

Core Working Groups

In order to model evidence based case rates (ECRs) in a way that will be credible, realistic, and accurately reflect the clinical delivery of care, PROMETHEUS will need to draw on the talents and inputs of others in the field. The core working groups will consist of no more than ten individuals, which will include medical professionals, health care researchers and data modeling experts.

Tasks: The Working Groups goal is to deliver one or more fully constructed ECRs. Specifically, the Group will:

- select clinical practice guidelines for the applicable conditions
- determine the natural boundaries of the ECR – when it is triggered, when it ends, when it should be broken, etc.
- provide a rigorous estimate of the base of the ECR: the total units of service (e.g. office visits, diagnostic imaging, surgery, rehabilitation services, pharmacy, etc.) and the type of provider responsible for delivering those services (e.g. principal physician, consultant, pharmacy, hospital, home health agency, etc.)
- establish a reasonable set of performance measures that should be used to evaluate the clinical performance of providers delivering the services included in the ECR
- participate in and supervise the data modeling of the ECR to determine the extent to which the results of said modeling have face validity, and create estimates for the normal variation of services that should be added to the base

Scope of Engagement: Individuals working on the Core Working Group would be expected to have six months of intense interaction before the end of 2006, most of it by e-mail and telephone conferences although we would expect there to be two in-person meetings. Thereafter, once the ECRs are modeled, we would expect the Core Working Group to continue to advise for refinements, updates, and changes in the ECRs. An integral part of its function would be for the Working Group to interface with the Medical Advisory Board that is tied to the particular conditions or procedures around which the Group will create ECRs.

Core Working Group Characteristics: Ideally, the Group will include members who have experience in working with guidelines, who are practicing clinicians in the field, who have access to a database of information, and who can work well in a team environment. The Working Groups will be oriented around specific conditions to be modeled and will reflect a mix of professionals whose clinical expertise is relevant to those conditions. For example, the Working Group focusing on interventional cardiology ECRs should include cardiologists, electrophysiologists, EPs, and hospitalists; the orthopedic ECRs would include orthopedists, hospitals, and rehab providers. The Group addressing chronic conditions like diabetes would include cardiologists, internists, endocrinologists, and pulmonologists.