speak in the paper as to how such endorsement will be made and then what will be the criticisms or what will be the omissions if such endorsement is not given.

But it raised some red flags for me just because of the weight that the NQF has, how critical the opinions are. And then, the historical work that's been done that we've been trying to seek to answer these questions really on our own with a lot of resources. So, I hope that that is received in the way that I wish that it was presented. But just I didn't understand what relevance those references have. Good. No response. OK.

Joyce DuBow: This is Joyce. I can respond. On full disclosure, I'm a member of the NQF board. But, you know, clearly our preferences to see NQF endorsement is part of the process. That's not to say that we don't recognize that there are lots of non-endorsed measures out there. But clearly the preference for measures that has been endorsed by a consensus body is none and unreasonable one in my view. And, you know, there are criteria for measure endorsement as you know, which we think elevates the quality of the measures themselves if they need these criteria.

So, I think it's a reasonable thing to say that we think NQF endorsement might bring some credibility and legitimacy to the process. Not withstanding that, I think there's another question that might be indirect. But, you know, the notion that Chris and Andy come to in terms of proposing a process is a little bit different from the normal proceedings at NQF, because – I mean there are

criteria for measure evaluation, but I think that the specificity of how a measure is used is a departure and there are certainly conversation around that in NQF but we haven't gotten to that point yet.

So, I think that – I actually thought that the recommendations made a lot of sense and I think it's a direction that was quite sensible in terms of proposing the process. But NQF right now endorses measures for accountability and quality improvement, and doesn't specify particularly whether to be for payment or public reporting or something else. The accountability is taken very broadly. So I don't …

Alan Speir: So what I was particularly referring to was on section four and it was I guess line 10 where the cost measures used to assess efficiency have generally not been endorsed. And I think that's a slippery slope in that particular area as we're seeking to a plow in a formal way. This question and the whole concept of linking the cost and the quality, I think there's no question. All of us have through societies or other bodies' standard, you know, come to the standardization and measurements pretty carefully.

But you know, I think that how does NQF proposed to unilaterally beside what will be endorsed and what won't be endorsed when other groups have been seeking to do this for a long time. And that's …

Joyce DuBow: But Alan, the – I mean I took that statement as just a matter of fact and I proved it's true. Most of the measures that are out there now have on cost have not been endorsed. And Jack summons the – others on this committee or members of the committee that's trying to endorse some of these measures. But the staff that they are measures out there that are being used, we would encourage those measure developers and those measure owners to come forth and to have them endorsed, so that they could be incorporated into this – to get endorsed. I mean it's simple as that. The fact that they are non-endorsed measures out there is no secret but we would like to see them come forth. So, you know, again, I don't think that this paper can deal with that.

Alan Speir: Nor am I implying. I'm just saying that as we're trying to give a guide to what is the current state or shouldn't there be some and when I was getting on the

call there was what is within the scope and what wasn't in the scope is there – shouldn't there be some direction as to which way we're going is that we're seeking to develop some of these measures for endorsement and, you know, the issues around that. I mean it's not as clear when you're reading the paper or to those that haven't been living it.

We take a lot of this because we've had all these discussions in the meetings and the document. But, this is going to be a body of work for those that have the interest and want to have guidance in this regard.

Dennis Scanlon: Well, I missed two points. I think that it seems that it's in the interest of the NQF as Joyce said for developers to come forward and say we want to have this cost measure endorsed. And then all these – hopefully overtime a lot of measures that are currently in use like will get endorsed if they're up to standard and those that aren't up to standard might not get endorsed, now will be replaced by endorsed measures. So that would be a good process. I mean I think as Joyce mentioned this committee, this is new, you know. And there's only a handful of cost and resource measures that have come before NQF. And so, I expect over time more will come.

But I think one of the questions is should they keep coming in stand alone measures or should all measures dealing with efficiency have explicit length or dealing with cost having explicit, you know, connection to quality and efficiency or are we talking about, you know, process that a developer should have to kind of go through to make the connection. And I think our point as Joyce mentioned it is that we just want to state a matter of fact what the state of the world with efficiency measures. We should also – we make it explicit that, you know, it's a good idea for developers to continue to try and get these things endorsed by NQF.

But then, you know, our intent here was to – just to think about some alternative ways forward that that NQF could, you know, develop a process so they'll know what to do with these cost measures as they come forward instead of kind of, you know, having to deal with this kind of criticism that they're not linked to quality or what's the link to quality.

Male: Good luck. I agree with what you're proposing.

Male: OK.

Joyce DuBow: Jack, did you finish up with your comments?

Jack Needleman: Yes, I did. Thank you.

Joyce DuBow: Is there anybody else? Staff? Or Carole, actually do you want to – did you say you had some comments?

Carole Flamm: No. I have woven them in. I think this has been a very good discussion so far.

Catherine MacLean: Hey, it's Cathy. I have one more comment. So I really liked the examples that you guys went through. I thought it was really instructive and helpful.

