



Welcome to Today's Web Meeting!

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 - ▣ Please mute your computer and dial into the call to participate using conference line **(800) 768-2983** and access code **5148141**.
 - ▣ Feel free to use the chat feature to communicate with NQF Staff
 - ▣ Don't forget to mute your line when you are not speaking
 - ▣ We will do a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at **ruraltelehealth@qualityforum.org**



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Rural Telehealth and Healthcare System Readiness

Web Meeting 1 – Orientation

January 5, 2021

This project is funded by the Centers for Medicare and Medicaid Services under Task Order 75FCMC19F0007 – Rural Health.

Introduction and Disclosure of Interests



Project Staff

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Committee Co-Chairs



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William Melms, MD
Marshfield Clinic Health System



Committee Membership

Committee Co-Chairs: Marcia Ward, PhD; William Melms, MD

Committee Members

- Travis Austin, MA, MD, MPH
- Susan Caponi, MBA, RN, BSN, CPHQ
- J. Thomas Cross, MD, MPH, FAAP, FACP
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- Mei Kwong, JD
- Bridget McCabe, MD, MPH, FAAP
- John McDougall, MD, MHS
- Mark Miller, MS, NRP
- Jessica Nadler, PhD

Committee Membership (cont.)

Committee Members

- Eve-Lynn Nelson, PhD
- Steve North, MD, MPH
- Kerry Palakanis, DNP, FNP-C
- Megan Taylor, MSN, CRNA, APRN
- Michael Uohara, MD
- Demitria Urosevic, MPH
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Federal Liaisons

- Centers for Medicare & Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- Office of the National Coordinator for Health Information Technology (ONC)
- U.S. Public Health Service (USPHS)
- Veterans Health Administration (VHA)

Meeting Objectives

Meeting Objectives

- Orient the Telehealth Committee to the goals of the project;
- Provide an overview of the background for the project approach, and results of the measurement framework developed by the 2017 Telehealth Committee, and the 2019 health system readiness report;
- Begin discussion on the role of measurement in assessing quality during pandemics and other disasters and when delivering care in rural areas via telehealth.

Purpose of Project



Project Purpose

*The purpose of this project is to create a **conceptual measurement framework** that guides quality and performance improvement for care delivered via telehealth in **rural areas** in response to disasters.*

*After completing our work, key stakeholders will be able to **identify** which measures are available for current use; **encourage** the development of new measures that address gaps; and **promote** the use of such measures to assess the impact of telehealth on healthcare system readiness and health outcomes in rural areas affected by disasters like pandemics, natural disasters, mass violence, and other public health events.*

Background and Context

Background

- Rural health is a national priority
 - ▣ U.S. rural population was 46.1 million (14% of population) as of July 2019¹
 - ▣ Life expectancy, infant mortality, chronic disease, and cancer outcomes worse for rural populations when compared to urban/suburban counterparts²
- Rural populations possess a myriad of health risks
 - ▣ Opioid dependency, tobacco use, poor diet, diabetes, heart disease, mental health conditions, and adiposity
- Rural areas experience barriers to healthcare
 - ▣ Provider shortages, longer travel times, hospital closures, and high healthcare costs
- **Challenges magnified during public health emergencies, especially during the COVID-19 pandemic**

¹ CDC, 2020. ² Owsley et. al., 2020.



Background

- Telehealth offers an opportunity to potentially fill gaps in care for public health emergencies, everyday emergencies, and everyday gaps in primary care and specialists.
- However, gaps in system readiness pose challenges for rural telehealth adoption, implementation, and success, such as:
 - ▣ Legal and business restrictions – e.g., restrictions on Medicare reimbursement, state-specific licensure for providers
 - ▣ Infrastructure – e.g., limited or nonexistent access to affordable broadband for patients to access telehealth services
 - ▣ Trust and digital literacy – patients may have limited digital literacy and/or may have concerns over privacy and security of telemedicine

