NATIONAL QUALITY FORUM
Driving measurable health improvements together

MAP Rural Health Workgroup:
Leveraging Quality Measurement to Improve Rural Health

Orientation Webinar

November 25, 2019

Welcome and Roll Call

Agenda

- Welcome and Roll Call
- Background and Context
  - *Brief review of MAP*
  - *Review of MAP Rural Health Workgroup (RHWG) Activities*
- New Project Overview
- Overview of 2019 MAP Rural Health Technical Expert Panel (TEP) Report
  - *Members, Objectives, Activities*
  - *TEP Recommendations*
- Public and Member Comment
- Next Steps
- Adjourn

Project Staff

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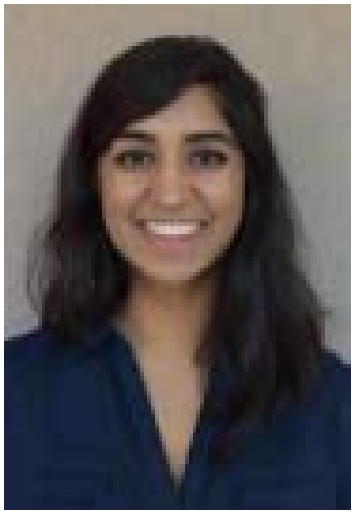
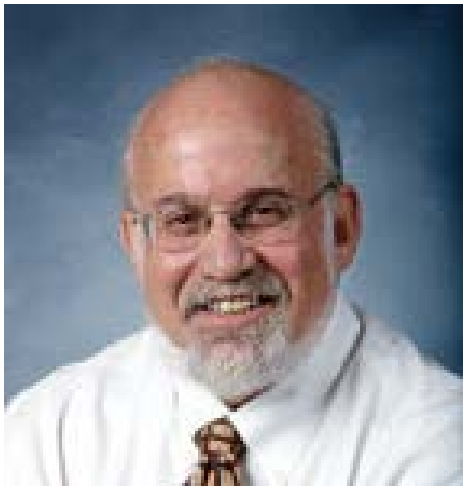
Senior Director

Suzanne Theberge
Senior Project Manager



Ameera Chaudhry
Project Analyst

Workgroup Co-chairs



Ira Moscovice, PhD
University of Minnesota
School of Public Health

Aaron Garman, MD
Coal Country Community
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Rural Health Workgroup Membership

Workgroup Co-chairs: Ira Moscovice, PhD; Aaron Garman, MD

Organizational Members (voting)	
Alliant Health Solutions	Michigan Center for Rural Health
American Academy of Family Physicians (AAFP)	Minnesota Community Measurement
American Academy of Physician Assistants (AAPA)	National Association of Rural Health Clinics (NARHC)
American College of Emergency Physicians (ACEP)	National Rural Health Association (NRHA)
American Hospital Association (AHA)	National Rural Letter Carriers' Association (NRLCA)
American Society of Health-System Pharmacists (ASHP)	RUPRI Center for Rural Health Policy Analysis
Cardinal Innovations	Rural Wisconsin Health Cooperative (RWHC)
Geisinger Health	Truven Health Analytics LLC/IBM Watson Health Company
Intermountain Healthcare	

Rural Health Workgroup Membership

Individual Subject Matter Experts (Voting)
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

Federal Government Liaisons (Nonvoting)
Federal Office of Rural Health Policy, Health and Human Services (HHS)/Health Resources and Services Administration (HRSA)
Center for Medicare and Medicaid Innovation (CMMI), HHS/Centers for Medicare and Medicaid Services (CMS)
Indian Health Services (IHS), DHHS

