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
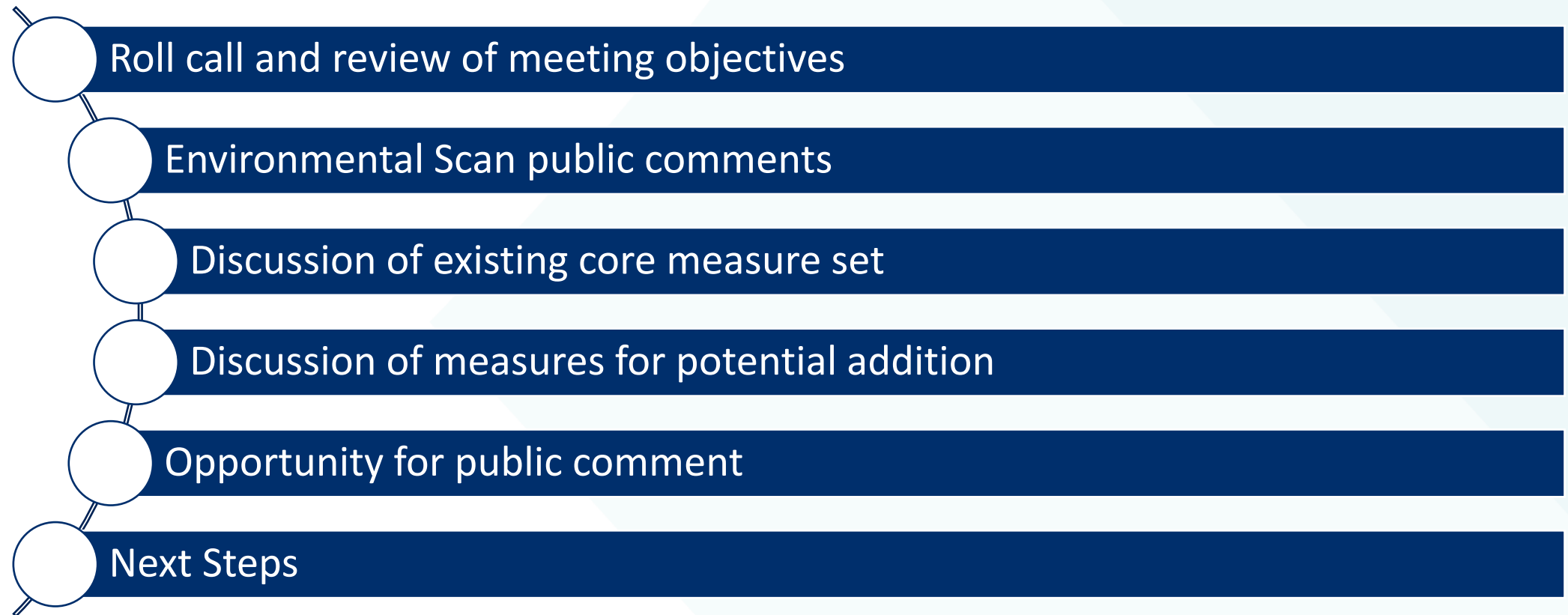
Rural Health Core Set Update

Web Meeting 3

April 29, 2022

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

Welcome, Review of Agenda, and Roll Call
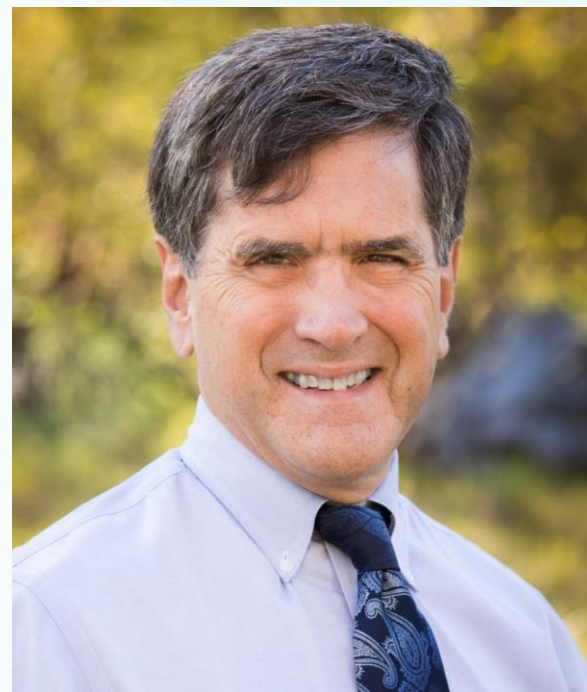
Web Meeting 3 Agenda

