NATIONAL QUALITY FORUM

Meeting Summary

MAP Rural Health Workgroup—Webinar #2

The National Quality Forum (NQF) held Webinar #2 for the MAP Rural Health Workgroup, December 13, 2017 from 1:00 pm to 3:00 pm ET. An audio recording of the call is available: http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=105531.

Welcome and Introductions

Madison Jung, project analyst, welcomed the MAP Rural Health Workgroup.

Ms. Jung reviewed the agenda and described the meeting objectives listed below:

- Welcome and Review of Meeting Objectives
- Workgroup Member Introductions
- Review Progress on Environmental Scan of Measures
- Review Workgroup Feedback To Date and Survey Monkey Results
- Apply Preliminary Selection Criteria Methodology and Update the Measure Selection Criteria
- Discuss Rural-Relevant Measurement Topic
- Discuss Measures Under Consideration (MUC) List
- Opportunity for Public Comment
- Next Steps

Elisa Munthali, acting senior vice president of Quality Measurement, conducted the remaining disclosures of interest (DOIs). Following the DOIs, Workgroup members shared their relevant expertise and why they choose to participate in the MAP Rural Workgroup.

Review Progress on Environmental Scan of Measures

Suzanne Theberge, Senior Project Manager, reviewed the progress of the environmental scan of measures. To develop the scan for the current project, NQF staff began with the scan created for the 2015 NQF Rural Health project. In addition to identifying measures from the NQF portfolio and other publicly available resources, staff tagged measures for several criteria, including inclusion in various CMS payment programs and relevancy to small hospitals and rural health clinics. Staff have updated that scan based on relevant NQF work since 2015. The current scan includes approximately 1,200 measures from the 2015 work, in addition to roughly 600 measures and measure concepts. Workgroup members suggested that NQF consider including quality measures that the members are currently reporting on for various programs. NQF staff agreed and requested Workgroup member send these quality measures to the project team. Staff will include these measures in the scan and update the tagging as needed (e.g., to reflect changes in measures used in federal programs).

Review Workgroup Feedback To Date and Survey Monkey Results

Karen Johnson, senior director, reviewed the feedback on the measure selection criteria received from Workgroup members during Webinar 1 held on November 29, 2017 and from the questionnaire fielded just after that webinar. During Webinar 1, Workgroup members supported use of the following criteria to select core sets of rural-relevant measures: that the measure is NQF-endorsed, addresses a low case-volume, and is cross-cutting in scope. Further, the Workgroup agreed that measures assessing care transitions should be included. Feedback obtained via the post-webinar questionnaire further supported use of these characteristics as selection criteria. In addition, through this questionnaire, Workgroup members expressed the most preference for the inclusion of the following measure topics and disease conditions in the core set(s):

- Access to care
- Mental health
- Transitions of care
- Things you just have to do (e.g., medication reconciliation)
- Substance abuse
- Telehealth

The Workgroup felt somewhat less strongly about the inclusion of the following in the core set(s):

- Diabetes
- Hypertension
- Hospital readmissions
- Perinatal
- Pediatrics
- Cost of care

Co-chair Dr. Aaron Garman facilitated the Workgroup discussion of the feedback to date. Workgroup members' discussion included the following:

- **Challenges regarding telehealth** – the Workgroup noted that including telehealth measures in the core set(s) may be difficult for numerous reasons. These include the fact that many rural providers do not provide care via telehealth; that the current payment structure for telehealth disadvantages some rural providers; and that members consider telehealth a vehicle for service delivery, not a service in and of itself, potentially limiting such measures to structural measures of use of, or access to, telehealth. However, the Workgroup did note that CMS is interested in use of telehealth and its effect on overall cost of care, so they should keep telehealth measures in mind moving forward.
- **Low-case volume** – The Workgroup noted a need to more rigorously define or describe how low case-volume should be addressed when identifying measures for the core set(s), particularly when considering condition-specific measures for potential inclusion.

