NATIONAL QUALITY FORUM

Meeting Summary

MAP Rural Health Workgroup Presentation to MAP PAC/LTC Workgroup

The National Quality Forum (NQF) convened a public web meeting for the Measure Applications Partnership (MAP) Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup on November 14, 2018. Members of the MAP Rural Health project team and the Workgroup co-chair presented the recommendations in 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 PAC/LTC Workgroup.

Welcome, Introductions, and Review of Web Meeting Objectives

Suzanne Theberge, NQF senior project manager, welcomed participants to the web meeting. Ms. Theberge provided opening remarks and briefly reviewed the presentation agenda.

Overview of NQF's 2015 Work in Rural Health and Key Activities of the MAP Rural Health Workgroup

Ms. Theberge reviewed the overarching and supporting recommendations of NQF's 2015 Rural Health Project, which included creating a MAP workgroup to advise CMS on the selection of rural-relevant measures and developing a core set of measures for rural providers. She then briefly discussed the MAP Rural Health Workgroup activities for 2017-2018. These activities began with the assembly of a MAP Rural Health Workgroup, consisting of 25 members and three federal liaisons. Once the Workgroup was selected, members were charged with identifying a core set of best available rural-relevant measures; identifying rural-specific measurement gaps and recommendations on alignment and coordination of measurement efforts; and developing recommendations on measuring and improving access to care for rural populations.

2018 Recommendations of the MAP Rural Health Workgroup

Dr. Ira Moscovice, NQF MAP Rural Health Workgroup Co-chair and Director of the University of Minnesota Rural Health Research Center, provided an overview of the 2018 recommendations made by the MAP Rural Health Workgroup. He reviewed the Rural Health Core Set, a set of 20 measures for hospital and ambulatory care settings. The Workgroup selected these measures because they are applicable to a majority of rural patients and providers. Dr. Moscovice also discussed an additional set of measures identified by the Workgroup that are currently endorsed at the health plan/integrated delivery system levels of analysis for the ambulatory setting. The Workgroup felt it would be valuable to add these measures to the core set if they could be specified and tested for use at an individual clinician or group level of analysis. Next, Dr. Moscovice summarized the results of the MAP Rural Health Workgroup's discussion of measure gap areas in rural health. These included access to care, transitions, cost, substance use measures, and outcome measures. Finally, Dr. Moscovice reviewed three key domains of access to care that were considered by the MAP Rural Health Workgroup to be most relevant for rural residents. Those domains were availability, accessibility, and affordability. Dr. Moscovice then highlighted the final recommendations for next steps from the MAP Rural Health Workgroup, which included viewing the recommended core set as a "starter set;" refining the

core set as new measures are developed and old measures are modified; and providing a rural perspective on other topics moving forward.

Next Steps for NQF and the Workgroup

Ms. Theberge discussed subsequent activities related to Rural Health final report. In September 2018, NQF held a Capitol Hill briefing on the report and recommendations and featured the report on the NQF webpage. She mentioned that the report received positive media attention from several publications, and that *Health Affairs* published a blog authored by NQF's CEO and one of the Workgroup members. Ms. Theberge then provided an overview of the next steps for the MAP Rural Health work. Activities for the remainder of 2018 and into 2019 include presenting the Rural Health Workgroup recommendations to the MAP Clinician, Hospital, and PAC/LTC Workgroups; gathering feedback from the Rural Health Workgroup on the clinician-specific measures included on the 2018 Measures Under Consideration (MUC) list; sending a Rural Health Workgroup member to the Clinician In-Person meeting to provide input to the Workgroup on the MUC list from a rural perspective; and convening a five-person Technical Expert Panel (TEP) to develop recommendations on how to calculate healthcare measures when case-volume is low. The activities related to the MUC list will take place in December, and the TEP final report will be released in March.

Discussion

Ms. Theberge turned the webinar back over to the PAC/LTC Workgroup for discussion, facilitated by the co-chair Paul Mulhausen, MD. PAC/LTC Workgroup members had a number of comments on the report. A Workgroup member noted that access is a major issue in rural areas, as highlighted by the Rural Health Workgroup, and mentioned the need for measures to take into account that rural populations have higher proportions of frail elders and a high concentration of poverty (and therefore some form of risk adjustment may be needed). A Workgroup member who lives in a rural area highlighted how much of a challenge transportation is for rural populations. Several Workgroup members chimed in to agree, noting that sometimes people may be either unable to get to care due to distance or cost, or may be so intimidated by the process of doing so that they are unable to access it (for example, they may not have the money to pay for parking at a hospital or may not be comfortable with city driving). Workgroup members also mentioned the need for more mental health measures; the cost of care that requires that people choose between buying food or medication; the need for more health literacy education; and the especially significant barriers to access for elderly people.