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MAP Rural Health Workgroup

Web Meeting #2

May 6, 2020

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Agenda

- Introductions and Roll Call
- Project Scope and Objectives
- Overview of Timeline and Work Plan
- Content Background
- Environmental Scan Methodology
- Preliminary Findings
- Discussion and Q&A
- Next Steps

Welcome and Roll Call

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Project Team

Nicolette Mehas, Director

Andre Weldy, Director

Maha Taylor, Managing Director

Mike DiVecchia, Project Manager

Amy Guo, Project Analyst

Tatiana Munoz, Project Analyst

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Workgroup Co-Chairs

Ira Moscovice, PhD
University of Minnesota
School of Public Health

Aaron Garman, MD
Coal Country
Community Health
Center

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Committee Roster

- **Ira Moscovice, PhD, Co-Chair**
- **Aaron Garman, MD, Co-Chair**
- Kimberly Rask, MD, PhD, FACP
- David Schmitz, MD, FAAFP
- Daniel Coll, MHS, PA-C, DFAAPA
- Margaret Greenwood-Ericksen, MD
- Stephen Tahta, MD
- Erika Thomas
- Leesa Bain
- Karen Murphy, PhD, RN
- Jesse Spencer, MD
- Crystal Barter, MS
- Julie Sonier, MPA
- Bill Finerfrock
- Brock Slabach, MPH, FACHE
- Cameron Deml
- Keith Mueller, PhD
- Tim Size, MBA
- Heather Brown-Paslgrove
- Michael Fadden, MD
- John Gale, MS
- Curtis Lowery, MD
- Melinda Murphy, RN, MS
- Jessica Schumacher, PhD
- Ana Verzone, MS, APRN, FNP, CNM
- Holly Wolff, MHA
- Craig Caplan (non-voting)
- Deborah Winbush (non-voting)
- Bruce Finke (non-voting)
- Emily Moore (non-voting)

Project Scope and Objectives

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Project Scope and Objectives

- Period of performance: 35 months (Fall 2019 – Fall 2022)
- Three tasks:
  - **Fall 2019 – Fall 2020**
    - » Identify high-priority, rural-relevant measures susceptible to low case-volume challenges for future testing using the Rural Health Technical Expert Panel's (TEP) recommended statistical approaches
      - *Note that this work is to identify the measures, not to conduct the testing*
    - » 12-month duration
  - **Fall 2020 – Fall 2021**
    - » Review, update, and potentially expand the core set of rural-relevant measures
    - » 10-month duration
  - **Fall 2021 – Fall 2022**
    - » Review, update, and potentially expand the measurement framework for telehealth
    - » 13-month duration

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Approach To Prioritizing Rural-Relevant Measures with Low Case-Volume Challenges

Convene stakeholders

- NQF reconvenes Measure Applications Partnership (MAP) Rural Health Workgroup

Environmental scan

- NQF identifies rural-relevant measures with low case-volume challenges, with input from Workgroup on methodology
- Focus on measures currently used in CMS quality reporting, value-based purchasing

Recommendations report

- Workgroup prioritizes measures for future testing of the "borrowing strength" approach recommended by the 2019 TEP
- NQF will document the Workgroup's process and rationale in a report
- Workgroup will assist in review of public comments, finalization of recommendations report

Overview of Timeline and Workplan

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Base Year Project Timeline

Tasks/Deliverables	Target Date
Web Meeting #1	November 25, 2019, 11:30 am – 1:30 pm ET
Web Meeting #2	May 6, 2020, 12:00 pm – 2:00 pm ET
Measure Prioritization Web Meeting #1	May 27, 2020
Measure Prioritization Web Meeting #2	May 29, 2020
Environmental Scan Report – Final	June 2, 2020
Public Commenting Period	July 10, 2020 – July 30, 2020
Web Meeting #4	August 2020
Recommendations Report – Final	September 28, 2020

Content Background

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Foundational Rural Health Work

2015 Report on Rural Low-Volume Providers

- Provided multistakeholder information and guidance on performance measurement issues and challenges for rural providers
  - Made recommendations regarding measures appropriate for use in CMS pay-for-performance programs for rural hospitals and clinicians
  - Made recommendations to help mitigate measurement challenges for rural providers, including the low case-volume challenge
  - Identified measurement gaps for rural hospitals and clinicians

Performance Measurement for Rural Low-Volume Providers: Final Report by the NQF Rural Health Committee. Released September 2015.

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Foundational Rural Health Work

2018 Report on Core Rural-Relevant Measures, Measuring and Improving Access to Care

- Identified core set of best-available rural-relevant measures based on the following criteria:
  - NQF-endorsed
  - Cross-cutting
  - Resistant to low case-volume
  - Address transitions in care
  - Address high-priority rural-relevant conditions and services
- Final core set includes 20 measures for hospitals and ambulatory settings, and seven for health plans and integrated delivery systems
- Emphasized access to care as measurement gap area

A Core Set of Rural-Relevant Measures and Measuring and Improving Access to Care: 2018 Recommendations from the MAP Rural Health Workgroup. Final Report. Released August 2018.

