NATIONAL QUALITY FORUM
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Meeting Summary

Rural Core Set Update Web Meeting 1

The National Quality Forum (NQF) convened a public web meeting for the Rural Health Advisory Group on January 25, 2022.

Introductions and Disclosure of Interests

Nicolette Mehas, NQF Senior Director, began by welcoming participants to the web meeting. Dr. Mehas also introduced Dana Gelb Safran, NQF President and Chief Executive Officer, as well as Advisory Group co-chairs Kimberly Rask and Keith Mueller. Dr. Safran, Dr. Rask, and Dr. Mueller provided opening remarks to the group.

Amy Guo, NQF Manager, facilitated verbal disclosures of interest and introductions for Advisory Group members, and acknowledged partners at the Centers for Medicare & Medicaid Services (CMS) and the Health Resources and Services Administration (HRSA). Ms. Guo also reviewed the following objectives for Web Meeting 1:

- Orient the Rural Health Advisory Group to new work over the coming months
- Provide an overview of the approach and results of the Rural Health Advisory Group's original work to identify a core set of rural-relevant measures in 2017-2018
- Discuss approach for identifying measures for the updated core set as part of the environmental scan
- Discuss approach for identifying emerging issues in rural health to inform the environmental scan

Project Context and Background

Ms. Guo provided brief background information on project context, including the importance of rural health and the unique challenges that providers and patients face in rural areas (e.g., increased risk factors for disease, difficulty accessing care, low case-volume challenges for performance measurement). Ms. Guo shared that in addition to participating in the pre-rulemaking process to recommend measures for use in federal programs, the Rural Health Advisory Group has historically provided input on additional projects related to rural measurement challenges. Previous projects have included a 2014 report emphasizing the importance of performance measurement for rural providers despite low case-volume challenges; a 2017-2018 core set of quality measures to assess health and healthcare in rural areas; and a 2019-2020 list of rural-relevant measures susceptible to low case-volume challenges that should be prioritized for future statistical testing.

Ms. Guo noted that upcoming work for the Advisory Group builds directly on the 2017-2018 work to identify a rural-relevant core set of performance measures that were suitable for rural providers to use in programs such as public reporting and performance-based payment programs. In this original project, the Advisory Group identified a total of 20 measures for the core set, including nine measures for use in the hospital setting and eleven measures for use in the ambulatory care setting. The Advisory Group also identified seven additional measures as important for ambulatory care in rural settings but did not

include these in the final core set due to levels of analysis outside the hospital, clinician, or integrated delivery system level.

The selected measures were as follows:

Rural Core Set Measures (Hospital Setting)

NQF #	Measure Title
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
0166	HCAHPS *[Note: includes 11 performance measures under this NQF number]*
0202	Falls with injury
0291	Emergency Transfer Communication Measure
0371	Venous Thromboembolism Prophylaxis
0471	PC-02 Cesarean Birth
1661	SUB-1 Alcohol Use Screening
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital onset Clostridium difficile Infection (CDI) Outcome Measure
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

Rural Core Set Measures (Ambulatory Setting)

NQF #	Measure Title
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child *[NOTE: Includes 4 Adult and 6 Child measures under this NQF number]*
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
0041	Preventive Care and Screening: Influenza Immunization
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
0097	Medication Reconciliation Post-Discharge
0326	Advance Care Plan
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
0711	Depression Remission at Six Months
0729	Optimal Diabetes Care
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Additional Measures in the Ambulatory Setting Specified for Health Plans and/or Integrated Delivery Systems

NQF #	Measure Title
0018	Controlling High Blood Pressure
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
0032	Cervical Cancer Screening (CCS)
0034	Colorectal Cancer Screening (COL)
0038	Childhood Immunization Status (CIS)
2372	Breast Cancer Screening
2903	Contraceptive Care – Most & Moderately Effective Methods

Project Overview

Ms. Guo shared that the purpose of the Advisory Group's upcoming work is to update the core set of rural-relevant measures previously developed in 2018, so that the measures included in the core set remain relevant to the most important issues faced by rural providers and patients today. After the core set has been updated, key stakeholders will be able to use the core set and final recommendations report to identify the best rural-relevant measures available for use, encourage development of new measures in priority gap areas, and promote measure alignment in public and private programs for rural providers.

