NATIONAL QUALITY FORUM

# MAP Rural Health Workgroup: Webinar #7

*July 19, 2018*

# Welcome and Review of Meeting Agenda

# Agenda

- Overview of Comments Received
- Finalize Core Set Recommendations
- Finalize Recommendations on Access to Care
- Vote on Recommendations

# Project Staff

**Karen Johnson, MS**
Senior Director

**Suzanne Theberge, MPH**
Senior Project Manager
(on leave)

**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 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 |

# Summary of Comments

# Feedback on Draft Report Collected via Several Sources

- MAP Rural Health Workgroup
  - *Comments from 10 members*
- CMS and HRSA colleagues
- 30-day NQF member and public comment period
  - *14 comments from 8 organizations representing a variety of stakeholders*
    - » AMA
    - » Several healthcare quality improvement organizations
    - » State agencies
    - » Hospitals/systems

# Feedback from Workgroup

- Overall report
  - *Supportive of majority of report, including format*
  - *Would like a little more narrative on nonphysician providers (e.g., home-health providers, hospice, SNF/NF care, etc.)*
  - *Several wording suggestions*
- Core set
  - *No suggestions for additional inclusions or exclusions, but a few concerns about data collection/meaningfulness for some of the hospital measures*
  - *Happy with mix of measures and alignment with other programs, although including only one transition measure*

# Feedback from Workgroup

- Access to care section
  - *Need suggestions for how to address challenges for each of the facets of access*
    - » Therefore, need additional discussion on how to address challenges related to accessibility of health information, health literacy, and delayed care due to out-of-pocket costs
  - *Specific suggestions provided to strengthen the subtopic narratives*

# Feedback from Public and NQF Members

- Supportive of the work overall
  - *Agreement with selection criteria focusing on cross-cutting measures, those resistant to low-case volume, and transitions of care measures*
  - *Focus on access and the three domains (availability, accessibility and affordability)*

# Feedback from Public and NQF Members: Core Set

**Generally positive feedback on the core set**

- Desire for specifics about how the core set would be used
- Concern about limiting to NQF-endorsed measures
- One recommendation to include #**1789** Hospital-Wide All-Cause Unplanned Readmission Measure
- Recommendations to remove (or consider removing) 8 measures
  - **1789** Hospital-Wide All-Cause Unplanned Readmission
  - **0291** Emergency Department Transfer Communication
  - **0729** Optimal Diabetes Care
  - **0138** NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome
  - **1717** NHSN Hospital-onset Clostridium difficile Infection (CDI)
  - **0166** HCAHPS measures
  - **0371** Venous Thromboembolism Prophylaxis
  - **0471** PC-02 Cesarean Birth

# Feedback from Public and NQF Members: Access to Care

In general, supportive of the Workgroup's recommendations

- Encouraged the development of access to care measures
- Noted utility of telehealth for improving access to care
- Liked approach of suggesting potential solutions/ways to address challenges
- Appreciated acknowledgement of provider ability to affect an outcome for access to care even if they are not held accountable
- The domains align with priorities of other agencies

# Feedback from Public and NQF Members: Future Directions

- Continued need for rural-relevant measure development and/or modification to existing measures to make them more applicable to a rural environment
- Create measure sets specific to major categories of provider types

# Finalize Core Set Recommendations

# Further Discussion Needed:
## 1789 Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

- Workgroup Rationale
  - *Currently used for acute care hospitals, and inclusion in the core set would allow rural hospitals to compare to hospitals nationwide*
  - *Workgroup is concerned about the volume issues and the risk adjustment methodology used in the measure*
  - *Currently reported: Hospital Compare; Hospital Inpatient Quality Reporting; Medicare Shared Savings Program*
- Comments Received
  - *2 - Agree with Workgroup concerns about low-volume*
  - *1 - Desire inclusion of social risk factors in the risk adjustment methodology*
  - *1 – Strongly encourage inclusion of measures*
    - » "In our last review of national CAH performance on this measure, the majority of CAHs did meet the threshold of cases to have this calculated."

# Workgroup Decision

- Does the Workgroup recommend that 1789 *Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)* be included in the core set?

# 0291 Emergency Transfer Communication Measure

**Workgroup Rationale**

- Desire to include measures that address transitions in care
- In rural settings, there may be issues (e.g., weather) that will cause unavoidable delays in transfer time, so measures related to transfer time are not appropriate, but communication around transfer is important to measure
- Currently reported: Core MBQIP measure

**Comments Received**

- 2 – Recommend for removal due to reporting burden concerns
- 1 – Support recommendation for inclusion, as >1,000 CAHs already report this measure; modifications of measure are underway

# Workgroup Decision

- Does the Workgroup recommend that 0291 *Emergency Transfer Communication Measure* remain in the core set?

