NATIONAL QUALITY FORUM

A Core Set of Rural-Relevant Measures and Measuring and Improving Access to Care

2018 Recommendations from the
MAP Rural Health Workgroup

September 11, 2018

Overview of Presentation

- Background: Previous NQF work on rural health
- MAP Rural Health Workgroup
  - *Roster, key activities, process, and timeline*
- Recommendations of the Workgroup
  - *Core set of measures, gaps in measurement, access to care*
- Feedback from the public, NQF members, and the MAP Coordinating Committee
- Next steps for the NQF and the Workgroup
- Discussion

Background: NQF's 2015 Rural Health Project
Key Issues Regarding Measurement of Rural Providers

- Geographic isolation
  - *Limited provider availability*
  - *Limited IT capabilities*
  - *Transportation difficulties*
- Small practice size
  - *Limited time, staff, and/or finances for QI*
  - *Multiple and disparate staff responsibilities across facilities*
- Heterogeneity
  - *Heterogeneity in settings and patient population*
  - *Implications for adjustment, reliability, and use of measures*
- Low case-volume
  - *Insufficient volume to achieve reliable and valid measurement*
  - *Limited set of available healthcare services may limit applicability of measures*

Background: NQF's 2015 Rural Health Project
Overarching Recommendation

- Make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers, but allow a phased approach for full participation across program types and explicitly address low case-volume

Background: NQF's 2015 Rural Health Project
Supporting Recommendations for Measure Selection

- Use guiding principles for selecting quality measures that are relevant for rural providers
- Use a core set of measures, along with a menu of optional measures, for rural providers
- Create a Measure Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures

MAP Rural Health Workgroup Roster

Workgroup Co-Chairs: Aaron Garman, MD, and Ira Moscovice, PhD

Organizational Member (Voting)	Organizational Representatives
Alliant Health Solutions	Kimberly Rask, MD, PhD, FACP
American Academy of Family Physicians	David Schmitz, MD, FAAFP
American Academy of Physician Assistants	Daniel Coll, MHS, PA-C, DFAAPA
American College of Emergency Physicians	Steve Jameson, MD
American Hospital Association	Stephen Tahta, MD
Geisinger Health	Karen Murphy, PhD, RN
Health Care Service Corporation	Shelley Carter, RN, MPH, MCRP
Intermountain Healthcare	Mark Greenwood, MD
Michigan Center for Rural Health	Crystal Barter, MS
MN Community Measurement	Julie Sonier, MPA
National Association of Rural Health Clinics	Bill Finerfrock
National Center for Frontier Communities	Susan Wilger, MPA
National Council for Behavioral Health	Sharon Raggio, LPC, LMFT, MBA
National Rural Health Association	Brock Slabach, MPH, FACHE
National Rural Letter Carriers' Association	Cameron Deml
RUPRI Center for Rural Health Policy Analysis	Keith Meuller, PhD
Rural Wisconsin Health Cooperative	Tim Size, MBA
Truven Health Analytics LLC/IBM Watson Health Company	Cheryl Powell, MPP

MAP Rural Health Workgroup Roster

Individual Subject Matter Experts (Voting)
John Gale, MS
Curtis Lowery, MD
Melinda Murphy, RN, MS
Ana Verzone, FNP, CNM
Holly Wolff, MHA

Federal Liaisons (Non-Voting)	
Center for Medicare and Medicaid Innovation, CMS	Susan Anthony, DrPH
Federal Office of Rural Health Policy, DHHS/HRSA	Craig Caplan
Indian Health Service	Juliana Sadovich, PhD, RN

MAP Rural Health Workgroup
Key Activities for 2017-2018

- Identify a core set of the best available rural-relevant measures
- Identify gaps in measurement and provide recommendations on alignment and coordination of measurement efforts
- Make recommendations regarding measuring and improving access to care for the rural population

MAP Rural Health Workgroup
Process and Timeline

- Five webinars to identify core set of measures
- Two webinars to discuss access to care
- Two draft reports, the 2nd released for 30-day public and NQF member comment
  - *14 comments received from 8 organizations*
- Updated environmental scan of measures
- Identified initial measure selection criteria
- Quantitative exercise to tag/weight measures to narrow number of potential measures for core set
- Consensus-building discussions to finalize core set and consider access to care

MAP Rural Health Workgroup Recommendations

Rural Health Core Set

- 20 measures in the core set
  - *9 measures for the hospital setting (facility level of analysis)*
  - *11 measures for ambulatory setting (clinician level of analysis)*
- 7 additional measures for ambulatory setting, but currently endorsed for health plan/integrated delivery system levels of analysis
- Apply to majority of rural patients and providers
  - *NQF-endorsed*
  - *Cross-cutting*
  - *Resistant to low case-volume*
- Includes process and outcome measures
- Includes measures based on patient report
- Majority used in federal quality programs

