



PROFESSION

National Quality Forum adopts cost metrics for value-based purchasing

Eight measures in areas such as diabetes, asthma and COPD have been endorsed so far this year.

By KEVIN B. O'REILLY, *amednews staff*. *Posted April 23, 2012.*

The National Quality Forum in April added four “efficiency” measures that could be combined with quality metrics as part of the Medicare value-based purchasing plan set to start in 2015.

These metrics join four measures previously endorsed in January and represent the multistakeholder group’s first efforts to measure the intensity of medical services that the health system provides, as well as the total costs. The work is being done under contract with the Dept. of Health and Human Services.

“It’s important to look at the cost side of health care in the same way that we’ve been looking at the quality side of health so that eventually it’s possible to ascertain whether value is really being delivered to patients,” said Tom Rosenthal, MD, co-chair of the forum committee that evaluated measures submitted by health plans and health care analytics firms.

Two of the metrics endorsed in April focus on relative resource use, which quantifies all the medical services — medications, lab tests, physician visits, etc. — used by patients with asthma or chronic obstructive pulmonary disease. The measures are risk-adjusted for the severity of patients’ illnesses.

The other two measures look directly at the total cost of delivering care that is more episodic in nature: hip or knee replacement and treating pneumonia.

The four metrics endorsed in January examine resource use for patients with diabetes and cardiovascular conditions, the total resources primary care physicians use to deliver care to all of their patients and the total costs of that care using prices paid by the health plan.

Gauging value

By measuring resources used — the number of computed tomography scans ordered, for example — instead of only raw costs, the forum is aiming to give apples-to-apples comparisons of physician efficiency that are not distorted by geographic price variations, said Dr. Rosenthal, chief medical officer and associate vice chancellor of the David Geffen School of Medicine at the University of California, Los Angeles.

“The ultimate goal of this is to match up quality measures and cost measures in the same measure set so that you’re looking at the entire value proposition,” Dr. Rosenthal said. Diabetes care is a leading candidate for such a composite value metric, he said.

The American Medical Association is one of many organizations that participate in the forum’s standards-setting process.

The AMA says value-based purchasing plans should use quality measures developed by doctors through organizations such as the Association-convened Physician Consortium for Performance Improvement. The AMA also says doctors should be given multiple ways to report quality data and that incentive payments should be based on meeting minimum performance thresholds.

The Association also has voiced deep concerns that it may be impossible to measure physician value without penalizing doctors who treat the most difficult cases and has recommended that the Medicare value-based physician payment modifier be limited to large integrated health systems.

ADDITIONAL INFORMATION:

WEBLINK

National Quality Forum endorsed resource-use metrics (www.qualityforum.org/Measures_List.aspx#mt=R)

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