

# Welcome to Today's Meeting!

- Housekeeping reminders:

- ▣ The mute feature is on throughout the meeting. Please raise your hand and unmute yourself when called on
- ▣ Please lower your hand following your question/comment
- ▣ The system allows you to turn your video on/off throughout the event
- ▣ We encourage you to keep the video on throughout the event
- ▣ Feel free to use the chat feature to communicate with NQF staff

If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at

[RuralCoreSet@qualityforum.org](mailto:RuralCoreSet@qualityforum.org)



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# Rural Core Set Update

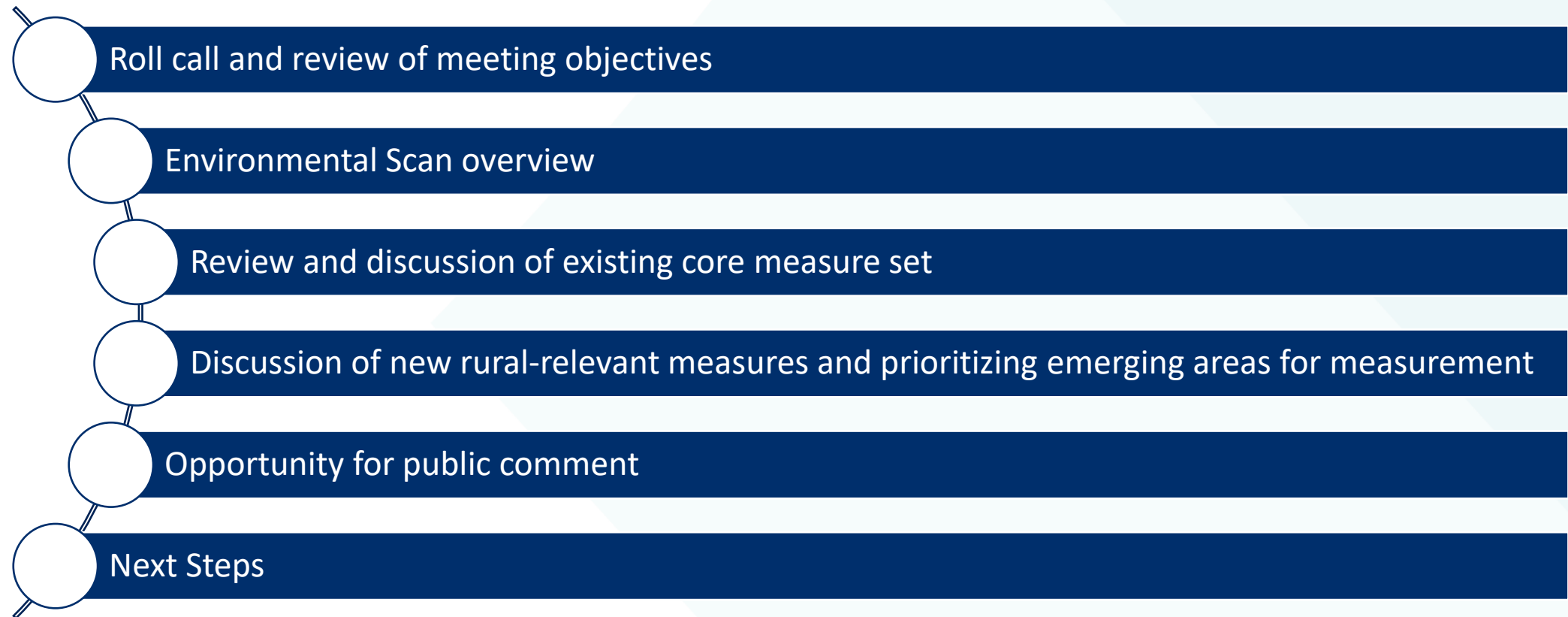
## *Web Meeting 2*

*March 1, 2022*

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

# Welcome, Review of Agenda, and Roll Call

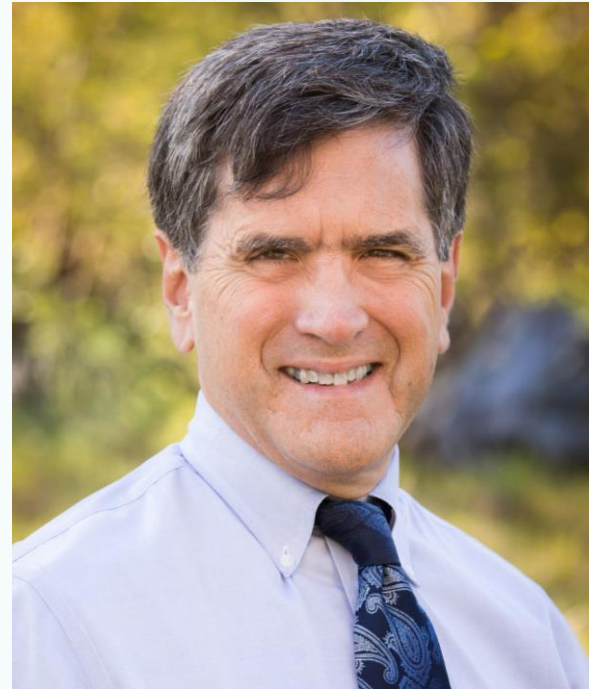
## Web Meeting 2 Agenda



## Rural Health Advisory Group Co-Chairs



Kimberly Rask, MD, PhD  
Alliant Health Solutions



Keith Mueller, PhD  
RUPRI Center for Rural Health  
Policy Analysis

## 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.)

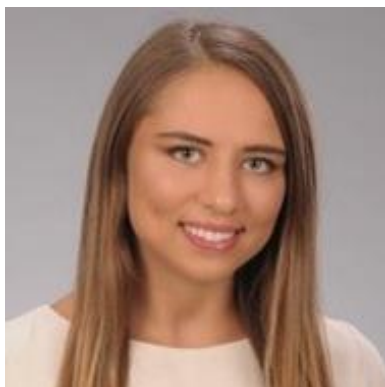
### Individual Subject Matter Experts (Voting)

- 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



**Becky  
Payne,**  
Manager



## CMS/HRSA Staff

- **Gequincia Polk**, Indefinite Delivery/Indefinite Quantity Contracting Officer's Representative (IDIQ COR) and Task Order Contracting Officer's Representative (TO COR), Division of Program and Measurement Support/CMS
- **Helen Dollar-Maples**, Director, Division of Program and Measurement Support/CMS
- **Marsha Smith**, Medical Officer, Division of Program and Measurement Support/CMS
- **Girma Alemu**, Public Health Analyst, Office of Planning, Analysis and Evaluation/HRSA
- **Kristin Martinsen**, Director, Hospital State Division/HRSA
