



Performance Measurement for Rural Low-Volume Providers: Rural Health Committee Web Meeting

July 29, 2015

Meeting Recording:

<http://nqf.commpartners.com/se/Meetings/Playback.aspx?meeting.id=117760>

Participation Instructions:

Streaming Slides and Audio Online

- Direct your web browser to: <http://nqf.commpartners.com>
- Under “Enter a Meeting” type the meeting number: **117760**
- In the “Display Name” field, type your first and last name and click “Enter Meeting”

Teleconference

- Dial **(855) 292-4904** for committee members and **(855) 307-1903** for public audience

Meeting 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

1:00 pm	Welcome and Review of Meeting Objectives <i>Kelly Court, Co-Chair</i> <i>Karen Johnson, Senior Director, NQF</i>
1:10 pm	Themes on Public Comments Received <i>Mitra Ghazinour, Project Manager, NQF</i> <i>Karen Johnson</i>
1:20 pm	Discussion of Comments Received <i>Moderated by Kelly Court</i> • Discuss comments • Discuss potential modifications to the report
2:20 pm	Input on next steps/path forward <i>Moderated by Karen Johnson</i>
2:40 pm	Opportunity for Public Comment
2:55 pm	Wrap Up/Next Steps <i>Severa Chavez, Project Analyst, NQF</i>
3:00 pm	Adjourn

Committee Members and Participants Attendance

Name	Organization
Kelly Court, MBA (co-chair)	Wisconsin Hospital Association
Ann Abdella	Chautauqua County Health Network
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
Bruce Landon, MD, MBA, MSc	Harvard Medical School
Guy Nuki, MD	BlueWater Emergency Partners
Robert Rauner, MD, MPH	SERPA-ACO
Sheila Roman, MD, MPH	Independent Consultant
Stephen Schmaltz, MS, MPH, PhD	The Joint Commission
Tim Size, BSE, MBA	Rural Wisconsin Health Cooperative
Curt Mueller	Health Resources & Services Administration
Girma Alemu	Health Resources & Services Administration
Kristin Martinsen	Health Resources & Services Administration
Megan Meacham	Health Resources & Services Administration

Healthcare Performance Measurement for Rural, Low-Volume Providers

*Karen Johnson
Mitra Ghazinour
Severa Chavez*



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

NATIONAL QUALITY FORUM

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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 health 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!