


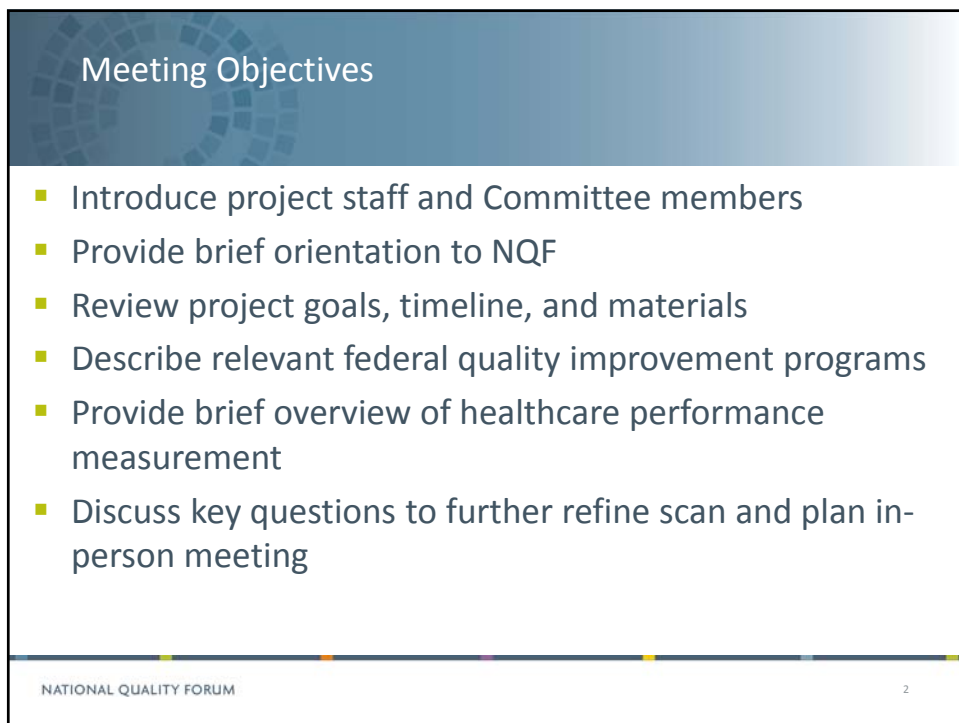
Healthcare Performance  
Measurement for  
Rural Providers

Rural Health Committee  
Orientation Web Meeting

January 6, 2015



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QUALITY FORUM



### Meeting Objectives

- Introduce project staff and Committee members
- Provide brief orientation to NQF
- Review project goals, timeline, and materials
- Describe relevant federal quality improvement programs
- Provide brief overview of healthcare performance measurement
- Discuss key questions to further refine scan and plan in-person meeting