- Roll call and review of meeting objectives
- Environmental Scan public comments
- Discussion of existing core measure set
- Discussion of measures for potential addition
- Opportunity for public comment
- Next Steps

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
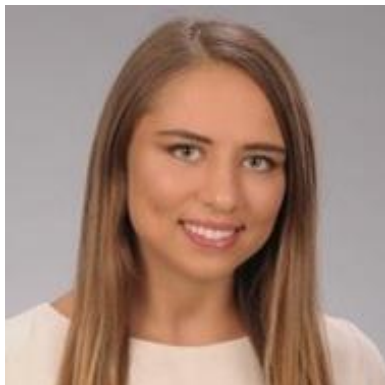
Nicolette Mehas, Senior Director

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 3 Objectives

- Review public and NQF member comments received on the environmental scan;

- Continue discussion of the current measures in the core set and their continued relevance for rural healthcare; and

- Continue discussion of the new topic areas/measures for inclusion and remaining gap areas in the core set.

<div style="border:1px solid black">

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.

</div>

Environmental Scan Public Comments

Overview of Public Comments Received

- Public Commenting Period open March 21 – April 11, 2022

- 15 comments received from seven organizations and individuals

- Comments are grouped by:

    - Current Core Set Measures
    - Newly Endorsed Rural-Relevant Measures
    - Emerging Areas for Rural Measures
    - Additional Comments

Current Core Set Measures

- Individual comments in support of keeping the following in core set:
  - #0028 *Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention*
  - #0138 *National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure*
  - #0471 *PC-02 Cesarean Birth*
  - #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)*
  - #0729 *Optimal Diabetes Care*

- Individual comments on the following measures being discussed for removal:
  - #0202 *Falls with Injury*
  - #0371 *Venous Thromboembolism Prophylaxis*
  - #0291 *Emergency Transfer Communication Measure **(added to list for discussion)***

Newly Endorsed Rural-Relevant Measures

- Support for inclusion of behavioral health/substance use (specifically opioid use disorder), access to care, and patient-reported outcome performance measures (PRO-PMs)

- Two comments emphasizing the importance of #3592e *Global Malnutrition Composite Score* and its role in addressing social determinants of health (SDOH) and access to social services *(added to list for discussion)*

- Comments on the following measures being discussed for addition:
  - #3590 *Continuity of Care after Inpatient or Residential Treatment for Substance Use Disorder (SUD) Treatment*
  - #3490 *Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy*
  - #3316e *Safe Use of Opioids – Concurrent Prescribing (added to list for discussion)*
  - #3357 *Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers (added to list for discussion)*
  - #3510 *Screening/Surveillance Colonoscopy (added to list for discussion)*

Emerging Areas for Rural Measures

- Support for inclusion of behavioral health/substance use, access to care, and telehealth-relevant measures

- Support for the inclusion of health equity and SDOH measures, and encouragement to consider nutritional status as part of health equity

Additional Comments

- Support for the inclusion of a sepsis-related measure

- Current set relies heavily on manual data abstraction; encourage Advisory Group to consider eCQMs to reduce reporting burden for core set measures from data collection, monitoring, and abstraction

Comments from Advisory Group Members and Federal Liaisons

- Suitability of measures for use in nursing homes
  - Approximately half of the potential additions would be appropriate for nursing homes.
  - Suggestion to collect data for nursing homes as well as hospitals for the following measures currently in the 2018 core set:
    - » #0202 *Falls with Injuries*
    - » #0138 *National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure*
    - » #1717 *National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital onset Clostridium difficile Infection (CDI) Outcome Measure*
- There is sensitivity to the word "core." A key stakeholder shared that to get Tribal leaders' buy-in, it is suggested to replace the word "core" with another synonym like "essential."