As I'm going through with those, you know, what kind of struck me was "Huh, what if there was also an example of the physician (inaudible) payment modifier." I don't know if that would be too much to add in but there's one particular aspect of it that I've been kind of noodling over. It has to do with the way the bonus is laid out.

And so, in that program, you know, it's kind of just the – it's kind of a tiered thing where you look at cost, you know, at the quality, right? And the interesting thing though is that there's a fixed pool of money and the reimbursement, you know, the changing reimbursement, you know, depends upon how well everybody does. And, you know, there's this modifier in it that can I change that.

I guess it doesn't really change the way the cost and quality components are laid out. It really just impacts the amount of money physicians are going to get based upon, you know, how well the group does or not. So, they just start that out there, you know, I thought it would be nice to ask something in like that. You guys have already done it, kind of work file and you think it's necessary. But I just want to (inaudible), you know, if Andy and if Chris had

any thoughts about this (payment) gesture that it sort of in place to maintain over all budget neutralities of kind on the program.

Andrew Ryan: Right. So that's – I think that's exactly right. And it's example of like, you know, this additional model where there's, you know, the cost and quality are grouped on these two dimensions basically. And I think that's how it is. Or is it maybe – is it three, is it high, medium and low for cost and quality?

Joyce DuBow: Yes. Those three records in each. Yes.

Andrew Ryan: Those three, right. And then there's a little – there's adjustment factors in each of those cells. So, in terms of the example, that was a kind my first thought. And then, you know, because I'm actually I'm physician in compare right now and until recently there was – it was – all that was there was, you know, is the physician like submitting data from PQRS. Now, I see some group practice interface whether it's like pre-fixed practice with some quality data.

But I agree, that's been an interesting example. The reason why we focused on the hospital because it seems like, you know, we knew that that information was there for the, you know, about 3,000 hospitals.

Joyce DuBow: Yes.

Andrew Ryan: And I don't think there is that physician quality and cost information. Probably I don't know, maybe next year. I'm not sure when it's going to be but we couldn't just nag that off the internet to do that comparison.

Joyce DuBow: What about that modifier though? Do you have any comments on that? Or the adjustment factor I should say?

Andrew Ryan: The one time and I would say is that we something that Chris and I mention and some of the commentary about the use of the conditional model that basically the conditional model like gives you the cells. But then the program sponsor has to say kind of what it means to be in each cell.

And that's like it kind of separate programmatic decision and, you know, when the physician value-based modifier some of those cells are negative,

some of them are positive, you know, if it's a pure, you know, if you're bonus program they would all, you know, be positive or they would just be, you know, that there's the size of the magnitude of bones would be different.

But I think are – in this paper at least, our only kind of comment is that, you know, that the model gets you somewhere and then the sponsor needs to kind of take an extra step and say what it means to be in a cell. And I don't know, Chris, if you have any – Chris has thought about this a lot and if you have any more comment on that.

Chris Tompkins: Well, I'm not sure that I do. I mean the paper itself is not about the way a user would take linking quality and cost and transform it into a payment model specifically, and then further more, you know, the rationale or the pros and cons of doing it in different ways. So that is one of those tangents.

In general, going down that direction, however does have a feedback here which is to say that if you're usually linking the quality and cause for a purpose and if the purpose is for payment then when it's – when the linking is put to its purpose, that suggests in a whole realm of potential either intended or unintended consequences. And, you know, the size of the modifier and how in that value space physicians are segmented and then subjected to different incentives and so forth. It's an implied question. I think it's actually sort of I think beyond the scope of what we can do here.

Joyce DuBow: Thank you.

Dennis Scanlon: (Inaudible).

Joyce DuBow: You're breaking up. No.

Dennis Scanlon: All right. I'll try one more time, if it's not and just maybe my cellphone. The table does not include – the table of efforts that are being done throughout the country did not include partners in Minnesota. And I was wondering – I mean, it seems like they're doing some interesting work, some of which has been NQF endorsed and I would think that they should be included in that table.

Joyce DuBow: I thought they were? It's number 10. It's the relative resource use measure. Did you hear me?

Dennis Scanlon: Yes.

Joyce DuBow: I don't know what's going on.

Andrew Ryan: You know, that's what number 10 is.

Joyce DuBow: Yes, it's health partners. So, was that Dennis? I'm not sure.

Andrew Ryan: I think it was Dennis.

Joyce DuBow: We can send him a note.

Andrew Ryan: OK.

Joyce DuBow: OK.

Erin O'Rourke: So, we have about maybe half an hour left during our time. Are there other folks who haven't had a chance to speak up and raise their questions or concerns? It doesn't sound like it. Joyce, did you have anything that you wanted to say?

Joyce DuBow: No. I wonder whether the staff has anything to add or whether we need to consider next steps and whether Andy and Chris have any final questions or observations.

Erin O'Rourke: I think we do need to do open for public comment at some point. But let's see whether the staff has other questions to raise, I wonder.

Ashlie Wilbon: Hi. This is Ashlie. I just want to thank everyone for a really great discussion. I think you shared some really good point raised and I think there's nothing that we, the staff, have anything to add in terms of the paper at this point. But we would like to potentially offline with Andy and maybe co-chairs would talk a little bit about on the feasibility of, you know, integrating all the comments at this point.

