

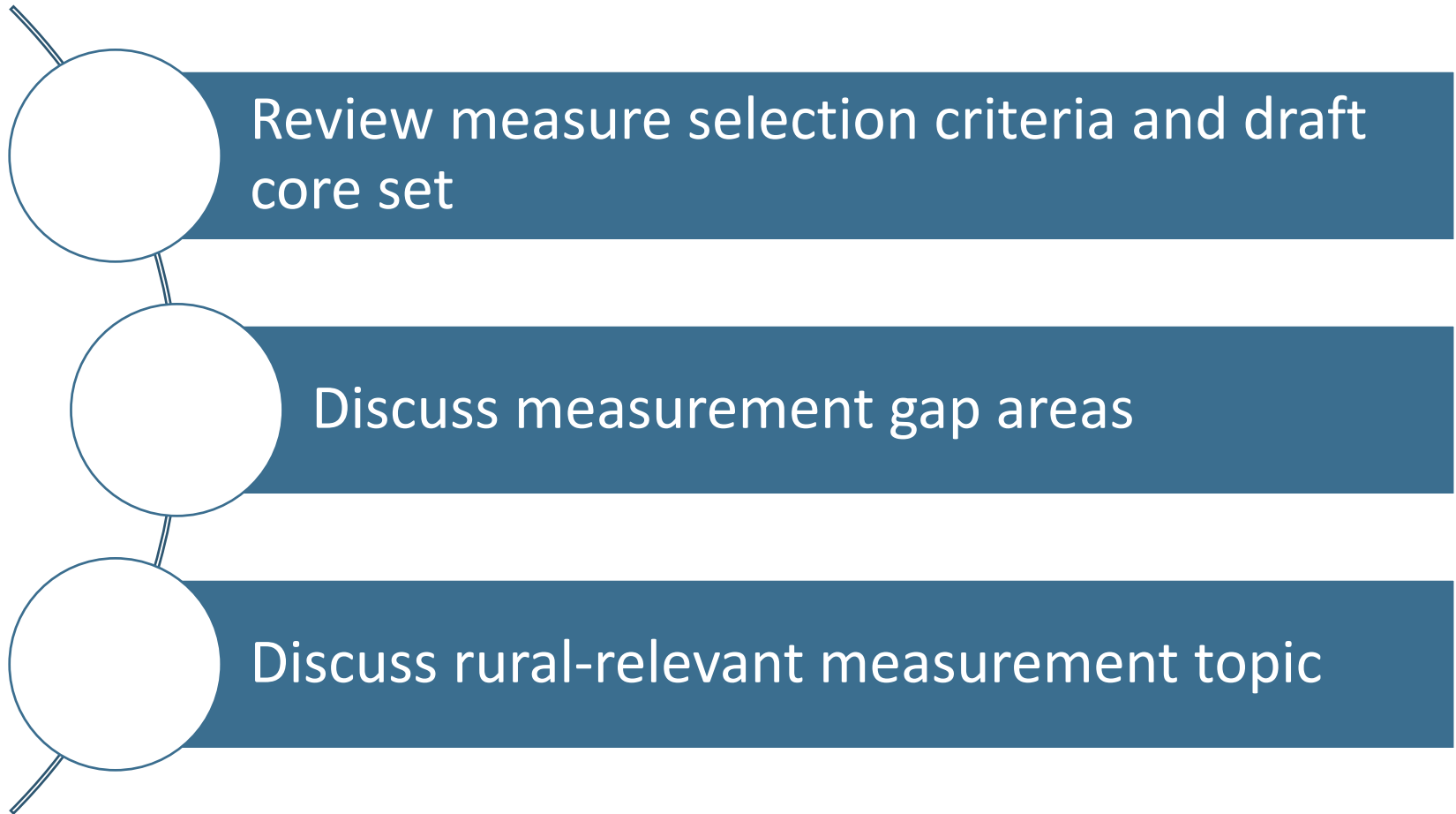


MAP Rural Health Workgroup: Webinar #3

January 25, 2017

Welcome and Review of Meeting Objectives

Agenda



Project Staff



Karen Johnson, MS

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Kate Buchanan, MPH

Madison Jung

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 PAs	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 Mueller, 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 Expert (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 & Medicaid Innovation,
Centers for Medicare & Medicaid Services