# 0729 Optimal Diabetes Care

**Workgroup Rationale**

- Desire for measure for diabetes
- Composite measure captures important aspects of care/overall clinical management
  - *Patients ages 18-75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c less than 8.0, blood pressure less than 140 systolic and less than 90 diastolic, statin use unless contraindications or exceptions, tobacco-free (non-user), and for patients with diagnosis of ischemic vascular disease, daily aspirin or antiplatelet use unless contraindicated.*
- Currently reported: Physician Compare

**Comments Received**

- 1 – Recommend for removal due to lack of risk-adjustment, concern about unfairness of measure for clinicians with more complex patients
- 1 – Support recommendation for inclusion, as >1,000 CAHs already report this measure; modifications of measure are underway

# Workgroup Decision

- Does the Workgroup recommend that *0729 Optimal Diabetes Care* remain in the core set?

# Healthcare Associated Infections

## 0138 NHSN Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
## 1717 NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure

### Workgroup Rationale

- 0138 targets the most common hospital infection, and therefore likely resistant to low case-volume
  - *Currently reported: Hospital Acquired Condition Reduction Program; Hospital Inpatient Quality Reporting; Inpatient Rehabilitation Facility Quality Reporting; Long-Term Care Hospital Quality Reporting*
  - *Currently reported: Additional MBQIP measure*
- 1717 targets a common hospital infection, and therefore likely resistant to low case-volume
  - *Currently reported: Hospital Acquired Condition Reduction Program; Hospital Compare; Hospital Inpatient Quality Reporting; Hospital Value-Based Purchasing; Inpatient Rehabilitation Facility Quality Reporting; Long-Term Care Hospital Quality Reporting; Prospective Payment System-Exempt Cancer Hospital Quality Reporting*
  - *Currently reported: Additional MBQIP measure*

### Comments Received

- 3 – Recommended for removal due to concerns about low case-volume
  - *"Our analysis of HAI data indicates very few CAHs have enough cases for the quality metric of a standardized infection ratio (SIR) to be calculated for either CAUTI (NQF 0138) or CDI (NQF 1717) on a quarterly, and often even a yearly basis."*

# Workgroup Decision

- Does the Workgroup recommend that 0138: *National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure* remain in the core set?

- Does the Workgroup recommend that 1717: *National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure* remain in the core set?

# 0166 HCAHPS measures

**Workgroup Rationale**

- Important to capture patient experience in inpatient setting
- Noted the burden of collecting data for the measures and recommended CMS consider allowing data for the measures to be collected electronically to reduce burden and encourage more participation
- Currently reported: Hospital Compare; Hospital Inpatient Quality Reporting; Hospital Value-Based Purchasing; Prospective Payment System-Exempt Cancer Hospital Quality Reporting
- Currently reported: Core MBQIP measure

**Comments Received**

- 2 – Recommend for removal due to low case-volume
  - *"Nearly 60% of CAHs that are submitting HCAHPS data don't meet the CMS star rating threshold of 100 completed surveys over four quarters, and 12% of reporting CAHs had fewer than 25 surveys returned."*

# Workgroup Decision

- Does the Workgroup recommend that 0166 *HCAHPS* remain in the core set?

# 0371 Venous Thromboembolism Prophylaxis

**Workgroup Rationale**

- There are many risk factors for VTE and numerous hospital units in which it can occur; the incidence and seriousness of unattended outcomes warrant the measure
- Two versions available: original and eMeasure
- Currently reported: Medicare and Medicaid Electronic Health Record Incentive Program for Hospitals and Critical Access Hospitals

**Comments Received**

- *1 – Recommend for removal due to low case-volume*
- *1 – Recommend for removal due to concern about eMeasure reporting*

# Workgroup Decision

- Does the Workgroup recommend that 0371 *Venous Thromboembolism Prophylaxis* remain in the core set?

# 0471 PC-02 Cesarean Birth

**Workgroup Rationale**

- Rural areas have a limited number of obstetricians, but it is important to focus on best practices in obstetric care including a reduction in cesarean section deliveries
- Currently used: Medicaid Adult Core Set

**Comments Received**

- 1 – Recommend for removal due to limited proportion of CAHs providing this service

# Workgroup Decision

- Does the Workgroup recommend that 0471 *PC-02 Cesarean Birth* remain in the core set?

# Finalize Recommendations on Access to Care

# Workgroup Discussion

**Ways to address challenges related to:**

- Health information
  - *Challenges include lack of connectivity; technology that doesn't support access to information*
  - *Ways to address: Expansion of remote access technology*
- Physical spaces
  - *Challenges include difficulty/expense in finding spaces or retrofitting spaces*
  - *Ways to address: Consideration of licensing options and definitions*
- Delayed care due to out-of-pocket costs
  - *Challenges include higher deductibles/underinsurance, lack of insurance, network inadequacy*

# Public Comment

# Workgroup Vote on Recommendations

# Voting

- Does the Workgroup approve of the recommendations made in the report?

# Next Steps

# Next Steps

- Final Report: August 31, 2018
- MAP Coordinating Committee Web Meeting: August 14, 2018, 1:00-3:00pm ET
  - *Workgroup members can listen in but attendance is not required (calendar invites have already gone out)*

# Contact Information

- Workgroup SharePoint: http://share.qualityforum.org/Projects/MAP%20Rural%20Health/SitePages/Home.aspx
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# Thank you!