



MAP Rural Health Workgroup 2017-2018

BACKGROUND

More than 59 million Americans—approximately 19 percent of the U.S. population— live in rural areas.ⁱ Statistics indicate that rural residents may be more disadvantaged overall than those in urban or suburban areas, particularly with respect to sociodemographic factors, health status and behaviors, and access to the healthcare delivery system. For example, rural Americans are more likely than others to be older, have chronic health conditions, engage in poorer health behaviors such as smoking, and have higher rates of social disadvantages such as low income, high unemployment, and lower educational attainment.^{ii iii}

Rural healthcare providers, in turn, face many challenges in reporting quality measurement data and implementing care improvement efforts to address the needs of their populations. Often, rural providers serve a relatively low number of patients in their catchment areas. This affects the reliability, validity, and utility of performance metrics that might otherwise be available to them for measuring their performance in care provision. Moreover, because many rural hospitals, clinician practices, and post-acute care and long term care facilities are small, providers often have limited time, staff, and infrastructure for quality improvement activities, including data collection, management, monitoring, analysis, reporting (including the availability and use of interoperable electronic health records), and long-term efforts in quality improvement.

Importantly, a key recommendation from NQF's previous HHS-funded rural health project was the creation of a Rural Health workgroup under the Measure Applications Partnership (MAP) to advise CMS on the selection of rural-relevant measures. Since 2011, the National Quality Forum (NQF) has convened MAP to provide multistakeholder input on the selection of quality measures for use in certain federal value-based purchasing and quality reporting programs. However, additional input is needed, from those most affected and those who are most knowledgeable about the challenges and solutions, to ensure the perspectives of rural residents and providers are adequately represented on MAP. Establishing a [MAP Rural Health Workgroup](#) will address these needs and provide a forum to offer recommendations to HHS regarding measures most applicable for rural America.

WORKGROUP STRUCTURE AND CHARGE

As part of this project, NQF will convene of Workgroup of no more than 25 members with expertise in the areas of rural health, program implementation, and quality measurement. The Workgroup will help to:

- develop a set of criteria for selecting measures and measure concepts;

- identify a core set(s) of the best available (i.e., “rural relevant”) measures to address the needs of the rural population (i.e., measures that potentially are applicable to CMS’s hospital inpatient and outpatient quality reporting programs and its clinician-focused quality reporting programs);
- identify rural-relevant gaps in measurement,
- provide recommendations regarding alignment and coordination of measurements efforts across programs, care settings, specialties, and sectors (both public and private); and
- address a measurement topic relevant to vulnerable individuals in rural areas.

Participation on the Workgroup is expected to require a significant time commitment. Organizations and individuals seeking to participate should be available for all currently scheduled meetings. If changes in dates and time of calls are necessary, new dates will be set based on the availability of the majority of the members.

Table of scheduled meeting dates:

Meeting	Date/Time
Webinar #1: Workgroup Orientation and Q&A; Measure selection criteria; feedback on relevant measurement topic area	November 29, 2017 1:00-3:00PM ET
Webinar #2: Finalize measure selection criteria; review and discuss environmental scan of measures; develop draft core sets; input on relevant measurement topic area	December 13, 2017 1:00-3:00 PM ET
Webinar #3: Finalize selection criteria, revise draft preliminary core sets; finalize draft prioritized measurement gap list	January 25, 2018 1:00 PM-3:00 PM ET
Webinar #4: Review Draft Report # 1, provide feedback, finalize draft core sets and prioritized measure gaps list	February 14, 2018 1:00-3:00 PM ET
Webinar #5: Discuss relevant measurement topic and provide initial recommendations	March 28, 2018 1:00-3:00 PM ET
Webinar #6: Finalize recommendations for relevant measurement topic	April 25, 2018 1:00-3:00 PM ET
Webinar #7: Post-Comment Call - Draft Report # 2; finalize core sets, gap list, and recommendations	July 19, 2018 1:00-3:00 PM ET
Webinar #8: Coordinating Committee webinar to approve	Mid-August 2018 (TBD)

Meeting	Date/Time
final recommendations (not mandatory for Workgroup members)	

PREFERRED EXPERTISE & COMPOSITION

The composition of this Workgroup will reflect the diversity of rural providers, including those from Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), rural Community Health Centers (CHCs), post-acute care, long-term care, as well as small Prospective Payment System (PPS) hospitals and clinician practices. Membership of the Workgroup also will include representatives from across the health care delivery system (e.g., academia, measure developers, health plans, purchasers, employers, consumers, patient advocacy groups, etc.).

Organizations selected for the Workgroup should represent leading stakeholder groups affected by rural health quality measurement issues. They should have structures and processes for setting policy and communicating with their constituencies as well as contribute to a balance of stakeholder interests. The majority of MAP members should be organizations.

Individual subject matter experts should demonstrate expertise in a relevant field, such as quality measurement, public reporting, or performance-based payment. An individual subject matter expert member does not—and should not—represent the interests of a specific group. Individual subject matter expert members are expected to be neutral experts, and will be subject to a high level of scrutiny for potential conflicts of interest.

Please review the NQF [Conflict of Interest Policy](#) to learn about how NQF identifies potential conflicts of interest. All potential Workgroup Members must disclose any current and past activities relevant to this work prior to and during the nomination process in order to be considered.

CONSIDERATION & SUBSTITUTION

Priority will be given to NQF Members and those nominated by NQF members when nominee expertise is comparable. Individual subject matter experts selected will not be allowed to send substitutes to webinars. Organizational representatives may send a substitute with advance notice. If an organizational representative is repeatedly absent, the chair may ask the organization to designate a different representative.

APPLICATION REQUIREMENTS

Nominations are sought for organizations and individual subject matter experts. Nominations for individual subject matter experts may be self-nominations or may be nominations submitted by a third party. Nominations for organizational members may be submitted by an individual associated with that organization. If selected as an organizational member, the organization's leadership will then designate a person to serve as their representative.

To nominate an individual to the Workgroup, please **submit** the following information:

Nomination materials should be submitted via the [NQF Committee Nominations](#) webpage. To nominate an organization, an executive of that organization should submit the following information:

- Completed nomination form via [NQF Committee Nominations](#) (select **Nominate an Organization**)

To nominate an individual subject matter expert, nominators or self-nominators should submit:

- Completed nomination form via [NQF Committee Nominations](#) (select **Nominate an Individual**);
- 100-word biography;
- Curriculum vitae (maximum of 20 pages); and
- Disclosure of interest form (will be forwarded to nominee via nominations@qualityforum.org upon confirmation of nomination).

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Friday, September 29, 2017**.

QUESTIONS

If you have questions about the nominations process, please contact Connie DeYoung at: nominations@qualityforum.org.

If you have questions about the MAP Rural Health Workgroup, please contact Kate Buchanan at 202-783-1300, or email maprural@qualityforum.org. Thank you for your interest.

ⁱ <https://www.census.gov/geo/reference/ua/urban-rural-2010.html>

ⁱⁱ U.S. Department of Agriculture State Fact Sheets website. Available at <https://data.ers.usda.gov/reports.aspx?ID=17854>. Last accessed June 2017.

ⁱⁱⁱ Rural Health Research Gateway website. Available at <https://www.ruralhealthresearch.org/webinars/rural-urban-chartbook>. Last assessed June 2017.