NATIONAL QUALITY FORUM
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# Call for Nominations

## Rural Telehealth and Healthcare System Readiness Committee

### Background

Telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance, enhancing access to care, and building efficiencies. The promise of telehealth is particularly important in rural areas, where communities face a number of ongoing challenges, including limited resources, closing of rural hospitals and other healthcare facilities, healthcare professional shortages, lack of transportation options, and limited availability of medical specialists. A weakening of rural healthcare infrastructure could undermine rural communities' ability to be ready for pandemics, natural disasters, mass violence, and other public health emergencies. The COVID-19 pandemic has underscored this issue and brought the unique challenges faced by rural Americans into focus. Compared to urban-dwellers, rural residents may be harder hit by the pandemic. Because rural residents tend to be poorer, older, and sicker, they could be more vulnerable to infections than non-rural residents. Even for rural residents who are not infected, those with ambulatory care-sensitive chronic conditions, who normally depend on regular medical monitoring to keep their symptoms under control, may be confronted by even higher barriers to care during disaster events. But telehealth may be able to help improve healthcare system readiness, improve access to care, facilitate care coordination, and have a positive impact on mortality in times of national emergencies, especially in rural areas.

As the pandemic has severely limited individuals' ability to visit their healthcare providers in-person, use of telehealth has increased dramatically. New regulatory and financial changes are also mitigating barriers to use of telehealth. In particular, the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 has broadened access to Medicare telehealth services. But this significant expansion in use of telehealth has spurred a need to ensure this type of care delivery is high quality. There has been a lack of empirical evidence in the literature related to the experience of using telehealth to support surge capacity or strengthen system readiness in time of public emergencies. It remains unclear whether certain population groups, like rural residents who are uninsured, those in poor health, or rural-dwelling Native Americans, may still be facing barriers to telehealth due to rural providers' limitations in resources, trained staff, and bandwidth requirements. Broadband infrastructure in rural areas is another important factor in understanding the impact of telehealth and healthcare system readiness. There is a need for multistakeholder experts to explore these issues and make recommendations to inform the selection of quality measures or measure concepts for comparing the effects of telehealth with in-person care on improving system readiness and reducing mortality during pandemics, disasters, or other public emergencies.

In 2017, NQF convened an HHS-funded, multistakeholder Committee to develop a measurement framework that identifies telehealth measures and measure concepts and serves as a conceptual foundation for measuring the quality of care provided using telehealth. Last year NQF convened another HHS-funded multistakeholder Committee to develop a measurement framework to assess the readiness

of healthcare systems to respond and recover from disasters and emergencies. Measuring quality in these areas is critical to ensure that the health of individuals in a community is maintained and that the ill and injured receive appropriate and time-sensitive care during an emergency.

Building on this previous work, **NQF will convene a new multistakeholder Rural Telehealth and Healthcare System Readiness Committee to create a measurement framework linking quality of care delivered by telehealth, healthcare system readiness, and health outcomes in a disaster**. The Committee will be tasked with exploring what capabilities telehealth requires in order to save lives in rural areas during a national emergency, what health outcomes in a national emergency can be fairly attributed to quality of care delivered via telehealth, and what other factors (e.g., infrastructure, financial, types of national emergencies) should be accounted for in assessing the impact of telehealth on health outcomes in a national emergency. NQF will work with the Committee to conduct an environmental scan that will document changes to previously identified measures and measure concepts related to telehealth and healthcare system readiness and propose new priority measures or measure concepts. The environmental scan and resulting report will identify measurement gaps and priorities and explore changes made with telehealth and related policies and practices since 2017 and their impact on healthcare system readiness and patient outcomes.

## Committee Charge

NQF will convene a multistakeholder Committee, which will participate in up to six virtual meetings over a 15-month period. The Committee will discuss, update, and enhance the previously developed telehealth framework to ensure its relevance for person-centered measurement, patient safety, and value-based measurement and to ensure it addresses new as well as ongoing opportunities and challenges, in part due to the COVID-19 pandemic. The Committee will guide recommendations that will be highlighted in a final report; provide input on the project's components; provide expertise on measurement gaps and priorities; and explore challenges and opportunities related to measuring the quality of care delivered by telehealth, healthcare system readiness, and health outcomes in a disaster.

