NATIONAL QUALITY FORUM

Meeting Summary

MAP Rural Health Workgroup—Webinar #1

The National Quality Forum (NQF) held Webinar #1 for the MAP Rural Health Workgroup, November 29, 2017 from 1:00 pm-3:00 pm ET. An audio recording of the call is available: http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=991023.

Welcome and Introductions

Kate Buchanan, project manager, welcomed the MAP Rural Health Workgroup. The NQF and CMS/HRSA project team provided introductions.

Ms. Buchanan described the meeting objectives listed below:

- Provide introductions and disclosures of interest
- Discuss ("Familiarize") previous NQF rural health work
- Review and discuss project's scope and objectives
- Provide feedback on the preliminary measure selection criteria
- Discuss rural-relevant measurement topic

Shantanu Agrawal, NQF president and CEO, welcomed the MAP Rural Health Workgroup. Ira Moscovice, PhD, and Aaron Garman, MD, co-chairs for the MAP Rural Health Workgroup, also offered welcoming remarks.

Elisa Munthali, NQF acting senior vice president, directed the disclosures of interest process. Workgroup members verbally disclosed any potential conflicts of interest. Following Workgroup introductions and disclosures, the federal liaisons introduced themselves.

Overview of NQF's Previous Rural Health Work

Karen Johnson, senior director, reviewed the purpose and the prior recommendations of the 2015 NQF Rural Health Committee. The previous Committee identified challenges that can negatively influence quality measurement and/or improvement activities for rural providers, including geographic isolation, small practice size, heterogeneity, low case-volume, and provided several recommendations for meeting these challenges, particularly in the context of CMS pay-for-performance programs. This Committee's overarching recommendation was to make participation in CMS quality measurement and improvement programs mandatory for all rural providers but allow a phased approach for full participation across program types and address low case-volume explicitly. The Committee made a number of supporting recommendations help to ease the transition to mandatory participation, including creating a MAP Workgroup to advise CMS on the selection of rural-relevant measures and identifying of a core set of measures, which is a key objective of the newly seated MAP Workgroup. Ms. Johnson then answered questions from the Workgroup members regarding the previous project.

Overview of NQF, MAP, and MAP Rural Health Workgroup's Charge

Ms. Buchanan introduced NQF and the processes of the Measure Applications Partnership (MAP). Ms. Buchanan reviewed the roles and responsibilities of the three types of MAP members: organizational, subject matter experts (SME), and federal government liaisons. Ms. Buchanan also explained the role of NQF project staff for the work of the 2017-2018 MAP Rural Health Workgroup.

The MAP Rural Workgroup is charged with the following:

- Developing a set of criteria for selecting measures and measure concepts
- Identifying a core set(s) of the best available (i.e., "rural-relevant") measures to address the needs of the rural population
- Identifying rural-relevant gaps in measurement
- Providing recommendations regarding alignment and coordination of measurement efforts across programs, care settings, specialties, and sectors (both public and private)
- Addressing a measurement topic relevant to vulnerable individuals in rural areas

Ms. Johnson answered clarifying questions from Workgroup members on the charge of the Workgroup, what topics could be included for discussion, and the scope of the core set.

Feedback on Preliminary Selection Criteria

Ms. Johnson led the discussion on soliciting feedback on preliminary measure selection criteria principles. Ms. Johnson began by reviewing the previously identified principles from the 2015 NQF Rural Health Committee. Ms. Johnson also reviewed other prioritization initiatives, such as the Institute of Medicine Vital Sign Core Metrics, NQF's Prioritization Criteria, and the CMS Meaningful Measures Framework.

Ms. Johnson facilitated the Workgroup discussion on the previously identified guiding principles and prioritizing measure selection criteria for the current work of identifying core sets of measures. Workgroup members' discussion included the following:

- **The importance of access to care.** Workgroup members supported the exploration of measures of access to care, with special considerations regarding availability and of providers and services and the intersection with community needs, transportation, and how access measures fit into the quality measurement paradigm. However, Workgroup members raised concerns with telehealth as a solution to access, given regulatory challenges and, often, the need for an originating facility in rural areas.
- **An interest in measures related to cost.** Workgroup members were open to considering inclusion of measures of affordable care, but also noted potential drawbacks (e.g., supply chain/ purchasing power issues for rural providers).
- **The importance of care coordination**. Workgroup members recognized the importance of good coordination between local providers and providers in nonrural settings (e.g., when transfer to higher acuity facilities is needed). Members also noted the importance of team-based care.
- **A consideration of feasibility versus "value" of particular measures.** Workgroup members noted that rural health providers often struggle with limited resources for

data infrastructure and quality improvement activities; however, there may be measures so valuable they are worth consideration in a core set despite a relatively higher burden of data collection. Workgroup members also noted the potential challenges and benefits of EHR-based measurement.

The Workgroup supported the idea of using NQF endorsement as a selection criterion, as this ensures a strong evidence base and overall opportunity for improvement (although members recognized that there may not be NQF-endorsed measures available for potentially desirable topics areas such as cost and access). The Workgroup also agreed that initial selection criteria should address the low denominator problem and require measures related to care transitions.

Additional areas of prioritization the Workgroup discussed included:

- Measures relevant to emergency departments
- Rural-relevant conditions (e.g., diabetes, hypertension)
- Measures related to screening
- Use of claims-based measures for providers paid via cost-based methods

The NQF project team will further solicit Workgroup feedback on selection criteria via an online questionnaire.

Discussion of Rural-Relevant Measurement Topics

Suzanne Theberge, senior project manager, presented proposed rural-relevant measurement topics. The proposed list included ideas from the 2015 NQF Rural Health Committee's work and CMS recommendations. The proposed topics follow:

- Measuring access to care
- Telehealth
- Leveraging public and private resources for quality improvement efforts
- Advance care planning
- Appropriate comparison groups
- Swing beds
- Post-acute care in rural areas

There was limited time for discussion of this topic, but a Workgroup member cautioned against pursuing telehealth as a focus, in part to avoid duplicating the work of the NQF Telehealth Standing Committee. Another Workgroup member also questioned advance care planning and swing beds as rural-relevant measurement topics. Ms. Theberge requested that Workgroup members think about potential topics and noted that this will be discussed on future calls.

Public Comment

There were no public comments.

Next Steps

Madison Jung, project analyst, reviewed the process for Workgroup members to access the Workgroup SharePoint page.

Following the conclusion of the meeting, the NQF project team will send out a prioritization exercise for the Workgroup to complete. The results from this post-meeting exercise will be used to inform the discussion of Webinar #2. Webinar #2 will take place December 13, 1:00-3:00 pm ET.