MAP Rural Health Workgroup Web Meeting 2

The National Quality Forum (NQF) convened a public web meeting for the MAP Rural Health Workgroup on May 6, 2020.

Welcome and Introductions

Nicolette Mehas, NQF Project Director, welcomed participants to the web meeting and introduced the NQF project team. Dr. Ira Moscovice and Dr. Aaron Garman, the Workgroup co-chairs, also provided welcoming remarks. Maha Taylor, NQF Managing Director, facilitated roll call and verbal disclosure of interests. Ms. Mehas reviewed the following meeting objectives:

- Review MAP Rural Health scope of work, timeline, and deliverables for 2020
- Discuss the environmental scan methodology and preliminary results

Review of Project Scope and Objectives

Ms. Mehas provided an overview of the tasks planned for the Rural Health project, including the current charge to identify high-priority, rural relevant measures susceptible to low case-volume challenges. Ms. Mehas also noted that the telehealth work originally slated for Fall 2021 may be moved forward to Fall 2020. Mike DiVecchia, NQF Project Manager, also reviewed the timeline of deliverables.

Ms. Mehas reviewed the foundational rural health work done in 2015, 2018, and 2019, emphasizing the work on low case-volume and telehealth. Ms. Mehas also clarified for a Workgroup member that the measures prioritized during the current year will be used to test the statistical approaches that were recommended by the Rural Health Technical Expert Panel (TEP) in 2019, but the actual testing of statistical approaches is not part of the current scope of work.

Environmental Scan Methodology and Preliminary Findings

Andre Weldy, NQF Project Director, reviewed the Environmental Scan methodology and preliminary findings, including the process used to identify measures and programs included in the scan; how NQF will leverage the 2018 report for tiering and weighting; rural relevant topics for prioritization; and the number of measures in the environmental scan by program and topic.

Mr. Weldy shared that the team included rural-relevant measures that are currently implemented or finalized in 20 federal programs and 4 Center for Medicare and Medicaid Innovation (CMMI) Alternative Payment Model (APMs), then refined these measures and collected additional information on minimum case-volume and risk adjustment. The 2018 Rural Core Set Environmental Scan was used to inform the rural-relevant tagging, tiering, and weighting, as well as the identification of measures with low case-volume challenges. Measures were designated as susceptible to the low case-volume challenge based on the inverse of the 2018 scan criteria for "low case-volume resistance" (i.e., measures that have large denominator populations for most rural providers). These measures can be re-assessed by the workgroup as necessary, and adjustments to tiering, weighting, and prioritization will be made with the Rural Health Workgroup's input.

Mr. Weldy also shared the preliminary results of the scan. The scan to date included approximately 200 measures that address rural-relevant conditions and are finalized or implemented in programs under the Measure Applications Partnership's (MAP) purview. The program with the most measures represented in the scan is Merit-Based Incentive Payment System (MIPS) Program. The topic with the most measures is Patient Experience of Care, with Readmission, Pediatrics, Patient Hand-Offs and Transitions, and Behavioral/Mental Health closely following.

Twenty-two rural-relevant topics were considered during the scan. The committee discussed which topics were most important to prioritize in the final report; this is described in more detail below.

Committee Discussion

The Committee discussed the list of rural relevant topics (slide 20), the tiering and weighting plan (slide 22), and additional considerations for the prioritization of measures to test statistical approaches for addressing low case-volume challenges.

The list of proposed rural relevant topics originated from the work of the Technical Expert Panel (TEP) and research led by the NQF team. The Committee felt the proposed topics were important but wanted to discuss and refine the list in order to focus on the measures that would be most impactful. There was consensus around targeting outcome measures (especially patient-reported outcome performance measures) and measures with a documented performance gap, and measures that are used across multiple programs for a larger impact. There was discussion that the group can focus on cross-cutting measures, condition-specific measures, or both during the prioritization. The Workgroup mentioned that low case-volume varies across regions and practices and acknowledged that some measures considered low case-volume resistant in the Rural Health core set may still benefit from application of the statistical methods recommended by the TEP.

In light of the COVID-19 pandemic, infection prevention and vaccination measures were highlighted as an opportunity to use measurement to address current and future priorities. There was discussion around interest in future work focused on how measurement may assist health system efforts to prepare for future pandemics and public health emergencies and the role of rural providers in these efforts. A Workgroup member commented that measures of patient resilience and health system resilience would be helpful inclusions.

The Workgroup discussed prioritizing measures that focus on access to care, delivery of care services, depression and resilience, transitions of care, medication reconciliation, and medical management. Care coordination was also discussed and highlighted as a broader topic that could encompass transitions of care, access to specialized services, and coordination between primary care providers and specialists.

The Workgroup discussed the importance of Social Determinants of Health and disparities on performance variation when comparing providers. A workgroup member expressed concern with condition-specific measures because of the potential unintended consequence of comparing specialists in urban areas to rural health primary care providers. This concern underscores the importance of testing multiple models to ensure sufficient risk adjustment and exploring data sources that capture the complexity of clinical and social risk factors for both urban and rural settings.. Although the Workgroup believes it is important for patients to have access to data that demonstrates the quality of care provided across facilities to inform their decision-making(e.g. Hospital Compare data), it is important to set up a system where primary care providers not penalized for practicing in rural areas.

A Workgroup member expressed concerns around attribution of services and commented on the importance of accurately evaluating the individual responsible for providing the actual care. This will be

especially important given the increasing emphasis on team-based care. Due to limited resources, rural hospitals often need to transfer patients to facilities in urban areas that provide the needed treatments. Unless these facilities are able to share, transmit, store, and analyze the data from each other, it would be very hard to get a comprehensive picture of the various providers who 'touched' the patient through the episode of her care. This would pose challenge to making fair and accurate attributions for the patient's outcomes.

The Workgroup encouraged consideration of performance gaps between providers, feasibility of using the measures, and reporting burden for certain providers and health systems when tiering and weighting measures. These factors will be considered when prioritizing measures, and the final report will highlight potential unintended consequences and the Workgroup's discussions around what is appropriate and what is not for rural providers and why.

Public and Member Comment

Ms. Mehas opened the web meeting to allow for public and member comment. No comments were offered.

Next Steps

Ms. Mehas notified the Workgroup of upcoming activities, including:

- NQF will prepare and host the Measure Prioritization Web Meetings on May 27, 2020 and May 29, 2020.
- NQF will be connecting with the workgroup to get additional feedback on the Environmental Scan.
- NQF will incorporate all feedback and finalize the Environmental Scan.
- NQF will connect with measure developers and other workgroup members on the length of the priority list