Susan Anthony DrPH

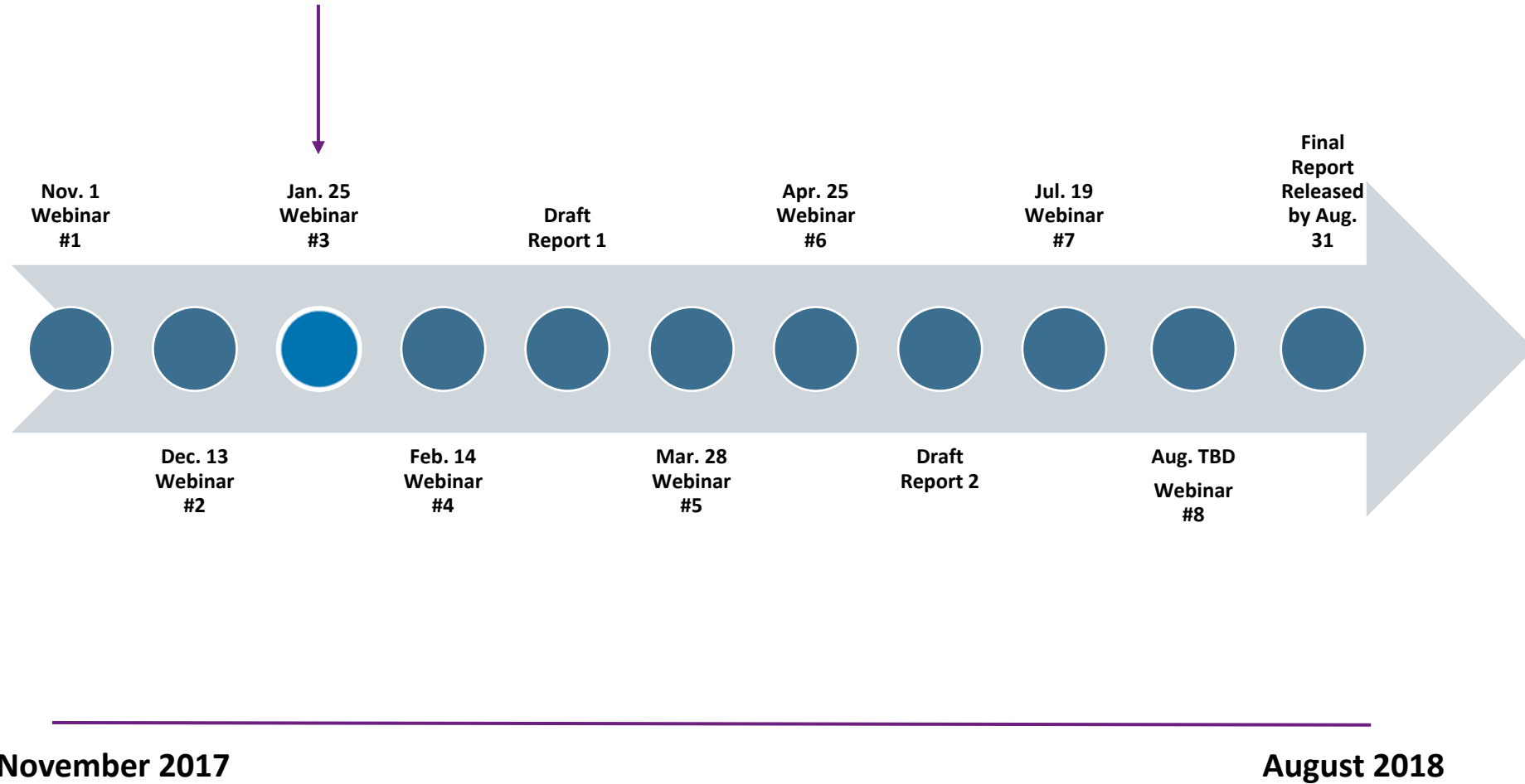
Federal Office of Rural Health Policy,
DHHS/HRSA

Craig Caplan

Indian Health Service

Juliana Sadovich PhD, RN

Project Timeline



Review of Measure Selection Criteria and Draft Core Set

What We Are Working Towards

- A core set of measures that are appropriate for the hospital inpatient setting and ambulatory care settings
 - *Ideally, no more 10-20 measures each*
 - *For hospital measures, should be applicable to most CAHs and small rural hospitals*
 - *For ambulatory care measures, should be applicable to RHCs and FQHCs, as well as other rural clinics*

Draft Selection Criteria [with examples]

■ Tier 1

- *Cross-cutting – measures that are agnostic to condition or type of procedure OR screening measures with broad populations*
 - » Tobacco use screening
 - » All-cause readmission
 - » Contraceptive Care – Most & Moderately Effective Methods
- *“Resistant to” to low-volume - measures that likely will have adequate sample size for most rural providers [key is denominator size]*
 - » Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
 - » Total Cost of Care Population-based PMPM Index
 - » Osteoporosis Testing in Older Women
- *Transitions of care - “The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.”*

■ Tier 2

- *Mental health (with special note about depression)*
 - » Screening for Depression and Follow-Up Plan
- *Substance abuse*
 - » Medical Assistance With Smoking and Tobacco Use Cessation
- *Medication reconciliation*
 - » Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient

Draft Selection Criteria [with examples]

- Tier 3
 - *Diabetes*
 - » Risk-Standardized Acute Admission Rates for Patients with Diabetes
 - *Hypertension*
 - » STK-06: Discharged on Statin Medication
 - *COPD*
 - » Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
- Tier 4
 - *Readmissions*
 - » Hospital 30-day, all-cause, risk-standardized readmission rate (RSRR) following chronic obstructive pulmonary disease (COPD) hospitalization
 - *Perinatal*
 - » PC-01 Elective Delivery
 - *Pediatrics*
 - » Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge

