



MAP Rural Health Workgroup: Webinar #5

March 28, 2018

Welcome and Review of Meeting Agenda

Agenda

- Welcome and Roll Call
- Review and Discuss Measuring Access to Care
 - *Review NQF's definition and frameworks*
 - *Discuss additional concepts for consideration*
 - *Discuss measurement of access to care from the rural perspective*
- Next Steps

Project Staff



Karen Johnson, MS
Senior Director



Suzanne Theberge, MPH
Senior Project Manager



Kate Buchanan, MPH
Senior Project Manager



Madison Jung
Project Manager

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 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,
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

Measuring Access to Care

NQF's Definition of Access Measures

Access measures are measures that assess the:

- ability to obtain needed healthcare services in a timely manner, including the perceptions and experiences of people regarding their ease of reaching health services or health facilities in terms of proximity, location, time, and ease of approach.
- Examples may include, but are not limited to, measures that address the timeliness of response or services, time until next available appointment, and availability of services within a community.

Source: National Quality Forum (NQF). *Measure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement* (2017).

NQF's Health Equity Framework

- In 2017, the NQF Disparities Standing Committee established a framework for health equity measurement

Health Equity	
Access to Care	High-Quality Care
Structure for Equity	
Culture of Equity	
Partnerships and Collaboration	

Domains of Health Equity Measurement

National Quality Forum (NQF). *A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity*. Washington, DC: NQF; 2017.

NQF's Measurement Framework for Telehealth

Domain	Subdomain(s)
Access to Care	<ul style="list-style-type: none">• Access for patient, family, and/or caregiver• Access for care team• Access to information
Financial Impact/Cost	<ul style="list-style-type: none">• Financial impact to patient, family, and/or caregiver• Financial impact to care team• Financial impact to health system or payer• Financial impact to society
Experience	<ul style="list-style-type: none">• Patient, family, and/or caregiver experience• Care team member experience• Community experience
Effectiveness	<ul style="list-style-type: none">• System effectiveness• Clinical effectiveness• Operational effectiveness• Technical effectiveness

Subdomains: Equitable Access to Care Domain

Subdomains	Examples
Availability	<p>Assessment of access to quality care in a geographic service area</p> <p>Availability and access to specialty care including needed treatment, e.g., mental health or drug treatment.</p> <p>Network adequacy, inclusion of essential community providers</p> <p>Timely (same day appointments, time to next appointment, timely appointments with specialists, etc.)</p> <p>“After-hours” access</p>
Accessibility	<p>Physical accessibility for individuals with disabilities</p> <p>Geographic (no transportation barriers or transportation support)</p> <p>Language accessibility including effective communication about the availability of interpreter services including American Sign Language</p>
Affordability	<p>Fewer delays and less care including visits, tests, prescriptions, and specialty access forgone due to out-of-pocket costs</p> <p>Ability of a patient to cover the cost of healthcare services without foregoing other necessities (housing, food, transportation, childcare, etc.)</p> <p>Affordability of standard insurance</p> <p>Total costs related to healthcare (premiums + out-of-pocket costs of care including co-insurance, copayments etc.)</p> <p>Rates of health care related personal bankruptcy</p>
Convenience	<p>Distance from residence</p> <p>Flexible appointment schedules</p> <p>Accessibility to public transportation</p> <p>Safety of surrounding environment</p>

Subdomains and Considerations: Access to Care via Telehealth

Subdomains	Considerations
Access for the patient, family, and/or caregiver	Affordability
	Availability
Access for the care team	Accessibility
Access to information (both patient/family and care team)	Accommodation
	Acceptability

Access to Care: Additional Concepts for Consideration

Availability; Accessibility; Affordability; Convenience

- Accommodation
 - *Language; culture; transportation, health literacy, unmet health needs*
- Acceptability
- Access to health information
 - *Knowledge of insurance eligibility, access to patient portals, access to medical records*
- Frequency of care / follow-up care
- Types of care/utilization
 - *Prenatal and child health, chronic disease care, dental health services, emergency medical services, usual source of care*

Access to Care: Additional Concepts for Consideration

Availability; Accessibility; Affordability; Convenience

- Geographical (barriers)
 - *Travel time, travel distance, transportation*
- Temporal / timeliness of response or service (e.g., timely receipt of care)
- Cognitive barriers (e.g., interpretation services)
- Financial (e.g., underinsurance)
- Digital access (e.g., telehealth)
- Electronic connectivity
- Age/gender sensitive care
- Proximity, location, time, and ease of approach

Questions for the Workgroup: Access to Care Through the Rural Lens

- How is access related to quality?
- Who should be held accountable?
 - *Does it vary according to domain/subdomain?*
- Can we prioritize certain domains/subdomains for rural populations?
- Can we make valid comparisons between providers (rural and nonrural) for the domains/subdomains?
- How can measures be constructed to ensure validity of comparisons across providers?

Public Comment

Next Steps

Next Steps

- **Webinar #6: April 25, 1:00-3:00 pm ET**
 - *Finalize recommendations for measurement topic*
- **Draft Report #2: May 31, 2018**
 - *Comprehensive draft report that includes updates to Draft Report #1 as needed and Workgroup recommendations for the selected measurement topic*
 - *This report will have a 30-day public comment period*
- **Webinar #7: July 19, 1:00-3:00pm ET**
 - *Post-comment call, finalize core sets, gap list, and recommendations*

Contact information

- Workgroup SharePoint:
<http://share.qualityforum.org/Projects/MAP%20Rural%20Health/SitePages/Home.aspx>
- Email: maprural@qualityforum.org
- Phone:
 - 202-559-9506, Karen Johnson, Senior Director
 - 202-559-9536, Suzanne Theberge, Senior Project Manager
 - 202-559-9451, Kate Buchanan, Senior Project Manager
 - 202-478-9334, Madison Jung, Project Manager

Thank you!