

## **Cost of Care Measures Related to Specific Conditions or Procedures**

### **Proposed “Starter” Set of Conditions and Procedures**

With multiple users in mind, the AQA Performance Measurement Workgroup recognizes the need for:

- A. Measures that may be related to specific conditions or procedures; and
- B. A measure of overall cost per patient for a physician or other clinician.

These measures will require appropriate methods for attribution, risk-adjustment, sample size, observation period, and other factors. The dominant models for cost of care measurement for conditions or procedures are episode of care driven, relying predominantly on administrative data.

The aim of this work is to develop general principles for comprehensive cost of care measures and a parsimonious “starter” set of cost of care measures related to specific conditions or procedures that:

- Address prevalence, resource use and practice variation
- Measure or identify overall or average cost drivers
- Align with existing clinical quality measures or direct the development of future quality measures, and
- Are actionable by the appropriate accountable entity

#### **Condition or procedure specific “starter” set**

- The focus of any “starter” cost of care measures set should be on specific chronic conditions, specific procedures, or acute clinical care processes.
- The cost of care measures set should be based on standardized elements and transparent regarding methodology and application rules.
- While the initial focus of work efforts is to advance a parsimonious “starter” set, ultimately it is believed that cost of care measures are appropriate for the broadest set of medical and surgical care practices, and additional measures will be considered by AQA at a later date.
- Cost of care measures are not primarily designed to differentiate appropriateness of services. Physicians and other clinicians may be efficient but still provide inappropriate services, thus emphasizing the important link to clinical quality measures.

#### **Principles for prioritizing starter set**

- Targeted and robust measure set.
- Correspond to conditions represented in the IOM Priority Areas and additional areas put forth by the NQF Priority Areas Report.
- Represent conditions across the life span.
- Measures submitted by stakeholders that represent high variation or high cost.

## **Process for developing the starter set.**

Formal work on the starter set began on June 14, 2006, in Chicago when members of the Cost of Care Workgroup met to review frequency and variability data in major conditions and procedures. The analyses were based on work conducted by Symmetry, Thomson Medstat, and MedPAC and served as the basis of the development of a candidate group of conditions and procedures.

Subsequent to that meeting, the Cost of Care Workgroup agreed to use a modified Delphi process to establish a final recommended set of conditions and procedures. The Delphi process consisted of three rounds of voting and discussion.

On September 26, 2006, there was a final vote with overwhelming consensus on a proposed “Starter” set that was to be moved from the Cost of Care Workgroup to the AQA Performance Measurement Workgroup review and approval.

## **Candidate List of Conditions**

1. Acute myocardial infarction (heart attack)
2. Angina
3. Asthma
4. Breast cancer
5. Bronchitis
6. Chronic obstructive pulmonary disease
7. Colon cancer
8. Congestive heart failure
9. Depression
10. Diabetes
11. Hiatal hernia/ Gastroesophageal reflux disease (GERD)
12. Hip fracture
13. Hypertension
14. Hysterectomy
15. Osteoarthritis
16. Pneumonia
17. Prostate cancer
18. Sinusitis
19. Spine: lumbar
20. Stroke

**Approved October 24, 2006**  
**Revised June 2009<sup>1</sup>**

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<sup>1</sup> Updated to revised language from “physician” to “physician and other clinicians” per AQA action March 2009.