Background and Context

Measure Applications Partnership

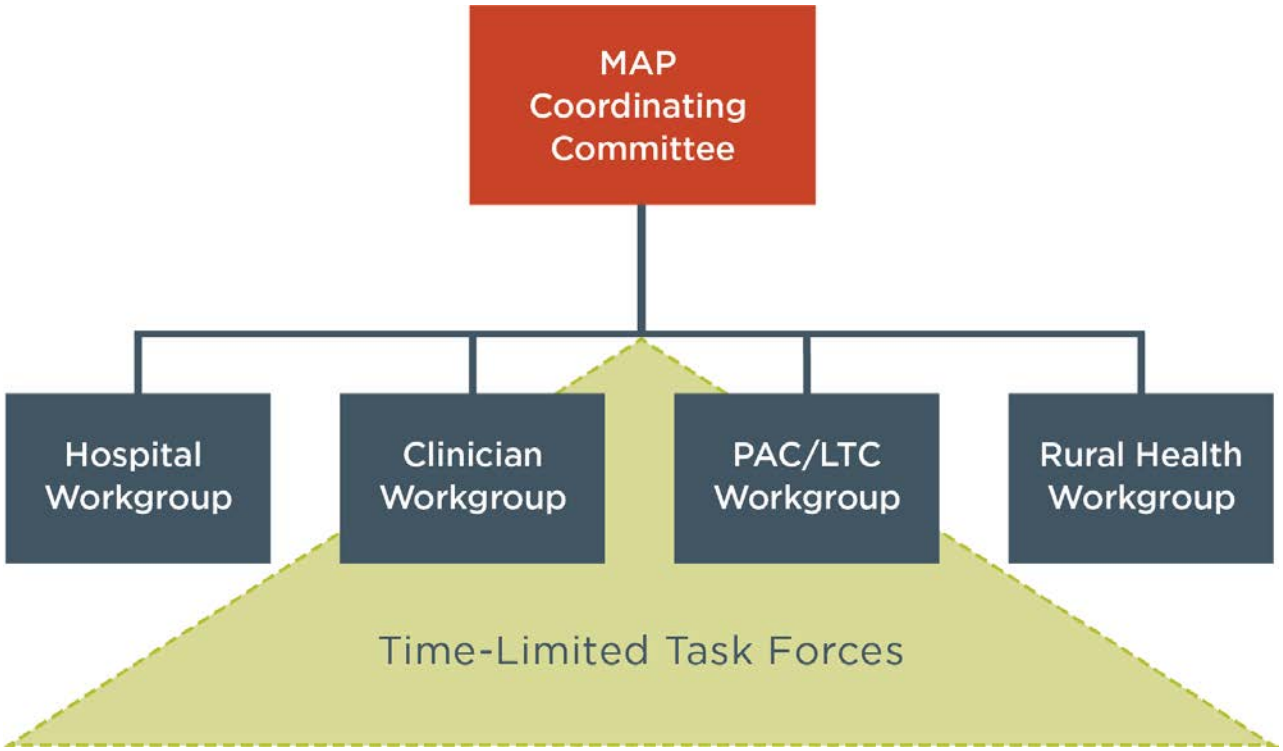
Statutory Authority

- The Affordable Care Act (ACA) requires HHS to contract with the consensus-based entity (i.e., NQF) to **"convene multi-stakeholder groups to provide input on the selection of quality measures" for public reporting, payment, and other programs** (ACA Section 3014).

The Role of MAP

- Inform the selection of performance measures to achieve:
  - *Improvement*
  - *Transparency*
  - *Value for all*
- Provide input to HHS on the selection of measures for:
  - *Public reporting*
  - *Performance-based payment*
  - *Other federal programs*
- Identify measure gaps for development, testing, and endorsement
- Encourage measurement alignment across public and private programs, settings, levels of analysis, and populations to:
  - *Promote coordination of care delivery*
  - *Reduce data collection burden*

MAP Structure



MAP Members

- Organizational Representatives
  - *Constitutes the majority of MAP members*
  - *Include those that are interested in or affected by the use of measures*
  - *Organizations designate their own representatives*
- Subject Matter Experts
  - *Serve as individual representatives bringing topic specific knowledge to MAP deliberations*
  - *Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts*
- Federal Government Liaisons
  - *Serve as ex-officio, nonvoting members representing a federal agency*

NQF's 2015 Rural Health Project
Purpose and Objectives

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

NQF's 2015 Rural Health Project
Key Issues Regarding Measurement of Rural Providers

- Geographic isolation
  - *Limited provider availability*
  - *Limited IT capabilities*
  - *Transportation difficulties*
- Small practice size
  - *Limited time, staff, and/or finances for QI*
  - *Multiple and disparate staff responsibilities across facilities*
- Heterogeneity
  - *Heterogeneity in settings and patient population*
  - *Implications for adjustment, reliability, and use of measures*
- Low case-volume
  - *Insufficient volume to achieve reliable and valid measurement*
  - *Limited set of available healthcare services may limit applicability of measures*

