NATIONAL QUALITY FORUM

Meeting Summary

MAP Rural Health Workgroup—Webinar #6

The National Quality Forum (NQF) convened the MAP Rural Health Workgroup for a webinar on April 25, 2018 from 1:00 pm to 3:00 pm ET.

Welcome, Introductions, and Review of Web Meeting Objectives

Kate Buchanan, NQF senior project manager, welcomed participants to the web meeting. Ms. Buchanan made opening remarks and reviewed the meeting objective to finalize recommendations for measuring access to care from a rural perspective. Ms. Buchanan conducted a Workgroup roll call and then turned the call over to Karen Johnson, NQF senior director, to review the Workgroup's progress on the measurement topic of access to care.

Finalize Recommendations for Measuring Access to Care

After the March 28 web meeting, Workgroup members provided input on the subdomains of access to care from the rural perspective. They provided additional examples within the subdomains, rural-specific challenges and solutions associated with these examples, and appropriate levels of analysis for the various examples. NQF staff summarized this feedback with matrices for each of the four subdomains of access to care, focusing on facets of access that are most important for rural residents.

Ms. Johnson reviewed themes from the March 28 web meeting, and then asked the Workgroup to review the summary matrices in order to:

- Identify key facets of access to care that are particularly salient for rural residents
- Document, where appropriate, challenges to measurement from the rural perspective
- Identify ways to address the challenges

The following sections include the summary matrices and highlight key points from the Workgroup's discussion.

Availability

Availability Subdomain Matrix

Example	Challenges	How can we address?
Appointments: After hours; same day	• Schedules already full • Burnout • Emergencies • Maybe be difficult to contact patients	
Access to specialty care	• Often not local	• Improve referral relationships • Telehealth

Example	Challenges	How can we address?
Timeliness of care: next appointment (includes follow-up care); specialty care; PAC/LTC; nontraditional care	• Schedules already full • Distance can be a barrier • Recruiting difficulties create backlog • "Popular" providers (e.g., gender-based)	• Good care coordination with referral sites • Partner with support services (e.g., for transportation) • Telehealth

Workgroup Feedback

Appointments: After Hours, Same Day

- Broader public policy strategies could help address this challenge. These include greater state and national investment in the rural workforce and changes in payment policy that would help encourage clinicians to work in rural areas.
- To address the concern of how individuals can get access to providers they prefer, some rural clinicians are relying more heavily on team-based care and are working to develop team members so that they can practice "to the top of their license" or "to the fullest extent of their training."
    - Currently, there is inconsistency between states around the scope of practice and other requirements (for example, regarding privileges and supervision) for physician assistants (PAs) and nurse practitioners (NPs). Addressing these issues likely will require legislative and/or regulatory intervention, changes in state licensing and credentialing processes, and potentially, greater consistency in education and training for nonphysician clinicians, particularly for specialty conditions.
- Many individuals want to see a medical doctor instead of another type of practitioner. Practices, health plans, states, and national campaigns can alleviate the pressure on doctors by educating consumers about the numerous types of qualified practitioners who are able to address their medical concerns appropriately. These educational efforts should, to the extent possible, be specific about which types of clinicians can do which things.
- Many health plans cover telehealth virtual consultation, which can help alleviate the issue of access to after-hours services. However, stakeholders must be aware of the issues around potential care fragmentation that may arise from telehealth consultations.

Access to Specialty Care

- There is substantial heterogeneity in the availability of specialty care for rural residents.
- Having good referral relationships is a way to address the issue of access to specialty care, but there are limitations to this approach due to the lack of a sufficient specialist workforce for some areas of the country.
- A strategy used by some rural practices is to refer individuals to tertiary centers that are a little further away from the patient than the closest tertiary center. This is because

many of the closer clinics have too long of a wait for specialty services, while the more distant ones actually have more openings.

- Some communities are able to have specialty providers come into the community; however, this is often on a limited schedule, and therefore the coverage is inconsistent.
- There are several challenges around using telehealth to provide access to specialty care:
  - Often the telehealth provider must be located in the same state as the patient.
  - Telehealth assumes that there are sufficient specialists available, but this is not always the case (i.e., telehealth does not address overall workforce shortages).
- Another way to address the issue is to think differently about how care teams are configured, so that primary care providers, NPs, PAs, and specialists work together in a way that better conserves scarce resources.

Timeliness of Care: Next Appointment (Includes Follow-Up Care), Specialty Care, PAC/LTC, Nontraditional Care

- Health plans should devote more attention to network adequacy for rural areas, not only to ensure that an adequate number of clinicians are available in-network, but also to expedite administrative processes whereby providers in rural areas are able to bill the health plans in a timely manner.
- Because lack of transportation can challenge for some rural residents, Workgroup members reiterated the idea of developing partnerships within the community that could address this challenge. Examples of this approach include partnering with existing transportation services such as Lyft and Uber or even employing a driver.
  - One member noted that several states have found it cost effective to provide transportation services for their Medicaid clients so they don't miss appointments.

Accessibility

Accessibility Subdomain Matrix

Example	Challenges	How can we address?
Language: Interpretation and health literacy	• Bilingual staff hard to recruit	• Tele-access to interpreters
Getting there	• Fewer public options • Distance	• Telehealth • Partnerships
Health information	• Connectivity • Technology doesn't support	

Workgroup Feedback

Language

- Access to interpreters could be improved using interpreter services via phone or web-based platforms. Members believe this service is widely available but noted that some rural providers may not be aware of it and would therefore need education regarding this resource.

