

Welcome to Today's Web Meeting!

- Housekeeping reminders:
 - ▣ Please mute your computer or line when you are not speaking
 - ▣ We encourage you to turn on your video, especially during the discussions and when speaking
 - ▣ Feel free to use the chat feature to communicate with NQF staff and other attendees
 - ▣ You can also use the 'hand raised' feature to indicate that you would like to speak or have a question
 - » *To raise your hand, click on the "participants" icon on the bottom of your screen. Next to your name, you will see a button that says, 'Raise Hand'*
 - ▣ We will do a Committee roll call once the meeting begins

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Rural Telehealth and Healthcare System Readiness

Web Meeting 4

June 8, 2021

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Introduction and Roll Call

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Committee Co-Chairs



Marcia Ward, PhD
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Marshfield Clinic Health System

Committee Membership

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

Committee Members

- **Travis Austin, MA, MD, MPH**, Summit Healthcare Regional Medical Center
- **Susan Caponi, MBA, RN, BSN, CPHQ**, IPRO ESRD Programs
- **J. Thomas Cross, MD, MPH, FAAP, FACP**, Ochsner Foundation
- **Joy Doll, OTD, OTR/L, FNAP**, Nebraska Health Information Initiative, Creighton University
- **Shawn Griffin, MD**, Utilization Review Accreditation Commission (URAC)
- **Bruce Hanson**, Caregiver and Patient Advocate
- **Saira Haque, PhD, MHSA, FAMIA**, Pfizer
- **Yael Harris, PhD**, Independent (*formerly American Institutes for Research*)
- **Judd Hollander, MD, FACEP**, Thomas Jefferson University Hospital
- **B. Tilman Jolly, MD**, Aveshka

Committee Membership (cont.)

- **Matthew Knott, MS, EFO, CFO, CEMSO**, Rockford Fire Department
- **Mei Kwong, JD**, Center for Connected Health Policy
- **Bridget McCabe, MD, MPH, FAAP**, Teladoc
- **John McDougall, MD, MHS**, Northern Navajo Medical Center
- **Mark Miller, MS, NRP**, Brewster Ambulance
- **Jessica Nadler, PhD**, Deloitte Consulting
- **Eve-Lynn Nelson, PhD**, University of Kansas Medical Center
- **Steve North, MD, MPH**, Center for Rural Health Innovation
- **Kerry Palakanis, DNP, FNP-C**, Connect Care at Intermountain Healthcare
- **Megan Taylor, MSN, CRNA, APRN**, Providence Kodiak Island Medical Center
- **Michael Uohara, MD**, Microsoft
- **Demitria Urosevic, MPH**, Blue Cross Blue Shield Association
- **Emily Warr, MSN, RN**, Medical University of South Carolina Center for Telehealth

Federal Liaisons

- **Girma Alemu, MD, MPH**, Health Resources and Services Administration
- **Zach Burningham, MPH, PhD**, Veterans Health Administration
- **Ariel DeVera**, Centers for Medicare & Medicaid Services
- **Constance Faniel, RN, MS**, Centers for Medicare & Medicaid Services
- **Bruce Finke, MD**, Indian Health Service
- **Stefanie Glenn, CRNP**, Centers for Medicare & Medicaid Services, United States Public Health Service
- **Donta Henson, MS**, Centers for Medicare & Medicaid Services
- **Kristin Martinsen, MPM**, Health Resources and Services Administration
- **Megan Meacham, MPH**, Health Resources and Services Administration
- **Colleen Morris, MS, RN**, Health Resources and Services Administration
- **Leila Samy, MPH**, Office of the National Coordinator for Health Information Technology
- **Patrick Sartini, MPH**, Centers for Medicare & Medicaid Services
- **Pamela Schweitzer, EMHA, PharmD**, United States Public Health Service (ret.)
- **Timothy Watson**, Centers for Medicare & Medicaid Services
- **Daniel Yi**, Centers for Medicare & Medicaid Services
- **Emily Yoder, MA**, Centers for Medicare & Medicaid Services

Meeting Objectives

Meeting Objectives

- Review public and NQF member comments received on the environmental scan
- Begin discussion on the creation of the updated measurement framework and draft report recommendations
- Begin discussion of measures and measurement concepts relevant to telehealth and its impact on enhancing healthcare system readiness and outcomes

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.*

Public Comments on Environmental Scan

Public Comments Received

- Public Commenting Period open from April 9 through May 7
- Received 15 comments from 7 organizations
- Themes include:
 - ▣ Framework Topics and Organization
 - ▣ Challenges of Telehealth Provision
 - ▣ Additional Policies/Practices
 - ▣ Other Comments

Framework Topics and Organization

- Feedback included:
 - ▣ Align wording and categorization for rural- and telehealth-relevant topics in the measure scan (e.g., "behavioral/mental health" vs "mental health/substance use," "patient experiences of care" vs "patient experience")
 - ▣ Potentially expand telehealth-appropriate topics (e.g., preventive care, surgical care, advance directives/end-of-life, perinatal, obesity, other specialty care)
 - ▣ Preferred characteristics of measures:
 - » Physicians have little control over structural measures
 - » Patient-reported outcome-based performance measures (PRO-PMs) may be difficult to collect
 - » Consider measures outside of NQF-endorsed
 - » Provide information on reason for loss of endorsement in final list
 - » Consider performance gap data that reflects rural and telehealth care

Framework Topics and Organization (cont.)