NQF's 2015 Rural Health Project

- Overarching Recommendation
  - *Make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers, but allow a phased approach for full participation across program types and explicitly address low case-volume*
- Some Supporting Recommendations
  - *Select measures that are relevant for rural providers*
  - *Use a core set of measures, along with a menu of optional measures*
  - *Create a Rural Measure Applications Partnership (MAP) workgroup*
  - *Fund development of rural-relevant measures*
  - *Develop/modify measures to explicitly address low case-volume*
  - *Ensure that component measures within composites are appropriate for rural (low-volume) providers*

MAP Rural Health Workgroup
Key Activities for 2017-2018

- Assemble MAP Rural Health Workgroup
- Identify a core set of the best available rural-relevant measures
- Identify gaps in measurement and provide recommendations on alignment and coordination of measurement efforts
- Make recommendations regarding measuring and improving access to care for the rural population

MAP Rural Health Workgroup
Key Activities for 2018-2019

- Share August 2018 report and recommendations with MAP Hospital, Clinician, and PAC/LTC Workgroups
- Provide feedback on clinician-specific measures included on the 2018 Measures Under Consideration (MUC) list
- Convene a Technical Expert Panel (TEP) to provide feedback and recommendations to address the low case-volume challenge faced by many rural providers

New Project Overview

Leveraging Quality Measurement to Improve Rural Health

- 35-month period of performance (Fall 2019-Fall 2022)
- Three subtasks
  - **Task 1**: Identify high-priority rural-relevant measures with minimum case requirements for future testing using the Rural Health TEP's recommended statistical approaches
    - 12-month duration
  - **Task 2:** Review, update, and potentially expand the core set of rural-relevant measures
    - 10-month duration
  - **Task 3:** Review, update, and potentially expand the measurement framework for telehealth
    - 13-month duration

Approach – Task 1

Convene Stakeholders

- Re-convene the MAP Rural Health Workgroup

Environmental Scan

- Identify healthcare performance measures currently used in CMS quality reporting and value-based purchasing programs
- Among these, identify measures that address highly prevalent and/or costly conditions among rural residents, and present challenges due to minimum case requirements

Recommendations Report

- Develop a written report that:
  - Prioritizes measures for future testing of the "borrowing strength" approach recommended by the 2019 TEP
  - Documents the Workgroup's rationale for the prioritization

Task 1: Environmental Scan

- Purpose
  - *To identify measures currently used in CMS Medicare quality reporting and value-based purchasing programs that:*
    - » address highly prevalent and/or costly conditions among rural residents
    - » have minimum case requirements that could be challenging for rural providers to report
- Scan report will be released for a 30-day public commenting period
- The RHWG will review comments and provide feedback for revisions to the report as needed

Task 1: Workgroup Recommendations

- Purpose
  - *To summarize the Workgroup's discussion and recommendations of prioritized measures that can be tested as recommended by the Rural Health TEP*
    - » Document the Workgroup's rationale underlying their recommendations and the challenges the recommended measures pose for low-volume rural providers to report,
    - » Provide specifications for the prioritized measures
- Recommendations report will be released for a 30-day public commenting period
- The RHWG will review comments and provide feedback for revisions to the report as needed

Project Timeline

- Project Orientation: November 2019
- Web meeting 2: February 2020
- Environmental Scan Report public comment: February 2020
- Web meeting 3: March 2020
- Web meeting 4: April 2020
- Web meeting 5: May 2020
- Recommendations Report public comment: May 2020
- Web meeting 6: July 2020
- Finalize recommendations report: August 2020

Approach – Task 2

Convene Stakeholders

- Re-convene the MAP Rural Health Workgroup

Environmental Scan

- Assess the relevance of the current core set of measures for rural health
- Review the specifications of current core set measures to assess changes and increased susceptibility to the low-volume challenge
- Identify emergent rural health issues and their associated performance measures

Recommendations Report

- Develop a written report that presents/discusses:
  - An update core-set of rural-relevant measures
  - The applicability, relevance, and relative priority of the measures in the revised core set

