



MAP Rural Health Workgroup: Webinar #2

December 13, 2017

Welcome and Review of Meeting Objectives

Agenda

- Welcome and Review of Meeting Objectives
- Workgroup Member Introductions
- Review Progress on Environmental Scan of Measures
- Review Workgroup Feedback To-Date and Survey Monkey Results
- Apply Preliminary Selection Criteria Methodology and Update the Measure Selection Criteria
- Discuss Rural-Relevant Measurement Topic
- Discuss Measures Under Consideration (MUC) List
- Opportunity for Public Comment
- Next Steps
- Adjourn

Project Staff



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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 Mueller, 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 Anthony DrPH

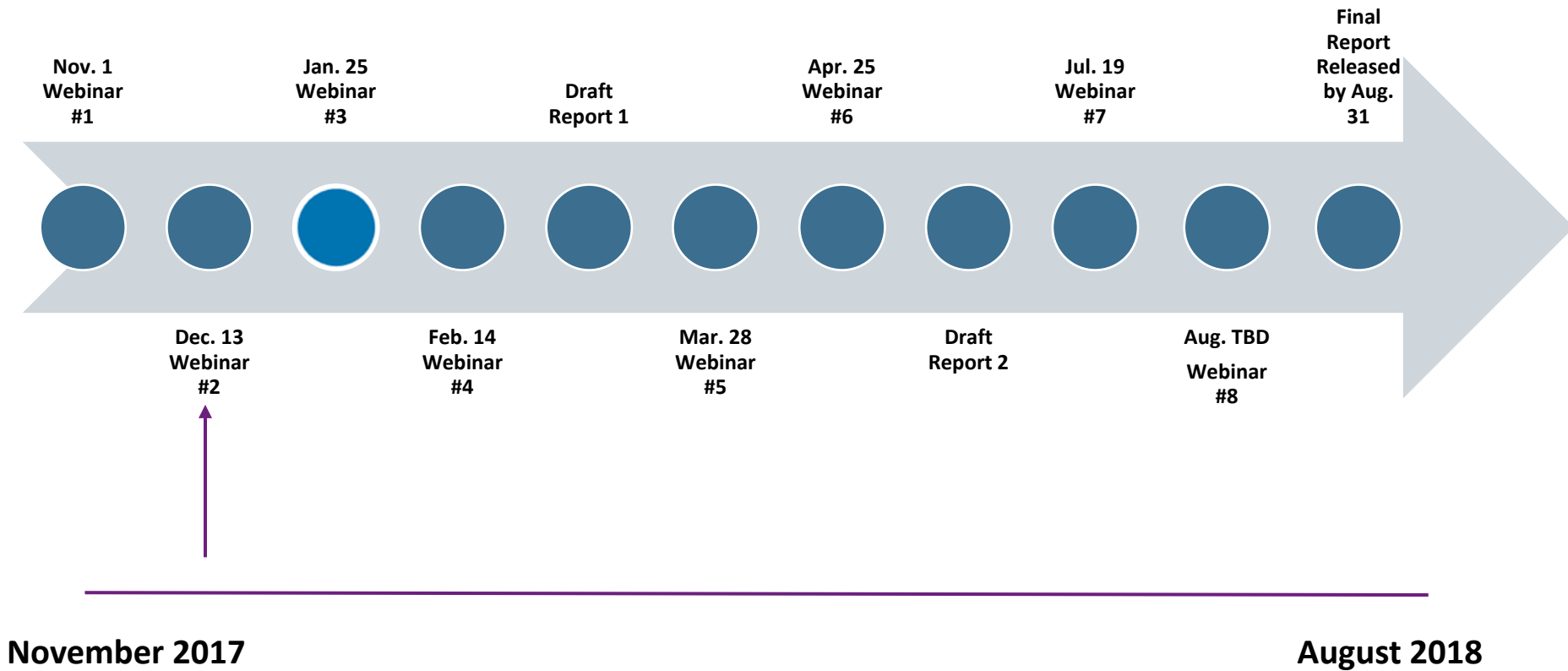
Federal Office of Rural Health Policy,
DHHS/HRSA

