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MAP Rural Health Workgroup

Post-Comment Call

August 26, 2020

Welcome and Meeting Objectives

Project Team



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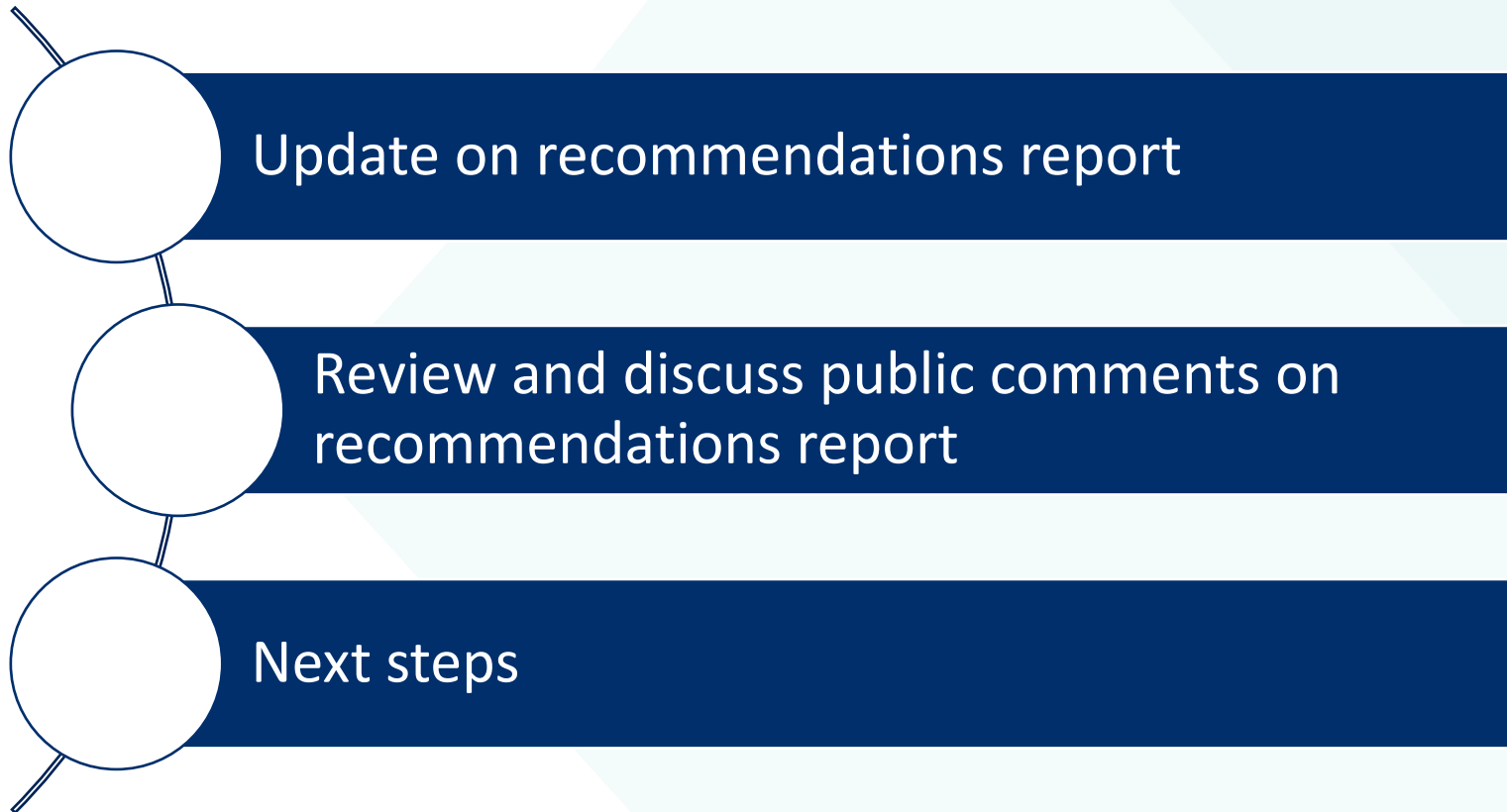
Aaron Garman, MD
Coal Country
Community Health
Center

