NATIONAL QUALITY FORUM

MAP Rural Health Workgroup: Orientation Call

November 29, 2017

Agenda

- Opening Remarks and Review of Meeting Objectives
- Welcoming Remarks
- Introductions and Disclosure of Interest
- Overview of NQF's Previous Rural Health Work
- Overview of NQF, MAP, and Current Project Charge
- Solicit Feedback on Preliminary Measure Selection Criteria
- Discuss Rural-Relevant Measurement Topic
- Opportunity for Public Comment
- Next Steps

Opening Remarks

Shantanu Agrawal, MD, MPhil,
NQF President & CEO

Welcoming Remarks

Ira Moscovice, PhD
University of Minnesota School of Public Health
Workgroup Co-Chair

Aaron Garman, MD
Coal Country Community Health Center
Workgroup Co-Chair

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 PAs	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 Expert (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 & Medicaid Innovation, Centers for Medicare & Medicaid Services	Susan (Jackson) Anthony DrPH
Federal Office of Rural Health Policy, DHHS/HRSA	Craig Caplan
Indian Health Service	Juliana Sadovich PhD, RN

Project Staff

Karen Johnson, MS

Suzanne Theberge, MPH

Kate Buchanan, MPH

Madison Jung

Overview of NQF's Previous Rural Health Work

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*

Key Issues Regarding Measurement of Rural Providers

- Geographic isolation
  - *Limited provider availability*
  - *Transportation difficulties*
  - *Limited IT capabilities*
  - *Limited support from other sources (e.g., referral, academic)*

- Small practice size
  - *Limited time, staff, and/or finances for QI*
  - *Multiple & disparate staff responsibilities across facilities*

Key Issues Regarding Measurement of Rural Providers

- Heterogeneity
  - *Heterogeneity in settings and patient population*
  - *Implications for adjustment, reliability, and use of measures*

- Low case-volume
  - *Insufficient volume to achieve reliable & valid measurement*
  - *Limited set of available healthcare services may limit applicable measures*

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**

Supporting Recommendations

- Development of rural-relevant measures
  - *Fund development of rural-relevant measures*
  - *Develop and/or modify measures so as to explicitly address low case-volume*
  - *Consider rural-relevant sociodemographic factors in risk adjustment*
  - *Ensure that component measures within composites are appropriate for rural (low-volume) providers*
- Alignment of measurement efforts
  - *Measures*
  - *Data collection efforts*
  - *Technical assistance and other informational resources*

Supporting Recommendations

- Measure selection
  - *Use guiding principles for selecting quality measures that are relevant for rural providers*
  - *Use a core set of measures, along with a menu of optional measures, for rural providers*
  - *Consider measures that are used in Patient-Centered Medical Home models*
  - *Create a Measures Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures*

Supporting Recommendations

- Payment considerations
  - *For rural providers, create payment programs that include incentive payments, but not penalties*
  - *Offer rewards for rural providers based on achievement or improvement*
  - *Encourage voluntary groupings of rural providers for payment incentive purposes*
  - *Fund additional work to consider how peer groups for rural providers should be defined and used for comparison purposes*

Overview of NQF, MAP, and the MAP Rural Health Workgroup's Charge

The National Quality Forum: A Unique Role

Established in 1999, NQF is a non-profit, non-partisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

Mission: To lead national collaboration to improve health and healthcare quality through measurement

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality

Activities in Multiple Measurement Areas

- **Performance Measure Endorsement**
  - *600+ NQF-endorsed measures across multiple clinical areas*
  - *15 empaneled standing expert committees*
- **Measure Applications Partnership (MAP)**
  - *Advises HHS on selecting measures for 20+ federal programs, Medicaid, and health exchanges*
- **National Quality Partners**
  - *Convenes stakeholders around critical health and healthcare topics*
  - *Spurs action: recent examples include antibiotic stewardship, advanced illness care, shared decision making, and opioid stewardship*
- **Other Activities**
  - *Convenes private and public sector leaders to reach consensus on complex issues in healthcare performance measurement*
    - » Examples include HCBS, rural issues, telehealth, interoperability, attribution, diagnostic accuracy, disparities, ED transitions

Measure Applications Partnership (MAP)

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).

