NATIONAL QUALITY FORUM

Meeting Summary

Performance Measurement for Rural Small-Practice and Low-Volume Providers

February 5-6, 2015

The National Quality Forum (NQF) convened the Rural Health Committee members for a two day in-person meeting on February 5 and February 6, 2015. The meeting materials and transcripts can be accessed online. A separate archive of the meeting, including agenda, slides, and audio recording of the discussion, is also available: (Day 1; Day 2).

This is a brief meeting summary focused on describing the purpose and process of the meeting. The results and recommendations from the meeting will be synthesized in a formal report, which is the primary deliverable for this project.

Committee Members in Attendance

Name	Organization
Kelly Court, MBA (co-chair)	Wisconsin Hospital Association
Ira Moscovice, PhD (co-chair)	University of Minnesota School of Public Health
Ann Abdella	Chautauqua County Health Network
Michael Baer, MD	AmeriHealth Caritas Pennsylvania
Tonya Bartholomew, OTR	Platte Valley Medical Clinic
John Gale, MS	University of Southern Maine
Aaron Garman, MD	Coal Country Community Health Center
Gregory Irvine, MD	St. Luke's McCall Orthopedics Clinic
Jason Kessler, MD	Iowa Medicaid Enterprise
Jason Landers, MBA	Highmark West Virginia
Bruce Landon, MD, MBA, MSc	Harvard Medical School
Jonathan Merrell	Indian Health Service
Guy Nuki, MD	BlueWater Emergency Partners
Kimberly Rask, MD, PhD	Alliant Health Solutions
Robert Rauner, MD, MPH	SERPA-ACO
Sheila Roman, MD, MPH	Independent Consultant
Susan Saunders, MSN, CNM, WHNP-BC	American College of Nurse-Midwives
Stephen Schmaltz, MS, MPH, PhD	The Joint Commission
Tim Size, BSE, MBA	Rural Wisconsin Health Cooperative
Brock Slabach, MPH, FACHE	National Rural Health Association

HHS and NQF Staff in Attendance

- Martin Rice, Government Task Leader, HRSA, HHS
- Curt Mueller, HRSA, HHS
- Girma Alemu, HRSA, HHS
- Helen Burstin, Chief Scientific Officer, NQF
- Marcia Wilson, Senior Vice President, NQF
- Karen Johnson, Senior Director, NQF
- Mitra Ghazinour, Project Manager, NQF
- Severa Chavez, Project Analyst, NQF

Welcome and Introductions

Kelly Court and Ira Moscovice, co-chairs, welcomed the Committee members and the public audience to the meeting. Ann Hammersmith, NQF's General Counsel, led the Committee's introductions and disclosures of interest.

Setting the Stage

Ms. Court and Dr. Moscovice reviewed the meeting objectives and the agenda. The meeting objectives were to:

- Finalize a consensus set of measurement challenges for Committee discussion
- Make recommendations regarding measures appropriate for use in Centers for Medicare and Medicaid Services' (CMS) pay-for-performance programs for rural hospitals and clinicians
- Make recommendations to help mitigate measurement challenges, including low-case volume
- Identify measurement gaps for rural hospitals and clinicians

Dr. Moscovice reiterated the committee's charge to make recommendations to CMS for mitigating challenges in performance measurement for rural providers. Mr. Martin Rice, from HHS, offered a few remarks and expressed the value of the Committee's work in shaping the Rural Health Care system moving forward.

Ms. Mitra Ghazinour, Project Manager, NQF, provided a brief overview of the project and a high-level overview of current CMS Quality Improvement Programs. Ms. Karen Johnson, Senior Director, NQF, presented insights from the environmental scan and Committee's pre-work results. To set the stage for the meeting, several committee members provided a primer on the settings of interest to the project, including Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), Community Health Centers (CHCs), small practice providers, and small rural hospitals.

