NATIONAL QUALITY FORUM

MAP Rural Health Workgroup: Webinar #6

April 25, 2018

Welcome and Review of Meeting Agenda

Agenda

- Welcome and Roll Call
- Finalize Recommendations for Measuring Access to Care
- Next Steps

Project Staff

Karen Johnson, MS
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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 Physician Assistants	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

Finalize Recommendations for Measuring Access to Care

What We Hope to Accomplish

- Identify **key facets** of access to care that are particularly salient for rural residents
- Document, where appropriate, **challenges to measurement** from the rural perspective
- Identify ways to **address the challenges**

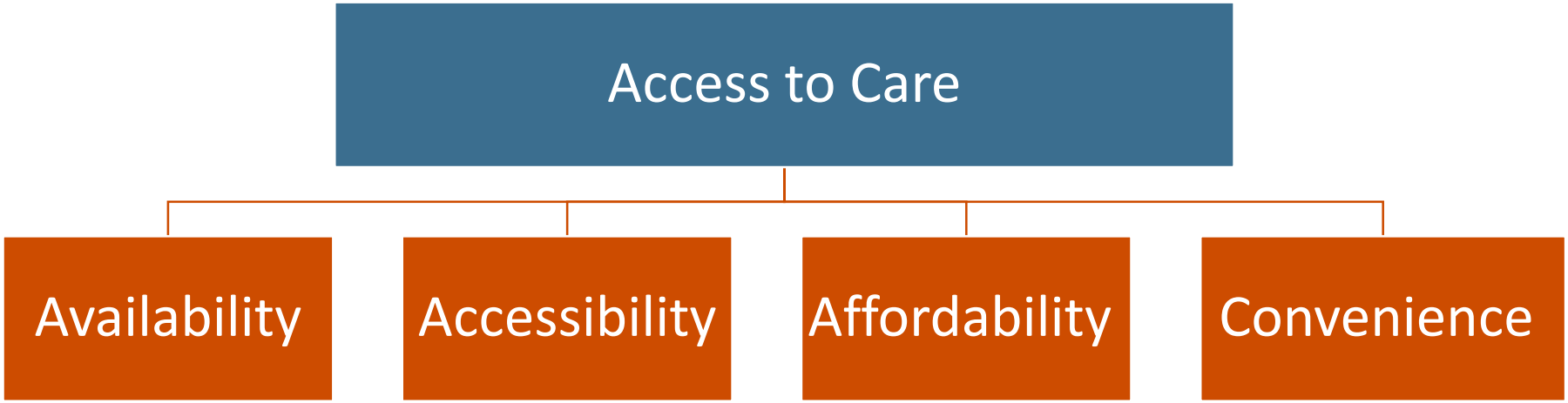
NQF's Definition of Access Measures

Access measures:

- 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.
- 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). M*easure Evaluation Criteria and Guidance for Evaluating Measures for Endorsement (2017)*.

Subdomains of Access to Care



Summary of March 28 Web Meeting: How are access and quality related?

- Access and quality are difficult to de-link
- Some disagreement/contradictions
  - *Access = quality (without access you cannot have quality care)*
  - *Access doesn't guarantee quality*
- Potential unintended consequences
  - *A two-tiered system that accepts lower quality in order to have access*
  - *Rural issues pose challenges to validity of measurement (examples include trauma management; colonoscopy prep; communication ability; impact on patient acuity; insurance status can impact uptake of available services)*
  - *Payment program structure can negatively impact rural providers*

Summary of March 28 Web Meeting: Who should be held accountable?

- Individual clinicians can influence outcomes (even if they cannot control them)
  - *HOWEVER, adequate risk-adjustment for patient or regional characteristics is needed*
  - *Attribution can be difficult (e.g., PAs work attributed to supervising physician; team-based care)*
- Higher levels of accountability also appropriate, or maybe more so, for some facets of access to care
  - *For example, integrated health plans; integrated health delivery systems; programs such as Medicaid or Medicare*
- Need for "thinking outside the box" to address barriers to access

Summary of Previous Web Meeting: Can we prioritize certain subdomains for rural populations?