Craig Caplan

Indian Health Service

Juliana Sadovich PhD, RN

Project Timeline



Review Progress on Environmental Scan of Measures

Identifying and Tagging Measures

- Scan and tagging conducted for 2015 Rural Health Project
 - *Included NQF portfolio and other publicly available measure sets*
 - *Tagged CMS program measures*
 - *Tagged rural-relevant measures for small hospitals, CAHs, and rural health clinics*
 - *Tagged for topic/conditions*
- Updating the Scan
 - *NQF endorsement work since 2015*
 - *Relevant NQF measurement framework projects*
 - » Home and Community-Based Services
 - » Telehealth
 - » Roadmap for Promoting Health Equity and Eliminating Disparities
 - » Medicaid Innovation Accelerator
 - » Emergency department transitions of care
 - » Diagnostic quality and safety
 - *Refresh tagging (e.g., federal programs PCMH program, etc.)*

Scan Summary To-Date

- >1200 measures identified for 2015 rural health project
 - *Includes duplicate measures and measures for other levels of analysis/care settings*
- Other NQF scans of measures
 - *Tagging information (e.g., telehealth, access, etc.)*
 - *Includes measure concepts*
- Not worthwhile to merge data from scans
 - *Instead, we will pull in information as needed to inform work*
 - *May need WG input to identify other measures/sources*

Workgroup Feedback To-Date

Summary from Nov 29 Webinar

- NQF-proposed criteria
 - *NQF-endorsed*
 - *Address low case-volume*
 - *Cross-cutting measures*

- Workgroup feedback
 - *Supported starting with NQF endorsed measures*
 - » May need to look elsewhere for specific topic areas
 - *Must address low case-volume*
 - *Measures that assess care transitions must be included*

Summary from Nov 29 Webinar

- Additional Workgroup feedback
 - *Keen interest in measures of access to care*
 - *Open to consideration of cost measures*
 - *Coordination of care is key rural issue (transitions; collaboration between providers)*
 - *Feasibility is important, but some high-value measures might be included, even if less feasible*
 - *Some disease-specific measures might be reasonable to include in a core set*

