September 29, 2011

Ashlie Wilbon, RN, MPH
National Quality Forum
601 13th Street
Suite 500 North
Washington, DC  20005
Via e-mail


Dear Ms. Wilbon,

The Advanced Medical Technology Association (AdvaMed) appreciates this opportunity to review and provide comments on the NQF’s draft document, National Voluntary Consensus Standards for Cost and Resource Use (Cycle 1): A Consensus Report. We believe that the draft report provides a well-written summary of the NQF developed principles for resource use evaluation and measure evaluation criteria. Additionally, we strongly support NQF’s stance in the report that resource use measure developers be transparent in every step of the process during the development and specification of the measures. AdvaMed wishes to provide comment on the topics:

I. Administrative Claims-Based Data for Developing Resource Use Measures

AdvaMed has concerns regarding the use of administrative claims-based data for developing resource-use measures. Similar concerns are noted at various points in the draft report and comments by the Steering Committee (e.g., limitations of administrative claims data to capture race and ethnicity). It is important to emphasize that claims data lacks robust clinical information and other pertinent patient data, such as those contained in medical records and therefore, provides only limited clinical information. To the extent that resource utilization measures will be translated into efficiency measures, it is necessary to have complete data on all encounters with the health care system, including pharmacy, which will better estimate the true value of particular health care interventions or therapies. For example, a new technology may offset drug or post-acute care utilization and if certain benefits are not captured, it will systematically bias the resource utilization measures and the efficiency measures of particular procedures.
II. Need to Link Resource Use Measures with Quality and Outcome Measures

AdvaMed believes that it is fundamentally important that measures of cost, or resource use, be considered only when accompanied by measures of quality related to the same health care and when an appropriate episode is used for both the resource use and quality. Resource measures report information regarding estimated costs, however, they usually lack important information concerning the quality of care that is provided relative to those costs. Therefore, it is essential to report appropriate quality data in conjunction with any estimated cost data to ensure that this data is not misinterpreted and ultimately misused. Moreover, resource use must be determined over an appropriate episode of care, which includes a period of time sufficiently long enough to capture all the benefits and costs of the care. Otherwise, one could erroneously draw conclusions about the quality of care and costs of care if an inappropriate time period is used.

We believe that efficiency — and measures dealing with efficiency — should be defined to include both quality and cost, and there should be no reduction in quality. The draft report discusses the need for developing resource use and efficiency measures that integrate quality domains and importantly, this is stated in the Principles for Resource Use Measure Evaluation. The report specifically states that: "Using resource use measures independent of quality measures does not provide an accurate assessment of efficiency or value, and may lead to adverse unintended consequences in the health care system." While we are pleased that NQF articulates in the draft report the need to combine resource-use measures with clinical outcome measures to fully capture effectively measure efficiency, we are concerned that the proposed measures that are recommended for endorsement appear to lack, to a large degree, integration with clearly defined and articulated quality and outcome domains. We question why NQF would endorse resource-use measures without a clear path to combining them with clinical outcomes measures. Additionally, AdvaMed strongly recommends that NQF address this issue in the draft report and provide guidance on how to appropriately integrate and report quality outcome measures with resource use and estimated cost measures.

III. Accounting for Resources Associated with Using New Technologies

There should be clear and specific statement in the draft report that adjustments might need to be made to recognize the cost of using new technology that leads to better quality or improved outcomes and it should discuss ways that such adjustments could be made. The resource utilization measures should include mechanisms to recognize and account for resources associated with and required by new technologies. The implementation of these measures should not deter the use of new technologies and certain therapies which may necessarily require follow-up care protocols to ensure optimal treatment and health outcomes. There are treatments and technologies which are more costly up-front that reveals significant benefit only over a longer time horizon. Without guidance or direction to the contrary, proposed resource use measures may consider only short-term outcomes – if they consider outcomes at all—and have a significant negative impact on patient care.
IV. Proposed Measure: Relative Resource Use for People with Diabetes

The intent of this measure is to capture all costs for a diabetic patient. Although there was overwhelming support by the Committee for endorsement of this measure (Yes-17; No-0; Abstain-1), there was concerns raised over the age limit criteria. Namely, there were concerns over the exclusion of patients over the age of 75. As we continue to see longer life expectancies of people well into their 80’s and beyond – and significant diabetes (and complications from diabetes) in these populations – we believe that it would only make sense to also capture information from those greater than 75 year of age in such a measure. We recommend that this measure be amended accordingly.

AdvaMed would also like to highlight a potential limitation regarding this proposed measure. From the limited information provided, it appears that this particular diabetes measure favors short-term management practices rather than potentially higher-cost interventions / innovations that may provide long-term cost savings. For example, the use of bariatric surgery for severely obese individuals in certain cases has been demonstrated to be a highly effective intervention at reducing the incidence and severity of diabetes in this population. As discussed above in “Accounting for Resources Associated with Using New Technologies” AdvaMed is concerned that such measures which focus primarily on short-term management may not consider important treatments and technologies which are more costly up-front, but show their benefit only over a longer time horizon.

V. Proposed Measure: Relative Resource Use for People with Cardiovascular Conditions

AdvaMed agrees with many of the concerns noted by the Committee. As noted above, regarding the Diabetes Measure, this Cardiovascular Conditions measure also excludes patient who are more than 75 years old. We share the Committee’s concerns regarding the measure not capturing data from this portion of the population, many of which who have, and are at risk for, chronic cardiovascular conditions. The Committee members also noted that the measure was unclear and left several key issues to be addressed including the time period for exclusions, the difficulty in discerning what is included in risk-adjustment criteria, and the lack of clarity of how stratification is working and if the groups produced are legitimate. Although the Committee recommendation was mostly favorable for the measure (Yes-13; No-3; Abstain-1), there were overarching concerns on how the results could provide meaningful consumer information and how consumers will be utilizing the data and making changes based on this measure. Additional concerns focused on peer group comparisons of “like plans” because there might be correlations with socioeconomic status (SES) across plans. AdvaMed recommends that these concerns be fully addressed before endorsement.

VI. Proposed Measure: Total Cost of Care Population-Based PMPM Index

AdvaMed has concerns regarding the endorsement of this measure based on several factors. Many members of the Steering Committee ranked this measure as “low” in validity. The majority of the Committee did not find this measure “scientifically acceptable” (Yes-9; No-10).
Regarding the vote for endorsement of this measure, the Committee was essentially evenly split (Yes-9; No-8; Abstain-1). The lack of support for this measure was additionally reflected by the Committee’s numerous questions and significant concerns raised in the report. Given these factors, AdvaMed does not support endorsement of this measure.

AdvaMed appreciates the opportunity to provide these comments. If you have any questions or comments please feel free to contact me, Steven Brotman, at (202)434-7207 or sbrotman@advamed.org.

Sincerely,

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