Ms. Guo noted that key milestones for the project will include four web meetings between January and July; an environmental scan identifying potential changes to the core set, including changes to the current measures in the core set, newly available measures in rural-relevant topic areas, and emerging areas of concern for rural health (e.g., infectious disease); and a recommendations report detailing the final updates to the core set, including description of the extent to which the revised core set reflects important issues in rural areas; gap areas for future measure development; relative priority of measures and topics in the final core set; and full specifications of the measures in the final core set.

A member of the Advisory Group asked whether the previous group considered metrics to measure the percent of population in rural areas with health insurance (including Medicaid, Medicare, commercial, and exchange products), noting that insurance access is an important factor in rural healthcare. NQF staff shared that the previous group had emphasized the importance of access to care, but may not have included a measure due to the lack of an NQF-endorsed measure addressing insurance status at the time.

Environmental Scan Methodology

Overview of 2018 Methodology

Dr. Mehas shared additional detail on the methodology for the original core set, noting that the group will build upon the original process when considering updates this year. Dr. Mehas noted that the process for developing the original core set included both quantitative scoring as well as qualitative discussion and consensus building discussion. Development of the original core set started with a scan of measures performed in 2015 that identified over 1,000 measures and included information on measure specifications and rural relevancy. This list was narrowed down based on suggestions from the Advisory Group to focus on NQF-endorsed measures in the inpatient hospital and ambulatory settings, tested and specified at either the hospital, clinician, or integrated delivery system levels of analysis. A tiered scoring approach was used to further narrow the list; however, additional discussion was needed to further narrow the list to develop the final core set. The Advisory Group reviewed a strawman of 44 measures, as well as 30 additional measures that members submitted via survey, and narrowed the list down to the final 20-measure core set based on discussion questions including:

- Is the measure susceptible to low case-volume?
- Does the measure have opportunity for improvement?
- Is the measure risk adjusted appropriately for rural providers?
- Does data collection burden for the measure outweigh the benefit for rural residents and providers?
- Will this measure meaningfully affect patient outcomes?
- Does this measure have potential unintended consequences?
- Does this measure assess care for the appropriate entities?

Dr. Mehas also provided an overview of the characteristics that the Advisory Group prioritized during the creation of the core set in 2018. In addition to focusing to NQF-endorsed measures (supported by empirical evidence, demonstrate opportunity for improvement, suitable for accountability), cross-cutting measures (neutral with respect to condition or type of procedure) and measures resistant to low case-volume, the group also strove to include measures related to coordination and transitions, mental health, substance abuse, medication reconciliation, diabetes, hypertension, chronic obstructive pulmonary disease, hospital admissions, and perinatal and pediatric conditions and services.

Dr. Mehas shared that during this year's update of the core set, NQF staff will review the measures previously included in the core set and will note changes to measure specifications, endorsement status, use, etc. based on information publicly available from the CMS Measures Inventory Tool (CMIT), NQF Quality Positioning System (QPS) and Measure Information Management System (MIMS), and the Healthcare Effectiveness Data and Information Set (HEDIS).

Measure Characteristics

Dr. Rask opened discussion on the most important characteristics of each measure for NQF staff to record during the scan. Dr. Rask noted that during development of the previous core set, NQF staff provided Advisory Group members with an Excel spreadsheet with one row per measure, and columns relating to measure characteristics to inform prioritization of the measures. Dr. Rask asked Advisory Group members whether the following characteristics are helpful, or if the group would be interested in additional measure characteristics for prioritization.