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2

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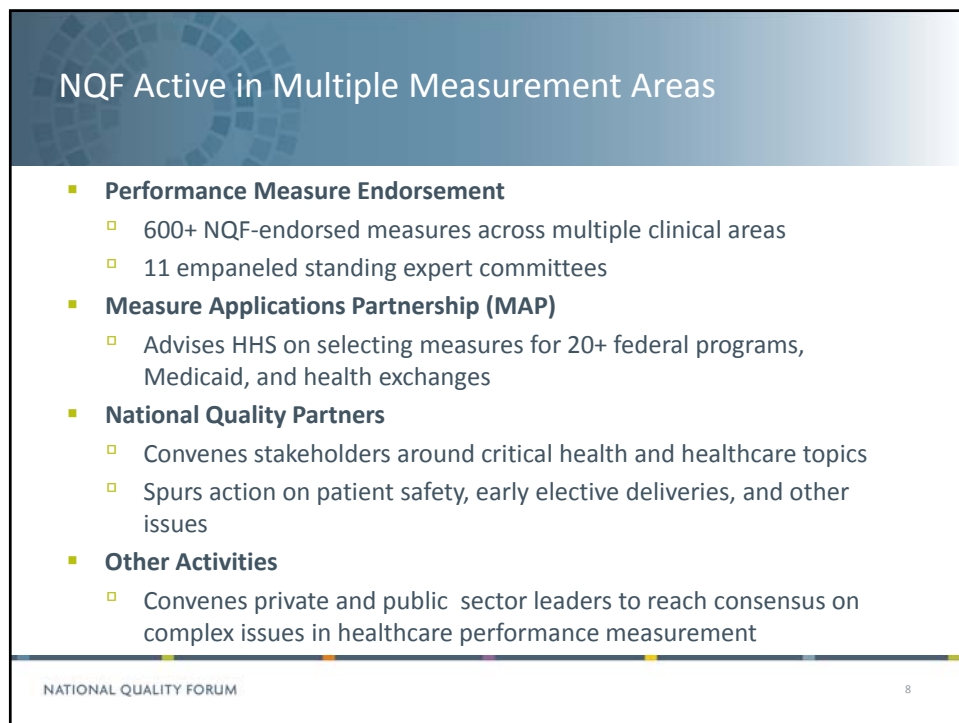
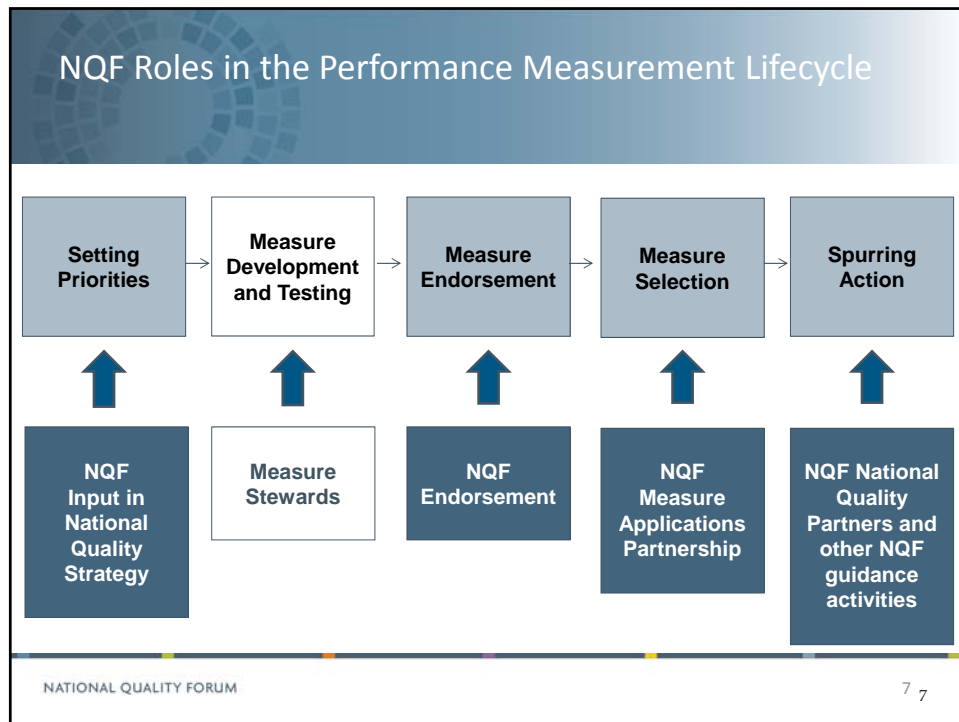
## NQF's Unique Role

Established in 1999, NQF is a non-profit, non-partisan, membership-based organization that brings together public and private sector stakeholders to reach consensus on healthcare performance measurement. The goal is to make healthcare in the U.S. better, safer, and more affordable.

- An Essential Forum
- Gold Standard for Quality Measurement
- Leadership in Quality

## NQF as a Forum

- 420 organizational members
- More than 800 expert volunteers collaborate in NQF Committees annually
- Transparency
  - We are a *forum* -- everything we do is open to member participation and all materials are accessible on our website



## NQF Endorsement

- 8-step process typically requiring 9-12 months to complete
- Measure stewards must agree to conditions for consideration
- Measures must meet NQF's standard evaluation criteria
  - Importance to measure and report
  - Scientific acceptability of measure properties
  - Feasibility
  - Usability and Use
  - Consideration of competing or related measures

## Why Do Standardized (Endorsed) Measures Matter?

- Help providers know how they are doing because they can benchmark and compare
- Allow payers to purchase on the basis of value, not volume
- Guide patients looking for good medical care and alert them to safety issues
- Reduce the burden associated with use of near identical measures and facilitate alignment

## NQF-Convended Measure Applications Partnership (MAP)

- NQF created MAP in response to Affordable Care Act (ACA) provision in 2010.
- Convenes private and public sector organizations with a stake in measure improvement for federal health programs.