- Subdomains that were discussed
  - *Availability: timeliness of appointments with specialists (particularly when travel distance is great)*
  - *Accessibility: spoken language and health literacy*
  - *Affordability: insurance more expensive, narrower coverage*
  - *Convenience: travel distance for specialist care*
- Reconnecting residents to local care (follow-up and care coordination)
- Digital/health information access (foster patient engagement)
- Prioritization depends on perspective used (patient vs. system vs. payers)

Summary of Previous Web Meeting: Are valid comparisons possible (rural vs. rural and rural vs. non-rural)?

- It can be done, BUT…
- Some comparisons may be more appropriate at the system or program level rather than the individual clinician level
- Rural vs. non-rural comparisons may be problematic for certain facets of access
  - *Timeliness*
  - *Numbers of visits*

Summary of Previous Web Meeting: Ideas about measure construction

- Adequate risk-adjustment needed
  - *Social determinants of health*
  - *Rural-specific aspects (e.g., transportation)*
- Must be flexible enough to allow various modes of care delivery (e.g., telehealth)

Post-Webinar Feedback from Workgroup

- Quick turn-around request from staff
  - *Any additional subdomains of access*
  - *Examples for each subdomain*
  - *Appropriate levels of analyses for each example*
  - *Rural lens for each example ("cautionary tales")*

- 14 responses received
  - *Substantive feedback*
  - *Some additional examples provided*
  - *Additional levels of analysis suggested*
  - *Several notes about the impact of lack of access*
  - *Some challenges real, but not intractable*

Access to Care Matrix: Purpose

- Identify **key facets** of access to care for rural residents
- Document, where appropriate, **measurement challenges**
- Identify ways to **address the challenges**
- "Ground rules"
  - *The rural resident is the focus, not the provider*
  - *Individual clinicians may not be able to solve or control—but often they can influence—so let's think about how*
  - *NQF staff perspective: we've started with the "most important"*
- Questions to consider throughout exercise
  - *Are these important for rural patients? Which is most important? Which challenges unique to rural? Any particular level of analysis (LoA) not appropriate?*

Availability

Example	Challenges	How can we address?
Appointments: After hours; same day	-Schedules already full -Burnout -Emergencies -Maybe be difficult to contact patients	
Access to **specialty** care	-Often not local	-Improve referral relationships -Telehealth
Timeliness of care: next appointment (includes follow-up care); specialty care; PAC/LTC; non-traditional care	-Schedules already full -Distance can be a barrier -Recruiting difficulties create backlog -"Popular" providers (e.g., gender-based)	-Good care coordination with referral sites -Partner with support services (e.g., for transportation) -Telehealth

Accessibility

Example	Challenges	How can we address?
Language: Interpretation and health literacy	-Bilingual staff hard to recruit	-Tele-access to interpreters
Getting there	-Fewer public options -Distance	-Telehealth -Partnerships
Health **information**	-Connectivity -Technology doesn't support	

Affordability

Example	Challenges	How can we address?
Delayed care due to out-of-pocket costs	-Fixed cost reimbursement	
Going without other necessities in order to get care	-Distance/transportation may disproportionately affect rural residents	-Appropriate risk adjustment
Total costs of care	-Distance/travel costs -Higher-cost insurance -Pricing negotiations	

Convenience

Example	Challenges	How can we address?
Distance to care	-Unique to rural	-Appropriate risk adjustment -Telehealth -Support services
Utilize **telehealth**	-Connectivity -Costs to implement technology -Trust issues	
Transportation		-Collaborations -Public or other funding

Public Comment

Next Steps

Next Steps

- **Possibly, post-webinar exercise to complete matrix**
- **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

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Thank you!