Discussion of Overarching Rural Health Measurement Challenges and Solutions

The Committee engaged in an active discussion on the challenges that rural health providers currently face. Committee members identified the following challenges to be discussed during this meeting:

- Low case-volume
- Need for meaningful measures for rural providers
- Alignment

- Voluntary vs. mandatory participation

During the remainder of the meeting, the Committee discussed these challenges and reached consensus on a set of recommendations regarding possible solutions to mitigate these challenges. Below is a summary of these solutions and recommendations:

Low case-volume

- Use measures that are broadly-applicable across rural providers (e.g., vaccinations, blood pressure control, diabetes control, and medication reconciliation)
- Use a variety of measure types, including structure, process, and outcome measures, that are relevant to rural providers
- Consider measures that reflect the wellness of the whole community, as well as measures applicable to patient-centered medical homes
- Reconsider exclusions for existing measures (e.g., HCAHPS)
- Consider development of measures that use continuous variables (e.g., timing of medication administration vs. a yes/no assessment of administration)
- Consider use of social determinants of health (i.e., socio-demographic factors) in risk-adjustment of measures
- Consider allowing voluntary, informal groupings of providers for payment incentive purposes, while providing feedback at the individual clinician level; such groupings should not be limited to CAHs, RHCs, and CHCs, but should be open to small hospitals or practices

Need for meaningful measures for rural providers

- Principles for selecting meaningful and relevant measures for use in reporting programs; measures should:
  - Be evidence-based
  - Support the triple aim
  - Address the low-volume problem
  - Require data that are readily availability or feasible to collect
  - Be relevant to providers for internal quality improvement purposes, as well as relevant externally for public reporting or other accountability purposes
  - Support local access to care
- Convene rural health experts to select a core set of measures to be used, along with a menu of optional measures

Alignment

- Implement a uniform measurement set across HHS, payers, accrediting bodies, etc.
- Develop a standardized process so that data are collected/reported once
- Align measures across sectors (e.g., ambulatory and hospital)
- Align improvement resources (e.g., technical assistance for data collection and quality improvement) across HHS

Voluntary vs. mandatory participation

- Require participation of rural providers in CMS quality improvement programs
- Implement participation in CMS programs using a phased approach, beginning with pay-for-reporting
- Facilitate faster cycle time between performance and use in programs
- Include a component for improvement, not just a threshold value
- Convene rural health experts to study topic of appropriate peer groups for both quality improvement and benchmarking applications, as well as for accountability applications such as public reporting and payment incentives

Measurement Gaps for Rural Hospitals and Clinicians

The committee identified the following topic areas for measurement that currently demonstrate gaps specific to rural providers:

- Patient hand-offs and transitions (including timeliness)
- Alcohol/drug screening
- Telehealth/telemedicine
- Accessibility/timeliness
- Facility/clinician serving the local community
- Community getting care in a timely manner
- Access to care measures
- Cost measures
- Population health at the geographic level
- For hospitals: procedures (e.g., OT/PT/imaging)
- Advance directives/end-of-life measures
- Additional measures for specialists

Additional Committee Recommendations

In addition to the above recommendations, the Committee recommended the creation of a Measure Applications Partnership (MAP) workgroup for rural providers. Currently, MAP provides multi-stakeholder input to HHS on which measures to use in over 20 Federal programs in advance of proposed rules. The Committee expressed immense interest in a similar entity composed of Rural Health experts to provide input on the selection process for measures applicable to rural health providers. Other recommendations voiced by the Committee included relaxing requirements for use of vendors for CAHPS surveys and/or offering alternative data collection mechanisms.

Next Steps

The meeting concluded with the identification of the project's next steps:

- Prepare a draft report of the Committee’s recommendations
- Review the draft report by the Committee via a web meeting on March 19, 2015
- Submit the draft report to HHS on April 15, 2015
- Post the draft report on the NQF website for a 30-day public comment period in June-July 2015
- Submit the final report to HHS on September 14, 2015