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Rural Core Set Update

Web Meeting 1 – Orientation

January 25, 2022

This project is funded by the Centers for Medicare & Medicaid Services under Task Order 75FCMC19F0007 – Rural Health.

Introduction and Disclosure of Interests



Welcoming Remarks from NQF Leadership



Dana Gelb Safran, Sc.D. President & CEO National Quality Forum



Welcoming Remarks from Advisory Group Co-Chairs



Kimberly Rask, MD, PhD Alliant Health Solutions Keith Mueller, PhD RUPRI Center for Rural Health Policy Analysis



Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures relevant to the project:
 - Engagement with project sponsors (Centers for Medicare & Medicaid Services)
 - Research funding, consulting/speaking fees, honoraria
 - Ownership interest
 - Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining rural-specific health issues funded by XYZ Organization.



Rural Health Advisory Group Membership

Advisory Group Co-Chairs: Kimberly Rask, MD, PhD / Keith Mueller, PhD

Organizational Members (Voting)

- American Academy of Family Physicians
- American Academy of Physician Assistants
- American College of Emergency Physicians
- American Hospital Association
- American Society of Health-System Pharmacists
- Lifepoint Health
- Michigan Center for Rural Health

- Minnesota Community Measurement
- National Association of Rural Health Clinics
- National Rural Health Association
- National Rural Letter Carriers' Association
- Truven Health Analytics LLC/IBM Watson Health Company
- UnitedHealth Group



Rural Health Advisory Group Membership (cont.)

Individual Subject Matter Experts (Voting)

- Michael Fadden, MD
- Rev. Bruce Hanson
- Karen James, PhD, MS
- Cody Mullen, PhD
- Jessica Schumacher, PhD, MS
- Ana Verzone, MS, APRN, DNP, CNM
- Holly Wolff, MHA

Federal Government Liaisons (Nonvoting)

- Centers for Medicare & Medicaid Services (CMS)
- Health Resources & Services Administration (HRSA)
- Indian Health Service (IHS)



NQF Project Staff



Nicolette Mehas, Senior Director



Ashlan Ruth, Project Manager



Jesse Pines, Consultant



Amy Guo, Manager



Zoe Waller, Coordinator



CMS/HRSA Staff

- Gequincia Polk, Indefinite Delivery/Indefinite Quantity Contracting Officer's Representative (IDIQ COR) and Task Order Contracting Officer's Representative (TO COR), DPMS/QMVIG/CCSQ
- Helen Dollar-Maples, Director, DPMS/QMVIG/CCSQ
- Marsha Smith, Medical Officer, DPMS/QMVIG/CCSQ
- Girma Alemu, Public Health Analyst, OPAE
- Kristin Martinsen, Director, HSD/FORHP
- Megan Meacham, Director, Rural Strategic Initiatives Division, FORHP
- Colleen Morris, Program Coordinator, OAT/FORHP

Meeting Objectives



Web Meeting 1 Objectives

- Orient the MAP Rural Health Advisory Group to new work over the coming months
- Provide an overview of the approach and results of the MAP Rural Health Advisory Group's original work to identify a core set of rural-relevant measures in 2017-2018
- Discuss approach for identifying measures for the updated core set as part of the environmental scan
- Discuss approach for identifying emerging issues in rural health to inform the environmental scan

Project Context and Background



Background

- Rural health is a national priority
 - Estimated U.S. rural population is 63 million people, or 19% of population¹
- Rural populations face unique health challenges related to individual factors, social determinants of health (SDOH), and the healthcare delivery system
 - Higher rate of risk factors: smoking, high blood pressure, obesity, environmental hazards, poverty²
 - Geographic isolation and transportation issues affect access to care²
 - Limited time, staff, and infrastructure
 - Quality measurement affected by factors such as low case-volume
- Performance measurement in rural areas can help inform understanding of challenges and drive quality improvement efforts
- 1. U.S. Census Bureau, American Community Survey 2019 1-Year Estimate.
- 2. Centers for Disease Control (CDC), 2017.



