NATIONAL QUALITY FORUM

Meeting Summary

MAP Clinician Workgroup Discussion on MAP Rural Health Work

The National Quality Forum (NQF) convened a public in-person meeting for the Measure Applications Partnership (MAP) Clinician Workgroup on December 12, 2018. During this time, the Clinician Workgroup held the discussion that had been rescheduled for their November 14 webinar due to time constraints. On the November webinar, members of the MAP Rural Health project team and the Workgroup Co-chair presented recommendations from the TO 27 final report (i.e., the MAP Rural Health Workgroup's 2018 recommendations on a core set of rural-relevant measures and measuring access to care) to the MAP Clinician Workgroup.

Review of Discussion Objectives and Introduction

Amy Moyer, MAP Clinician Workgroup Co-chair, introduced the MAP Rural Health project and welcomed the team to present. Ameera Chaudhry, NQF project analyst, provided a very brief reminder of the project and the presentation by summarizing the work done to identify the core set of rural-relevant measures and the key issues the workgroup discussed relative to access to care.

Discussion

Ms. Moyer then opened the meeting for discussion by Workgroup members. One member asked why there were so few care coordination measures on the list. Ira Moscovice, Rural Health Workgroup Co-chair, explained that care coordination had originally been one of the key filters applied to the list, but that ultimately the Workgroup was able to identify only one transitions-of-care measure for the core set; he agreed this is an important issue in rural areas. The HRSA representative to the Clinician Workgroup followed by highlighting how important the level of analysis is and the need for expanded level of analysis (to the clinician level) for several measures. He also flagged the lack of measures of access to care, including those that focus on telehealth. He noted that telehealth is receiving more support from policymakers, and stated that telehealth was a topic the MAP Rural Health Workgroup discussed at length. Co-chair Moscovice agreed and reminded the Clinician Workgroup that 20 percent of the United States population lives in rural areas, and that MAP needs to keep this in mind when considering measures. He also noted there are very different factors at play in rural areas, a key factor that led to the launch of the Rural Health Workgroup. A CMS representative reiterated the importance of rural populations to CMS.

Workgroup members asked whether anyone in the Clinician Workgroup had experience with rural ACOs. One member said yes, then went on to discuss lack of access to mental healthcare, lower socioeconomic status of many rural residents, and a shrinking workforce, as some of the major issues. He then brought up the question of whether/how measures should be risk adjusted for use in rural areas, but raised concerns about the potential for this promoting a two-tiered system. He then stated that we shouldn't accept lower quality care in rural areas.

Workgroup members then discussed the low case-volume issue that impacts many rural providers' ability to use quality measures, and the possibility of statistical modeling to address these issues.

Workgroup members then discussed the similarities around lack of access for some people in urban environments, and advocated for a wider public health strategy (as opposed to clinical strategies) to address access issues. One CMS representative noted that rural health could lead the way on several fronts, including e-consults and other forms of telehealth, which may prove effective in increasing access to care for many locations. However, Workgroup members agreed that telehealth does not solve all of the issues around access, particularly since some specialty care (such as radiation oncology) cannot be provided via telehealth.

For the final comment, a Workgroup member noted that implementing telehealth services at hospitals that are already financially challenged can be a burden, and that resources of ACOs that operate in rural areas can be stretched thin in an effort to serve rural areas. He noted that telehealth could cause unanticipated challenges, and that good care would be even more difficult to provide if finances were further limited.

Public Comment

Amy Moyer, MAP Clinician Workgroup Co-chair, opened the line for public comment. No comments were received.