Rural Health Core Set
Hospital Setting

NQF #	Measure Name
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
0166	HCAHPS (includes 11 performance measures)
0202	Falls with injury
0291	Emergency Transfer Communication Measure
0371	Venous Thromboembolism Prophylaxis
0471	PC-02 Cesarean Birth
1661	SUB-1 Alcohol Use Screening
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

Rural Health Core Set
Ambulatory Care Setting

NQF #	Measure Name
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
0041	Preventive Care and Screening: Influenza Immunization
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
0097	Medication Reconciliation Post-Discharge
0326	Advance Care Plan
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

Rural Health Core Set
Ambulatory Care Setting

NQF #	Measure Name
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
0711	Depression Remission at Six Months
0729	Optimal Diabetes Care
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Additional Measures

Ambulatory Care Setting, Health Plan/Integrated Delivery System Level of Analysis (not clinician level)

NQF #	Measure Name
0018	Controlling High Blood Pressure
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
0032	Cervical Cancer Screening (CCS)
0034	Colorectal Cancer Screening (COL)
0038	Childhood Immunization Status (CIS)
2372	Breast Cancer Screening
2903	Contraceptive Care – Most & Moderately Effective Methods

Public and Member Feedback on the Core Set

Generally positive feedback

- Agreement with selection criteria focusing on cross-cutting measures, those resistant to low case-volume, and transitions of care measures
- Desire for specifics about how the Core Set would be used
- Concern about limiting to NQF-endorsed measures
- One recommendation to include #1789 Hospital-Wide All-Cause Unplanned Readmission Measure
- Recommendations to remove (or consider removing) 8 measures
  - *All but one were hospital measures*
  - *Rationale for removal includes concerns related to low case-volume/lack of services and risk-adjustment concerns*

MAP Coordinating Committee Feedback on the Core Set

- Emphasized the importance of ensuring the appropriateness of program design and incentives before implementing the measures for P4P
- Measures #0138 and #1717 (CAUTI and CDI): Balance data collection burden
- Measure #0166 (HCAHPS measures): Need for improved data collection methodologies to increase responses
- Measure #0711 (Depression remission): Is remission too high a bar?
- Potentially, opioid use measures could be added to the core set in the future

2017-2018 MAP Rural Health Workgroup
Measurement Gaps

- Access to care
- Transitions in care
- Cost
- Substance use measures, particularly those focused on alcohol and opioids
- Outcome measures (particularly patient-reported outcomes)

Considering Access to Care from a Rural Perspective

- Identified facets of access that are particularly relevant to rural residents
- Documented key challenges to access-to-care measurement from the rural perspective
- Identified ways to address those challenges

- Some key aspects of discussion
  - *Access and quality difficult to de-link*
  - *Both clinician-level and higher-level accountability needed*
  - *Distance to care and transportation issues are vital issues*
  - *Telehealth can address several of the barriers to access, but there are still limitations to its use*

Considering Access to Care from a Rural Perspective

- **Availability**
  - *Specialty care, appointment availability, timeliness*
  - *Address via: workforce policy; team-based care and practicing to top of license; telehealth; improving referral relationships; partnering with supporting services*
- **Accessibility**
  - *Transportation, health information, health literacy, language interpretation, physical spaces*
  - *Address via: tele-access to interpreters; community partnerships; remote technology; clinician-patient communication*
- **Affordability**
  - *Out-of-pocket costs; delayed care due to out-of-pocket costs*
  - *Address via: appropriate risk-adjustment; policy/insurance expansion; protecting the safety net; monitoring patient balance after insurance*

Public and Member Feedback on Access to Care Discussion

In general, supportive of the Workgroup's recommendations

- Encouraged the development of access to care measures
- Noted utility of telehealth for improving access to care
- Liked approach of suggesting potential solutions/ways to address challenges
- Appreciated acknowledgement of provider ability to affect an outcome for access to care even if they are not held accountable
- The domains align with priorities of other agencies

MAP Coordinating Committee Feedback on Access to Care

- Applauded the focus on access to care
- Recommended that access to behavioral health care also be addressed

A Final Recommendation from the MAP Rural Health Workgroup

- CMS should continue to fund the MAP Rural Health Workgroup
  - *View the current core set as a "starter set"*
  - *Would like the opportunity to refine the core set over time*
    - » New measures continually being developed
    - » Measures often are modified
    - » Need to monitor for unintended consequences
  - *Would like opportunity to provide a rural perspective on other topics going forward*

Next Steps

- Likely, continued funding for the Workgroup
- NQF has organized a Capitol Hill Briefing on the report
  - *September 18th at 3pm*
- Other efforts to publicize report
  - *NQF press release*
  - *Main story on NQF's website*
  - *NQF-led op-ed and/or trade articles*
  - *Other social media outreach by NQF*
  - *Asking others to disseminate in their newsletters, list-serves, etc.*

Discussion