Previous Work

- In addition to the MAP Rural Health Advisory Group's input as part of the pre-rulemaking process, this group has historically provided input on additional projects related to rural measurement challenges.
- Previous efforts where the Advisory Group has provided input:
 - 2014-2015: Initial work recommending performance measurement for rural low-volume providers
 - 2017-2018: Identifying a core set of best available rural-relevant measures to address the needs of the rural population
 - 2019-2020: Identifying and prioritizing rural-relevant measures that can be used for testing statistical approaches to address low case-volume



2018 Recommendations from the MAP Rural Health Workgroup



- Report: <u>A Core Set of Rural-Relevant Measures and</u> <u>Measuring and Improving Access to Care: 2018</u> <u>Recommendations from the MAP Rural Health Workgroup</u>
- Goal: Identify a rural-relevant core set of performance measures that are suitable for rural provider participation in public reporting, performance-based payment, and other programs
- Group identified a total of 20 measures for the core set
 – nine
 measures in the hospital setting, eleven measures in the
 ambulatory care setting
- Group also identified 7 additional measures that address critical elements of ambulatory care in rural settings, but did not recommend for core set due to level of analysis



2018 Rural Core Set – Hospital Setting

NQF #	Measure Title
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
0166	HCAHPS [Note: includes 11 performance measures under this NQF number]
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)



2018 Rural Core Set – Ambulatory Setting

NQF #	Measure Title	
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child [NOTE: Includes 4 Adult and 6 Child measures under this NQF number]	
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	
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 Setting

NQF #	Measure Title	
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	

Project Overview



Project Purpose

- The purpose of this project is to update the core set of rural-relevant core measures originally created by the MAP Rural Health Advisory Group in 2017-2018, so that the included measures remain relevant to the most important issues that rural areas face today.
- After completing our work, key stakeholders will be able to identify the best rural-relevant measures available for use; encourage development of new measures in priority gap areas; and promote measure alignment in public and private programs for rural providers.



Key Milestones



Committee Web Meetings

NQF will convene four web meetings



Environmental Scan

 NQF will conduct an environmental scan to identify updates and potential additions to the rural-relevant core set originally created by the MAP Rural Health Advisory Group in 2017-2018

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Recommendations Report

 NQF will develop a report that describes updates to the core set, the extent to which the updated core set reflects important issues in rural areas, gap areas for measure development, and relative priority of measures in the set



Committee Web Meetings

- Advisory Group members will participate in a series of four total web meetings related to the rural core set update in 2022
- Input will inform the Environmental Scan and Recommendations Report drafted by NQF

Meeting	Date
Web Meeting 1 – Orientation	January 25, 2022
Web Meeting 2 – Update on Environmental Scan	March 1, 2022
Web Meeting 3 – Environmental Scan Feedback, Begin Discussion on Recommendations Report	April 26, 2022
Web Meeting 4 – Recommendations Report Feedback	July 14, 2022



Environmental Scan

• NQF will conduct an environmental scan to identify potential changes to the rural core set:

- Identify any changes to the current measures in the core set (e.g., changes in endorsement), and their effect on low case-volume challenges
- Identify any newly available measures in topic areas previously identified as rural-relevant
- Identify emerging areas of concern for rural health (e.g., infectious disease) and related measures in these topic areas





Recommendations Report

- NQF will develop a Final Report summarizing updates to the rural core set, including the following elements:
 - Description of new topics covered in the core set
 - Discussion of the extent to which updated core set reflects important issues in rural areas
 - Gap areas for future measure development
 - Relative priority of measures and topics in the core set
 - Full specifications of measures in the core set



Environmental Scan Methodology



2018 Rural Core Set Methodology





2018 Rural Core Set Methodology (cont.)

Required Characteristics

- NQF endorsed
 - Rigorous and transparent evaluation by multiple stakeholder types
 - Many federal programs mandated to use NQFendorsed measures if available
 - Wide use in the private sector
- Cross-cutting
 - Address a heterogeneous population
 - Less susceptible to low case-volume
- Resistant to low case-volume
- Address quality and coordination of transitions in care

