



MAP Rural Health Workgroup—Webinar #8

The National Quality Forum (NQF) convened a public web meeting for the MAP Coordinating Committee's review of the MAP Rural Health Workgroup's recommendations on August 14, 2018.

Welcome, Introductions, and Review of Web Meeting Objectives

Erin O'Rourke, senior director, opened the call and welcomed participants to the meeting. Yetunde Ogungbemi, project manager, conducted a roll call and explained that a quorum must be kept throughout the meeting in order to vote on the call. MAP Coordinating Committee Co-Chairs, Chip Kahn and Harold Pincus, welcomed Committee members to the call. Additionally, Ms. Ogungbemi reviewed the meeting's objectives. During the first portion of the web meeting, the MAP Coordinating Committee reviewed the recommendations of the Medicaid Adult Workgroup and the Medicaid Child Workgroup. The Committee reviewed the recommendations of the MAP Rural Health Workgroup during the second portion of the web meeting.

Medicaid Child and Adult Workgroup Final Report

May Nacion, project manager, provided an overview of the Medicaid Child Workgroup project. The Medicaid Child Workgroup Co-Chairs, Richard Antonelli and Lindsay Cogan, presented the Workgroup's recommendations.

Miranda Kuwahara, project manager, provided an overview of the Medicaid Adult Workgroup project. The Medicaid Adult Workgroup Co-Chair, Marissa Schlaifer, presented the Workgroup's recommendations. The MAP Coordinating Committee reviewed and provided comments on the recommendations made by the Medicaid Adult and Child Workgroup.

Public Comment

Mr. Kahn opened the call for public comments. No comments were made at this time.

MAP Rural Health Final Report

Karen Johnson, senior director, provided an overview of the MAP Rural Health Workgroup project and the public comments that were received during the public and NQF member comment period. The Workgroup was charged with identifying a core set of the best available rural-relevant measures, identifying gaps in measurement, and providing recommendations regarding measuring and improving access to care for the rural population. Comments received were positive overall, with some suggestions for re-considering measures to be included in the core set, as well as suggestions for future directions for rural health quality and access measurement. The MAP Rural Health Workgroup Co-Chair, Ira Moscovice, PhD, then provided an overview of the recommendations made by the Workgroup.

The MAP Coordinating Committee Co-Chairs facilitated the Committee's discussion.

- The Coordinating Committee recognized the challenges rural health providers face and emphasized the importance of ensuring the appropriateness of program design and incentives before implementing the measures in the core set for pay for performance.
- Committee members applauded the focus on access to care but recommended that access to behavioral health care also be addressed.
- The Coordinating Committee recognized the importance of substance use measures in the rural health core set and the impact the opioid crisis has had on rural communities. Committee members noted there may be available measures addressing opioid use that could be added to the core set in the future.
- Committee members voiced a number of measure-specific comments:
 - The two National Healthcare Safety Network (NHSN) infection measures—**0138 Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure** and **1717 Facility-wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure**—are labor intensive to collect, and the forthcoming report could caution that a set of measures should be balanced among measures that are more and less challenging to report.
 - Additional work may be needed on the Hospital CAHPS measures (**0166 HCAHPS**) to determine the minimum number of responses necessary. Additionally, there may be a need for improved methodology to increase survey yield and response rate.
 - **0418 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan** may be a high bar, and use of remission alone could have unintended consequences for patients. Specifically, the definition of remission on the PHQ-9 may not align with patients' satisfaction with their improvement, and could result in the prescription of additional medications that could be burdensome to the patient.

Public Comment

Ms. Ogungbemi opened the call for public comments. No comments were made at this time.

Next Steps

Ms. O'Rourke noted that MAP staff will send out a survey to collect Coordinating Committee members' responses to the Medicaid Child, Medicaid Adult, and MAP Rural Health Workgroups' recommendations. The related reports will be finalized and submitted to CMS by August 31, 2018, and posted on NQF's website shortly thereafter. NQF has scheduled introductory meetings for the Coordinating Committee to convene for the upcoming pre-rulemaking cycle.