

Quality Alliance Steering Committee – Episodes of Care Workgroup  
Meeting Notes – December 18, 2009

As one of the Episodes of Care Workgroup's co-chairs, Chuck Cutler, was unable to participate in the meeting, the workgroup's other co-chair Gregg Meyer provided opening remarks for the meeting. He noted that the work of QASC/Brookings staff on the Characterizing Episodes and Costs of Care (C3) Project and the workgroup's other efforts are of increasing importance given the direction health care reform is taking on Capitol Hill. As such, the input of the Episodes Workgroup regarding these efforts is also of increasing importance and is always appreciated by staff.

Kevin Weiss of the American Board of Medical Specialties and Niall Brennan of Brookings provided general updates regarding the status of the C3 Project and of related developments at CMS and NQF.

- Kevin and Niall had presented an overview of the C3 Project's efforts to date a few days earlier at the quarterly meeting of the QASC at Brookings. The overview was very well received – the QASC's feedback was very positive and several QASC members offered helpful insights and questions regarding both the measure development process and the project's key next steps.
- The National Quality Forum's anticipated Call for Measures of costs of care or efficiency, which had been delayed several times, is now expected to come to fruition in the first quarter of 2010. The C3 Project's staff will be prepared to submit the project's measures at the time of the Call.
- On November 11, CMS hosted a Listening Session on "Defining an Episode Logic" for Medicare. Measure developers, including C3 Project staff, and implementers were invited to provide their input into the thought processes of CMS as they prepare to release an RFP for the development and support of an open-source episode logic and software for the Medicare population at some point in early 2010. This is a very significant development in the world of cost-of-care measurement given the market power Medicare holds. C3 Project staff members are currently communicating with CMS and various groups in the measure development community (e.g., Ingenix, Thomson-Reuters) regarding the role an organization like Brookings could play in this effort.
  - One workgroup member highlighted that during recent communications CMS had indicated the date for the RFP's release could potentially be pushed back closer to June 2010.

Devorah Rich of the Greater Detroit Area Health Council (GDAHC) and Kathy Werner of the Wisconsin Collaborative for Healthcare Quality (WCHQ) provided brief updates on the progress of efforts to test and implement readmission measures in Detroit, Michigan and Wisconsin, respectively.

- In Detroit, Save Lives Save Dollars staff (working with GDAHC) had received assurances from several local health plans that they would participate in this pilot in the early fall. Over the last few months SLSD has worked with QASC/Brookings staff to

obtain technical assistance in the development of a consistent set of measure specifications to be implemented across the participating plans, and now these specifications are in place. Because there is another measure implementation effort currently ongoing among the health plans in Michigan, supported by the Commonwealth Fund, SLSD is also working to minimize the health plans' burden across the two efforts. Still, it is expected that initial measure results will be produced in January 2010.

- In Wisconsin, as many as six different hospital systems may now participate in this effort when only three had committed as of the last Episodes Workgroup meeting. The WCHQ team is working with these systems to iron out the last few details of their own measure specifications, with QASC/Brookings staff providing some technical assistance. WCHQ is also looking to include racial, ethnic, and language data in their pilot where available. WCHQ anticipates developing preliminary results in February 2010.
- Jennifer Shevchek asked which measures were being implemented in these pilots. It was clarified that the measures being implemented in Detroit and Wisconsin are general hospital readmission measures based on the CMS readmission measures for AMI, CHF, and pneumonia patients. Because of data constraints, the measures implemented in the two efforts are not identical, and so staff will look forward to comparing their results. It is anticipated that these general measures may evolve into more condition-specific measures like those implemented by CMS down the line.
- Gregg Meyer asked to what extent the readmission measures being implemented in Wisconsin and Detroit parallel the measures developed through the C3 Project. Niall pointed out that while both the readmission measures and the C3 cost-of-care measures are claims-based, the cost-of-care measures are condition-specific and significantly more complex in terms of the specificity and timing of the required ICD-9 and CPT coding. Also, since the Detroit effort is health plan-based and the Wisconsin effort is hospital based, this variability in data sources is somewhat unique to the readmission measures.

Niall Brennan walked through a PowerPoint presentation highlighting many of the C3 Project's recent episode-based analyses for the sinusitis, pneumonia, and asthma episodes, including analyses of denominators, related and non-related resource use, and observed variability in per-episode costs.

- In reviewing the preliminary results of the ambulatory pneumonia episode's denominator, Niall pointed out that because the episode's duration is so short, project staff will work to determine the impact of limiting the standard enrollment/eligibility requirements to the measurement period only.
- Jim Rohack noted that the number of cases eliminated from the ambulatory pneumonia episode because the patient was too young was very high and asked whether it would be possible to re-integrate the adolescent population somehow or to create a separate measure for them? Niall agreed it was a shame to lose such valuable information, and noted that this suggestion would be brought back to the physician workgroup for review.

- In response to a presented analysis of patients with multiple ambulatory pneumonia episodes, one workgroup member suggested that it might be worthwhile to exclude recurrent pneumonias from the episode definition, particularly given they are so few in this population, and expecting that their patterns of resource use would be different from the resource use of patients with only a single pneumonia episode. Niall indicated he would also raise this comment to the attention of the physician workgroup.
- One workgroup member asked how the commercial groupers' episode logics compared to the C3 Project's logic and whether one grouper's results might be more reliable than another's. Niall responded that the C3 Project's measures have been developed in a very transparent way, more so than the commercial groupers' measures. However, it is likely that many of the "reliability" concerns stemming from the vagaries of claims data are common to the commercial groupers and the C3 episodes. The C3 episodes will be piloted in some form in the coming months as well to help address some of these concerns, though implementation is a non-trivial task – while CMS was able to implement two measures, it required considerable resources to do so.
- Jim Rohack noted that the ICD-9 code for unspecified pleural effusion, currently used to trigger both the ambulatory pneumonia and pneumonia hospitalization episodes, typically indicate a higher level of case severity; as such it might make sense to limit this trigger to the hospitalization episode. Niall noted that the way these episodes were constructed (episodes begun in the ambulatory setting but receiving inpatient care within three days become hospitalization episodes rather than ambulatory episodes) should eliminate most concerns regarding this trigger code's case mix. Also, project staff had looked at the ICD-9 codes most commonly triggering ambulatory pneumonia episodes, and very few had been triggered by that particular ICD-9 code.
- Gregg Meyer noted, in looking at the preliminary variability results for the asthma episode, that it would be interesting to look at the relative utilization of certain individual imaging services among high-cost and low-cost episodes.
- The workgroup was unable to review all of the PowerPoint slides on the asthma episode's observed variability due to time constraints – these will be presented at the start of the next Episodes Workgroup discussion.

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