Healthcare Performance Measurement for Rural, Low-Volume Providers

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NATIONAL QUALITY FORUM

Committee Web Meeting
July 29, 2015

Rural Health Committee Members

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

Objectives

- Review public comments received on the draft report
- Discuss any potential revisions to the Committee's recommendations and/or the draft report based on the comments received
- Discuss potential next steps for rural health performance measurement

Comments Received

Comments

- Comments received from 16 organizations
- Overall, most commenters were supportive of the project, recommendations, and the key issues identified for rural providers
- Particular support for recommendations regarding alignment, core set, MAP workgroup, addressing low case-volume, mandatory participation, no financial penalties
- However, some concern with mandatory participation and core sets

Discussion of Comments Received

Not necessarily supportive of mandatory participation

- Concern that this can have a negative impact on patient access to services (as providers are often overworked) (ID#4)
- Current programs not a good fit (ID#11)
- Premature
  - Unless the many technical challenges of measuring the quality of rural low-volume providers accurately are addressed. (ID#5)
  - Need more input to determine a reasonable starting point (ID#22)

Should the Recommendations be Prioritized, Sequenced, and/or Given a Timeline?

- Three commenters suggested a need for a prioritization, sequencing, and/or timeline
- PROs
  - Would give "shape" or focus to recommendations
  - Potentially address concerns about mandated participation
  - Would help to clarify next steps
- CONs
  - Many rural providers already included in incentive programs
  - Several recommendations reflect "continuous" action (e.g., measure development, selection, alignment) that may not be amenable to sequencing

Not necessarily supportive of the core set, as written

- Core set with same measures reported by all providers (ID#6)
  - Concern that the core set might be irrelevant to some providers
    - Instead, reframe like Vital Signs report (i.e. "consistent goals and objects for improvement")

How should the core set discussion be modified?

- Clarify that the core sets would differ by setting (i.e., hospitals would have a different set than clinics)
- Currently recommend cross-cutting rather than disease-specific measures
  - Should measures that reflect conditions of highest occurrence within rural areas be considered? (ID#8, #20, #36)
  - Or would this be more appropriate for the optional set?

Should, and if so, how, might some discussion of community providers be incorporated?

- In the context of population heath and wellness of the community
  - measurement (ID#16)
  - collaborative groups (ID#30)
  - Incentives for providers to participate with/leading (ID#31)
- At minimum, addition of text noting the contributions of community providers when measuring population health?

Is there any desire to recommend different standards for rural providers?

- Adjusting measurement benchmarks (ID#2, #8)
- Less reporting of measures (ID#8)

Is there any desire to say more about alignment?

- Alignment without standardization (ID#12)
- More about alignment of measures with private payers (ID#12)

Additional questions to consider

- Any additional recommendations regarding low case-volume?
  - Aggregating data for several facilities (ID#23)
  - Other suggestions noted in Environmental Scan
  - Formation of a methods workgroup to addresses the low case-volume problem (ID#31)
- Any additional recommendations regarding the CAHPS surveys?
  - Allowing potential alternatives (ID#19)
  - Relaxing requirements for use (ID#27)

Additional questions to consider

- Is there a common definition for swing beds? Does anyone know if these typically are excluded from measures? (ID#1)
- Include housing security and food security as potential SDS adjustors? (ID#4)
- Additional principle for selection: measure across the continuum of care? (ID#17)
- Anything more specific in the report about measurement for the healthcare exchanges or for Medicaid managed care? (ID#12)

Some comments illustrate need additional clarity in the report

- Commenters assumed that:
  - All rural providers are employed in CAHs, RHCs, for FQHCs (ID#3)
  - All rural practices are low-volume (ID#3)
  - The committee has recommended a separate set of measures for rural providers (ID#8)
  - The Committee has recommended that CMS augment existing programs (and mandate participation in those) rather than designing new programs (ID#11)
- Staff will provide additional text in the report to address these misconceptions

How Else Should the Report be Modified?

- Potentially, group the recommendations in some way?
  - For example: measurement, selection, payment
- Other thoughts?

Potential Next Steps

Public Comment

Project Next Steps

Next Steps

- **September 9, 2015:** Presentation to CMS
- **September 14, 2015:** Final report due to HHS

Thank you!