NATIONAL QUALITY FORUM
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Meeting Summary

Rural Core Set Update Web Meeting 4

The National Quality Forum (NQF) convened a public web meeting for the Rural Health Advisory Group on July 14, 2022.

Welcome, Introductions, and Review of Web Meeting Objectives

Becky Payne, NQF Manager, began by welcoming participants to the web meeting. Ms. Payne noted that Dr. Nicolette Mehas, NQF Senior Director, would be absent for the day's meeting. Ms. Payne reviewed agenda items for the meeting and invited Advisory Group co-chairs Dr. Kimberly Rask and Dr. Keith Mueller to provide opening remarks.

Drs. Rask and Mueller welcomed the Advisory Group and shared their excitement for the final web meeting for this initiative, noting that the day's conversation would review public comments on the draft recommendations report and any final input or updates that the Advisory Group would like to provide for the Rural Key Measures List.

Amy Guo, NQF Manager, called roll for the Advisory Group and federal partners at the Centers for Medicare & Medicaid Services (CMS) and the Health Resources & Services Administration (HRSA). Ms. Payne reviewed the following objectives for Web Meeting 4:

- Review public and NQF member comments received on the draft recommendations report, and
- Discuss remaining updates and edits based on the Advisory Group's review of the draft recommendations report.

Ms. Payne briefly reviewed the project True North statement to remind Advisory Group members of the goals of the project and measure set.

Recommendations Report Public Comments

Ms. Payne provided an overview of the public comments received on the draft recommendations report. The public commenting period was open from June 6 – June 27, 2022; a total of 11 comments were submitted on the report from seven different organizations and individuals. Comments were grouped into the following categories: relevance of measures to rural areas, implementation challenges, gap areas, and additional comments.

Relevance of Measures to Rural Areas

Two comments were received in response to a prompt about the relevance of the measures to rural areas. Both comments agreed that overall, the measures included in the Rural Key Measures List were relevant to rural settings, but listed additional suggestions for inclusion.

Ms. Payne shared that one public comment called for measures that could correlate severe disability with the level of healthcare available. While the Rural Key Measures List does include NQF #3622, *National Core Indicators for Intellectual and Developmental Disabilities (ID/DD) Home- and Community-*

Based Services (HBCS) Measures, this does not correlate access to healthcare with severity of disability. NQF did not identify any fully developed measures addressing this topic during review.

A second public comment noted that some measures could be made more precise to better address rural issues, particularly for health equity measures. The commenter expressed that those measures could be expanded to include ambulatory, home-based, and community measures. Ms. Payne shared that the comment also called for the inclusion of hospice providers' involvement in NQF #3504, *Claims-Only Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure*.

NQF's proposed response notes that measures were reviewed as originally specified by their developers. However, the gap areas section of the recommendations report could be expanded to accommodate these comments as suggestions for areas for future measure development. Advisory Group members agreed with the proposed response and incorporating these topics into the gap areas section of the report. One Advisory Group member expressed strong enthusiasm for the comment to review the correlation between access to care and disability in future measures given similar correlations found between distance to services and injuries, severe injuries, and related deaths in rural areas.

Implementation Challenges

Next, Ms. Payne shared a comment on implementation challenges related to the Rural Key Measures List. The comment noted that rural patients may be older and more likely to have serious illness, and that a lack of measures gathering this information could indicate a struggle to collect this data. The comment also called attention to gaps in the measure list for utilization of hospice and palliative care, timely referral to hospice, and end of life.

Ms. Payne noted that the Advisory Group had identified timeliness of care, advance directives, and end-of-life care as gap areas for rural measurement in 2018, and reminded the Advisory Group of measures added in 2022 for transitions of care. NQF proposed adding the unaddressed areas to the gap areas section of the recommendations report for future iterations. Advisory Group members agreed unanimously that these areas would be important additions to the gap areas for future measurement and had no additional modifications to the proposed response.

Gap Areas

Ms. Payne reviewed comments on gap areas in the Rural Key Measures List. Overall, the gap areas currently listed in the recommendations report were supported by public comments. However, commenters suggested expanding this list of gap areas to include:

- Measures addressing whether a person's disability became more severe due to lack of healthcare
- Advance care planning and end-of-life measures
- Care coordination at the time of discharge and timely, accurate referrals
- Structural measures addressing provider's capability to provide timely services
- Measures specifically addressing capacity and outcomes related to telehealth in rural areas

Ms. Payne highlighted the emphasis in public comments to expand the list in the future in order to address additional healthcare settings, such as post-acute care, hospice care, and palliative care. Comments suggested that in these settings, measures could address timely referrals to hospice and palliative care screening, and future iterations of the list should address gaps for populations within rural communities who are historically underserved by healthcare systems. NQF's proposed response suggests incorporating all of the identified topics into the gap areas section of the recommendations

report to be revisited in future iterations of the Rural Key Measures List. Advisory Group members agreed with the proposed response and had no additional modifications.

Additional Public Comments

Ms. Payne shared that the final category of additional public comments included measure-specific comments as well as comments on the measure prioritization process.