The role of today's call was to just make sure that if there were any kind of really major concerns or issues that the panel members had to make sure that those were integrated before public comment, I think for other comments that we're given, I think all of them are probably relevant and I think Chris and Andy probably already had some ideas about how they might be addressed.

But in terms of timing, I think we just need to figure out which one will, you know, it's feasible to actually start integrating those and before the public comment period versus kind of working on that during the public comment period and taking in those comments and combinations of what comes in after a comment period and working those into the next draft of the paper.

So, I think that's what we're thinking and certainly would open it up on this call where we can do an offline with Chris and Andy to see what their thoughts are in terms of feasibility for integrating these given the comment period is scheduled to open next Tuesday.

So, I just wanted to make sure that we weren't setting unrealistic expectations in terms of the next – the draft that will be going out for comments so.

Dennis Scanlon: Hi. This is – I'm sorry, this is Dennis I dropped off and I did hear Joyce you say that partners within there, so my apologies. I just missed that. So I'm glad it's in there. That was one point.

I did have one other question over Chris and Andy and that's related to exhibit 10, which is the illustrative efficiency value system. And I guess I was confused by the labeling in a couple of things. I mean to some extent, this strikes me as an attempt to basically put some value on, you know, cost and quality sort of scores that run along the horizontal and the vertical axes.

And two questions in particular is – I mean on the vertical axes, is that efficiency or is that cost? It's labeled efficiency but I was wondering. And, you know, I guess is this really a value measure that the stars that would occur here? Or, you know, as it's labeled efficiency value measure. I was just – I had a hard time interpreting that. And so, I wanted to ask for some clarifications.

Chris Tompkins: Well, I'll take a crack at that. Yes, in the title efficiency value it's because it's a system that is actually trying to work with both concepts. And that maybe attempt to show that the two concepts were in play makes the title seem a little bit obscure perhaps.

The specifically your questions, yes, the Star rating, you know, star rating per se is something that for example most of us are familiar with because Medicare goes down that road and says we're going to give you a star rating of one, two, three, four, five, et cetera, and so usually a composite of several different domains or measures. And yes, this illustrates how the value that's what the cell contents are can be derived from the two dimensions, the quality and the efficiency.

So when on your other question, the vertical axes is actually labeled here on purpose as efficiency and the context its trying to say that this simply isn't just a ranking across cost per se where every entity is measure against every other entity with that regard, the quality, but the context just to say that in keeping with the definition that NQF had of efficiency, those cost comparisons are actually done within quality stratum.

And therefore, it needs source and attempt. There's an illustration of how an efficiency measure per se can be derived by making cost – relative cost comparisons for specified levels of quality that is within the strata. And then once you have an efficiency measure, that itself becomes – can be combined with the quality measure by the preference rating and that's why anybody could have a free hand to draw in the stars that they see fit. That shows how much value you place on the various levels and combinations of efficiency and quality.

Joyce DuBow: I actually liked it. Except, for me, this thing pointed out the differences that we will need to take into account for different users because, by no means with dissatisfy most consumers but it sure does layout what you were talking about.

Chris Tompkins: You mean the stars themselves?

Joyce DuBow: It's too much information. It's hard to …

Chris Tompkins: Oh, yes. Right. Right.

Joyce DuBow: It would pass any kind of cognitive burden test. But the information is there and providing the information on the continuum is very clear. If you count the stars, you know, by box, you really get the point (isolate).

Dennis Scanlon: So, this vertical axes efficiency, the underlying computation of that would take into consideration both cost and quality. But what you're doing here is you're saying within quality strata. You can look at different levels of efficiency scores and assign – anyone can assign ratings or values to those.

Chris Tompkins: Yes, exactly the point.

Joyce DuBow: So, I think that the conversation about what's feasible in terms of incorporating which changes should happen offline so that you guys can – is that efficiently. I don't think we all have to be involved.

Carole, I think we might save people a half hour here. There's no other conversation, what do you think?

Carole Flamm: Yes, it sounds like we probably – if we have – do we have folks on the line for the public comments part of the agenda?

Joyce DuBow: Yes. Operator, (Bridgette), could you – is there anyone on the line who is not a committee member or speaker?

Operator: No, ma'am. It's just speakers and committee members.

Joyce DuBow: OK.

Carole Flamm: Well, now we're done with that.

Erin O'Rourke: Joyce, I think we are at the position to close a call early now. So I'm good.

Joyce DuBow: Thank you for remembering (a couple of) comments. OK.

Chris Tompkins: Thanks everybody.

Joyce DuBow: Thank you.

Female: Thank you.

Female: Great discussion.

Female: Thanks, Chris and Andy.

Joyce DuBow: Chris and Andy, could you stay on the call for a couple of minutes with us?

Chris Tompkins: Sure.

Joyce DuBow: OK, thanks. Bye-bye, thank you.

Male: Thank you, bye-bye.

Male: Bye.

Female: Bye-bye.

END