

## ICSI Basket of Care Measurement Responses

<b>Organization Name:</b>	Minnesota Hospital Association	<b>Date:</b>	Sept. 7, 2009
<b>Name of person submitting:</b>	Matt Anderson		
<b>Basket Topic:</b>	Low Back Pain		

### Responses:

#### General Comments:

Because of the short timeframe for submitting responses, especially given the Labor Day holiday, the Minnesota Hospital Association will continue to submit responses we receive from our members after the Sept. 7 deadline.

Generally, the Minnesota Hospital Association supports the work group's recommendations that rely on national standards endorsed by NQF and/or NCQA. Aligning Minnesota's quality measures with those adopted nationally will make information more reliable, comparable and valuable for our patients, and more useful for providers seeking to improve relative to their peers around the country. Also, using national standards decreases the reporting burden and costs for providers, thereby allowing them to spend more time and resources on patient care.

#### 1. Clinical Outcome Measures:

None

#### Comments:

#### 2. Process Measures: When clinical outcomes measures do not cover key components of the basket

##### Use of imaging studies:

Percentage of patients with a diagnosis of low back pain for which the provider ordered a cross sectional imaging study (MRI, CT scan) during the six weeks after pain onset, in the absence of red flags.

This is an overuse measure, lower performance is better. (Modified NQF endorsed measure)

**Comments:** Red flags that warrant cross sectional imaging need to be defined and available for review and comment prior to use of this measure.

**3. Education/Coaching/Counseling Measures: Documentation of education, coaching, counseling related to pertinent aspects of basket:**

**Advice for normal activities:**

Percentage of patients with medical record documentation during the initial visit that a provider advised them to maintain or resume normal activities. (NCQA, NQF endorsed)

**Comments:** MHA supports this measure.

**4. Functional Status Measures:**

Mean change in Oswestry. LBP score is \_\_\_\_\_ initial visit to 6 weeks post initial visit.

**Comments:** This measure needs to be defined or standardized to allow for provider-to-provider comparisons. In addition, it seems that the measure would need to be risk adjusted to account for varying degrees of mobility at the time the patient seeks care. At this time, however, MHA is unaware of a sufficient risk adjustment tool for such a measure and, therefore, questions whether including this measure will provide reliable information for public reporting.

## 5. Patient Experience Measures- CG- CAHPS

No measure recommended

### **Comments:**

## 6. Economic Measures:

Total cost of care in the first six weeks of treatment

**Comments:** This measure needs to be further defined. If the basket price is set by the provider and is non-negotiable, the total cost of care for the first six weeks should be equal to the price of the basket of care. If this measure is intended to calculate whether additional costs were incurred by the patient, such as prescription or over-the-counter medications, treatment or services outside of the basket, then the measure raises concerns about the pricing of baskets of care. Measuring providers' "quality" by the costs of products or services outside the scope of the basket undermines the notion of consumer comparability of the price of different providers' baskets of care.

Instead, MHA suggests that comparisons of cost of care remain at the level of providers' pricing rather than some other analysis that results in cost amounts that might differ from the providers' listed prices.