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, M.B.A., B.S.Pharm
- Jennifer Greene
- 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-Palsgrove
- Michael Fadden, MD
- John Gale, MS
- Curtis Lowery, MD
- Jessica Schumacher, PhD
- Ana Verzone, MS, APRN, FNP, CNM
- Holly Wolff, MHA
- Craig Caplan (non-voting)
- Bruce Finke (non-voting)
- Emily Moore (non-voting)



Meeting Objectives



Update on Recommendations Report



Update on Recommendations Report

- First draft recommendations report shared with Workgroup via email for feedback
- Draft recommendations report then posted for public comment from July 10 through July 30
- Commenting tool asked for feedback on the following:
 - ▣ Relevancy and low case-volume (LCV) susceptibility of the 15 measures recommended for statistical testing
 - ▣ Additional reporting challenges
 - ▣ Additional gaps and future considerations
 - ▣ Any other general comments

Public Comments on Report



Public Comments

- Received comments from three organizations/individuals
- Comments submitted via public commenting web tool and via email



Questions for Consideration

- Do these comments warrant revisions to the recommendations report? If yes, how so?
- Are there any final points to consider in the report?



Key Themes: Measure Recommendations

- Commenters supported the inclusion of transitions in care
- Mixed comments on use of cross-cutting measures
 - ▣ Defining cross-cutting measures can be arbitrary
 - ▣ Focusing on cross-cutting measures could discourage measurement in specialty areas and discourage use of outcome measures
 - ▣ Alternative: measures with common causal pathway
- Measures should be assessed for low case-volume (as opposed to limited availability of service) before testing



Key Themes: Measure Recommendations (cont.)

- Commenters shared the following measure-specific updates:
 - ▣ #0500 *Severe Sepsis and Septic Shock: Management Bundle* not yet in MBQIP
 - ▣ #1789 *Risk-Standardized, All Condition Readmission* will be replaced with a hybrid version starting in 2023-2024 reporting period (affecting payment determination starting in 2026)

Key Themes: Reporting Challenges

- Comment: “The ‘borrowing strength’ approach ... does not in fact require combining data over multiple years (or across peer providers) but rather leverages the persistent statistical relationship across years.”
- Suggestion: Expanding data sources available for calculating claims-based measures could help address volume challenges.
- Comment: Few rural-relevant eCQMs are included as part of CMS Inpatient Quality Reporting and Promoting Interoperability programs.
 - ▣ May be affected by new models for healthcare delivery reform (e.g., CHART Model)

Key Themes: Gaps and Future Considerations

- Before further testing, measures should be assessed for ability to:
 - ▣ Establish benchmarks
 - ▣ Observe statistical correlations or persistence
 - ▣ Estimate correlated signal variances