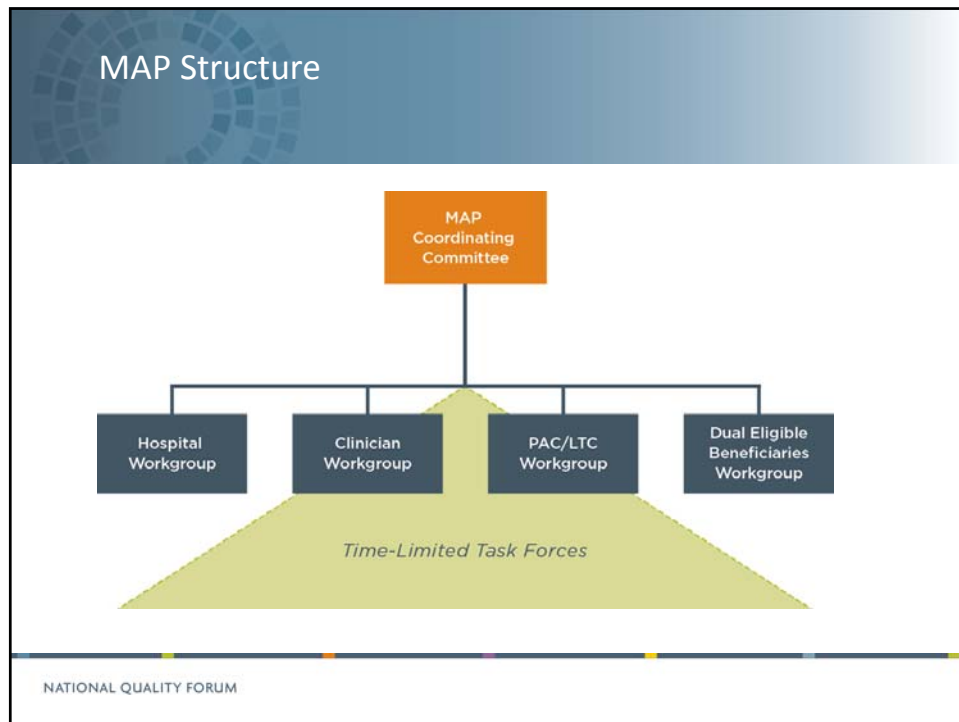
**150**  
INDIVIDUALS

**90**  
ORGANIZATIONS

Consumer advocacy organizations  
Purchasers  
Health plans  
Clinicians and providers  
Suppliers  
Accreditation and certification entities  
Communities and states  
Regional collaboratives

## MAP: Guidance on Selecting Measures for Federal Quality Improvement Programs

- Provides input to HHS on measures for public reporting, performance-based payment, and other programs
- Encourages alignment across public programs and between public and private programs
- Has provided feedback on Medicare programs, core measure sets for adults and children in Medicaid, health insurance exchanges, and dual eligible beneficiaries



Federal Program for MAP Pre-Rulemaking Input	MAP Workgroup
Physician Feedback/Value-Based Payment Modifier	Clinician Workgroup
Physician Quality Reporting System	
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	
Medicare Shared Savings Program	
Physician Compare	
Hospital Inpatient Quality Reporting	Hospital Workgroup
Hospital Value-Based Purchasing	
Hospital Outpatient Quality Reporting	
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	
Inpatient Psychiatric Facility Quality Reporting	
Hospital Readmission Reduction Program	
Hospital-Acquired Conditions Payment Reduction	
Medicare Shared Savings Program	
Ambulatory Surgical Center Quality Reporting	
Home Health Quality Reporting	PAC/LTC Workgroup
Nursing Home Quality Initiative and Nursing Home Compare Measures	
Inpatient Rehabilitation Facility Quality Reporting	
Long-Term Care Hospital Quality Reporting	
Hospice Quality Reporting	
End-Stage Renal Disease Quality Incentive program	

## NQF Leadership in Quality

- **National Quality Partners Action Teams**
  - Antimicrobial stewardship (new for 2015)
  - Maternity Care
  - Patient and family-centered care
  - Readmissions
- **Measurement Frameworks and Guidance**
  - Health IT and patient safety
  - Home and community-based services
  - Population health
  - Rural and low-volume providers
- **NQF/CMS/AHIP Measure Alignment**

## Project Overview



## Project Description

**To provide multistakeholder information and guidance on performance measurement issues for rural providers, including:**

- Facilities
  - Critical Access Hospitals (CAHs)
  - Rural Health Clinics (RHCs)
  - Community Health Centers (CHCs)
  - Small hospitals
  - Small-practice offices
- Clinicians who serve in these settings