Discussion of Existing Core Set

Existing Core Measures for Potential Removal

- During Web Meeting 2, Advisory Group participated in a survey to determine which measures require additional discussion for potential removal

- Minimum threshold: at least 60% of votes in favor of keeping measure in core set

- Based on this threshold, the following measures will be discussed:
    - #0202 *Falls with Injury* – 40%
    - #0371 *Venous Thromboembolism Prophylaxis* – 31%
    - #1661 *SUB-1 Alcohol Use Screening* – 46%
    - #0421 *Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up* – 46%
    - #0291 *Emergency Transfer Communication Measure* – 67% *(Added based on public comment)*

Discussion Process: Existing Core Set Measures

- For each measure:
  - NQF staff describes measure being considered for removal
  - Co-chairs will facilitate discussion among the Advisory Group, who will consider the following discussion prompts:
    - » **Importance:** Is this a high-priority topic area in rural areas? Will this measure drive meaningful improvement in patient outcomes?
    - » **Reliability/Validity:** Is this measure susceptible to low case-volume? Are the specifications appropriate for rural providers?
    - » **Implementation:** Does data collection burden outweigh the benefit for rural residents and providers? What would be the ideal use of the measure (e.g., pay-for-performance, pay-for-reporting)? Does the measure have potential unintended consequences?

- After discussing all four existing core set measures being considered for removal, Advisory Group takes a poll on whether each should be removed from the rural core set

NQF #0202 Falls with Injury

- **Description:** All documented patient falls with an injury level of minor or greater on eligible unit types in a calendar quarter. Reported as Injury falls per 1000 Patient Days: (Total number of injury falls / Patient days) X 1000. Measure focus is safety; target population is adult acute care inpatient and adult rehabilitation patients.

- **Endorsement Status:** Endorsement Removed

- **Measure Type:** Outcome

- **Level of Analysis:** Facility, Other

- **Care Setting:** Inpatient/Hospital

- **Program Use:** HRSA MBQIP

- **Comments:** Identified based on loss of endorsement in 2020 (failure to pass on validity). Advisory Group members commented that the concept is important, but if data is not collected reliably and the measure is invalid, this measure is not helpful. If this measure is kept in the set, consider ways to analyze differently for low volume outcomes.

NQF #0371 Venous Thromboembolism Prophylaxis

- **Description:** This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.

- **Endorsement Status:** Endorsement Removed

- **Measure Type:** Process

- **Level of Analysis:** Facility, Other

- **Care Setting:** Inpatient/Hospital

- **Program Use:** HRSA MBQIP

- **Comments:** Identified based on loss of endorsement in 2018 (withdrawn by developer). Advisory Group members commented that this measure may face volume challenges and is not currently used in any CMS programs.

NQF #1661 SUB-1 Alcohol Use Screening

- **Description:** Hospitalized patients 18 years of age and older who are screened within the first day of admission using a validated screening questionnaire for unhealthy alcohol use.

- **Endorsement Status:** Endorsement Removed

- **Measure Type:** Process

- **Level of Analysis:** Facility, Other

- **Care Setting:** Inpatient/Hospital

- **Program Use:** N/A

- **Comments:** Identified based on loss of endorsement in 2018 (withdrawn by developer) and lack of use in federal programs. The developer chose to withdraw the chart-based measure in order to align with CMS's goal of promoting electronic clinical quality measure (eCQM) use. The measures are being redesigned as eCQMs. Advisory Group members commented that this is an important concept and is supported by provider groups such as the American College of Physicians.

NQF #0421 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up

- **Description:** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: $18.5 \leq BMI < 25$ kg/m^2.

- **Endorsement Status:** Endorsement Removed

- **Measure Type:** Process

- **Level of Analysis:** Clinician: Group/Practice, Clinician: Individual

- **Care Setting:** Outpatient Services

- **Program Use:** HRSA Health Center Program and Community Based Grant Program

- **Comments:** Identified based on loss of endorsement in 2020 (developer did not pursue continued endorsement). However, the developer intends to maintain the measure independently. Advisory Group members noted that the topic is important but were open to considering other endorsed measures in this space.