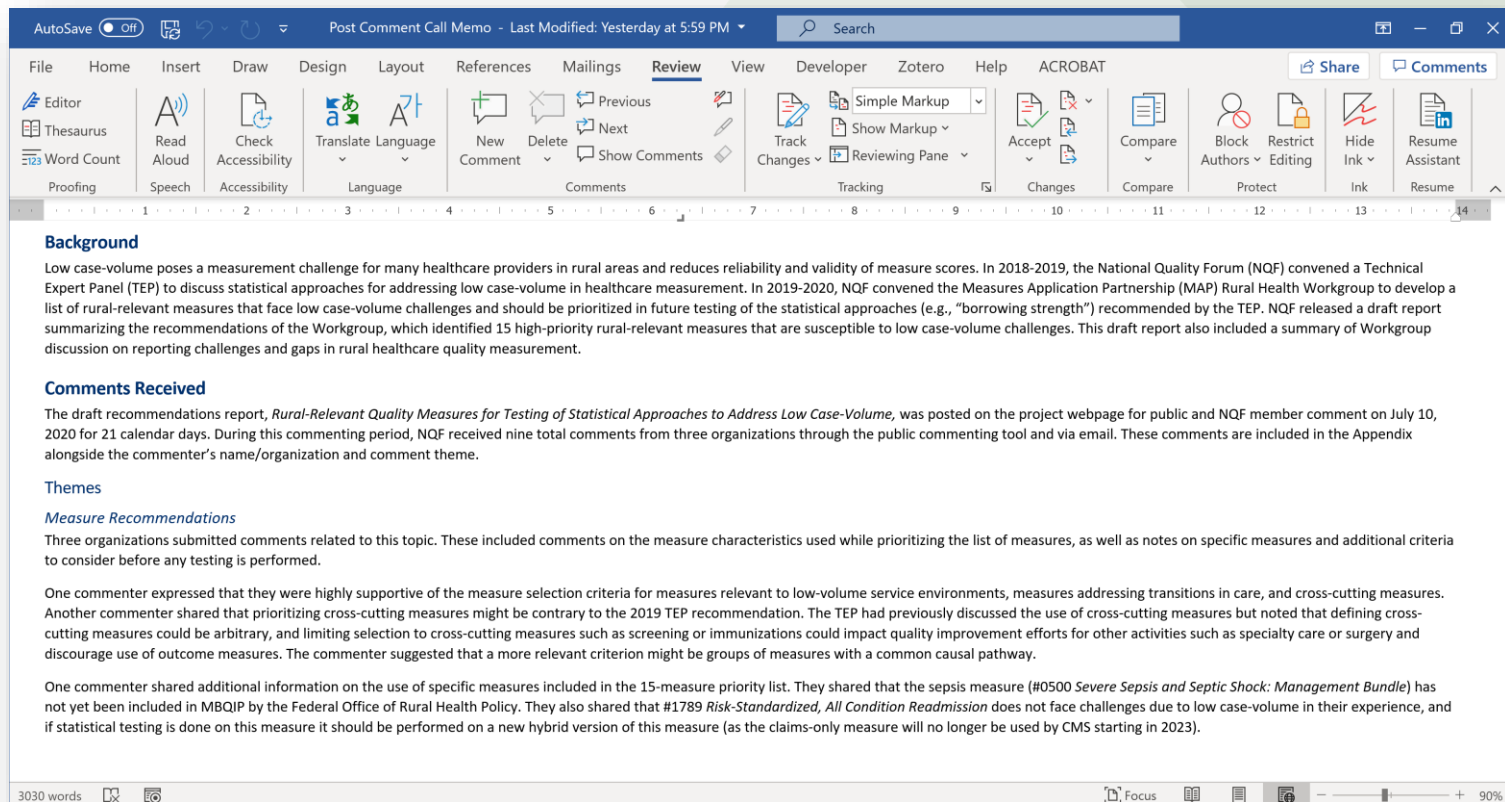
- Suggested topic areas for future adaptation/development:
 - ▣ Access and timeliness of care
 - ▣ Care transitions
 - ▣ Substance use
 - ▣ Cost
 - ▣ Population health
 - ▣ Advance care directives
 - ▣ End-of-life care
 - ▣ Patient outcomes



Key Themes: Other General Comments

- Suggestion: There should be additional support for development of rural-sensitive measures appropriate for rural hospitals and usable in improvement and payment programs.
- Suggestion: NQF should identify a core set of cross-cutting measures that all providers would report on, as well as supplemental sets specific to provider categories (e.g., a set for CAHs, a set for general acute care facilities, sets for specialty care facilities).