Background

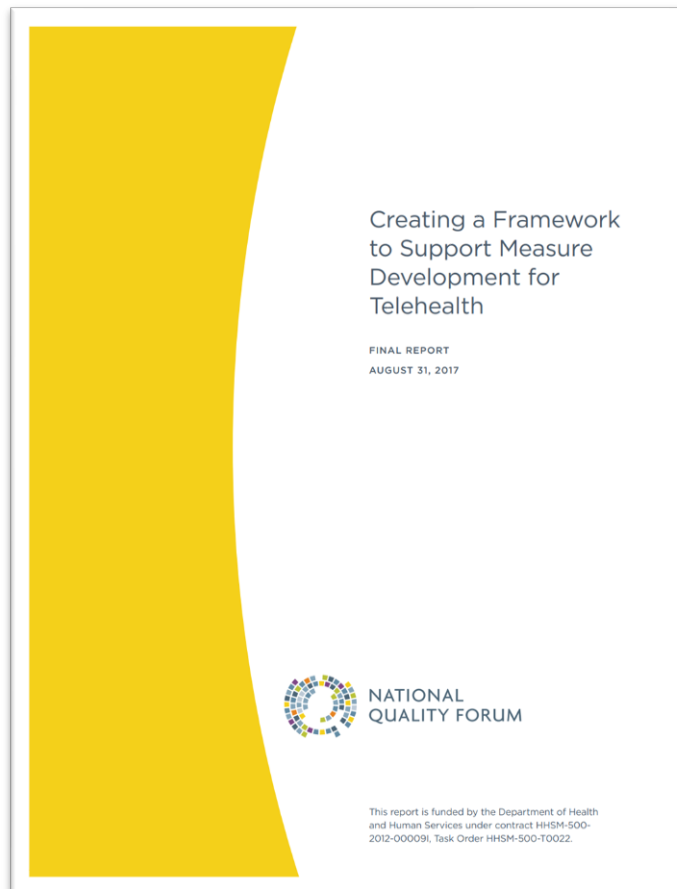
- Coronavirus Aid, Relief, and Economic Security (CARES) Act: \$2.2 trillion economic stimulus bill aids rural health telehealth adoption, implementation and success, including
 - ▣ **Continued funding for telecommunications initiatives and funding for new telehealth initiatives, such as:**
 - » \$200 million through the FCC to fund healthcare providers' telecommunications services, information services, and devices for COVID-19 response and provision of critical connected care services
 - » \$1.032 billion to Indian Health Services for improving healthcare services, including increased telehealth capacity – software, equipment, etc.
 - » \$14.4 billion to Department of Veteran Affairs to expand telehealth services at VA facilities and \$2.5 billion to expand COVID-related services, including broadband expansion and purchase of devices
 - ▣ **General waiver provision** enabling the Department of Health and Human Services (HHS) to temporarily lift originating and geographic restrictions on Medicare's coverage of telehealth-enabled services
 - ▣ Encouragement of **remote patient monitoring** for home health services in Medicare



Previous Work

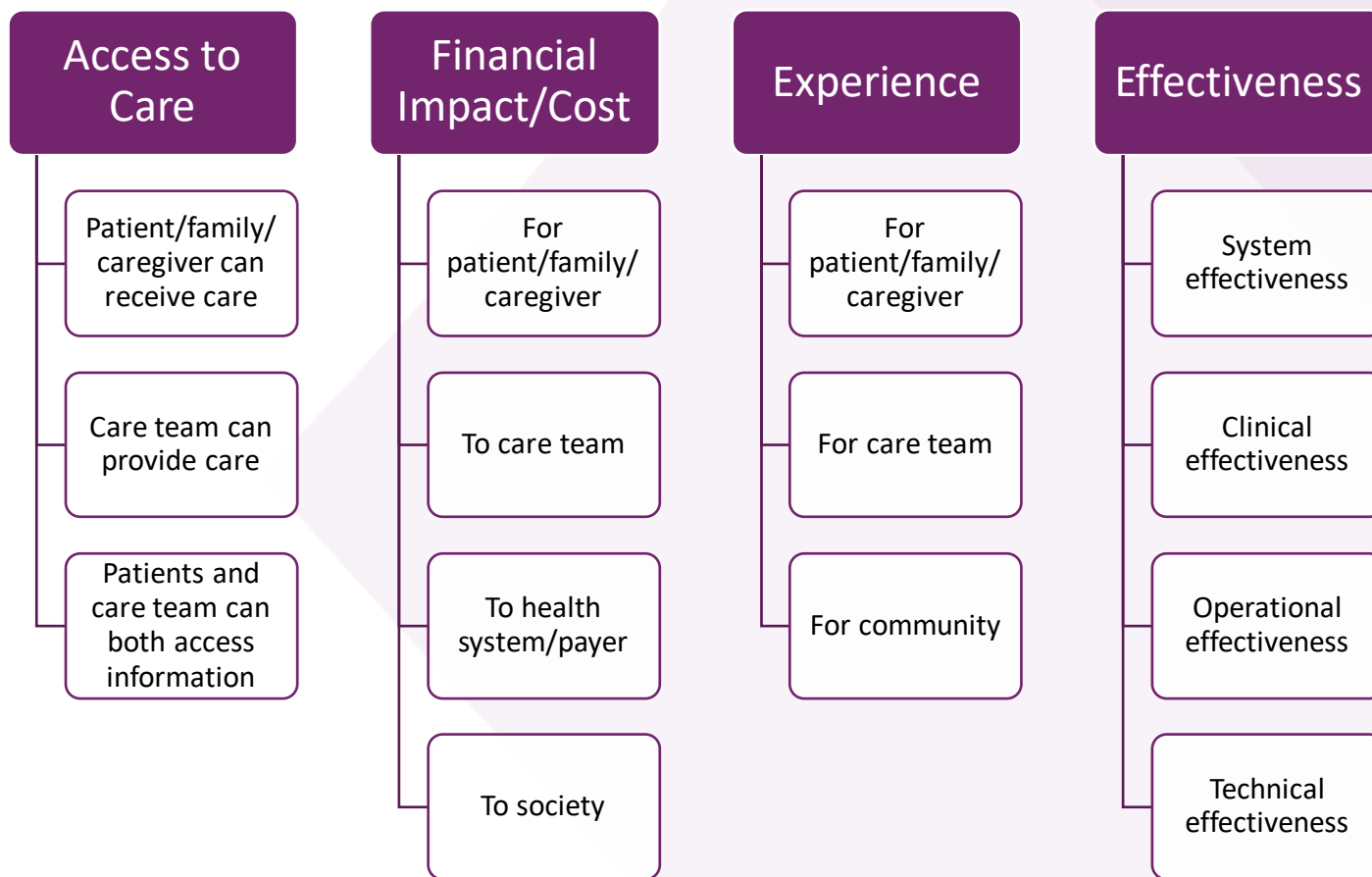
- NQF and HHS have a history of working on rural health
 - ▣ Encouraging measurement for low-volume providers (2015) and considering statistical approaches and relevant measures to test that can address low volume (2019, 2020)
 - ▣ Core set of rural-relevant measures (2018)
- NQF and HHS have also conducted past projects related to emergency readiness and telehealth. The most relevant reports include:
 - ▣ Telehealth Framework (2017)
 - ▣ Healthcare System Readiness Framework (2019)