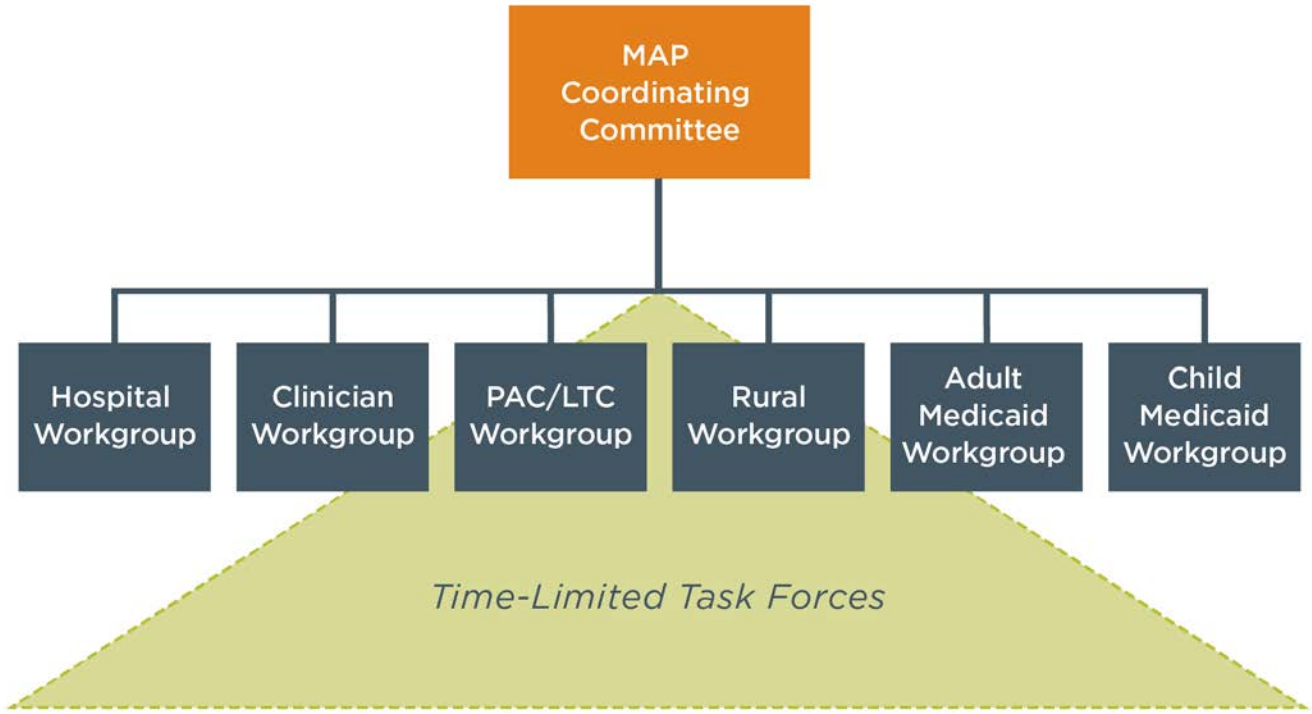
We refer to this input as the pre-rulemaking process

The Role of MAP

In pursuit of the National Quality Strategy, the MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Encourages 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

Three types of 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*
  - *Can send a substitute (but must be identified in advance)*
- Subject Matter Experts (SMEs)
  - *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*
  - *Cannot send a substitute*
- Federal Government Liaisons
  - *Serve as ex-officio, non-voting members representing a Federal agency*

Roles & Responsibilities

- Organizational representatives
  - *Represent leading stakeholder groups*
  - *Individual represents organizational perspective by attending and participating in webinars*
  - *Voting members*
- Subject matter experts
  - *Expected to be neutral content expert*
  - *Participate fully in webinars, including voting*
- Federal liaisons
  - *Provide input*
  - *Non-voting role*

Roles & Responsibilities (continued)

- NQF staff
  - *Prepare materials and organize webinars*
  - *Help to facilitate webinars*
  - *Produce Workgroup outputs (reports)*
- Co-Chairs
  - *Advise and assist staff to achieve goals of the project*
  - *Help to facilitate webinars*
  - *Participate fully as a subject matter expert, including voting*
  - *Represent the Workgroup at Coordinating Committee meetings*