- Measure ID (NQF #, CMIT #, etc.)
- Measure Name
- NQF Endorsement Status
- Relevant Topic Area/Category
- Steward
- Description
- Numerator
- Denominator
- Exclusions
- Care Setting
- Level of Analysis
- Measure Type
- eCQM Available
- Data Source
- Risk Adjustment/Stratification
- Use in Federal Programs
- Notes on Major Changes Since 2017

An Advisory Group member asked whether it would be possible to include information on current performance rates for each measure, in order to understand opportunity for improvement. A co-chair commented that this information might be included as part of endorsement status, since measures must demonstrate opportunity for improvement as part of the endorsement process. The group also discussed that publicly available data would likely include average performance aggregated across urban and rural areas, but it would be unlikely for rural-specific performance data to be published. A co-chair suggested that this may be helpful as a discussion point when the Advisory Group considers the narrowed list of measures.

A federal liaison asked whether the Advisory Group would be able to provide input on each measure's appropriateness for pay for performance versus pay for reporting only. A co-chair noted that during the original process, group members had distinguished between measures that are important and should be used for accountability vs. measures that are important but should not be used for accountability, but this was handled largely via narrative instead of excluding measures entirely from the set. The liaison provided additional context that they previously referred to the 2018 work when determining the Community Health Access and Rural Transformation (CHART) Model measures; while the comments in

the report were invaluable, subject matter experts still had difficulty understanding the level of use feasible for each of the measures, and whether individual measures were appropriate for payment programs or for quality improvement purposes only. A co-chair suggested that the group could include appropriate use in programs as a discussion point when the group discusses the narrowed list of potential measures and could include any measure-by-measure caveats in the final report. A co-chair also noted that "Use in Federal Programs" is included as a measure characteristic, but the group might find it helpful to consider any known use of measures in payment adjustment or payment design outside of public programs.

A federal liaison asked whether cost and resource use measures will be considered for the updated core set. A co-chair noted that the group previously wanted to exclude cost and resource measures, but these measures could be included for the new core set if there was a strong desire from the Advisory Group to include these. There were no further comments from the Advisory Group on these measures.

A co-chair asked whether the group would prefer to continue using other criteria from the original scan (e.g., NQF-endorsed measures only, and hospital, clinician, or integrated delivery system level instead of measures aggregated more broadly at the payer level). A federal liaison asked whether the group is considering measures in areas such as equity, noting that there were no equity-related measures available to include in 2018 and there still may not be NQF-endorsed measures in this area. The liaison noted that it would be valuable to consider any fully developed measures in this area during the environmental scan, even if they have not been endorsed by NQF yet. Another federal liaison noted that endorsement status is not an absolute requirement for measure use in public reporting or payment programs. The group discussed that endorsement status could help narrow down the most important measures, but could restrict the group from reviewing measures in some emerging areas. The group agreed that it would be helpful to include non-endorsed measures for emerging areas and gap areas.

A co-chair asked the group if it would be helpful to consider additional settings that were not considered in the first iteration of the core set – e.g., skilled nursing facilities, in-home services including professional services and telemedicine. Another group member agreed that this would be helpful, noting that there are more measures available in these settings than were available during the original creation of the rural-relevant core set.

An Advisory Group member suggested that including community or population-based health metrics could also be helpful for broader understanding of social determinants of health in the community. The member acknowledged that this may not be entirely within the scope of the core set, but these metrics are slated to become increasingly important in the future and it may be helpful to determine these measures sooner rather than later. Another Advisory Group member agreed with this comment.

Rural-Relevant Topic Areas

Dr. Mehas shared a list of conditions and topic areas that were previously identified as rural-relevant in the 2017-2018 work and were reaffirmed as rural-relevant during the 2020 work on low case-volume. Dr. Mueller opened discussion on whether these conditions remain rural-relevant:

- Cross-cutting Measures
- Behavioral/Mental Health
- Substance Abuse
- Medication Management
- Healthcare-Associated Infections
- Diabetes
- Hypertension
- Chronic Obstructive Pulmonary Disease
- Readmissions
- Perinatal
- Pediatrics
- Advance Directives/End of Life
- Patient Hand-Offs and Transitions
- Access To Care