Desired Characteristics

- Address particularly rural-relevant conditions, including:
 - Mental health
 - Substance abuse
 - Medication reconciliation
 - Diabetes
 - Hypertension
 - Chronic obstructive pulmonary disease (COPD)
 - Hospital admissions
 - Perinatal and pediatric conditions and services



2022 Proposed Approach: Current Core Set Measures

- NQF will review known measurement inventories for updates on the 20 measures included in the current rural core set:
 - CMS Measures Inventory Tool (CMIT)
 - NQF Quality Positioning System (QPS) and Measure Information Management System (MIMS)
 - Healthcare Effectiveness Data and Information Set (HEDIS)
- Record most up-to-date characteristics in an Excel spreadsheet and note any changes to measure specifications or any major shifts in use, as well as any potential implications for low case-volume challenges



Suggested Characteristics

- Measure ID (NQF #, CMIT #, etc.)
- Measure Name
- NQF Endorsement Status
- Relevant Topic Area/Category
- Steward
- Description
- Numerator

- Denominator
- Exclusions
- Care setting
- Level of Analysis
- Measure Type
- eCQM Available
- Data Source

- Risk Adjustment/Stratification
- Use in Federal Programs
- Notes on Major Changes Since 2017

Are there additional characteristics that would be helpful in prioritizing the most important measures to include in the core set?

Should criteria from 2018 scan still apply? (NQF-endorsed measures, hospital and ambulatory care settings, and hospital, clinician, or integrated delivery system level of analysis only)



2022 Proposed Approach: New Rural-Relevant Measures

- NQF will review measures endorsed since 2017 in topic areas that the MAP Rural Health Advisory Group agreed were rural-relevant in 2020 work, and will record information in Excel
- Cross-cutting measures
- Behavioral/Mental Health
- Substance Abuse
- Medication Management
- Healthcare-Associated Infections
- Diabetes
- Hypertension

- Chronic Obstructive Pulmonary Disease
- Readmissions
- Perinatal
- Pediatrics
- Advance Directives/End Of Life
- Patient Hand-Offs And Transitions

Access To Care

- Patient Experiences Of Care
- Vaccinations/Immunizations
 Emergency Department Use

Surgical Care

Asthma

Obesity

- Cancer Screenings
- Pneumonia
- Heart Failure
- Acute Myocardial Infarction
- Stroke
- Venous Thromboembolism
- Do these topic areas and conditions remain rural-relevant?



2022 Proposed Approach: Emerging Areas for Measurement

- Identify top causes of morbidity and mortality in rural areas of the U.S. and identify any topics not represented in the current list of rural-relevant topics
- Identify emerging topic areas of importance for measurement in rural areas (e.g., measurement around infectious diseases such as STIs or COVID-19, or measurement related to telehealth access).
- Use previously listed measurement inventories to identify measures that address these topic areas, and record information on these measures in Excel
- Potential sources of information: public health statistics (e.g., CDC National Center for Health Statistics, AHRQ Chartbook on Rural Healthcare) and related research initiatives (e.g., Rural Healthy People 2020 initiative)

Are there emerging topic areas of importance that should be represented in the updated core set?

What additional sources of information should be referenced to identify emerging areas for measurement in rural areas?

Public Comment

Next Steps



Next Steps (cont.)

- NQF staff will incorporate feedback from today's discussion in the approach for the environmental scan.
- Next meeting is on March 1, 2022
- Objectives:
 - Provide results of the environmental scan to date
 - Begin discussion of the current measures in the core set and their continued relevance for rural healthcare



Contact Information

- Email: <u>RuralCoreSet@qualityforum.org</u>
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- Project page:
 - <u>https://www.qualityforum.org/MAP_Rural_Health_Advisory_Group.aspx</u>

THANK YOU.

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