Interaction With Other MAP Workgroups and Coordinating Committee

- NQF staff will introduce the Rural Workgroup and represent rural perspective at Nov-Dec 2017 Workgroup and Coordinating Committee meetings
- The MAP Coordinating Committee will consider input from the MAP Rural Health Workgroup during pre-rulemaking activities
- MAP Coordinating Committee will review and approve the Rural Health Workgroup's recommendations before finalizing (August 2018)

Objectives for 2017-2018 MAP Rural Health Workgroup

- Advise MAP on selecting performance measures that address the unique challenges, issues, health care needs and other factors that impact of rural residents
  - *Develop a set of criteria for selecting measures and measure concepts*
  - *Identify a core set(s) of the best available (i.e., "rural-relevant") measures to address the needs of the rural population*
  - *Identify rural-relevant gaps in measurement*
  - *Provide recommendations regarding alignment and coordination of measurements efforts across programs, care settings, specialties, and sectors (both public and private)*
  - *Address a measurement topic relevant to vulnerable individuals in rural areas*

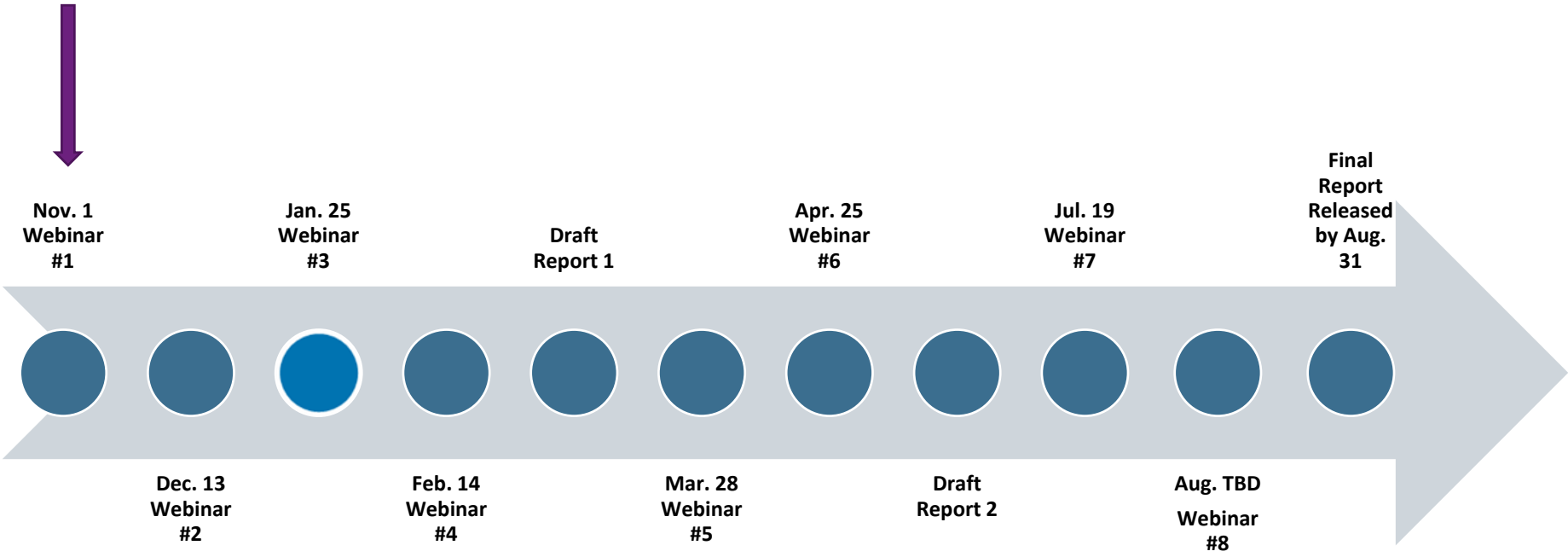
Project schedule

- **Webinar #2: December 13, 1:00-3:00 ET** – Discuss environmental scan and input on gap analysis; review draft measure selection criteria
- **Webinar #3: January 25, 1:00-3:00 ET** – Finalize measure selection criteria; review updated environmental scan, draft preliminary core set and gaps list; discuss measurement science topic
- **Webinar #4: February 14, 1:00-3:00 ET** – Review Draft Report # 1, provide feedback, finalize draft core set
- **Draft report 1 released**
- **Webinar #5: March 28, 1:00-3:00 ET** – Discuss measurement science issue

Project schedule (cont.)