- **Megan Meacham**, Director, Rural Strategic Initiatives Division/HRSA
- **Colleen Morris**, Program Coordinator, Office for the Advancement of Telehealth/HRSA

# Meeting Objectives

## Web Meeting 2 Objectives

- Provide results of the Environmental Scan;
- Begin discussion of the current measures in the core set and their continued relevance for rural healthcare; and
- Identify criteria to narrow down the measures being considered for addition.

### True North Statement

The purpose of this project is to update the core set of rural-relevant core measures originally created by the Rural Health Advisory Group in 2017-2018, so that the included measures remain relevant to the most important issues that rural areas face today.

The updated core set will **inform** key stakeholders about the best measures available for use in a range of rural healthcare settings; **promote** alignment in the measures used to assess rural healthcare quality; and **encourage** development of new measures in priority gap areas.

**The updated core set is not designed to make specific recommendations for measure use in current or future CMS programs.**

# Environmental Scan Overview

## Purpose of 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
- The measures identified in the environmental scan will be narrowed down and prioritized to inform updates to the rural core set

## Environmental Scan Sources

- NQF's Quality Positioning System (QPS)
- CMS Measures Inventory Tool (CMIT)
- Final reports from NQF's Consensus Development Process (CDP)
- NQF's Measure Applications Partnership Portfolio
- National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS)
- Hospital Care Compare
- Prior NQF reports, including Rural Health Advisory Group, Rural Telehealth, and Infectious Disease final reports