NQF #0291 Emergency Transfer Communication Measure

- **Description:** Percentage of all patients transferred from an Emergency Department to another healthcare facility whose medical record documentation indicated that all required information was communicated (sent) to the receiving facility within 60 minutes of transfer For all data elements, the definition of 'sent' includes the following:

  - Hard copy sent directly with the patient, or

  - Sent via fax or phone within 60 minutes of patient departure, or

  - Immediately available via shared Electronic health record (EHR) or Health Information Exchange (HIE) (see definition below.

- For purposes of this measure, a shared electronic health record (EHR) is defined as one where data entered into the system is immediately available at the receiving site. Facilities using the same EHR vendor or a Health Information Exchange (HIE) cannot assume immediate access by the receiving facility to the transferred patient's record.

NQF #0291 Emergency Transfer Communication Measure (Continued)

- **Endorsement Status:** Endorsement Removed

- **Measure Type:** Process

- **Level of Analysis:** Facility

- **Care Setting:** Emergency Department and Services, Inpatient/Hospital, Outpatient Services

- **Program Use:** HRSA MBQIP

- **Comments:** Identified based on loss of endorsement in 2020 (failure to pass on validity, limited resources to conduct additional testing). However, the developer was encouraged to resubmit for endorsement after reliability testing is improved. The Advisory Group was generally in favor of keeping this measure in the core set based on Web Meeting 2 survey (67%), but an Advisory Group member expressed concern over reporting burden for rural hospitals with limited staffing and a public comment expressed concern over the loss of endorsement.

Discussion of Measures for Potential Addition

Measure Narrowing Process since Web Meeting 2

- During Web Meeting 2, the Advisory Group participated in a survey to provide input on relative importance of measure characteristics (NQF endorsement status; outcome or PRO-PM measure type; cross-cutting; use in federal programs)

- This input was used to calculate a weighted score for each measure to assist in prioritization:

$$Score = (0.256 \times E) + (0.268 \times T) + (0.262 \times C) + (0.213 \times U)$$

Endorsement Status	Measure Type	Cross-Cutting Status	Use in Federal Programs
1 = Endorsed 0 = Not Endorsed	1 = Outcome or PRO-PM 0 = Process, Structure, Other	1 = Cross-Cutting 0 = Not Cross-Cutting	1 = Active in CMS or HRSA programs 0 = Not active in programs
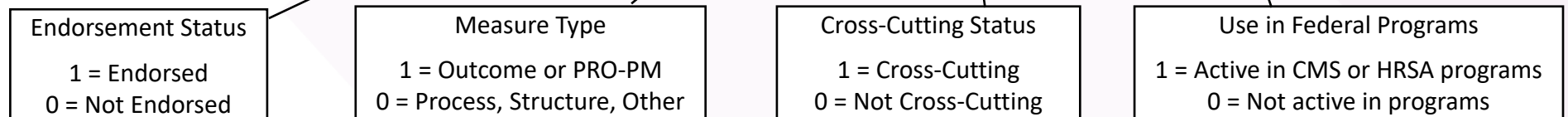
- Advisory Group also provided input on most important conditions to add to core set

- Based on NQF staff review of weighted scores and most important topic areas, as well as suggestions received via email from Advisory Group members, we will discuss 37 measures during today's meeting

Discussion Process: Measures for Potential Addition

- For each group of measures:
  - NQF staff provides an overview of the measures being considered for addition
  - Co-chairs will ask lead discussants to provide initial thoughts on the measure, before facilitating further discussion on the measures using the following discussion prompts:
    - » **Importance:** Is this a high-priority topic area in rural areas? Will this measure drive meaningful improvement in patient outcomes?
    - » **Reliability/Validity:** Is this measure susceptible to low case-volume? Are the specifications appropriate for rural providers?
    - » **Implementation:** Does data collection burden outweigh the benefit for rural residents and providers? What would be the ideal use of the measure (e.g., pay-for-performance, pay-for-reporting)? Does the measure have potential unintended consequences?
  - Advisory Group discusses any additional measure concepts that would be a helpful supplement
- After discussing each group of measures, Advisory Group takes a poll on which of the measures should be added to the rural core set