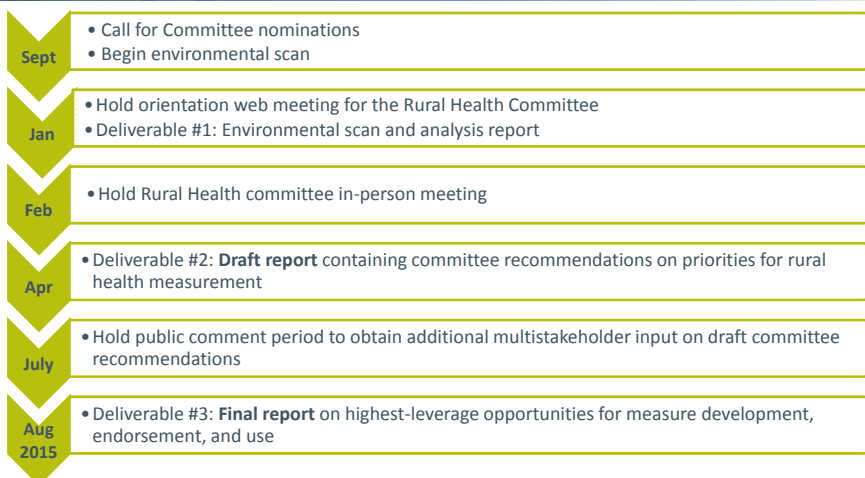
## Project Description

- Project will entail:
  - Environmental scan of measures and measurement programs
  - Multistakeholder input on measurement efforts and challenges for rural providers
  - Written report of Committee recommendations regarding performance measurement for rural providers in the context of Federal payment incentive programs
    - » Measures that are most appropriate for these programs
    - » Resources to address identified measurement gap areas
    - » Mitigation of measurement challenges

## Project Scope

- Issues facing rural providers (although small case-volume can be an issue with non-rural providers as well)
- Particular interest in discussing issues relevant to the outpatient setting
- Particular interest in discussing issues relevant to clinicians
- Focus on primary care (primarily)

## General Project Timeline



## Accessing Project Materials

- All Committee materials posted on project SharePoint page
  - <http://share.qualityforum.org/Projects/Rural%20Health/SitePages/Home.aspx>
  - Username/password required
- Committee Home
  - General Documents
  - Meeting and Call Documents
    - » Agenda
    - » Slides
    - » Transcripts

## Overview of Federal Quality Improvement Programs

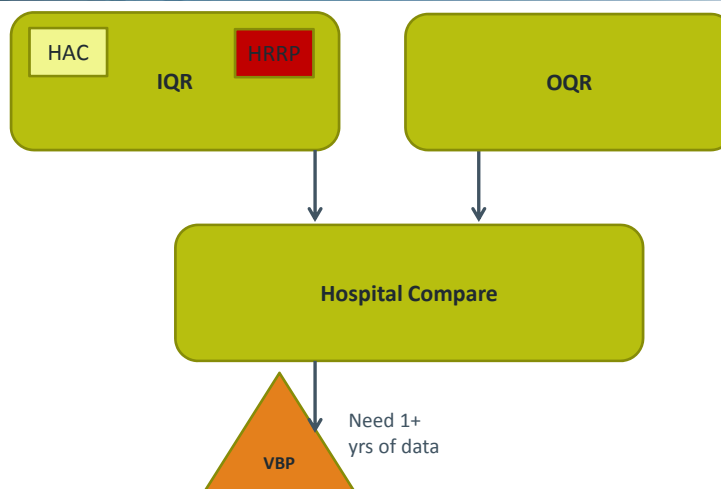
## Overview of Hospital Federal Quality Improvement Programs

- **Pay for Reporting Programs**
  - Hospital Inpatient Quality Reporting (IQR) Program
  - Hospital Outpatient Quality Reporting (OQR) Program
  - Ambulatory Surgical Center Quality Reporting (ASCQR) Program
  - Medicare and Medicaid EHR Incentive Program for Eligible Hospitals, and Critical Access Hospitals (CAHs)
- **Public Reporting Program**
  - Hospital Compare
- **Pay-for-Performance Programs**
  - Hospital Value-Based Purchasing (VBP) Program
  - Hospital-Acquired Condition (HAC) Reduction Program
  - Hospital Readmissions Reduction Program