Approach – Task 3

Convene Stakeholders

- Recruit and convene a new Telehealth Committee

Environmental Scan

- Identify changes in measures or measure concepts included in the 2017 Telehealth measurement framework
- Identify emergent issues relevant to telehealth (e.g., technology, policy, access)
- Identify new relevant measures and measure concepts

Recommendations Report

- Develop a written report that describes the Telehealth Committee's recommendations and rationale regarding revisions (if any) to the Telehealth Measurement Framework and associated measures/measure concepts

Overview of 2019 MAP Rural Health Technical Expert Panel Report

Objectives of the TEP

- Develop recommendations on approaches for calculating healthcare performance measures when case-volume is low
  - *Consider exemptions for reporting requirements in various CMS programs*
  - *Consider heterogeneity of residents and providers in rural areas*
  - *Recommendations should include approaches that are actionable for measure developers*
- Assist NQF in drafting a report that describes the TEP's discussion and recommendations

TEP Members

- Mariel Finucane, PhD
  - *Senior Statistician, Mathematica Policy Research, Inc.*
- Jeffrey Geppert, EdM, JD
  - *Senior Research Leader, Battelle Memorial Institute*
- Shuangge (Steven) Ma, PhD
  - *Professor of Biostatistics, Yale University*
- Jessica Schumacher, PhD
  - *Director of Data Management and Analytics for the Surgical Collaborative of Wisconsin, University of Wisconsin - Madison, Surgical Collaborative of Wisconsin*
- Alan Zaslavsky, PhD
  - *Professor, Harvard Medical School*

TEP Activities
(September 2018 – March 2019)

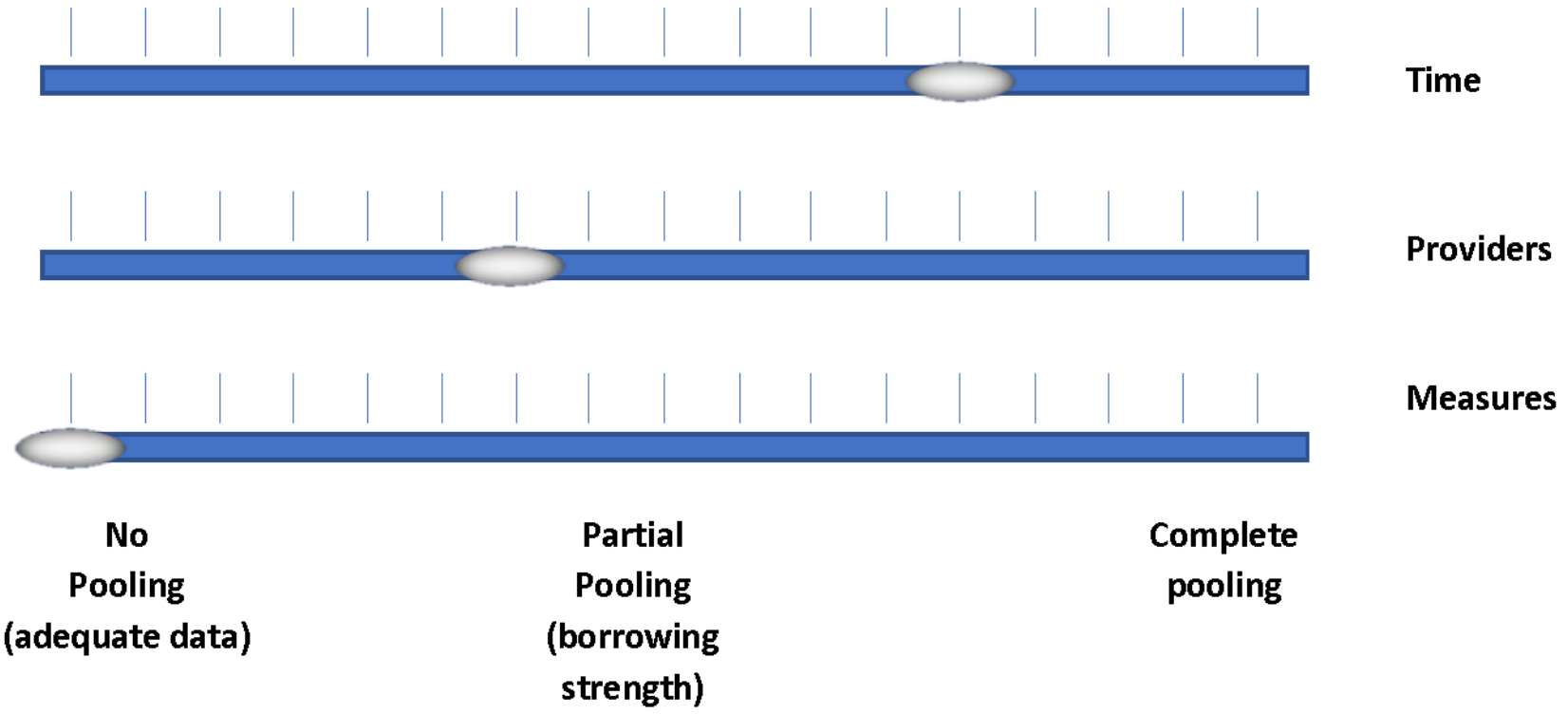
- Participate in four 3-hour conference calls
- Consider previously recommended solutions to the low case-volume (LCV) challenge
- Provide recommendations on how to address the LCV challenge faced by rural healthcare providers
- Assist in drafting a report summarizing their recommendations
- Assist in reviewing/responding to public comments, finalizing recommendations, and revising draft report

