

Quality Alliance Steering Committee – Episodes of Care Workgroup
Meeting Notes – July 24, 2009

The Episode Workgroup's co-chairs Gregg Meyer and Chuck Cutler provided opening remarks for the meeting. Among other things, they provided a brief status update overview of recent progress on the cost-of-care measure development efforts (C3 Project) led by ABMS.

- Adam Wilk of Brookings added to the co-chairs' remarks. While the National Quality Forum's call for cost-of-care measures had been expected to take place during the first 1-2 weeks of July, to date the call has not been released. Since it is unlikely the call would be released during August, it is now expected to take place in early September.
- In response to a question from a workgroup member, Adam noted the project team's next steps with respect to NQF-submission are to continue to test and validate the draft measures using the Marketscan database, to interact with the physician workgroups, TAC, and QASC Episodes workgroup to obtain their reactions to these analyses and other components of the NQF submission process, and to complete the requisite NQF measure submission forms when the call is released.
- Adam also noted that recently an agreement had been reached between project staff and CMS staff such that CMS, through one of its contractors, would test select measures using samples of Medicare data, Parts A and B.
 - Niall Brennan of Brookings added that this is very important because several of the project's measures pertain to conditions that are significantly more common among the elderly Medicare population than they are among the commercially insured population (e.g., AMI, CHF, and COPD). Testing the measures on the Medicare population will help to ensure that, as constructed, the measures will be meaningful when evaluated for those patients.
- One workgroup member, Frank Opelka, asked whether it had been determined who would be the longer-term stewards of these measures. Adam responded that while discussions were underway with a few organizations, the ABMS Foundation currently owns the measures and will continue to maintain them until further notice.

Niall Brennan provided a status update regarding QASC/Brookings staff efforts to promote the testing and implementation of readmission measures in collaboration with Save Lives Save Dollars (SLSD) in Detroit, Michigan and the Wisconsin Collaborative for Healthcare Quality (WCHQ).

- In Michigan, SLSD is collaborating with key stakeholders and QASC/Brookings staff to draft and vet a technical specification document that stakeholder hospitals can then use to generate and submit data on their readmissions. These discussions are on schedule for the hospitals to begin generating their data results in the fall of 2009.
 - Jan Whitehouse, SLSD, agreed with Niall's description of the project's status in Michigan.

- QASC/Brookings staff plan to check-in with SLSD staff on a call next week.
- In Wisconsin, Niall noted and Mary Gordon of WCHQ confirmed that 5 hospitals have agreed to participate in the pilot. Discussions are underway there to plan the pilot and the means by which the measures may be calculated and their results shared.

Niall Brennan provided an update to the workgroup regarding the efforts of ABMS and QASC/Brookings staff to test, validate, and analyze the cost-of-care measures developed through the C3 Project. He walked the workgroup through a series of diagrams and tables illustrating both the scope of the analyses underway for several measures (CAD, COPD, diabetes, AMI, and CHF) and some of the key revisions that have been made to the measures thus far as a result of reviewing these analyses with the condition-specific physician workgroups. Niall added that these efforts of analyzing the measures and reviewing the results with the physician workgroups, TAC, and Episodes workgroup are now happening more or less “around the clock.”

- Several workgroup members commented that the results were very interesting and reflective of a great deal of work.
- In response to Niall’s note that QASC/Brookings staff have been investigating the most common “non-related” (as determined by the condition-specific workgroup for the particular measure) services experienced by patients in the measure denominators, Frank Opelka asked whether or not project staff have been looking to observe variation in those services across episodes. Niall indicated that while some efforts have been made along these lines to this point, the primary focus of this analysis has been to identify services that should be captured for the episode but had not been explicitly identified previously.
- Jim Rohack asked whether this analysis of “non-related” services was also intended to examine the frequency of services occurring outside of the DRG payment bundle that the DRG was intended to encompass. Niall responded that this had not previously been a central purpose of the analysis. He would take this suggestion back to project staff to determine how and how easily this type of analysis might be conducted.
- One workgroup member requested additional information about the risk adjustment process project staff will be employing. Niall agreed to provide the workgroup with a brief document summarizing the planned methodology.
- When Niall reviewed preliminary estimates of AMI-related resource use, particularly for the post-acute episode, Lisa Latts asked why the costs of CHF-related care and other care related to other comorbid conditions and conditions affected by AMI (e.g., renal failure, shortness of breath) were not being captured. Adam and Niall noted that it was the intent of the AMI workgroup to be more focused in its measurement of AMI. However, Niall consented to bring this concern back to the condition-specific workgroup.
- Another workgroup member suggested that particularly for AMI, it would be very important to note the percentage of patients who between days 31 and 365 following a triggering AMI acute inpatient admission were readmitted, either for AMI-related diagnoses or other non-related diagnoses. It would also be of interest to know what

proportion of AMI patients were readmitted for CHF during the 12 months following discharge.

- Another workgroup member suggested that similar analyses would be of interest for all conditions, but particularly those with longer episode durations, such as the CHF episodes.
- One workgroup member suggested that in some cases it can be difficult to interpret the analytic results as presented without knowing “what the measures mean” or what exactly the episodes as constructed were intended to measure. Niall agreed and noted that project staff would attempt to clarify this in future presentations.
- Jennifer Faerberg asked how staff will determine which measures to submit when NQF issues its call for measures. Niall indicated that it is his understanding that the NQF call will be condition-specific – i.e., NQF will call for measures related to a core set of 4-6 conditions only. Project staff will submit measures for each condition for which NQF issued the call.

Given the amount of time taken to review the analytic materials, Gregg Meyer encouraged workgroup members to submit any comments on the key decisions of the sinusitis and colon cancer workgroups as well as on the structure of the asthma measure specifications via e-mail following the call. Future agendas will be pared down somewhat when analytic results will be presented, given the amount of time that should be devoted to discussion of these results.

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