Getting There

- One strategy to address this challenge is to broaden the conduct of the community needs assessment by involving many community partners (e.g., nursing homes, home health agencies, other support programs and activities). As part of this effort, transportation needs can be assessed, and potential avenues for sharing services can be identified.
- Community paramedics or other community health workers could be used to address the transportation challenge. One workgroup member considered this the "flip side" of getting there (i.e., taking services to the patient rather than vice-versa).
- One Workgroup members described a partnership with a local bus service to add the health clinic as a stop, paid for via a voucher rate.
- Unpaid family caregivers have an important role in proving transportation to and from healthcare appointments. However, due to the aging of the population, fewer family caregivers will be able to provide this aid going forward.

Health Information

- There is a need to improve the quality of information that patients receive from their insurer (e.g., who is or is not in-network).
- Some rural areas often experience issues with continuity of internet and phone services. These difficulties may negatively affect a patient's ability to access needed health information.
- Increased use of remote access monitoring equipment is needed.

Physical Accessibility of Facilities, Offices, Clinics

- Rural providers face significant challenges in finding and/or retrofitting spaces that meet the needs of their patients who have physical disabilities. Workgroup members did not offer potential solutions to this challenge.

Health Literacy

- Workgroup members agreed that health literacy is an important facet of accessibility. One member referenced an IOM report on health literacy and suggested that both patients and clinicians need education on the importance of patient engagement specifically, in addition to more wide-ranging improvements in clinician-patient communication overall.

Affordability

Affordability Subdomain Matrix

Example	Challenges	How can we address?
Delayed care due to out-of-pocket costs	• Fixed cost reimbursement	
Going without other necessities in order to get care	• Distance/transportation may disproportionately affect rural residents	• Appropriate risk adjustment
Total costs of care	• Distance/travel costs • Higher-cost insurance • Pricing negotiations	

Workgroup Feedback

Delayed Care Due to Out-of-Pocket Costs

- There is a higher shift to higher deductible and co-pay plans. The inability to afford the costs of a clinician appointment limits patients' ability to access the appropriate care.
- Network inadequacy is a major influencing factor for patients not seeking timely care. Patients often face the issue of having their in-network provider be a much greater distance away than the closest out-of-network provider.

Total Costs of Care

- In keeping with the aim of considering access from the patient perspective, Workgroup members asked to reframe "total cost of care"—which they perceive as an example geared towards payers or the healthcare system as a whole—and instead focus on total out-of-pocket cost for the beneficiary.
- Patients in rural areas often must travel great distances to access care and therefore incur additional indirect costs (e.g., for as lodging, food, and transportation) that should be included in out-of-pocket totals.
- The Workgroup discussed whether Affordability should continue to be considered a separate subdomain of access to care or should instead be included as a subcomponent of availability and/or accessibility. Ultimately, members agreed that rural residents do make care decisions (including delaying care) based on affordability, and keeping Affordability as a separate subdomain emphasizes its importance as a driver of access to care. However, Workgroup members also acknowledged the importance of cost for the system as a whole, and one member proposed including system-level examples under the Affordability subdomain and including patient-level examples (such as out-of-pocket costs) under the Accessibility domain. The Workgroup did not resolve how best to include cost of care as a dimension of access. NQF staff noted the importance of reflecting both a systems perspective and a patient perspective, and promised to revisit the definitions of the subdomains from the Health Equity Framework before finalizing the report.

Convenience

Convenience Subdomain Matrix

Example	Challenges	How can we address?
Distance to care	• Unique to rural	• Appropriate risk adjustment • Telehealth • Support services
Utilize telehealth	• Connectivity • Costs to implement technology • Trust issues	
Transportation		• Collaborations • Public or other funding

Workgroup Feedback

- Members noted that they discussed many of the examples under convenience in the previous domains and therefore suggested deleting this subdomain.
- Members identified additional concerns regarding the use of telehealth services, including:
    - For telehealth services under Medicare and Medicaid, patients have to go the medical practice in order to use the telehealth arrangement, and this can be a barrier to access.
    - There often is an originating site fee associated with telehealth, which is another out-of-pocket cost for patients.
    - Some third party payers do not cover telehealth services.
    - One purchaser member noted that even though they have offered a no-cost telehealth benefit, uptake is lower than expected. This member suggested that education is needed to help people become more comfortable with telehealth services, and that this, in turn, can help increase use of services provided via telehealth.
- Members discussed some of the challenges associated with health technology, including telehealth. For example, even if technology is available, some rural providers may not have enough qualified staff to implement it. This example highlighted the need for staff education.
- One member again noted that a challenge around transportation is the declining number of family caregivers, who in many circumstances provide transportation to appointments.

Public Comment

Ms. Buchanan opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

NQF will post the second draft report for a 30-day public comment period on May 31, 2018. During Webinar 7, scheduled for July 19, the Workgroup will finalize the draft core set of measures and its recommendations regarding access to care. NQF will update the report to reflect the Workgroup's recommendations and submit a final report to CMS on August 31, 2018.