Quality Alliance Steering Committee – Episodes of Care Workgroup
Meeting Notes
June 5, 2009

The Episode Workgroup's co-chair Gregg Meyer provided opening remarks for the meeting, noting that co-chair Chuck Cutler would not be able to join the meeting.

Niall Brennan notified the workgroup that with respect to efforts to promote the testing and implementation of readmission measures, the most significant strides have been made in collaboration with Save Lives Save Dollars (SLSD) in Detroit, Michigan.

- Jan Whitehouse and Terrisca Des Jardins of SLSD provided their perspective of the progress made, noting that the measures had been the subject of several discussions in their key stakeholder meetings (in which several hospitals have participated, as well as health plans, employers, etc.). They expressed gratitude at the hospitals' willingness to be engaged in the effort.

- Among the key next steps for these efforts will be the development of technical specifications for readmission analyses that SLSD's participating health plans will be able to calculate. QASC/Brookings staff will review these specifications toward the end of the month.

- After these specifications are accepted by the health plans, it is expected that the health plans will be able to conduct initial readmission analyses at the hospital level and begin to report results around September.

- While the effort will not include Medicare data at this point, the population for whom these diagnoses are most common, Jan noted that readmissions for heart failure, acute myocardial infarction, and pneumonia are still costly among the non-elderly.

Kevin Weiss provided a brief status update for the efforts of ABMS and QASC/Brookings staff to develop cost-of-care measures (C3 Project). He walked the workgroup through a diagram showing how the AMI acute measure's denominator is pared down through the application of the measure's exclusion criteria.

- Since the requirement that the patients have medical and Rx coverage during both years of the measurement window significantly reduces the measure's denominator, it was discussed whether it would be possible to relax the Rx requirement for some of the project's measures. Project staff will explore this in the coming weeks.

- Gregg Meyer asked whether it would be possible in the Marketscan database, which project staff are currently using to test the measures, to identify a patient's Rx coverage in some way other than the project team's current method, which is limited to identifying whether or not a particular patient had filled a prescription during the year. Niall Brennan confirmed that the Marketscan database does not currently offer any opportunities for identifying patients' Rx coverage other than those project staff are currently using.

- While this system is not able to determine with certainty whether or not a patient had Rx coverage if no prescriptions were filled, most of the patients in our measures' denominators, who were included in the denominator because of a severe health condition to begin with, are likely to have filled a prescription during the measurement period if they had coverage.

- One workgroup member raised that the implications of the measure's consequently small sample size are significant for the concept of attribution. The workgroup member also noted whether the workgroup should weigh in on whether the measures should have a standard attribution methodology. Another workgroup member suggested that while the typical primary care physician might not have a sufficient number of episodes for their results to be reported, several high-volume cardiologists may cross that threshold.
  - Gregg Meyer proposed, and the workgroup agreed, that the concept of attribution would be set aside for now until further analytic results were available.

- Another workgroup member asked whether some of these related issues could be investigated further by pilot-testing the measures locally provider networks and health systems, health plans, or regional collaboratives. Kevin Weiss indicated that it is a goal of the C3 Project team to begin pilot testing the measures through 1-2 local pilots over the coming year and that a handful of these types of entities have approached the team for this purpose. In the meantime, project staff are watching these types of issues closely throughout their analytic activities.

- Workgroup members were provided an opportunity to comment on the pneumonia and angina/CAD measure specifications developed by the C3 Project team. No workgroup members offered comments at this time. Further comments provided by e-mail over the coming weeks will be accepted.
  - One workgroup member offered comments on these measures in advance of the call via e-mail. Project staff will review these comments offline.

- Adam Wilk of Brookings provided an overview of the project team's plans for providing an opportunity for all interested parties to comment on the measure specifications through a public review process. Key details of this planned process are A) that project staff plan to provide interested stakeholders 30 days' notice in advance of the public comment period's open date, and B) that project staff will review all comments and post a summary of these comments and staff responses to them on the QASC website. No workgroup members provided comments on the proposed process.

Comments or questions regarding the content of this meeting may be sent to Niall Brennan (nbrennan@brookings.edu).