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Foundational Rural Health Work

2019 Report on Addressing Low Case-Volume in Performance Measurement of Rural Providers

- Shared with, and invited feedback from, the MAP Hospital, Clinician, and post-acute care (PAC)/long-term care (LTC) Workgroups on the August 2018 report and recommendations
- Provided feedback on clinician-specific measures included on the 2018 Measures Under Consideration (MUC) list
- Convened a TEP to recommend innovative statistical approaches to address the low case-volume challenge faced by many rural providers

Addressing the Low Case-Volume Challenge in Healthcare Performance Measurement for Rural Providers: Recommendations from the MAP Rural Health Technical Expert Panel. Final Report. Released March 2019.

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Low Case-Volume Defined

- The TEP agreed to consider low case-volume (LCV) primarily as having too few individuals that meet the measure denominator criteria.
- The TEP decided to consider the various program-specific thresholds on a case-by-case basis, if necessary, rather than use them to define low case-volume for the 2019 report.

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2018-2019 TEP Recommendations Related to Low Case-Volume

- Borrow strength to the extent possible
  - A statistical approach that would increase reliability by systematically incorporating additional data as needed (e.g., from past performance, from other providers, from other measures)
- Recognize the need for robust statistical expertise and computational power
- Report exceedance probabilities
- Recognize potential for downstream unintended consequences

Environmental Scan Methodology

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Process Used to Identify Measures

- Begin with rural-relevant measures currently implemented or finalized in federal programs under MAP purview
  - Rural-relevance determined by previous work identifying rural-relevant topics
- Merge and match rural-relevance tagging, tiering and weighting, and "resistance to" LCV information from 2018 Rural Core Set Environmental Scan
- Add missing data on measures not included in 2018 scan
- Add risk adjustment and minimum case requirement information to all measures as much as possible
- Adjust weighting and criteria with Rural Health Workgroup input
- Quantitative exercise and consensus-building discussions to finalize list of prioritized measures

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Rural Relevant Topics for Prioritization

- Transitions of care
- Mental health
- Substance abuse
- Medication reconciliation
- Diabetes
- Hypertension
- Chronic Obstructive Pulmonary Disease
- Readmissions
- Perinatal
- Pediatrics
- Advance directives/end-of-life
- Access to care
- Vaccinations
- Cancer screening
- Pneumonia
- Heart failure
- Acute myocardial infarction
- Stroke
- Venous thromboembolism
- Emergency department use
- Surgical care
- Asthma
- Obesity

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Programs Included in Scan

- 20 federal programs that go through MAP
  - Ambulatory Surgical Center Quality Reporting
  - End-Stage Renal Disease Quality Incentive Program
  - Home Health Quality Reporting
  - Hospice Quality Reporting
  - Hospital Acquired Condition Reduction Program
  - Hospital Inpatient Quality Reporting
  - Hospital Outpatient Quality Reporting
  - Hospital Readmission Reduction Program
  - Hospital Value-Based Purchasing
  - Inpatient Psychiatric Facility Quality Reporting
  - Inpatient Rehabilitation Facility Quality Reporting
  - Long-Term Care Hospital Quality Reporting
  - Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals
  - Medicare Shared Savings Program
  - Medicare Parts C and D Star Rating
  - Merit-Based Incentive Payment System (MIPS) Program
  - Prospective Payment System-Exempt Cancer Hospital Quality Reporting
  - Skilled Nursing Facility Quality Reporting
  - Skilled Nursing Facility Value Based Purchasing
- 4 select Center for Medicare and Medicaid Innovation (CMM) Alternative Payment Models (APMs)
  - Next Generation ACO, Bundled Payments for Care Improvement Advanced, Comprehensive Primary Care Plus, Oncology Care Model

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Adjusting the 2018 Tiering and Weighting

2018 Criteria and Weights

TIERED SELECTION CRITERIA AND WEIGHTS USED TO ASSIGN MEASURE SCORES

Tier	Selection criteria applied to relevant NQF-endorsed measures	Weight
Tier 1	Cross-cutting	25%
	Resistant to the low case-volume challenge	25%
	Transitions of care	20%
Tier 2	• Mental health • Substance abuse • Medication reconciliation	15%
Tier 3	• Diabetes • Hypertension • Chronic obstructive pulmonary disease (COPD)	10%
Tier 4	• Readmissions • Perinatal • Pediatrics	5%

- New criteria, weights, and addition of other conditions/issues?
  - Must haves: currently used in federal programs under MAP purview and select CMMI programs, not resistant to low case-volume
  - Also consider: end-of-life, access to care, vaccinations, cancer screening, pneumonia, heart failure, heart attack, stroke, venous thromboembolism, healthcare-associated infections, patient experience of care, emergency room use, surgical care, asthma, obesity
  - Other potential considerations: feasibility, use in multiple programs, and unintended consequences