- **Webinar #6: April 25, 1:00-3:00 ET** – Finalize recommendations on measurement science issue
- **Draft report 2** and public comment
- **Webinar #7: July 19, 1:00-3:00 ET** – Post-Comment Call-Draft Report #2; finalize core sets of measures and recommendation
- **Webinar #8: TBD** – MAP Coordinating Committee review of Workgroup recommendations
- **Final report by August 31, 2018**

Project Timeline



November 2017

August 2018

Discuss Potential Measure Selection Criteria

Guiding Principles for Selection of Rural-Relevant Measures

- **Address the low case-volume challenge**
  - *Because many rural areas will have small sample sizes that will impact measure reliability, measures used for rural providers should be broadly applicable for most rural providers.*
- **Facilitate fair comparisons for rural prov**iders
  - *e.g., through appropriate case-mix adjustment, establishing appropriate peer groups for comparison, or both*
- **Address areas of high risk for patients**
  - *Some care processes should "just happen" (e.g., medication reconciliation)*
- **Support local access to care**
  - *e.g., telehealth measures*
  - *May be better suited for "higher" levels of analysis such as health plans, ACOs, or even geographic populations.*

Guiding Principles for Selection of Rural-Relevant Measures

- **Address actionable activities for rural providers**
  - *e.g., activities such as triage and transfer may be more common among rural providers*
  - *Not necessarily within complete control of the provider (e.g., process measures versus outcome measures)*
- **Be evidence-based**
  - *Supported by empirical evidence demonstrating clinical effectiveness and a link to desired health outcomes*
- **Address areas where there is opportunity for improvement in rural areas**
- **Be suitable for use in internal quality improvement efforts**

Guiding Principles for Selection of Rural-Relevant Measures

- **Feasible data collection by rural providers**
- **Exclude measures that have unintended consequences for rural patients**
  - *Particular point of concern is potential for hindering access to care in rural areas*
- **Be suitable for use in particular programs**
  - *General consensus that only the "strongest measures" (in terms of evidence, reliability, validity, etc.) should be used in pay-for-performance programs*
  - *Measure sets should be diverse in type*
  - *Measure sets should be diverse in terms of data collection burden*
  - *e.g., measures used for public reporting should be meaningful for consumers and purchasers who use the results for decision making).*

Guiding Principles for Selection of Rural-Relevant Measures

- **Alignment with measures used in other programs**
- **Support the triple aim of the National Quality Strategy (NQS)**
  - *Better care, healthy people/healthy communities, affordable care.*

Other Recommendations From The Earlier Rural Health Project

- Identify a core set of measures that can be supplemented by a menu of optional measures
- Core set
  - *No more than 10-20 measures*
  - *Should be cross-cutting rather than disease specific*
    - » Screening for particular conditions might be reasonable
    - » Should apply to majority of rural patients
    - » Consider measures used in Patient-Centered Medical Homes
  - *Alignment of core set topic areas across settings is desirable*
  - *Measures in the core set may also be appropriate for non-rural providers*
    - » Ability to comparison to non-rural providers is desirable
  - *Variety of measure types is desirable*
    - » Including PRO-PMs, although there are cost/burden considerations

Other Insights From The Earlier Rural Health Project

- Rural relevant topic areas (where development or modification might be needed)
  - *Patient hand-offs and transitions*
  - *Alcohol/drug treatment*
  - *Telehealth/telemedicine*
  - *Access to care*
  - *Timeliness of care*
  - *Cost of care*
  - *Population health at the geographic level*
  - *Advance directives/care planning and end-of-life care*

Other Efforts to Direct Meaningful Measurement

- IOM (NAS) Vital Signs: Core Metrics for Health and Health Care Progress
- NQF's Prioritization Criteria and Measurement Framework (with National Priorities)
- CMS's Meaningful Measures Initiative

Vital Signs Core Metrics

BOX
Core Measure Set with Related Priority Measures

1. Life expectancy
Infant mortality
Maternal mortality
Violence and injury mortality

2. Well-being
Multiple chronic conditions
Depression

3. Overweight and obesity
Activity levels
Healthy eating patterns

4. Addictive behavior
Tobacco use
Drug dependence/illicit use
Alcohol dependence/ misuse

5. Unintended pregnancy
Contraceptive use

6. Healthy communities
Childhood poverty rate
Childhood asthma
Air quality index
Drinking water quality index

7. Preventive services
Influenza immunization
Colorectal cancer screening
Breast cancer screening

8. Care access
Usual source of care
Delay of needed care

9. Patient safety
Wrong-site surgery
Pressure ulcers
Medication reconciliation

10. Evidence-based care
Cardiovascular risk reduction
Hypertension control
Diabetes control composite
Heart attack therapy protocol
Stroke therapy protocol
Unnecessary care composite