Kidney Health Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3565	Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities*	Outcome	Endorsed	Facility	N/A	0.5183
2594	Optimal End Stage Renal Disease (ESRD) Starts**	Process	Endorsed	Clinician: Group/Practice, Health Plan, Integrated Delivery System, Population: Regional and State	N/A	0.2561

*Additional priority area: Emergency care
**Additional priority area: Population health

Emergency Care Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3490	Admission and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy*	Outcome	Endorsed	Facility	PPS-Exempt Cancer Hospital Quality Reporting, Hospital Outpatient Quality Reporting	0.7317
2605	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence**	Process	Endorsed	Health Plan, Population: Regional and State	N/A	0.2561

*Additional priority area: Pneumonia

**Additional priority areas: Population health, behavioral health, substance use, patient hand-offs and transitions

Population Health Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
1382	Percentage of low birthweight births	Outcome	Endorsed	Population: Community, County or City, Other, Population: Regional and State	HRSA Health Center Program	0.7317
3449	Hospitalization for Ambulatory Care Sensitive Conditions for Dual Eligible Beneficiaries*	Composite	Endorsed	Population: Regional and State	N/A	0.5244
0716	Unexpected Newborn Complications in Term Infants	Outcome	Endorsed	Facility, Integrated Delivery System, Population: Regional and State	N/A	0.5183

Additional priority areas: Diabetes, hypertension, chronic obstructive pulmonary disease (COPD), pneumonia, heart failure, and asthma

Patient Experience Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3622	National Core Indicators for Intellectual and Developmental Disabilities (ID/DD) Home- and Community-Based Services (HCBS) Measures*	Outcome: PRO-PM	Endorsed	Population: Regional and State	Medicaid	1
3420	CoreQ: AL Resident Satisfaction Measure	Outcome: PRO-PM	Endorsed	Facility	N/A	0.7866
3422	CoreQ: AL Family Satisfaction Measure	Outcome: PRO-PM	Endorsed	Facility	N/A	0.7866

*Additional priority areas: Access to care, patient experience, population health

Dementia Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
2872e	Dementia: Cognitive Assessment	Process	Endorsed	Clinician: Group/Practice, Clinician: Individual	MIPS, Physician Compare	0.4695

Additional priority areas: Access to care, patient experience, population health

Patient Hand-Offs and Transitions Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
N/A	Closing the Referral Loop: Receipt of Specialist Report*	Process	Not Endorsed	Clinician/Group	MIPS, Physician Compare	0.4817
3312	Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs**	Process	Endorsed	Population: Regional and State	Medicaid	0.4695
3590	Continuity of Care After Receiving Hospital or Residential Substance Use Disorder (SUD) Treatment***	Process	Endorsed	Facility	N/A	0.2561

Additional priority areas: Telehealth-relevant
**Additional priority areas: Substance use, access to care, population health*
***Additional priority areas: Substance use, access to care*

Behavioral Health and Substance Use Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3175	Continuity of Pharmacotherapy for Opioid Use Disorder*	Process	Endorsed	Clinician: Group/Practice, Health Plan, Clinician: Individual, Population: Regional and State	MIPS	0.4695
3316e	Safe Use of Opioids – Concurrent Prescribing	Process	Endorsed	Facility	Hospital Inpatient Quality Reporting, Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals, MBQIP	0.4695

Additional priority areas: Population health, telehealth-relevant

Behavioral Health and Substance Use Measures (Continued)

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3589	Prescription or administration of pharmacotherapy to treat opioid use disorder (OUD)*	Process	Endorsed	Facility, Clinician: Individual	N/A	0.2561
3539e	Use of Antipsychotics in Older Adults in the Inpatient Hospital Setting*	Process	Endorsed	Facility	N/A	0.2561

Additional priority area: Medication management

Break

Coronavirus Disease 2019 (COVID-19) Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3677	Population COVID-19 Immunization Status (COV)	Process	Not Endorsed	Health Plan; Population: Community, County or City	N/A	0.2683
3636	Quarterly Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel	Process	Not Endorsed	Facility	N/A	0.0
N/A	SARS-CoV-2 Vaccination Coverage among Healthcare Personnel	Process	Not Endorsed	Facility	Hospital Outpatient Quality Reporting Program (HOQR); Ambulatory Surgical Center Quality Reporting (ASCQR)	0.0
3664	Biannual Reporting of COVID-19 Vaccination Coverage among Healthcare Personnel	Process	Not Endorsed	Facility	N/A	0.0