The Committee will be responsible for steering the development of major project components, including:

- Providing guidance on an environmental scan that documents changes to measures and measure concepts related to telehealth previously identified and proposes priority measures or measure concepts linking telehealth, rural healthcare system readiness, and health outcomes related to pandemics, disaster events, or other public emergencies. The environmental scan will also identify gap areas, including unintended consequences that might result from the use of telehealth for enhancing system readiness in rural areas and discuss relevant changes in telehealth technology, policy, and practice.
- Developing a measurement framework to assess the impact of telehealth on rural healthcare system readiness, including the healthcare systems that rural-dwelling Native Americans rely on. The Committee will identify aspects of quality related to telehealth that could impact the four domains of a healthcare system readiness framework, and how a rural healthcare system's performance in these domains may impact mortality or other health outcomes in a disaster.

## Committee Structure

NQF seeks to convene a multistakeholder Committee of no more than 25 individuals.

***Terms***

Committee members will serve a term of 15 months.

***Participation on the Committee requires a significant time commitment***

Committee members are expected to participate in all scheduled meetings. Over the course of the serving term, additional meetings may be scheduled, or meetings may be rescheduled; new dates are set based on the availability of the majority of the Committee.

***Committee participation includes:***

- Participating in up to six two-hour web meetings over a 15-month period. Participation may include preparation work such as reviewing materials and/or providing feedback on materials ahead of the web meetings
- Guiding the development and implementation of an environmental scan assessing the current landscape of quality measurement for telehealth and health system readiness
- Developing actionable recommendations for telehealth and health system readiness measures or measure concepts
- Reviewing and providing feedback on written deliverables
- Providing additional feedback and input as needed

**Scheduled Meeting Dates**

The nominations period will be from September 25 through October 26, 2020, and the orientation meeting will take place on or about January 6, 2021. The remaining five web meetings will take place between February and November 2021. More details and meetings dates will be provided to the Committee at the orientation meeting.

## Preferred Expertise and Composition

Committee members are selected to ensure representation from a variety of stakeholders, including but not limited to consumers, purchasers, providers, professionals, plans, measure developers, suppliers, community and public health, patients, caregivers, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each stakeholder group can be seated onto a Committee.

NQF is seeking:

- Primary care and specialist clinicians, including those who serve in rural or otherwise medically underserved areas or deliver care to rural-dwelling Native Americans
- Administrators from facilities or networks that routinely provide or use telehealth services
- Providers and administrators involved in healthcare system readiness responses
- Payers who utilize telehealth applications
- Academic medical centers with telehealth programs
- Non-profit organizations that represent the interests of telehealth providers and/or patients
- State departments of public health/health and human services that oversee telehealth programs and/or are involved in healthcare system readiness

- Measure developers and/or implementers with expertise in telehealth applications or health information technology more broadly
- Patients and/or their caregivers who receive care via telehealth
- Patient advocacy groups whose constituency does or could benefit from telehealth services and/or from improved healthcare system readiness
- Patients and/or their caregivers impacted by public health emergencies

**Please review the NQF conflict of interest policy to learn about how NQF identifies potential conflict of interest.** All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

## Consideration and Substitution

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals are *not permitted.* Committee members are encouraged to engage colleagues and solicit input from them throughout the process.

## Application Requirements

Nominations are sought for individuals and individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Rural Telehealth and Healthcare System Readiness Committee, please **submit** the following information:

- A completed online nomination form, including:
    - A brief statement of interest
    - A brief description of nominee expertise highlighting experience relevant to the Committee
    - A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
    - Curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

## Deadline for Submission

All nominations *MUST* be submitted by **6:00 PM ET on October 26, 2020.**

## Questions

If you have any questions, please contact the project team at 202-559-9518 or ruraltelehealth@qualityforum.org. Thank you for your interest.