Measure-Specific Comments

One public comment suggested that, given the higher prevalence of cardiovascular disease (CVD) in rural populations and higher death rates for CVD and stroke than in urban areas, the Advisory Group should consider the inclusion of measures of secondary prevention. The commenter specifically suggested including the CMS measure *Statin Therapy for the Prevention and Treatment of Cardiovascular Disease* (CMIT Family ID: 00701), and potentially other existing measures addressing prescription of medications. Ms. Payne asked the Advisory Group to share feedback on whether to incorporate this topic into the gap areas section of the recommendations report for consideration in future iterations of the Rural Key Measures List. Advisory Group members noted that myocardial infarction is a leading cause of death, and that the statin therapy measure would make sense, but also noted a broader connection that could be made to access to care. The distance required to travel to healthcare services during an acute cardiac event can be the difference between life and death, and better understanding the barriers preventing rural residents from receiving services could lead to improved outcomes. One Advisory Group member noted that clinician input would be helpful to review the statin therapy measure specifically.

One comment was submitted regarding NQF #3597, *Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions*, stating that the measure addresses a critical topic but allows for potential unintended consequences because it does not consider the risk of mortality. The commenter suggested considering a risk-adjusted "healthy days at home" measure as a better quality of care marker. Ms. Payne asked the Advisory Group to confirm whether NQF #3597 should remain in the Rural Key Measures List, and whether adding a measure to assess healthy days at home should be considered in future iterations of the list. Advisory Group members confirmed that NQF #3597 should remain in the Rural Key Measures List with some incorporation of language about unintended consequences identified in the public comment. However, it would be beneficial in the future to consider measures that could modify understanding of any key measures listed. In this example, Advisory Group members noted that measures of mortality in rural areas would help to balance the unintended consequences of NQF #3597 and to identify issues specific to rural areas.

Ms. Payne shared a comment regarding NQF #0018, *Controlling High Blood Pressure*, which generally supported the inclusion, but noted some dissatisfaction with the measure's specified 140/90 mmHg blood pressure target. The commenter acknowledged that there are no appropriate alternative measures as this time that offer more nuanced targets. Ms. Payne asked the Advisory Group if this input on the measure's specified targets should be incorporated into the main discussion of the recommendations report or if the feedback should remain in public commenting sections only. Advisory Group members noted that the measure's blood pressure target had been modified several times in the past, including for nuanced targets for specific age ranges or co-morbidities such as diabetes. However, the measure developer used guidance from leading organizations for the current targets. Advisory Group members noted that these targets continue to be debated, but are not specific to rural issues, and therefore did not support the inclusion of language debating this target in the recommendations report.

NQF #3592e, *Global Malnutrition Composite Score*, and the *Screening for Social Drivers of Health* and *Screen Positive Rate for Social Drivers of Health* measures were all supported by public comments.

Measure Prioritization Process Comments

Finally, Ms. Payne reviewed an additional public comment focused on the measure prioritization process used during the 2022 Rural Key Measures Update initiative. The comment noted that the process used by the Advisory Group and NQF staff does not provide equal weight to newly developed measures as compared to established or endorsed measures, and the comment provided some suggestions to update the scoring algorithm accordingly.

Ms. Payne reminded Advisory Group members that the group had defined weights for important measure characteristics such as endorsement status and use in federal programs in a previous poll, affirming that these characteristics were a priority for this work. These characteristics indicate that an expert committee has reviewed the scientific merits of a measure and that is being used in one or more programs. Therefore, the public commenter was correct that existing and endorsed measures were favored, by intentional design of the Advisory Group. Ms. Payne asked if Advisory Group members would like to provide any additional responses to the commenter. Advisory Group members shared that the feedback was very thoughtful and could be offered to future groups conducting updates to the Rural Key Measures List for consideration. No modifications were proposed to NQF's drafted response.

Ms. Payne thanked Advisory Group members for their feedback and clarified that decisions from these conversations would be reflected in the final version of the recommendations report.

Discussion of Key Measures List Gaps

Ms. Guo reviewed important gap areas originally identified by the Advisory Group in 2018, including access to care and timeliness of care, transitions of care, substance use (especially alcohol and opioid use), and cost measures. Ms. Guo noted that gaps in the following areas were addressed during either 2018 or 2022:

- Access to care and timeliness of care – one measure
- Transitions of care – one measure
- Substance use – five measures

Ms. Guo highlighted that in 2018, although cost measures were discussed, the Advisory Group did not select any for inclusion because the group agreed that the measures were inadequate or inappropriate for rural providers. Cost measures remain a gap area due to rural providers' limited control over costs and the concern that rural providers could incur undue penalties.

Ms. Guo prompted Advisory Group members to consider if the updated Rural Key Measures List adequately addressed all the critical gap areas identified in 2018, or if any of them remain gaps for rural healthcare quality measurement. Advisory Group members commented that access to care, timeliness of care, and cost measures were still unaddressed and there may be lingering concerns over the potential for unintended consequences when using those measures in rural areas. Rural providers and facilities may not perform favorably on these types of measures due to low case-volume challenges. Costs in particular may be affected, as rural areas will have higher unit costs and data can be easily misinterpreted. Advisory Group members noted that measures at the health plan or accountable care organization (ACO) level of analysis could support efforts to address costs, transitions of care, access, and other issues. One Advisory Group member noted that it would also be beneficial to examine costs to the patient as a barrier to receiving care.

