Utilization and Cost: Review of the Performance Measures by the Performance Measurement Committee of the American College of Physicians

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**Recommendation**
ACP does not support NQF 1604: “Total Cost of Care Population-Based PMPM Index (Cost/Resource use Measure).”

**Rationale**
ACP does not support this measure. This measure does not qualify as a quality measure because it is solely measuring cost, rather than balancing cost against quality. Furthermore, the measure intends to be risk-adjusted, but appropriate risk-adjustment is not feasible based on what data is available.

**Measure Specifications**

| NQF 1604: Total Cost of Care Population-Based PMPM Index (Cost/Resource use Measure) |
|---------------------------------|-----------------------------------------------|
| Status: | NQF Endorsed, Last Updated Aug 12, 2014 (Quality Improvement, Public Reporting) |
| Measure Steward: | Health Partners |
| Description: | Total Cost of Care reflects a mix of complicated factors such as patient illness burden, service utilization and negotiated prices. Total Cost Index (TCI) is a measure of a primary care provider’s risk adjusted cost effectiveness at managing the population they care for. TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services. A Total Cost of Care Index when viewed together with a Resource Use measure provides a more complete picture of population based drivers of health care costs. |
| Type of Resource Use Measure: | Per capita (population- or patient-based) |
| Resource Use Service Categories: | • Inpatient services: Inpatient facility services  
• Inpatient services: Evaluation and management  
• Inpatient services: Procedures and surgeries  
• Inpatient services: Imaging and diagnostic  
• Inpatient services: Lab services  
• Inpatient services: Admissions/discharges  
• Inpatient services: Labor (hours, FTE, etc.)  
• Ambulatory services: Outpatient facility services  
• Ambulatory services: Emergency Department  
• Ambulatory services: Pharmacy  
• Ambulatory services: Evaluation and management  
• Ambulatory services: Procedures and surgeries  
• Ambulatory services: Imaging and diagnostic  
• Ambulatory services: Lab services |
**Ambulatory services: Labor (hours, FTE, etc.)**  
**Durable Medical Equipment (DME)**

<table>
<thead>
<tr>
<th>Description of Measure Clinical Logic:</th>
<th>Not applicable. This is a population-based measure that applies to all service categories, care settings and conditions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Measure:</td>
<td>Cost/Resource Use</td>
</tr>
<tr>
<td>Level of Analysis:</td>
<td>Clinician: Group/Practice, Population: Community</td>
</tr>
<tr>
<td>Care Setting:</td>
<td>Ambulatory Care: Ambulatory Surgery Center (ASC), Ambulatory Care: Clinic Office/Clinic, Ambulatory Care: Urgent Care, Behavioral Health/Psychiatric: Inpatient, Behavioral Health/Psychiatric: Outpatient, Dialysis Facility, Emergency Medical Services/Ambulance, Home Health, Hospice, Hospital/Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, Post-Acute/Long Term Care Facility: Inpatient Rehabilitation Facility, Post-Acute/Long Term Care Facility: Nursing Home/Skilled Nursing Facility</td>
</tr>
<tr>
<td>Data Source:</td>
<td>Administrative claims</td>
</tr>
</tbody>
</table>

**Recommendation**  
ACP supports NQF 0052: “Use of Imaging Studies for Low Back Pain.”

**Rationale**  
ACP supports this measure because of its' potential to prevent unnecessary screening.  
Note* Exclusions should include patients with a history of “injection” drug use, not “intravenous” drug use.

**Measure Specifications**

<table>
<thead>
<tr>
<th>NQF 0052: Use of Imaging Studies for Low Back Pain</th>
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<tbody>
<tr>
<td><strong>Status:</strong> NQF Endorsed, Last Updated Jan 29, 2013 (MU2 EHR Incentive Program)</td>
</tr>
<tr>
<td><strong>Measure Steward:</strong> National Committee for Quality Assurance</td>
</tr>
<tr>
<td><strong>Description:</strong> The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis. The measure is reported as an inverted rate [1 - \text{(numerator/eligible population)}]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</td>
</tr>
<tr>
<td><strong>Numerator Statement:</strong> Members who received an imaging study (plain x-ray, MRI, CT scan) conducted on the index episode start date or in the 28 days following the index episode start date.</td>
</tr>
</tbody>
</table>
A diagnosis code from Table LBP-A must be in conjunction with an imaging study code in Table LBP-D.

**Denominator Statement:**

All members aged 18 years at the beginning of the measurement year to 50 years by the end of the measurement year who had an outpatient or ED encounter with a principal diagnosis of low back pain during period starting at the beginning of the measurement year through 28 days prior to the end of the measurement year.

**Exclusions:**

Exclude patients with a low back pain diagnosis during the 180 days prior to the index episode start date.  
Exclude patients who have a diagnosis for which an imaging study in the presence of low back pain is clinically indicated.  
- Cancer: Exclude members who with a diagnosis of cancer. Look as far back as possible in the member’s history through 28 days after the index episode start date.  
- Recent trauma, intravenous drug abuse, neurological impairment: Exclude members who have any of these diagnoses in the 12 months prior to the index episode start date through 28 days after the index episode start date.

**Type of Measure:** Process

**Level of Analysis:** Health Plan, Integrated Delivery System

**Care Setting:** Ambulatory Care: Ambulatory Surgery Center (ASC), Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Outpatient Rehabilitation

**Data Source:** Administrative claims, Paper Medical Records

**Financial Statement:** Financial support for the Performance Measurement Committee comes exclusively from the ACP operating budget.

**Conflicts of Interest:** Any financial and nonfinancial conflicts of interest of the group members were declared, discussed, and resolved. A record of conflicts of interest is kept for each PMC meeting and conference call and can be viewed at: [http://www.acponline.org/running_practice/performance_measurement PMC](http://www.acponline.org/running_practice/performance_measurement/PMC) conflicts PMC.html

APPROVED BY THE ACP BOARD OF REGENTS ON:  
November 7, 2015

**Members of the PMC:**

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