# Review and Discussion of Existing Core Measure Set

## Existing Core Set – Updates Overview

**10 measures  
(50%) are still  
actively used  
in federal  
programs**

**14 measures  
(70%) have  
maintained  
endorsement  
status**

### Noteworthy Updates

- **NQF #1717** National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital onset Clostridium difficile Infection (CDI) Outcome Measure
  - Significant updates to measure specifications were submitted through the 2021 MAP Cycle
- **NQF #0059** Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
  - Part of a suite of 40 HEDIS measures receiving updates and adjustments to appropriately support telehealth use during the COVID-19 pandemic



## Measures with Potential Low Case-Volume Challenges

NQF #0138 National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure

NQF #0166 HCAHPS [Note: includes 11 performance measures under this NQF number]

NQF #0371 Venous Thromboembolism Prophylaxis

NQF #0471 PC-02 Cesarean Birth

NQF #1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

NQF #1717 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital onset Clostridium difficile Infection (CDI) Outcome Measure

## List of Measures for Potential Removal

National Quality Forum ID #	Measure Title	Endorsement Status	Active In Federal Programs	Identified Potential for Low Case-Volume
0202	Falls with injury	Endorsement Removed	No	No
0291	Emergency Transfer Communication Measure	Endorsement Removed	No	No
0371	Venous Thromboembolism Prophylaxis	Endorsement Removed	No	Yes
1661	SUB-1 Alcohol Use Screening	Endorsement Removed	No	No
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Endorsement Removed*	No	No

\*NQF #0421 The measure steward opted to discontinue the endorsement process, but is still maintaining the measure

\*\*Included in the Medicare Beneficiary Quality Improvement Project (MBQIP)

## List of Measures for Potential Removal (cont.)

National Quality Forum ID #	Measure Title	Endorsement Status	Active In Federal Programs	Identified Potential for Low Case-Volume
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed	Yes	Yes
0166	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Endorsed	Yes	Yes
0471	PC-02 Cesarean Birth	Endorsed	No	Yes
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)	Endorsed	No	Yes
1717	NHSN Facility-wide Inpatient Hospital onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed	Yes	Yes

*\*\*Included in the Medicare Beneficiary Quality Improvement Project (MBQIP)*

## Survey: Existing Core Measure Set

- Advisory Group will discuss measures in more detail during Web Meeting 3. To streamline discussion, Advisory Group will poll to share initial thoughts on each of these measures.
- Please check your email for a link to a survey on SurveyMonkey; let a staff member know if you did not receive this link
- Example question: Should NQF #0202 *Falls with Injury* remain in the rural core set?
  - ▣ Yes - #0202 should stay in the rural core set
  - ▣ No - #0202 should be removed from the rural core set
  - ▣ Abstain

### True North Statement

The updated core set will **inform** key stakeholders about the best measures available for use in a range of rural healthcare settings; **promote** alignment in the measures used to assess rural healthcare quality; and **encourage** development of new measures in priority gap areas.

**The updated core set is not designed to make specific recommendations for measure use in current or future CMS programs.**

## Discussion: Existing Core Measure Set

- If less than 60% of the group agrees that a measure should stay in the rural core set, we will discuss the measure further in April
- Were the highlighted characteristics (loss of endorsement, lack of use in federal programs, and potential low case-volume challenges) adequate to identify measures for further discussion, or is additional information needed to help further narrow discussion of measures during Web Meeting #3?