2017 Telehealth Framework



- Report: [Creating a Framework to Support Measure Development for Telehealth](#)
- Goal: develop framework that helps explain methods to measure use of telehealth as a means of providing care
- Project identified domains including access to care, financial impact/cost, experience, and effectiveness, and considered telehealth modalities including synchronous (live video), asynchronous (sending images and videos), remote patient monitoring, and mobile health (apps)

Telehealth Framework: Domains and Subdomains



Telehealth Framework: Key Measurement Areas

- Travel
 - Timeliness of Care
 - Actionable Information
 - Added Value of Telehealth to Provide Evidence-Based Best Practices
 - Patient Empowerment
 - Care Coordination
-
- Note that each suggested measurement area is associated with multiple domains and subdomains of the framework.

Telehealth Framework: Existing Measures

- Environmental scan identified clinical areas where a positive effect has been demonstrated by telehealth, as well as measures that could possibly be used under the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs)
- Identified 73 relevant measures in the areas of dermatology, mental health, rehabilitation, care coordination, and chronic diseases (including asthma, COPD, obesity, hypertension, diabetes, and congestive heart failure)

APPENDIX D: Initial Measures

The table below presents the initial measures chosen by the Committee to assess the use of telehealth as a means of care delivery and its impact on quality of care. The table is broken down into the following components:

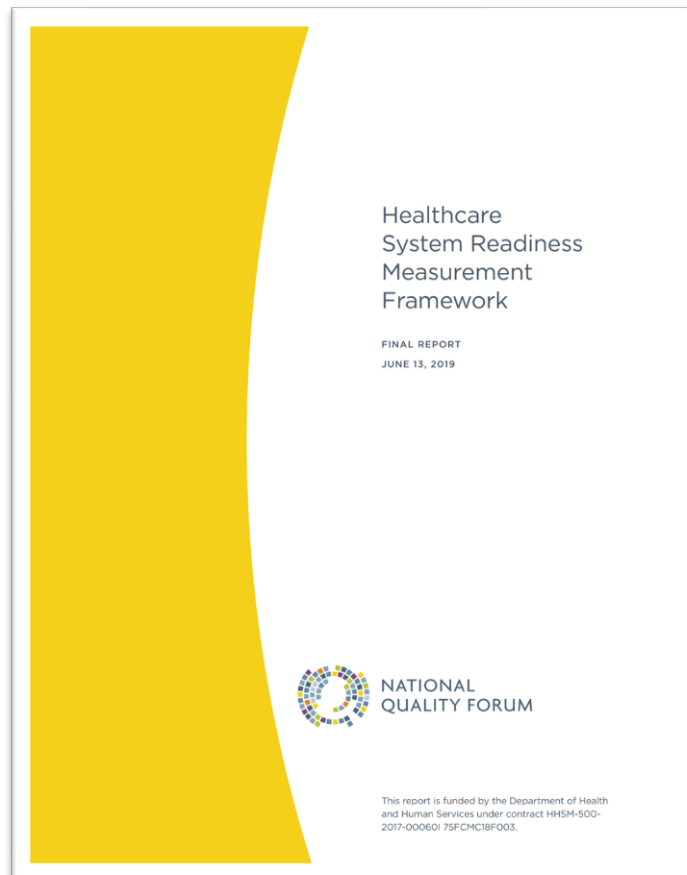
- **NQF Number** - (only NQF-endorsed measures were considered)
- **Measure Name** - Name of the measure
- **Measure Description** - Description of the measure