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23

## Relationships between Hospital Federal Programs



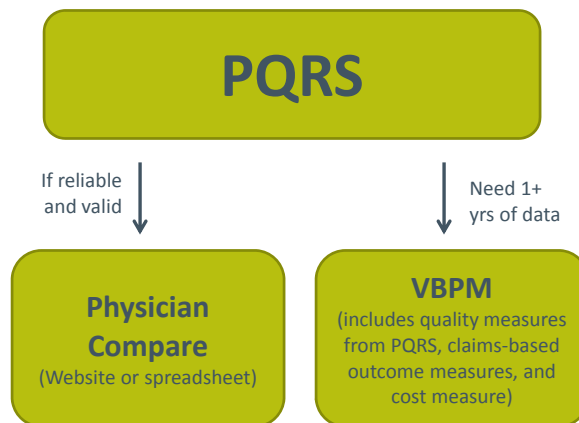
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24

## Overview of Clinician Federal Quality Improvement Programs

- Pay for Reporting Programs
  - Physician Quality Reporting System (PQRS)
  - Medicare and Medicaid EHR Incentive Program for Eligible Professionals (EPs)
- Public Reporting Program
  - Physician Compare
- Pay-for-Performance Program
  - Physician Value-Based Payment Modifier
- Federal ACO Program
  - Shared Savings Program

## Relationship Between Federal Clinician Programs



## Where Do Rural Providers Fit In?

- CMS hospital programs discussed above limited to those paid under the Prospective Payment System
  - CAHs excluded, but can report on voluntary basis
- Some CMS programs created for non-PPS facilities (e.g., cancer hospitals)
  - No programs for RHCs or CHCs (?)
- CMS clinician programs discussed above limited to those clinicians paid under the Medicare Physician Fee Schedule
  - Excludes those working in CAHs (?), RHCs, CHCs (?)
  - Have requirements for minimum number of practitioners, cases, or reliability/validity
    - » May exclude small-practice providers

## Overview of Healthcare Performance Measurement

## (Healthcare) Performance Measurement

- Measures used for quantifying the performance of different aspects of the healthcare system
- Goal is to improve the quality of healthcare received by patients (and ultimately health)
- Types of performance measures
  - Quality
    - » Outcome, including patient-reported outcomes
      - *Use of services (used as proxy for outcome, cost)*
    - » Intermediate clinical outcome
    - » Process
    - » Structure
  - Resource use/cost
  - Efficiency (combination of quality and resource use)
  - Population health

## The National Quality Strategy: Three Aims and Six National Priorities



## Fundamental Tensions in Healthcare Performance Measurement

- Between a few good outcome measures for accountability and specific process measures to guide improvement
- Between measuring at system level and individual clinician level
- Between burden for providers/clinicians and comprehensiveness for consumers/purchasers
- Between core sets of measures and measures that meet the needs of different providers and settings

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31

## Considerations for Recommendations Regarding Measurement for Rural Providers

- Accountability and quality improvement
- Types of measures
- Level of analysis – provider/clinician, facility, health plan/ACO, population-level measurement
- Rural relevancy
- Methodological challenges, including small sample sizes
- Lessons from others

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32



## Discussion of Key Questions

What are some key **rural issues** that impact measurement/quality improvement for rural providers?

- Patient population differences
  - Cultural, geographical, socio-demographic factors that are not heterogeneous
- Access to care
- Uptake of EHRs
  - Financial and workforce capacity
- Workforce capacity for QI

## What are the pros/cons of healthcare performance measurement of rural providers?

- For QI
- For public reporting
- For payment
- Other purposes

## What are the key issues regarding measurement for rural providers?

- Hospitals
  - Measurement set
    - » Relevance
    - » Alignment
  - Low-volume
- Clinics
- Clinicians

## Additional Discussion Questions

- What lessons/approaches from others might be applicable?
- What are some initial recommendations?
  - Measures
  - Methodology
  - Program design
  - “Philosophy”
- What suggestions do you have for organizing the upcoming meeting?
- What additional sources of information should we consider?

## Opportunity for Public Comment

## Next Steps

## Next Steps

- Send any additional thoughts or resources to NQF
- Staff continuation of environmental scan
- Meeting pre-work (TBD)
- **February 5-6, 2015:** Rural Health Committee in-person meeting
- **March 19, 2015:** Rural Health Committee web meeting to review the draft report
- **April 15, 2015:** Draft Report of Committee recommendations due to HHS
- **June/July 2015:** Draft report will be available for public comment
- **August 14, 2015:** Final report due to HHS

## For More Information

<http://share.qualityforum.org/Projects/Rural%20Health/SitePages/Home.aspx>

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*Thank you for joining us!*