

All Member WebMeeting Instructions

7/31/2014 2:00 PM Eastern

Toll Free Number: (855) 770-0020

Conference ID: 80127441



NATIONAL
QUALITY FORUM

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All Member WebMeeting

**National Consensus Standards for
Cost and Resource Use
Phase 2: Cardiovascular Conditions**



**NATIONAL
QUALITY FORUM**

July 31, 2014

Cost and Resource Use CDP Project Scope

- This project is a three-phased effort focused on evaluating and endorsing cost and resource use measures:
 - Phase 1: Total cost non-condition specific per capita or per hospitalization episodes (**Completed**)
 - Phase 2: Cardiovascular condition-specific per capita and condition-specific episodes
 - Phase 3: Pulmonary and other condition-specific per capita and condition-specific episodes (**In progress**)

Overview of Cost and Resource Use Phase 2: Cardiovascular Conditions Evaluation

- All 3 submitted measures were recommended for endorsement by the Standing Committee:
 - 1558: Relative Resource Use for People with Cardiovascular Conditions (NCQA)
 - Recommended for endorsement (at the in person meeting)
 - 2431: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS)
 - Yes – 14 (66.67%), No- 7 (33.33%)(based on re-vote after commenting period)
 - 2436: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (CMS)
 - Yes – 13 (61.90%), No – 8 (38.10%) (based on re-vote after commenting period)
- The measures were posted for NQF Member Voting June 18 - July 2

Cost and Resource Use Phase 2: Cardiovascular Conditions

NQF Member Voting Results

- The NQF membership did not reach consensus for all 3 measures, with 40% approval by the councils.
 - 1558: Relative Resource Use for People with Cardiovascular Conditions (NCQA)
 - 2431: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS/Yale)
 - 2436: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (CMS/Yale)
- Because the voting results were difficult to interpret, NQF is soliciting additional input from NQF Members to understand the path forward for the measures. Your input will be shared with the Consensus Standards Approval Committee (CSAC) as they decide whether to endorse these measures.

#1558 Relative Resource Use for People with Cardiovascular Conditions (NCQA)

- **Description:** The risk-adjusted relative resource use by health plan members with specific cardiovascular conditions during the measurement year
- **Resource Use Measure Type:** Per capita (population- or patient-based)
- **Level of Analysis:** Health Plan, Population : National, Population : Regional
- **Costing Method:** Standardized pricing
- **Target Population:** Populations at Risk
- **Data Source:** Administrative Claims
- **Measure Steward:** National Committee for Quality Assurance

#2431 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS)

- **Description:** This measure estimates hospital-level, risk-standardized payment for an AMI episode-of-care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare fee-for-service (FFS) patients who are 65 years of age or older with a principal discharge diagnosis of AMI
- **Resource Use Measure Type:** Per episode
- **Level of Analysis:** Facility
- **Costing Method:** Standardized pricing
- **Target Population:** Senior Care
- **Data Source:** Administrative Claims
- **Measure Steward:** Centers for Medicare and Medicaid Services

#2436 Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Heart Failure (CMS)

- **Description:** This measure estimates hospital-level, risk-standardized payment for a HF episode of care starting with inpatient admission to a short term acute-care facility and extending 30 days post-admission for Medicare fee-for-service (FFS) patients who are 65 years of age or older with a principal discharge diagnosis of HF
- **Resource Use Measure Type:** Per episode
- **Level of Analysis:** Facility;
- **Costing Method:** Standardized pricing
- **Target Population:** Senior Care
- **Data Source:** Administrative Claims
- **Measure Steward:** Centers for Medicare and Medicaid Services

Key Themes: Committee and Council Leadership Discussions

- Appropriateness of attribution
 - Shared accountability and actionability
 - Transfer patients
- Adequacy of risk adjustment
 - Adjustment for sociodemographic factors
 - Inadequate accounting for variation among selected risk factors
- Usability of the health plan level measure

Discussion

- 1558: Relative Resource Use for People with Cardiovascular Conditions (NCQA)
 - 2431: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for Acute Myocardial Infarction (AMI) (CMS)
 - 2436: Hospital-level, risk-standardized payment associated with a 30-day episode-of-care for heart failure (HF) (CMS)
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- What are the key concerns (of each stakeholder group) that should be communicated to CSAC?
 - How might these issues be addressed?

Next Steps

- NQF Staff will compile and summarize input from Council Chairs and membership discussion on this call
- CSAC call on August 12, 2014, 3-5pm ET
 - Present summary of membership discussion
 - Final CSAC recommendation for measures



Appendix

Activities and Timeline: Phase 2

Process Step	Timeline
Measure submission deadline	12/9/13
SC member orientation	1/13/14
SC and TEP Receive Measures	1/15/14
TEP member evaluation and review	1/15/14 – 1/31/14
SC in-person meeting	3/4/14 – 3/5/14
Draft report posted for NQF Member and Public Review and Comment	4/21/14 – 5/21/14
SC call to review and respond to comments	6/4/14 from 11am - 1pm ET
Draft report posted for NQF Member vote	6/18/14 – 7/2/14
CSAC review and approval	7/3/14 – 7/23/14
CSAC review of membership input & final recommendations	8/12/14
Endorsement by the Board	10/7/14
Appeals	10/8/14 – 11/14/14

Standing Committee

- Brent Asplin, MD, MPH (Co-Chair)
- Lisa Latts, MD, MSPH, MBA, FACP (Co-Chair)
- Ariel Bayewitz, MPH
- Lawrence Becker
- Mary Ann Clark, MHA
- Cheryl Damberg, PhD
- Jennifer Eames-Huff, MPH
- Nancy Garrett, PhD
- Andrea Gelzer, MD, MS, FACP
- Stanley Hochberg, MD
- Matthew McHugh, PhD, JD, MPH, RN
- Martin Marciniak, MPP, PhD
- James Naessens, ScD, MPH
- Eugene Nelson, DSc, MPH
- Jack Needleman, PhD
- Janis Orlowski, MD, MACP
- Carolyn Pare
- John Ratliff, MD, FACS, FAANS
- Andrew Ryan, PhD
- Joseph Stephansky, PhD
- Lina Walker, PhD
- William Weintraub, MD, FACC
- Herbert Wong, PhD
- Dolores Yanagihara, MPH

Cardiovascular Technical Expert Panel (TEP)

- William Weintraub, MD, FACC (Chair)*
- Sana Al-Khatib, MD, MHS
- Leslie Cho, MD
- Ted Gibbons, MD
- Judd Hollander, MD
- Thomas Kottke, MD, MSPH

* Member of the Cost and Resource Use Standing Committee

Common Challenges Encountered in Cost & Resource Use Measure Evaluation