11. Care match with patient goals
Patient experience
Shared decision making
End-of-life/advanced care planning

12. Personal spending burden
Health care–related bankruptcies

13. Population spending burden
Total cost of care
Health care spending growth

14. Individual engagement
Involvement in health initiatives

15. Community engagement
Availability of healthy food
Walkability
Community health benefit agenda

NQF's Prioritization Criteria

Outcome-focused

- Outcome measures and measures with strong link to improved outcomes and costs

Improvable and actionable

- Actionable measures with demonstrated need for improvement and evidence-based strategies for doing so

Meaningful to patients and caregivers

- Person-centered measures with meaningful and understandable results for patients and caregivers

Support systemic and integrated view of care

- Measures that reflect care that spans settings, providers, and time to ensure that care is improving within and across systems of care

NQF's National Priorities

National Priorities	Translation into Patient Voice
Health outcomes (including mortality, functional status)	*Are you getting better?*
Patient experience (including care coordination, shared decision making)	*How was your care?*
Preventable harm/complications	*Did you suffer any adverse effects from your care?*
Prevention/healthy behaviors	*Do you need more help staying healthy?*
Total cost/low value care	*Did you receive the care you needed and no more?*
Access to needed care	*Can you get the care you need when and where you need it?*
Equity of care	*Are you getting high quality care regardless of who you are or where you live?*

CMS Meaningful Measures Framework

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Getting from Selection Criteria to Core Sets: Our Initial Thinking

- Develop a systematic approach to identify measures
  - *Identify the most important criteria for identifying core measure sets for rural providers*
  - *Devise a rating scheme for the criteria*
  - *Potentially, devise a weighting scheme for the criteria*
  - *Apply criteria to obtain a "score" for measures*
  - *Rank the scores in order to winnow down list of potential measures*
  - *Qualitative consensus on core set(s), potentially with another set of criteria*

Guiding Principles for Selection of Rural Relevant Measures: Applied to Core/Optional Sets

Guiding principles and other recommendations	Core	Optional
Address low case volume (i.e., broadly applicable)	✓	
High risk topic areas (“just should be done”)	✓	
Cross-cutting	✓	
Limit unintended negative consequences (access)	✓	
Feasible data collection	✓	
Align with other programs	✓	
Actionable for providers	✓	✓
Evidence-based	✓	✓
Opportunity for improvement	✓	✓
Facilitate fair comparisons	✓	✓
Suitable for internal QI	✓	✓

Guiding Principles for Selection of Rural Relevant Measures: Applied to Core/Optional Sets

Guiding principle and other recommendations	Core	Optional
Suitable for particular programs	**Applicable to Set**	
Support the Triple Aim	**Applicable to Set**	
Support local access to care	**?**	**?**
Addresses “rural relevant” topic areas (e.g., hand-offs, alcohol/drug, access, etc.) if available	✓	✓
Align with prioritization schemas	**Applicable to Set**	

Questions to Consider

- How much interest in specific conditions?
  - *Screening only?*
  - *Are there "rural relevant" conditions that should be considered? (e.g., blood glucose control for persons with diabetes)*
- Would NQF endorsement be a reasonable first cut?
  - *If not completely, how about NQF endorsement OR inclusion in certain measure sets (e.g., PCMH set)?*
    - » What sets should we look for?
- Would we need different selection criteria for inpatient vs. outpatient settings?
- What are the drawbacks of using administrative claims for measurement?
- Are there other selection criteria we should consider?

Proposed Rural-Relevant Measurement Topics

Proposed Measurement Topics

- Measuring access to care
- Telehealth
- Leveraging public and private resources for quality improvement efforts
- Advance care planning
- Appropriate comparison groups
- Swing beds
- Post-acute care in rural areas

Any Questions?