40

Infectious Disease Measures (Excluding COVID-19)

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
0753	American College of Surgeons – Centers for Disease Control and Prevention (ACS-CDC) Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure*	Outcome	Endorsed	Facility, Other, Population: Regional and State	Hospital Acquired Condition Reduction Program, Hospital Compare	1
2082	HIV Viral Load Suppression	Outcome	Endorsed	Facility	MIPS, Medicaid, Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program	0.7317

Infectious Disease Measures Continued (Excluding COVID-19)

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
0684	Percent of Residents with a Urinary Tract Infection (Long-Stay)	Outcome	Endorsed	Facility	Nursing Home Compare, Nursing Home Quality Initiative	0.7317
0500	Severe Sepsis and Septic Shock: Management Bundle	Composite	Endorsed	Facility	Hospital Inpatient Quality Reporting	0.4695

Health Equity Measures

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3592e	Global Malnutrition Composite Score	Composite	Endorsed	Facility	N/A	0.5244
N/A	Hospital Commitment to Health Equity	Structure	Not Endorsed	Facility	N/A (Submitted as measure under consideration during 2021 Pre-rulemaking Year)	0.2683
N/A	Screen Positive Rate for Social Drivers of Health	Process	Not Endorsed	Clinician; Group; Facility; Other: Beneficiary, Population	N/A (Submitted as measure under consideration during 2021 Pre-rulemaking Year)	0.2683
N/A	Screening for Social Drivers of Health	Process	Not Endorsed	Clinician; Group; Facility; Other: Beneficiary, Population	N/A (Submitted as measure under consideration during 2021 Pre-rulemaking Year)	0.2683

Other Measures - Mortality

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3502	Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure	Outcome	Endorsed	Facility	N/A	0.7866
3504	Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure	Outcome	Endorsed	Facility	N/A	0.7866

Other Measures – Admissions/Hospital Visits

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3597	Clinician-Group Risk-Standardized Acute Hospital Admission Rate for Patients with Multiple Chronic Conditions under the Merit-based Incentive Payment System	Outcome	Endorsed	Clinician: Group/Practice	N/A	0.7866
3357	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	Outcome	Endorsed	Facility	Ambulatory Surgical Center Quality Reporting	0.7317

Other Measures - Cost

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
3575	Total Per Capita Cost (TPCC)	Cost/ Resource Use	Endorsed	Clinician: Group/Practice, Clinician: Individual	N/A	0.5244
3510	Screening/ Surveillance Colonoscopy	Cost/ Resource Use	Endorsed	Clinician: Group/Practice, Clinician: Individual	N/A	0.2561

Other Measures – Controlling High Blood Pressure

NQF #	Measure Title	Measure Type	Endorsement Status	Level of Analysis	Program Use	Score
0018	Controlling High Blood Pressure	Outcome	Endorsed	Health Plan	N/A	0.7378

Additional Gaps

- Are there additional priority areas for rural measurement that were not represented in the discussion today?

- What topic areas are the highest priority for measure development?

- Are there specific measure concepts that would be helpful for future iterations of the rural core set?

Opportunity for Public Comment

Next Steps

Next Steps for the Rural Health Advisory Group

- NQF staff will incorporate today's feedback into the Environmental Scan and Recommendations Report
  - If you have any additional comments or resources to share, please reach out to the team at RuralCoreSet@qualityforum.org

- **Public comment** on the draft Recommendations Report will be open **June 8 – June 27, 2022**

- Advisory Group members will meet for **Web Meeting 4** on **July 14 from 12:00 PM to 2:00 PM ET** to address the following:
  - Review and discuss public comments on the draft Recommendations Report
  - Discuss any outstanding issues that may have arisen from the Advisory Group's review of the draft report

Contact Information

- Email: RuralCoreSet@qualityforum.org

- NQF phone: 202-783-1300

- Project Page

THANK YOU.

NATIONAL QUALITY FORUM

https://www.qualityforum.org