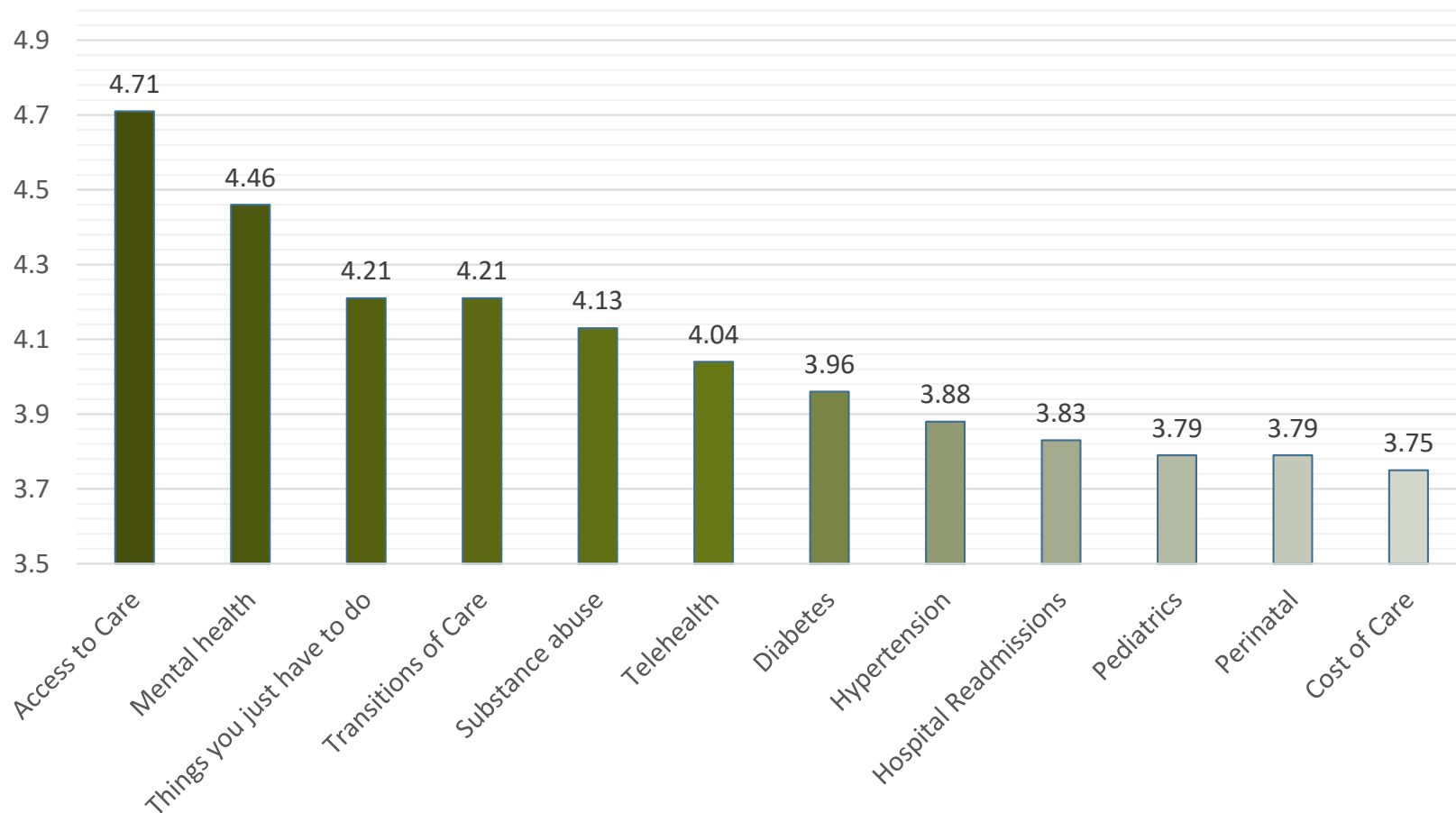
Post-Webinar Survey Results: Measure Selection Criteria

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Weighted Rating
NQF-Endorsed	0%	0%	8%	54%	38%	4.29
Low-case volume	0%	0%	17%	46%	38%	4.21
Cross-cutting	0%	4%	17%	38%	42%	4.17

Post-Webinar Survey Results: Measure Selection Criteria

- Cross-cutting measures are necessary
 - *BUT disease-specific/chronic condition measures also relevant*
- Should be relevant to unique rural health care delivery challenges (e.g., travel distance)
- Would like to include patient outcomes
- Don't lose sight of the principles of actionable/suitable for internal QI

Post-Webinar Survey Results: Topic Areas/ Disease Conditions



Post-Webinar Survey Results: Topic Areas/ Disease Conditions

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Weighted Rating
Access to Care	0%	0%	8%	13%	79%	4.71
Transitions of Care	0%	0%	13%	54%	33%	4.21
Telehealth	4%	8%	13%	29%	46%	4.04
Diabetes	0%	4%	21%	50%	25%	3.96
Hypertension	0%	8%	21%	46%	25%	3.88
Hospital Readmissions	0%	0%	38%	42%	21%	3.83
Cost of Care	4%	4%	29%	38%	25%	3.75

Post-Webinar Survey Results: Topic Areas/ Disease Conditions

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Weighted Rating
Mental health	0%	0%	4%	46%	50%	4.46
Things you just have to do (e.g., medication reconciliation)	0%	0%	21%	38%	42%	4.21
Substance abuse	0%	4%	13%	50%	33%	4.13
Perinatal	0%	8%	25%	46%	21%	3.79
Pediatrics	0%	4%	33%	42%	21%	3.79

Other Proposed Topics

- Geriatric or other areas related to elder care
- Outcome measures
- Care coordination across multiple providers
- Preventive actions (e.g., immunizations, health improvement/maintenance around common problems of population)
 - *Prevention of obesity/diabetes*
- Provider competence, credentials
- Trauma and emergency services
- Cancer care (post-diagnosis)
- Swing bed quality