Public Comment

Next Steps

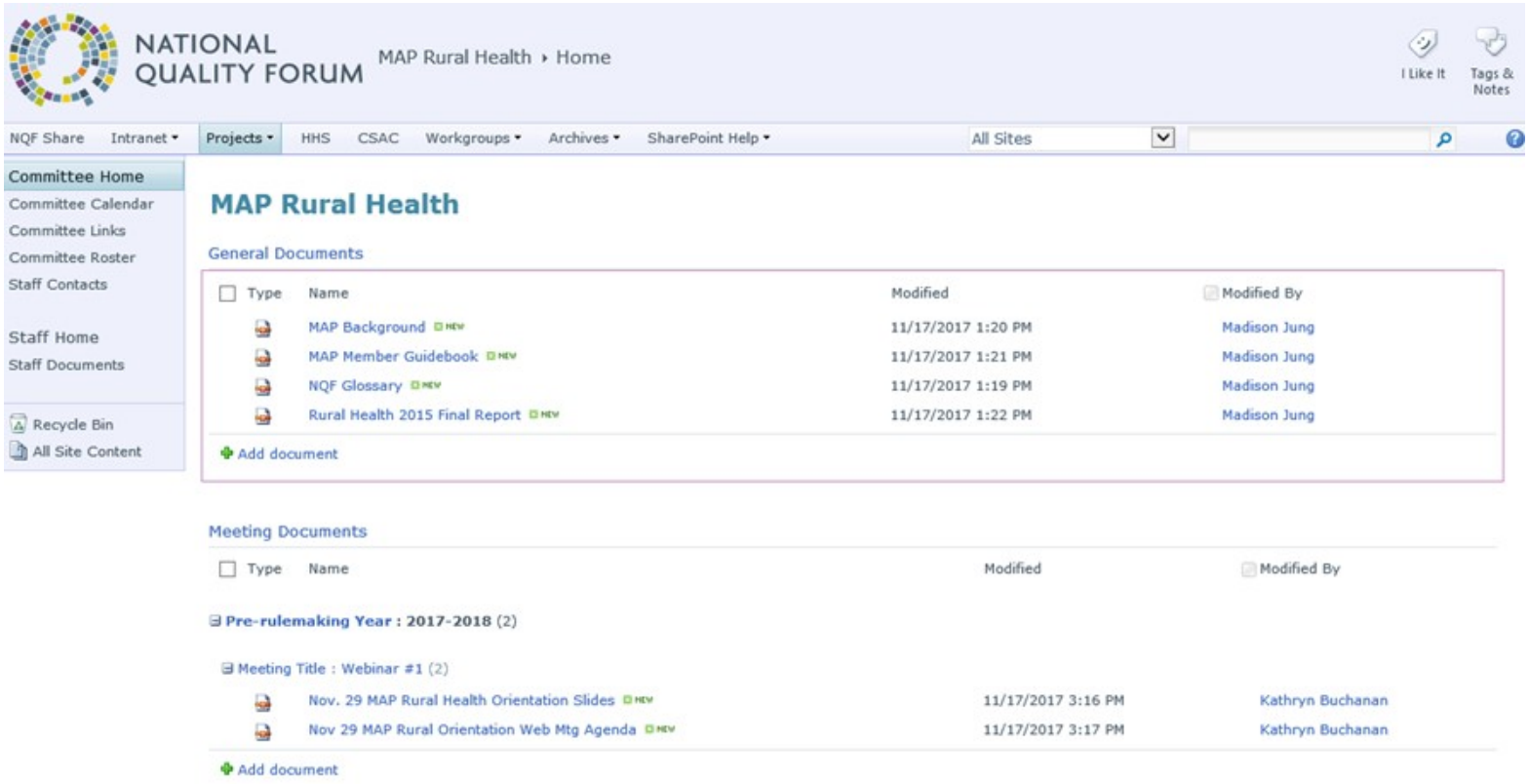
SharePoint Overview

http://share.qualityforum.org/Projects/MAP%20Rural%20Health/SitePages/Home.aspx

- Accessing SharePoint
- MAP Member Guidebook
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