Scoring Method

- Rate as yes/no for 6 components (cross-cutting, low case-volume, transitions, Tier 2, Tier 3, Tier 4)
- Assign a percentage weight to the components
- Sort by score and apply cut-point (75th percentile)
- Staff recommendation, for discussion

Component	Weight
Cross-cutting	25%
Low case-volume	25%
Transitions	20%
Tier 2: Mental health, substance abuse, med rec	15%
Tier 3: Diabetes, hypertension, COPD	10%
Tier 4: Readmissions, perinatal, pediatrics	5%

“Strawman” Draft Core Set

NQF#	Measure Title	Weight
0291	EMERGENCY TRANSFER COMMUNICATION MEASURE	0.7
0228	3-Item Care Transition Measure (CTM-3)	0.7
2803	Tobacco Use and Help with Quitting Among Adolescents	0.65
1651	TOB-1 Tobacco Use Screening	0.65
1661	SUB-1 Alcohol Use Screening	0.65
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	0.65
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	0.65
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	0.65
2456	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient	0.65
0419	Documentation of Current Medications in the Medical Record	0.65
0097	Medication Reconciliation Post-Discharge	0.65
0469	PC-01 Elective Delivery	0.55
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	0.55
2903	Contraceptive Care – Most & Moderately Effective Methods	0.55
0038	Childhood Immunization Status (CIS)	0.55
2548	Child Hospital CAHPS (HCAHPS)	0.55
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child	0.55
0531	Patient Safety for Selected Indicators (modified version of PSI90)	0.5
0371	Venous Thromboembolism Prophylaxis	0.5
0041	Preventive Care and Screening: Influenza Immunization	0.5
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	0.5
0141	Patient Fall Rate	0.5

“Strawman” Draft Core Set

NQF#	Measure Title	Weight
1716	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	0.5
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	0.5
0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	0.5
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	0.5
2720	National Healthcare Safety Network (NHSN) Antimicrobial Use Measure	0.5
0496	Median Time from ED Arrival to ED Departure for Discharged ED Patients	0.5
0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients	0.5
0431	INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL	0.5
1659	Influenza Immunization	0.5
1641	Hospice and Palliative Care – Treatment Preferences	0.5
0166	HCAHPS	0.5
0101	Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls	0.5
0202	Falls with injury	0.5
0326	Advance Care Plan	0.5
0497	Admit Decision Time to ED Departure Time for Admitted Patients	0.5
1656	TOB-3 Tobacco Use Treatment Provided or Offered at Discharge and the subset measure TOB-3a Tobacco Use Treatment at Discharge	0.4
1664	SUB-3 Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol & Other Drug Use Disorder Treatment at Discharge	0.4
0439	STK-06: Discharged on Statin Medication	0.35
0018	Controlling High Blood Pressure	0.35
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	0.35
0729	Optimal Diabetes Care	0.35
0047	Asthma: Pharmacologic Therapy for Persistent Asthma	0.05

Discussion of Measurement Gap Areas

Measurement Gaps Identified in the 2015 Rural Health Report

- Patient hand-offs and transitions
- Alcohol/drug treatment
- Access to care and timeliness of care
- Cost
- Population health at the geographic level
- Advance directives/end of life

Gaps in Draft Core Set

- Access to Care
- Cost
- What should be there that isn't yet?

Rural-Relevant Measurement Topic

Proposed Measurement Topics

- Access to care
- Swing bed quality
- Webinar #5 – March 28th 1-3 pm
 - *This webinar will be dedicated to discussing the selected topic and providing initial recommendations.*

Access to Care

- Begin with NQF's guidance around access measures
- Lay out how to think about measures of access relative to rural residents
 - *Consider structure, process, outcome measures*
 - *Consider who should be held accountable*
 - *Consider various ways to think about access*
 - » Availability of services
 - *Where does distance come in?*
 - *What is a reasonable distance? Does it change based on type of care?*
 - *Where does timeframe come in?*
 - *What is a reasonable timeframe? Does it change based on type of care?*
 - *Where does technology come in?*
 - *Where does cost/affordability come in?*
 - » Timeliness of services

Swing Bed Quality

- Currently the University of Minnesota is working on a project to develop measures to be used by hospitals to assess the quality of care provided to their swing-bed patients
- The MAP Rural Workgroup can build upon this work...

Public Comment

Next Steps

Next Steps

- **Webinar #4: February 14, 1:00-3:00 ET**
 - *Review Draft Report # 1 and provide feedback*
 - *Finalize draft core sets and prioritized measure gaps list*
- **Draft Report # 1: February 28, 2018**
 - *Environmental scan and gap analysis*
- **Webinar #5: March 28, 1:00-3:00 ET**
 - *Review progress on the specific measurement topic identified to-date and provide initial recommendations*
- **Webinar #6: April 25, 1:00-3:00 ET**
 - *Finalize recommendations for measurement topic*

Contact Information

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THANK YOU