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Sample Environmental Scan Template

Basic Measure Information*			Risk Adjustment Data				Minimum Case Requirements	
Measure Title	NQF Endorsement Status	NQF ID	Does the measure include any type of risk adjustment?	Clinical Risk Adjustment?	Social Risk Adjustment?	Factors	Minimum Case Requirements	Reference
Adherence to Anti-psychotic Medications For Individuals with Schizophrenia (SAA-AD)	Endorsed	1879	No	No	No	N/A	20 cases	2019 MIPS Quality Performance Category Factsheet

Basic Measure Information*			Tier and Weighting Data from 2018 Rural Core Set Scan							Program
Measure Title	NQF Endorsement Status	NQF ID	Cross-cutting	"Resistant to" LCV	Transition of care	Tier 2: Mental health, substance abuse, or med rec	Tier 3: Diabetes, hyper-tension, or COPD	Tier 4: Re-admissions, perinatal, pediatric	% Weight (0-1)	Program
Adherence to Anti-psychotic Medications For Individuals with Schizophrenia (SAA-AD)	Endorsed	1879	0	0	0	1	0	0	0.15	MIPS

*Scan will also include additional measure information (e.g., description, type, steward, level of analysis).

Preliminary Findings

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Measure Categorization and Analysis Summary

- 190 measures address rural-relevant conditions and are finalized or implemented in programs under MAP purview
  - 24 measures are known to be susceptible to the low case-volume challenge based on the 2018 measure scan
  - The remaining need to be analyzed for low case-volume susceptibility
    - » Preliminary assessment will be based on the inverse of the 2018 scan criteria for “low case-volume resistant”
    - » “Low case-volume resistant” included measures that would have a large enough denominator population for most rural providers (e.g., screening measures, cross-cutting measures, denominators that cover prevalent conditions/services)
    - » Measures can be discussed and re-assessed by the TEP

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Measures by Program

Merit-Based Incentive Payment System (MIPS) Program	85
Home Health Quality Reporting	22
Hospital Inpatient Quality Reporting	15
Hospice Quality Reporting	11
Ambulatory Surgical Center Quality Reporting	9
Hospital Outpatient Quality Reporting	9
Inpatient Psychiatric Facility Quality Reporting	9
End-Stage Renal Disease Quality Incentive Program	8
Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals	7
Long-Term Care Hospital Quality Reporting	5
Skilled Nursing Facility Quality Reporting	4
Inpatient Rehabilitation Facility Quality Reporting (Implemented)	3
Medicare Part C Star Rating (Implemented)	3
Medicare Part D Star Rating (Implemented)	3
Medicare Shared Savings Program	2
Prospective Payment System-Exempt Cancer Hospital Quality Reporting	2
Skilled Nursing Facility Value Based Purchasing	2
Hospital Acquired Condition Reduction Program	1
Hospital Readmission Reduction Program	1
Hospital Value-Based Purchasing	1

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Measures by Topic

Other: Patient Experiences Of Care	24
Tier 4: Readmissions	22
Tier 4: Pediatrics	22
Tier 1: Patient Hand-Offs And Transitions	21
Tier 2: Behavioral/Mental Health	20
Other: Vaccinations / Immunizations	15
Tier 2: Medication Management	13
Tier 3: Diabetes	10
Other: Stroke	10
Other: Healthcare-Associated Infections	10
Other: Surgical Care	9
Other: Acute Myocardial Infarction	7
Tier 2: Substance Abuse	6

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Measures by Topic (continued)

Tier 4: Perinatal	6
Other: Access To Care	6
Other: Emergency Department Use	5
Other: Cancer Screenings	4
Other: Pneumonia	4
Other: Venous Thromboembolism	4
Other: Asthma	4
Tier 3: Hypertension	3
Other: Advance Directives/End Of Life	3
Tier 3: Chronic Obstructive Pulmonary Disease	1
Other: Heart Failure	1
Other: Obesity	1

Discussion and Q&A

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Discussion Questions

- Are there any major rural-relevant conditions or issues missing?
- What additional criteria should we use for prioritization (e.g., NQF endorsement, certain conditions, certain minimum case/reporting requirements, use across multiple programs, outcome measures)?
- How should the weights and tiers be updated?
- For the “minimum case requirement” section, we are including program-specific reporting information. What other context or information that would be useful to consider related to this topic?
- Should risk adjustment information be factored into prioritization?
- Do you have an approximate number of prioritized measures in mind for testing the borrowing strength approaches?
- Should the workgroup consider including select measures currently in the Rural Core Set that may face low case volume challenges?

Next Steps

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Next Steps

- Send the Environmental Scan for additional comments
- Finalize the Environmental Scan
- Continue preparations for the May 27 and May 29 webinars

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Contact Information

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THANK YOU.

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