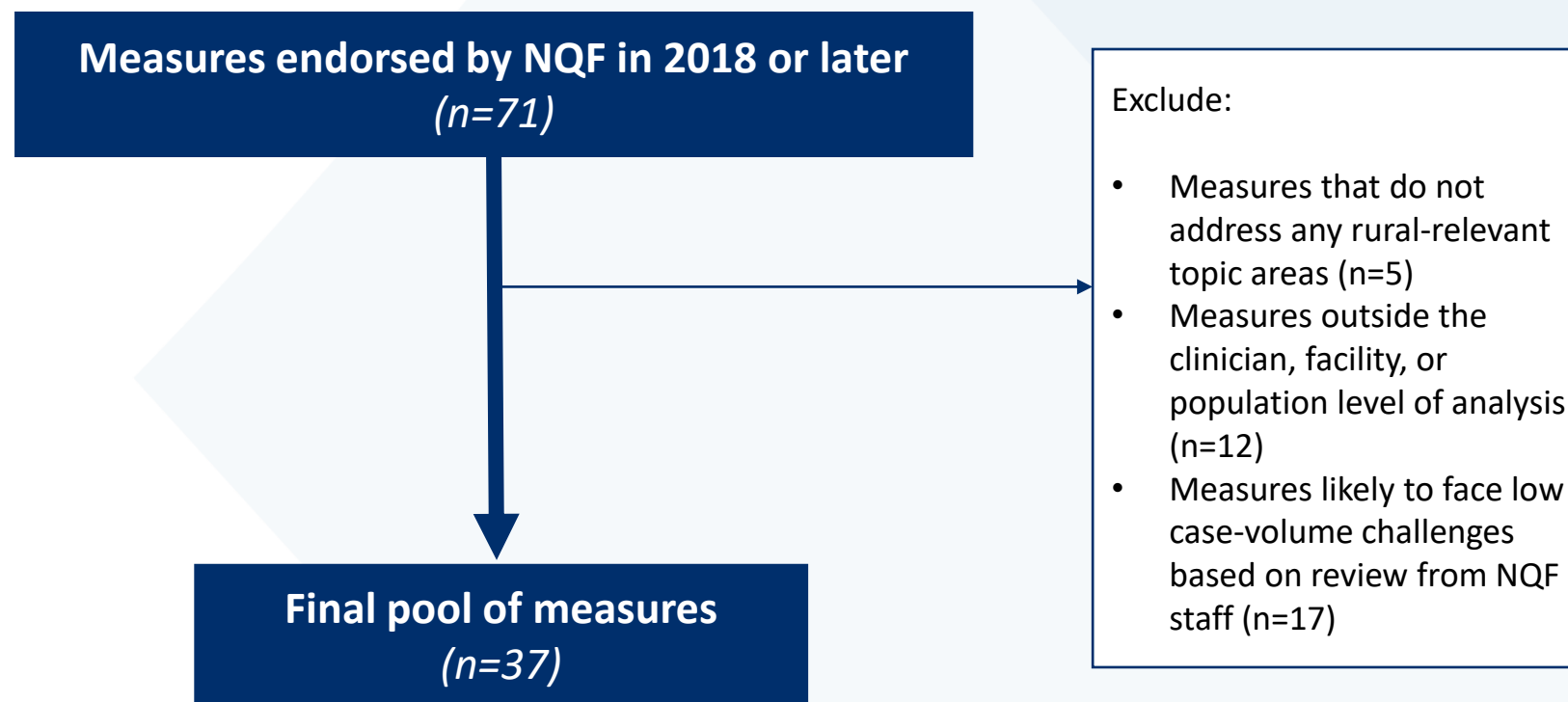
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# **Discussion of New Rural-Relevant Measures and Prioritizing Emerging Areas for Measurement**