including intended target and population

- **NQS Domain** - Applicable domain from the National Quality Strategy
- **Measure Type** - Outcome, Process, or Structural
- **Data Submission Methods** - Claims, Registry, EHR, CMS Web Interface
- **Primary Measure Steward** - Organization responsible for the endorsement and maintenance of the measure

NQF #	Measure Name	Measure Description	NQS Domain	Measure Type	Data Submission Method	Primary Measure Steward
0102	Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy	Percentage of patients aged 18 years and older with a diagnosis of COPD (FEV1/FVC <70%) and who have an FEV1 less than 60% predicted and have symptoms who were prescribed an long-acting inhaled bronchodilator.	Effective Clinical Care	Process	Claims, Registry	American Thoracic Society
0091	Chronic Obstructive Pulmonary Disease	Percentage of patients aged 18 years and older with a diagnosis of	Effective Clinical Care	Process	Claims, Registry	American Thoracic

2019 Healthcare System Readiness Framework



- Report: [Healthcare System Readiness Measurement Framework](#)
- Goal: develop actionable all-hazards framework to assess readiness of healthcare systems to respond to and recover from disasters and emergencies
- Project identified four domains based on the four S's of surge capacity throughout the four phases of emergency management



Healthcare System Readiness Framework: Domains and Subdomains



Domain	Subdomain
Staff*	Staff Safety Staff Capability Staff Sufficiency Staff Training Staff Support
Stuff	Pharmaceutical Products Durable Medical Equipment Consumable Medical Equipment and Supplies Nonmedical Supplies
Structure	Existing Facility Infrastructure Temporary Facility Infrastructure Hazard-Specific Structures
Systems	Emergency Management Program Incident Management Communications Healthcare System Coordination Surge Capacity Business Continuity Population Health Management

* Also applies to volunteers (both paid and unpaid), where appropriate



Healthcare System Readiness Framework: Existing Measures

- No NQF-endorsed healthcare readiness measures available; however, some relevant measures and measure concepts identified
- Primarily from
 - ▣ CDC ([performance measures](#) for Public Health Emergency Preparedness)
 - ▣ NIOSH ([measures](#) on emergency preparedness and responses)



Healthcare System Readiness Framework: Connections to Rural Telehealth

- Telehealth identified as a possible tool for increasing ability of healthcare system to ensure availability of staff capable of performing disaster response tasks (domain: staff, subdomain: staff capability).
- Telehealth also identified as a nonhospital-based element of healthcare systems that can help provide surge capacity in emergencies (domain: systems, subdomain: surge capacity).
- Committee noted that rural providers may prioritize investments in disaster planning differently than those in urban areas
 - ▣ Rural areas might focus on patient transport and redistribution after disasters instead of increasing local capacity
 - ▣ Small rural systems may have limited care capacity and resources and measures used to assess readiness should account for this



Current Landscape

- Taskforce on Telehealth Policy (TTP) Findings and Recommendations (September 2020):
 - ▣ In support of maintaining the expanded availability of telehealth services due to evidence presented that it advances well-coordinated, patient-centered and value-optimized healthcare system. Telehealth adequately addresses concerns regarding patient safety, program integrity, and quality at a reduced total cost of care.
- Measures and measurement tools (HEDIS, CAHPS) being adapted for telehealth use