Advisory Group members agreed that while gaps may remain in care for substance use, the five measures added to the Rural Key Measures List adequately address quality measurement in this topic for now. The remaining gaps identified in 2018 would benefit from additional quality measures in future iterations of this work.

Following the 2018 discussion, Ms. Payne reviewed additional gap areas identified by the Advisory Group in 2022. These gap areas include:

- infectious disease (especially HIV and COVID-19)
- kidney health
- emergency care
- dementia
- health equity
- intentional and unintentional injuries
- telehealth-relevant measures
- cancer screening

Of these gap areas, three measures were added to address infectious disease, one measure addressed both kidney health and emergency care, one measure was added to address dementia, and four measures were added for health equity. No measures were added addressing intentional and unintentional injuries, telehealth-relevant measures, cancer screening, or HIV and COVID-19. Ms. Payne asked the Advisory Group to consider which of these gap areas had been adequately addressed in the current Rural Key Measures List, and which remain critical gap areas in rural health that should be addressed in future revisions.

Advisory Group members sought clarification on the lack of existing cancer screening measures in the Rural Key Measures List. Ms. Payne reminded the group that during the measure prioritization process, measures were brought forth using a combination of prioritized criteria such as endorsement, use in federal programs, addressing identified gaps, and through ad hoc open calls for measures to the Advisory Group and the public. Cancer screening measures were only rated as moderately important during this prioritization, and no Advisory Group members or members of the public submitted them independently for consideration. Ms. Rask noted that several cancer screening measures are included in the recommendations report in the supplementary measures table, and Ms. Payne acknowledged that these measures were supported conceptually by the Advisory Group in 2018. The measures were ultimately not placed in the main Rural Key Measures List due to their level of analysis, which was outside the group's selected scope at that time. This prompted Advisory Group members to note lingering concerns about cancer screening measures at the provider level due to unintended consequences or misinterpretation of data given challenges with access to care or similar issues. One Advisory Group member noted that, similarly, there are existing dementia measures for use in federal programs that were not included, and there is an upcoming kidney health screening measure in federal programs currently being reviewed for endorsement that could be a future consideration.

Advisory Group members emphasized that while measures were identified for some of the 2022 gap areas, all of the areas listed remain relevant to rural health challenges and should continue to be reviewed as gaps in future iterations of the Rural Key Measures List.

Ms. Payne asked if there were any last topic areas that the Advisory Group should consider adding as gap areas for future measurement. An Advisory Group member highlighted that an overarching theme of the gaps discussion was the level of analysis of measures and unintended consequences. As future measures are developed at the health plan or ACO levels, there may be more opportunities to address

some of the current gaps in rural health measurement that are challenged at the provider or facility level. This could alleviate the need for quality measures around access and timeliness of care, among others. Additional Advisory Group comments also noted a need for community-level quality measures that could assist in assessing performance in rural populations across collaborative and cross-organization settings.

Discussion of Key Measures List Use

Ms. Guo opened the conversation to a dialogue on future activities that could further advance quality measurement in rural health and guidance that should be considered for the existing Rural Key Measures List.

Advisory Group members emphasized earlier discussion of measure development at the community, health plan, and ACO-level that could improve quality measurement in rural areas. One Advisory Group member also commented that measure modifiers may need to be identified and factored into certain categories of measures to adjust for rural issues.

Advisory Group members also discussed the potential for unintended consequences of all quality measurement in rural areas, noting that it would be useful to explicitly identify and address any concerns so that users could recognize them when implementing measures. However, Advisory Group members noted that there is no existing summary document of such concerns and that most are identified only anecdotally or through proprietary and contractual relationships. Best practices are not widely available, contributing to a need for talent development in rural health quality measurement.

Advisory Group members also noted that future organization of the Rural Key Measures List could include structures for readers to look at measures by both clinical topics and level of analysis. This could be achieved through a publicly searchable list of measures, such as the portfolios used on NQF's Quality Positioning System). Advisory Group members noted that a minimum three-year cadence for reviewing the Key Measures List would be appropriate, to allow time for measure development and testing between measure set updates.

Public Comment

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

Next Steps

Ms. Guo noted that the input from the day's discussions would be incorporated into the final Recommendations Report as appropriate, and encouraged participants to share any additional thoughts with the team by contacting RuralCoreSet@qualityforum.org. Ms. Guo also reminded participants that the final recommendations report will be available on the project website on August 10, 2022.

Ms. Guo thanked all participants for their thoughtful engagement and support throughout the Rural Health Key Measures List initiative, and extended special thanks to Dr. Rask and Dr. Mueller for their leadership and commitment for the duration of Advisory Group's work together. Both co-chairs thanked the Advisory Group for their time and support of the work, and also thanked NQF staff for their preparatory work for each meeting.