Apply Preliminary Selection Criteria and Discuss Results

Measures After Applying Preliminary Selection Criteria

- **608** NQF-endorsed measures
- Of these, **543** potentially relevant to hospital or ambulatory settings (e.g., excludes nursing home/inpatient rehab/home health/inpatient psychiatric facilities/hospice)
- Of these, **140** are cross cutting; of these:
 - *2 deal with transitions*
 - *4 deal with care coordination*
 - *4 deal with emergency services*
 - *11 deal with patient/family experience with care*
 - *11 deal with immunization*
 - *2 deal with medication reconciliation*

Measures After Applying Preliminary Selection Criteria (continued)

- **140** are cross cutting; of these:
 - ▣ *8 are other instrument-based outcome measures (e.g., communication climate, patient activation)*
 - ▣ *6 deal with readmissions*
 - ▣ *18 deal with safety/complications (e.g., falls, pressure ulcers)*
 - ▣ *16 deal with screening*
 - ▣ *2 are structural (skill mix, nursing hours)*
 - ▣ *2 deal with substance abuse*
 - ▣ *16 deal with perinatal or maternal issues*
 - ▣ *4 deal with pediatrics*
 - ▣ *6 deal with healthcare acquired conditions*

Measures After Applying Preliminary Selection Criteria

- Of these, **140** are cross cutting; of these:
 - *8 are other instrument-based outcome measures (e.g., communication climate, patient activation)*
 - *6 deal with readmissions*
 - *16 deal with safety/complications (e.g., falls, pressure ulcers)*
 - *16 deal with screening*
 - *2 are structural (skill mix, nursing hours)*
 - *2 deal with substance abuse*

Measures After Applying Preliminary Selection Criteria

- 30 diabetes-related measures
- 1 hypertension measure
- 3 cost measures
- Access measures: TBD

→ Can find NQF-endorsed measures for almost all desired issues/topics (most are cross-cutting)

Questions to Consider

- Any other specific conditions of interest?
- Any specific procedures of interest? (e.g., surgery)
- What about measures for dialysis facilities?
 - *Initially, have assumed out-of-scope*
- Are you still interested in “access” measures?
 - *If so, how do you want to define?*

Rural-Relevant Measurement Topic

Proposed Measurement Topics

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

2017 Measures Under Consideration

MUC List

- <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86526>

2017 Measures Under Consideration

- 32 measures submitted
 - 22 for clinician programs (*MIPS and/or MSSP*)
 - 9 for hospital programs (*HIQR, HOQR, ASCQR, PCHQR, ESRD QIP*)
 - 1 for post-acute/LTC programs (*SNF QRP*)

<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=86526> (*also, e-mail from us on 12/1 at 1:50pm ET*)

2017 Measures Under Consideration: Discussion Questions

- Staff identified the following measures as rural relevant **(i.e., particularly relevant to and appropriate for rural providers)**
 - *MUC17-195: Hospital-Wide All-Cause Risk Standardized Mortality*
 - *MUC17-196: Hybrid Hospital-Wide All-Cause Risk Standardized Mortality*
 - *MUC17-258: CoreQ: Short Stay Discharge Measure*
 - *MUC17-178: 30-Day Unplanned Readmissions for Cancer Patients*
 - *MUC17-181: Optimal Diabetes Care*
 - *MUC17-194: Optimal Vascular Care*
 - *MUC17-310: Zoster (Shingles) Vaccination*
- Are there overall comments with the rural relevance of the current MUC list?

Public Comment

Next Steps

Next Steps

- **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*
- **Webinar #4: February 14, 1:00-3:00 ET**
 - *Review Draft Report # 1 and provide feedback*
 - *Finalize draft core sets and prioritized measure gaps list*
- **Draft Report # 1: February 28, 2018**
 - *Environmental scan and gap analysis*

Contact Information

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THANK YOU