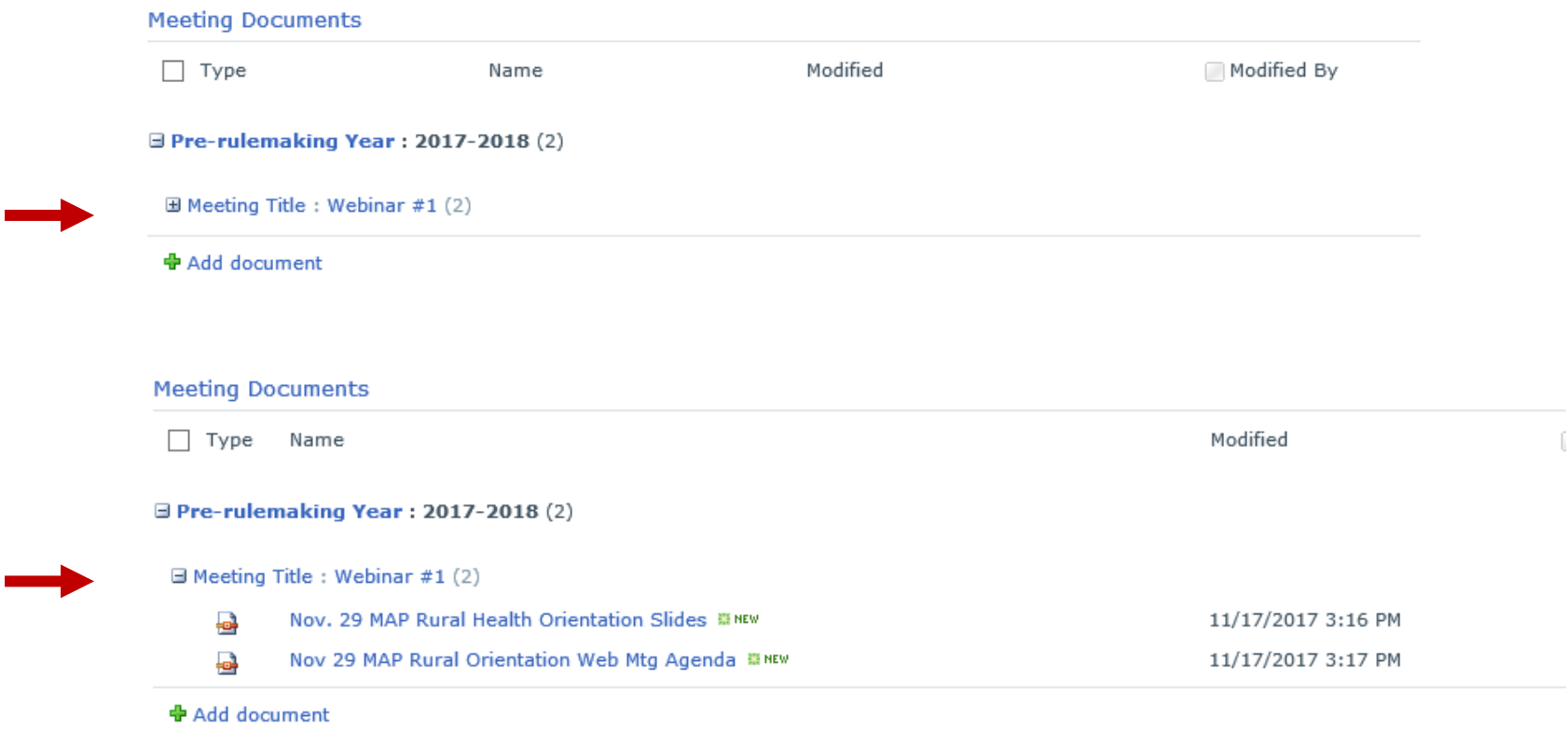
SharePoint Overview

- Screen shot of SharePoint Homepage



SharePoint Overview

- **Please keep in mind: (+) and (-) symbols**



Next Steps

- **Post-meeting work:** prioritization exercise for selection criteria
- Staff will send link to MUC list – Workgroup should review
- **Webinar #2: December 13, 1:00-3:00 ET**
  - *Discuss environmental scan and input on gap analysis*
  - *Review draft measure selection criteria and draft core sets*
  - *Provide input as needed on measurement topic*
  - *Provide high-level input on MUC list*
- **Webinar #3: January 25, 1:00-3:00 ET**
  - *Finalize the methodology for selecting measures*
  - *Review and revise draft core sets of measures as needed*
  - *Identify and prioritize measurement gap areas*

Contact Information

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THANK YOU