- Vaccinations/Immunizations
- Cancer Screenings
- Pneumonia
- Heart Failure
- Acute Myocardial Infarction
- Stroke
- Venous Thromboembolism
- Patient Experiences of Care
- Emergency Department Use
- Surgical Care
- Asthma
- Obesity

An Advisory Group member shared that these areas remain relevant in rural areas. The member asked whether both process measures and outcome measures will be considered in each of these conditions and topic areas, noting that process measures for some of these conditions may be less affected by low case-volume in rural areas. A co-chair noted that measure type is included as one of the measure characteristics that will be used to help prioritize the measures. NQF staff also noted that in prior years, the group strove to balance the measure types included in the core set, and tried to include outcome and patient-reported outcome-based performance measures (PRO-PMs) where they were not susceptible to low case-volume. The Advisory Group member agreed that this approach was appropriate, commenting that process measures are not the "gold standard" but they can help identify major concerns in rural areas without being subject to statistical problems.

An Advisory Group member asked whether COVID-19 immunizations would be included as part of vaccinations and immunizations. NQF staff shared that measures related to COVID-19 can be considered as part of the search for measures in emerging areas of importance since 2017.

A co-chair asked whether any of the conditions or topic areas were particularly high priority. Advisory Group members discussed that the listed topics are important, but not all rural facilities may be providing these services (e.g., perinatal care or behavioral health services). A member asked whether the core set should include these topic areas that only apply to subsets of rural facilities. NQF staff clarified that the measures were previously discussed and grouped by topic area, and the final core set includes notes on the settings where each measure is most relevant. The group discussed that the updated approach for this year may include selection of a few rural-relevant measures per topic area, and organization of the final core set by topic area instead of by setting.

Emerging Areas for Measurement

Dr. Mueller noted that measurement in rural areas continues to change, outlining changes including increased use of mobile technologies and telehealth, movement of providers and equipment, changes in payment structures that move providers towards increased measurement of social determinants of health (SDOH) and population health, and changes in prevalence of different health conditions (e.g., emergence of COVID-19). Dr. Mueller asked the Advisory Group what new topic areas or sources of information should be considered as the group updates the core set.

An Advisory Group member noted that a new Rural Emergency Hospital designation was previously announced and will become effective in January 2023. The Advisory Group member asked whether the update of the rural core set is related to the regulations that CMS will draft and implement for Rural Emergency Hospitals, and noted that quality measures will need to be included in the draft regulations being developed. A co-chair noted that it may be helpful for the group to consider measures that are robust and appropriate for emergency care. NQF staff shared that they will connect with CMS to better understand how the set may align with the regulations being developed for Rural Emergency Hospitals.

An Advisory Group member noted that another important topic area should be inter-facility transfers and access to ambulance services, as well as tracking and measurement when a patient cannot be moved adequately for appropriate care.

An Advisory Group member noted that measuring access and use of non-clinical services, as well as community health measures, would be a helpful area to consider. The member provided an example from the measures under consideration discussed as part of the pre-rulemaking cycle – a measure assessing whether survey instruments had been used to measure needs for social services and link patients to community resources.

An Advisory Group member affirmed the inclusion of measures on infectious diseases such as sexually transmitted infections or COVID-19, noting that most resources are going towards COVID-19 but there are signs that infectious diseases are generally increasing in importance.

A co-chair asked the group whether there are additional sources of information that should be considered when identifying emerging areas of importance. Suggestions included the Rural Health Information (RHI) Hub and the Rural Health Research Gateway.

Public Comment

Dr. Mehas opened the web meeting to allow for public comment. A member of the public thanked the Advisory Group for their discussion. There were no additional comments offered.

Next Steps

Dr. Mehas shared that the feedback from the meeting would be used to inform the first draft of the environmental scan. The next web meeting will be held on March 1, 2022, during which the NQF team will share an update on the environmental scan to date and the group will begin discussing potential changes to the core set. Dr. Mehas and the co-chairs thanked the Advisory Group for their participation before adjourning the meeting.