Project Overview

Committee Charge

- The Committee will discuss the following topics:
 - ▣ *Changes in telehealth technology, policy, and practice*
 - ▣ *Changes to measures and measure concepts in telehealth since 2017 Telehealth Report*
 - ▣ *Priority measures and measure concepts that link telehealth, rural healthcare system readiness, and health outcomes*
 - ▣ *Identify gaps in telehealth measurement*
 - ▣ *Identify unintended consequences related to the use of telehealth for enhancing system readiness in rural areas*
- Committee input will be used to create an updated framework that will link quality of care provided by telehealth, healthcare system readiness, and rural health outcomes in a disaster



Key Milestones

- ✓ Recruit and select Multistakeholder committee
- ☐ Solicit expert input through web meetings
(January 5, 2021 through October 25, 2021)
- ☐ Environmental Scan
(final posted by July 20, 2021)
- ☐ Recommendations Report
(final report posted by December 13, 2021)

Expert Input

- Experts will participate in a series of six total web meetings throughout 2021
- Input will inform the Environmental Scan and Recommendations Report drafted by NQF

Meeting (2 hours each)	Date/Time
Web Meeting 1 – Orientation	Jan 5, 2021, 3-5 pm ET
Web Meeting 2 – Discuss Policies, Practices, and Definitions	Feb 1, 2021, 3-5 pm ET
Web Meeting 3 – Environmental Scan Update and Continued Discussion	Feb 22, 2021, 3-5 pm ET
Web Meeting 4 – Environmental Scan Feedback and Framework Update	Jun 8, 2021, 3-5 pm ET
Web Meeting 5 – Finalize Framework and Discuss Recommendations	Jul 27, 2021, 2-4 pm ET
Web Meeting 6 – Recommendations Report Feedback	Oct 25, 2021, 3-5 pm ET

Environmental Scan

- NQF will conduct environmental scan that will identify changes to measures and measure concepts related to telehealth; priority measures and measure concepts; gap areas; and any other relevant changes in telehealth technology, policy, and access

February

- NQF shares results of scan to-date during Web Meeting 3

June

- NQF reviews public comments on scan with Committee during Web Meeting 4

April, May

- Scan is posted for public comment

July

- Final scan posted online by July 20

Final Recommendations Report

- NQF will develop a report summarizing the Committee's discussion, recommendations, and rationale on updates to the telehealth and system readiness framework as well as gaps, priorities, and unintended consequences related to concepts in the framework

June, July

- NQF makes changes to the original Telehealth framework based on Committee input during Web Meeting 4 and Web Meeting 5

September

- Report posted for public comment

December

- Final scan posted by December 13

August

- NQF drafts report describing the new framework and Committee recommendations

October

- NQF reviews public comments on report with Committee during Web Meeting 6

Role of Quality Measurement in Relation to Disasters and Telehealth

Role of Quality Measurement

In this phase of work, we will adapt the 2017 Telehealth Framework for quality measurement in **rural areas** during **disasters**.

Previous discussion on role of measurement:

- Measurement can provide data to understand if telehealth is comparable (or is an improvement over) in-person care.
- Measuring readiness can prompt planning, communication, and maintenance activities, driving health systems to become more person-centered, and improve capacity/capabilities, accessibility, etc.
- Consistent definitions and widely accepted/impactful quality measures need to be developed and used in order to achieve these outcomes.



Discussion Questions

- From your experience, how has COVID-19 changed telehealth delivery in rural areas?
- Are there any special measurement considerations that apply for telehealth in rural areas during disaster/emergency situations?

Environmental Scan Resources



Environmental Scan Approach

Focuses of the scan:

- Basic definitions related to telehealth
- Measures and measure concepts available to describe the quality of care provided via telehealth and system readiness
- National and state policies and practices related to telehealth
- High-priority issues that influence telehealth, system readiness, and care provision in rural areas

Environmental Scan Resources

Sources:

Measurement Inventories	Policy Resources	Additional Literature
<ul style="list-style-type: none">• CMIT• NQF QPS and OPUS• HEDIS• CMMI models	<ul style="list-style-type: none">• Waivers, flexibilities, and guidelines from CMS, HRSA, HIS, VA, USDA, FCC, and other agencies	<ul style="list-style-type: none">• Peer-reviewed literature• Grey literature

Are there any specific (or additional) resources that would be helpful to include?

Public Comment

Next Steps



Next Steps

- NQF staff will incorporate feedback from today's discussion in the approach for the environmental scan.
- Next meeting is on **February 1, 2021 from 3:00 pm – 5:00 pm ET**
- Objectives:
 - ▣ Discuss major changes in telehealth policies and practices since 2017 and their impact on care and system readiness
 - ▣ Begin discussion on definitions applicable to the measurement framework



Contact Information

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- Project page:
 - <http://www.qualityforum.org/ProjectDescription.aspx?projectID=93747>

THANK YOU.

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