## New Measures in Rural-Relevant Areas



## Characteristics of New Rural-Relevant Measures

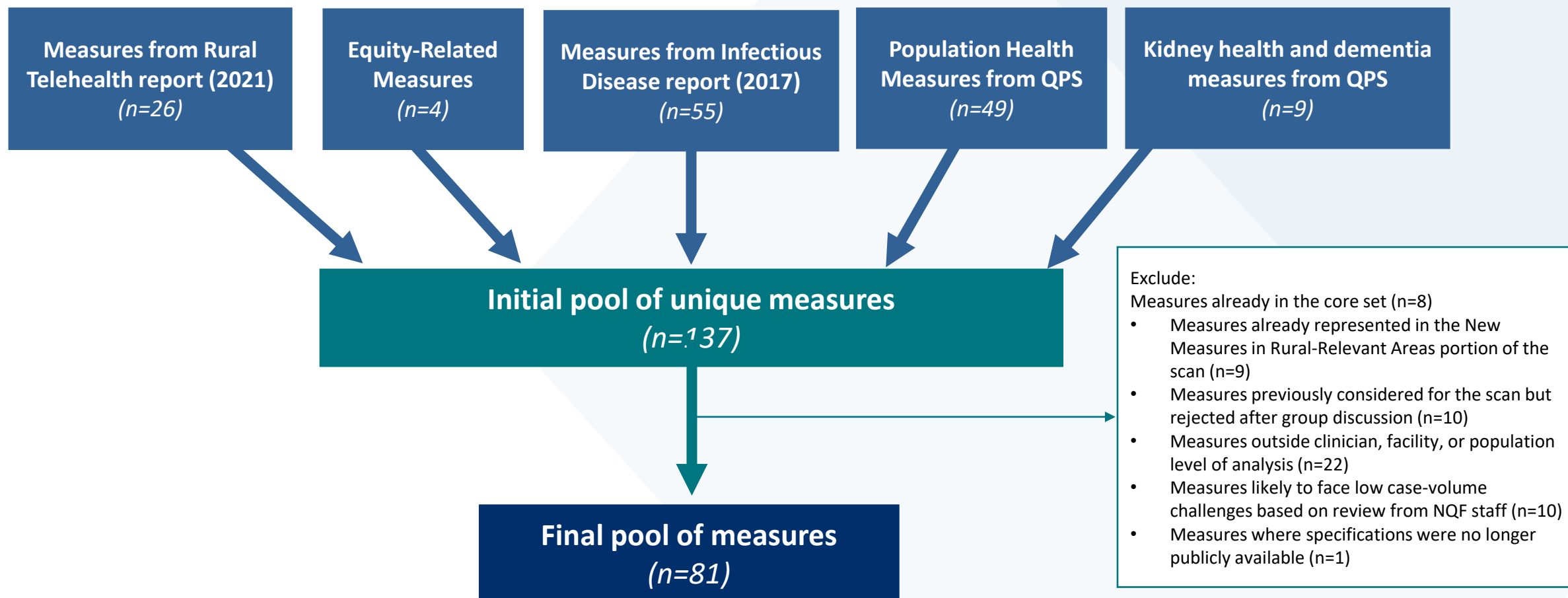
- Of the final pool of 37 measures, 20 measures (54%) were cross-cutting measures, or measures neutral with respect to condition or type of procedure or service
- Most commonly addressed conditions/topic areas and care settings are listed below

Most common conditions	Most common settings
<ul style="list-style-type: none"> <li>• Patient hand-offs and transitions (22%)</li> <li>• Patient experiences of care (22%)</li> <li>• Readmissions (16%)</li> <li>• Substance abuse (14%)</li> <li>• Medication management (14%)</li> <li>• Access to care (14%)</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient services (41%)</li> <li>• Inpatient services (32%)</li> <li>• Emergency department and services (11%)</li> <li>• Post-acute care (19%)</li> <li>• Home care (11%)</li> <li>• Other (24%)</li> </ul>

*Note: each measure may be tagged with multiple conditions and care settings, so percentages may add up to more than 100%.*



## Emerging Areas for Measurement



## Characteristics of New Measures in Emerging Areas

- Final pool of 81 measures addressed the following conditions and care settings:

All conditions	Most common care settings
<ul style="list-style-type: none"><li>Infectious disease (41%)</li><li>Population health (38%)</li><li>Measures potentially related to telehealth (10%)</li><li>Kidney health (6%)</li><li>Equity (5%)</li></ul>	<ul style="list-style-type: none"><li>Outpatient services (43%)</li><li>Inpatient services (41%)</li><li>Post-acute care and long-term care (25%)</li><li>Home care (11%)</li><li>Other care settings (38%)</li></ul>

*Note: each measure may be tagged with multiple conditions and care settings, so percentages may add up to more than 100%.*

## Method for Narrowing Measures

- 118 new measures identified for potential addition to the rural core set; need to narrow measures for further consideration and discussion
- In 2017-2018 work, NQF staff narrowed down candidate measures using tiered selection and weighting criteria to assign each measure a score, then sharing a shortlist of measures based on 75<sup>th</sup> percentile cutoff
- NQF staff proposes use of a scoring approach to narrow measures for current scan

**Tiered selection criteria and weights used to assign measure scores in 2017-2018.**

Tier	Selection criteria applied to relevant NQF-endorsed measures	Weight
Tier 1	Cross-cutting	25%
Tier 1	Resistant to the low case-volume challenge	25%
Tier 1	Transition of care	20%
Tier 2	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance abuse</li> <li>• Medication reconciliation</li> </ul>	15%
Tier 3	<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Hypertension</li> <li>• Chronic obstructive pulmonary disease (COPD)</li> </ul>	10%
Tier 4	<ul style="list-style-type: none"> <li>• Readmissions</li> <li>• Perinatal</li> <li>• Pediatrics</li> </ul>	5%