Screenshare of Comment Memo



AutoSave Off Post Comment Call Memo - Last Modified: Yesterday at 5:59 PM Search

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Editor Thesaurus Word Count Proofing Read Aloud Check Accessibility Translate Language New Comment Delete Previous Next Show Comments Track Changes Simple Markup Show Markup Reviewing Pane Accept Compare Block Authors Restrict Editing Hide Ink Resume Assistant

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Background

Low case-volume poses a measurement challenge for many healthcare providers in rural areas and reduces reliability and validity of measure scores. In 2018-2019, the National Quality Forum (NQF) convened a Technical Expert Panel (TEP) to discuss statistical approaches for addressing low case-volume in healthcare measurement. In 2019-2020, NQF convened the Measures Application Partnership (MAP) Rural Health Workgroup to develop a list of rural-relevant measures that face low case-volume challenges and should be prioritized in future testing of the statistical approaches (e.g., "borrowing strength") recommended by the TEP. NQF released a draft report summarizing the recommendations of the Workgroup, which identified 15 high-priority rural-relevant measures that are susceptible to low case-volume challenges. This draft report also included a summary of Workgroup discussion on reporting challenges and gaps in rural healthcare quality measurement.

Comments Received

The draft recommendations report, *Rural-Relevant Quality Measures for Testing of Statistical Approaches to Address Low Case-Volume*, was posted on the project webpage for public and NQF member comment on July 10, 2020 for 21 calendar days. During this commenting period, NQF received nine total comments from three organizations through the public commenting tool and via email. These comments are included in the Appendix alongside the commenter's name/organization and comment theme.

Themes

Measure Recommendations

Three organizations submitted comments related to this topic. These included comments on the measure characteristics used while prioritizing the list of measures, as well as notes on specific measures and additional criteria to consider before any testing is performed.

One commenter expressed that they were highly supportive of the measure selection criteria for measures relevant to low-volume service environments, measures addressing transitions in care, and cross-cutting measures. Another commenter shared that prioritizing cross-cutting measures might be contrary to the 2019 TEP recommendation. The TEP had previously discussed the use of cross-cutting measures but noted that defining cross-cutting measures could be arbitrary, and limiting selection to cross-cutting measures such as screening or immunizations could impact quality improvement efforts for other activities such as specialty care or surgery and discourage use of outcome measures. The commenter suggested that a more relevant criterion might be groups of measures with a common causal pathway.

One commenter shared additional information on the use of specific measures included in the 15-measure priority list. They shared that the sepsis measure (#0500 *Severe Sepsis and Septic Shock: Management Bundle*) has not yet been included in MBQIP by the Federal Office of Rural Health Policy. They also shared that #1789 *Risk-Standardized, All Condition Readmission* does not face challenges due to low case-volume in their experience, and if statistical testing is done on this measure it should be performed on a new hybrid version of this measure (as the claims-only measure will no longer be used by CMS starting in 2023).

3030 words Focus 90%

Public Comment

Next Steps

Next Steps

- Summary of this meeting will be posted on MAP Rural Health Workgroup project page
- Timeline for recommendations report
 - ▣ Incorporate feedback and finalize by 9/15
 - ▣ Final report published online on 9/28
- We will share the final recommendations report via email when it is available online.

Update on Upcoming Workgroup Activities

	Pre-Rulemaking	Additional Tasks
2019 - 2020	MAP RH Workgroup provides feedback on the MAP measures under consideration	MAP RH Workgroup recommends measures for statistical testing to address low case-volume
2020 - 2021	MAP RH Workgroup provides feedback on the MAP measures under consideration	New TEP convenes to discuss and develop measurement framework for telehealth, health system readiness
2021 - 2022	MAP RH Workgroup provides feedback on the MAP measures under consideration	MAP RH Workgroup updates rural-relevant core set of measures



Update on Upcoming Workgroup Activities

- The next time MAP Rural Health Workgroup convenes will be for the pre-rulemaking work later in 2020
- Tentative dates for pre-rulemaking meetings:
 - ▣ September 18, 2020
 - ▣ December 4, 2020
 - ▣ December 7, 2020
 - ▣ December 9, 2020
- Additional work on updating the rural core set is anticipated to start at the end of **2021**



Contact Information

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- Project page:
http://www.qualityforum.org/MAP_Rural_Health_Workgroup.aspx

THANK YOU.

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