- **Unintended consequences** – The Workgroup warned against selecting measures that may create unintended consequences for patients.
- **Provider vs. population based measures** – Furthermore, Workgroup members discussed the importance of looking at measures that capture quality of care for populations, in addition to those that measure the quality of care provided by individual clinicians or hospitals, noting the patient-centeredness of this approach.
- **Access to care** – The Workgroup acknowledged the connection of access to quality of care, but also noted that measures of access often are population-based and therefore might be somewhat out of scope for core measures that assess care by individual clinicians or hospitals.
- **Variety of providers** – When selecting measures, the Workgroup recommended that NQF include measures that reflect the variety of providers in rural settings.
- **Chronic Obstructive Pulmonary Disease (COPD)** – The Workgroup recommended inclusion of Chronic Obstructive Pulmonary Disease (COPD) measures given the increased prevalence of this condition over recent years in rural communities.

Apply Preliminary Selection Criteria Methodology and Update Measure Selection Criteria

Ms. Johnson discussed the application of the preliminary measure selection criteria to the environmental scan of measures. Of the 608 measure that are currently endorsed, staff consider 140 to be cross-cutting. Within those 140 cross cutting measures, NQF staff were able to identify measures that assess topic areas that the Workgroup identified for inclusion core set(s), such as care transitions and medication reconciliation. Staff also identified other condition-specific endorsed measures that the Workgroup deemed important to consider (e.g., measures related to diabetes and hypertension). NQF staff requested feedback from the Workgroup on additional conditions to consider. Co-chair Dr. Ira Moscovice facilitated the Workgroup discussion. Workgroup members' discussion included the following:

- **Dialysis** – The Workgroup agreed that dialysis measures are out of scope for the project and that smaller hospitals are unlikely to provide dialysis.
- **Screening measures** – The Workgroup expressed interest in screening measures for a variety of conditions including BMI, mental and behavioral health issues, and fragility fractures. Members strongly agreed on the inclusion of a depression screening measure. They recommended looking for measures that conduct screening in a structured way in the evaluation of new patients.
- **Workforce measures or other structural measures of provider credentialing** – Members discussed the various difficulties of recruiting and retaining the rural health workforce. Some Workgroup members were concerned about publicly reporting of staffing or credentialing metrics, noting the potential for unintended consequences and difficulties with attribution.

Discuss Measures Under Consideration (MUC) List

Ms. Johnson provided a summary of the Measures Under Consideration (MUC) list and facilitated the Workgroup's discussion. The Workgroup's feedback on the MUC list will be presented to the MAP Coordinating Committee at its January meeting.

Workgroup members emphasized the importance of considering the low-volume challenge for rural providers for several of the measures on the MUC list, and also noted the attractiveness of considering population-based measures as a way to address this challenge. Workgroup members identified the topic areas of diabetes care, vascular care, opioid-related care and events, HIV screening, prostate screening, and simple pneumonia hospitalization as areas of interest and rural relevancy on the MUC list. They suggested that several of the other measures may not be appropriate for many rural providers due to low case-volume or lack of monitoring or treatment in rural areas.

Discussion of Rural-Relevant Measurement Topics

Ms. Theberge provided a brief update on the measurement topic discussion. During the previous webinar, the Workgroup expressed some hesitancy around focusing on telehealth, swing beds, and advance care planning. During this call, Workgroup members identified several measurement topics of interest, including access to care, leveraging public and private resources for quality improvement efforts, and post-acute care in rural areas. Further, members mentioned focusing on depression, mental health in general, drugs and alcohol, and obesity.

There was limited time for discussion of this topic. Ms. Theberge explained that the Workgroup will have a more in-depth discussion on the measurement science issue during the February 14 call.

Public Comment

There were no public comments.

Next Steps

Madison Jung, project analyst, reviewed the next steps for the MAP Rural Health Workgroup. Webinar #3 will take place January 25, 2018, from 1:00 to 3:00 pm ET.