## Proposed Approach

- Identify desired characteristics and Advisory Group's relative prioritization (average: 1-5 for each) to inform a weighted scoring approach
- Identify highest priority condition areas for additions to the core set (vote: top five conditions)
- NQF staff will use voting results to create the weighted scores for each measure and identify the condition areas that will be represented in the core set updates
- Advisory Group will discuss shortlist of potential additions and removals by condition area
- Note: if a condition area is identified as high-priority, the group will still discuss and have the chance to add measures to the core set even if they do not have the "ideal measure characteristics" identified by the group. There will also be the opportunity for Advisory Group members to suggest additional consideration of measures.

## Discussion: Proposed Approach

- In addition to the following, are there any additional characteristics that should be used for the initial narrowing of the measures?
  - ▣ NQF endorsement status
  - ▣ Cross-cutting
  - ▣ Outcome or PRO-PM
  - ▣ Currently active in federal programs
- Which conditions and topic areas are the most important **additions** to the core set?

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**The updated core set is not designed to make specific recommendations for measure use in current or future CMS programs.**

## Rural-Relevant Topic Areas For Addition

The following topic areas were addressed by new measures identified during the scan:

### Clinical Care

- Alzheimer's disease/dementia
- Asthma
- Behavioral/Mental Health
- Cancer Screenings
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Emergency Services
- Heart Failure
- Hypertension
- Infectious diseases (including COVID-19)
- Kidney Care
- Pediatrics
- Pneumonia
- Substance Use
- Surgical Care

### Cross-Cutting

- Access to Care
- Equity/social determinants of health (SDOH)
- Medication Management
- Patient Experiences of Care
- Patient Hand-Offs and Transitions
- Population or community-level health
- Readmissions
- Telehealth-relevant

## Survey Instructions

- Please check your email for a link to a survey on SurveyMonkey. If you did not receive the link, please let a staff member know and we can send the link to you via meeting chat.
- When you open the survey, it will include three questions:
  - ▣ Please rank the following characteristics from 1-5, where 1 = not important to 5 = very important
    - » NQF endorsement status
    - » Cross-cutting
    - » Outcome or PRO-PM
    - » Currently active in federal programs
  - ▣ Select up to five clinical care topics that are most important to add to the rural core set.
  - ▣ Select up to three other cross-cutting topics that are most important to add to the rural core set.
- NQF staff will review responses to inform weighting of measure characteristics, as well as a shortlist of the most important topic areas for which to include new measures.

## Future Process for Discussion

- NQF will share a shortlist of measures in each condition area prior to the meeting, and will request Advisory Group input on any measures that should be reconsidered for addition
- During next meeting, Advisory Group will discuss measures within each condition area using the following questions as guidance:
  - ▣ Is the measure susceptible to low case-volume?
  - ▣ Does the measure have opportunity for improvement?
  - ▣ Is the measure risk adjusted appropriately for rural providers?
  - ▣ Does data collection burden for the measure outweigh the benefit for rural residents and providers?
  - ▣ Will this measure meaningfully affect patient outcomes?
  - ▣ Does this measure have potential unintended consequences?
  - ▣ Does this measure assess care for the appropriate entities?
  - ▣ What is the intended use of the measure (e.g., pay-for-performance, pay-for-reporting, quality improvement)?



# Public Comment

# Next Steps

## Next Steps for the Rural Health Advisory Group

- NQF staff will incorporate today's feedback into the Environmental Scan
  - ▣ If you have any additional comments or resources to share, please reach out to the team at [RuralCoreSet@qualityforum.org](mailto:RuralCoreSet@qualityforum.org)
- **Public comment** on the Environmental Scan will be open **March 22 - April 11, 2022**
- Advisory Group members will meet for **Web Meeting 3** on **April 29 from 9:00 AM to 1:00 PM ET** to address the following:
  - ▣ Review and discuss public comments on the environmental scan
  - ▣ Discuss the measures for potential addition and removal from the core set

## Contact Information

- Email: [RuralCoreSet@qualityforum.org](mailto:RuralCoreSet@qualityforum.org)
- NQF phone: 202-783-1300
- [Project Page](#)

# THANK YOU.

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## Appendix A: 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)

## Appendix B: 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

## Appendix C: 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