TEP Recommendations on Addressing the Low Case-Volume Issue

- Borrow strength to the extent possible
- Recognize the need for robust statistical expertise and computational power
- Report exceedance probabilities
- Recognize potential for downstream unintended consequences

NQF released the final report on March 29, 2019

Borrow Strength to the Extent Possible



Recognize the Need for Robust Statistical Expertise and Computational Power

- Requires the professional expertise of PhD-level statisticians
  - *Develop the statistical models for borrowing strength*
  - *Write the programming code to implement measures that use this approach*
- Requires robust computational resources
  - *Computers with sufficient power to store, manage, and compute statistical models for very large datasets*

Report Exceedance Probabilities

- Underlying recommendation: Reflect the uncertainty of measure results
  - *Alternative to confidence intervals*
  - *Example:* **We can be 84 percent sure that hospital A is performing above the mean on this particular measure**
- Particularly useful if the goal of measurement is to help consumers (or others) maximize their chances of choosing a provider that would be most likely to provide a good outcome
- Still uncommon, so need education and field testing to ensure that healthcare consumers know how to interpret performance results

Recognize Potential for Downstream Unintended Consequences

- Using a measure in an incentive program without realizing that it does not work well for rural providers
  - *Potential for misappropriation of incentive payments*
  - *Potential to encourage activities that are counter-productive in rural environments*
- Using measurement results to drive large-scale policy decisions that affect rural residents and providers, but without proper consideration of potential downstream effects
- Vigilance required, as is a willingness to change course if needed
  - *Formal feedback loops should be established to facilitate this vigilance*

Some Additional Recommendations

Research

- Simulation studies
- Challenge grants
- Explore which structural characteristics might be appropriate in defining shrinkage targets for performance measurement of rural providers
- Pull together experts from other disciplines who also face the LCV problem

Policy

- Explore the implications of lack of service delivery
- Revisit/refine the core set of rural measures identified by the MAP Rural Health Workgroup

Questions?

Opportunity for NQF Member and Public Comment

Next Steps

Timeline of Upcoming Activities

- Draft scan report due to CMS in January, 2020
- Web meeting 2: February 5, 2020, 11 am-2 pm ET
  - *Provide results of the environmental scan to-date*
  - *Discuss prevalent/costly/high-priority issues for rural residents and providers*
- Public comment on draft scan report: February 12 – March 12, 2020
- Web meeting 3: March 4, 2020, 11 am – 2 pm ET
  - *Review public and NQF member comments received on the environmental scan report*

Contact Information

- Project page
  - *http://www.qualityforum.org/MAP_Rural_Health_Workgroup.aspx*
- Workgroup SharePoint site
  - *http://share.qualityforum.org/Projects/MAP%20Rural%20Health/SitePages/Home.aspx*
- Email: MAP Rural Health Project Team
  - *maprural@qualityforum.org*

Thank you!