- Proposed responses:
 - ▣ NQF will align wording for measure categories for additional clarity.
 - ▣ Expansion of telehealth topics is not within scope of project, but the importance of these topics will be noted in the final recommendations report.
 - ▣ NQF acknowledges that structural measures and PRO-PMs may be difficult for some clinicians to collect but will aid in driving quality improvement. A mix of different measure types will be included in the final framework.
 - ▣ The Committee can consider measures that are not NQF-endorsed. Measures considered by the Committee should be fully specified, scientifically acceptable, and feasible.
 - ▣ NQF acknowledges the importance of considering data sources reflective of rural areas and telehealth care. NQF and the Committee will consider publicly available data on measure performance and welcome any input from stakeholders.

Challenges of Telehealth Provision

- Commenters reaffirmed topics of discussion, including:
 - ▣ Need to expand reimbursement and flexibilities from both public and private payers post-pandemic
 - ▣ Importance of audio-only visits
 - ▣ Role of patient education and technological literacy
 - ▣ Medical liability policies and coverage/licensing across multiple states
 - ▣ Expanding patient and provider access to broadband (e.g., through [FirstNet](#) or [Starlink](#))
- Commenters also noted that extended emergencies (e.g., COVID-19 pandemic) may necessitate care for chronic conditions – system must adapt to long-term challenges for accessing care



Challenges of Telehealth Provision (cont.)

- Proposed Response
 - ▣ The Committee will discuss how the framework should account for patients' chronic care needs in rural areas during extended emergencies.

Additional Policies and Practices

- Feedback included:
 - ▣ Highlight that the U.S. Office of Personnel Management (OPM) is expanding benefits for the Federal Employees Health Benefits (FEHB) to include mental health services via telehealth
 - ▣ Consider providing additional detail on state-level approaches to telehealth services
 - ▣ Note that the Office for the Advancement of Telehealth (OAT) is planned to be elevated out of HRSA's Federal Office of Rural Health Policy (FORHP)
 - ▣ Consider reviewing comment letters responding to November 2020 HHS request for information re: extension of waivers after the public health emergency
 - ▣ Commenter appreciated the description of VA's Digital Divide Consult.



Additional Policies and Practices (cont.)

- Proposed responses:
 - ▣ NQF will add additional information on OPM's expansion of telehealth services, including mental health services, in FEHB
 - ▣ NQF will add a phrase clarifying HRSA's organizational change re: OAT
 - ▣ NQF will review the comment letters on extending deregulatory waivers and will update scan as appropriate
 - ▣ NQF is unable to provide in-depth analysis of state-level telehealth policies within the environmental scan, but can provide links to [American Telemedicine Association](#) or [Center for Connected Health Policy resources](#) detailing state-by-state policies

Other Comments

- One commenter highlighted the importance of health equity in the report and noted that intersection of disparities (e.g., by age, income, employment, race/ethnicity) should be addressed
- One commenter (Child Neurology Foundation) shared survey data from the child neurology community:
 - ▣ 10% of survey participants used telehealth
 - ▣ 60% of participants preferred to use a hybrid of telehealth/in-person, but 19% wanted to exclusively use telehealth
 - ▣ 75% of survey participants noted that they need at least some help with gaining “access, or more convenient access” to a neurologist
 - ▣ 70% of respondents indicated they needed at least some help with accessing technology or internet for accessing their virtual appointments
 - ▣ 70% of participants also reported needing at least some help with securing more convenient transportation to get to appointments
 - ▣ 30% of respondents do not have wi-fi at home, and instead use a data plan, public wifi, or a personal hotspot



Other Comments (cont.)

- Proposed response:
 - ▣ Health equity will be reflected as a domain in the final framework and recommendations report.

Updated Framework

Background on Framework

- NQF shared an initial draft framework with the Committee during Web Meeting 2 in February
- Committee members provided feedback including:
 - ▣ Additions to the Access and Cost domains (e.g., implications of computer literacy, wider impact on community and workforce, patient experience, and community resources)
 - ▣ Equity being represented within the framework – either as a new domain or mentioned throughout all existing domains
 - ▣ Rural-specific measurement considerations across all domains instead of listed as its own separate domain
- NQF updated the framework based on this feedback



Domain	Considerations
Access to care & technology	<ul style="list-style-type: none">• Broadband issues (phone vs video)• Telehealth technology / capacity for communication• Geographic distance / travel• Clinical use cases: disaster-specific care, time-sensitive emergencies (e.g., stroke), access to primary / specialty care,• Systemwide coordination• Basic computer literacy and training• Ability to connect to local resources following a telehealth visit• Interoperability of health information technology
Costs, business models, and logistics	<ul style="list-style-type: none">• Cost to patients, caregivers, and insurers• Business sustainability, spillover effects of telehealth (e.g., transfers, staffing)• Technology costs, logistics of launch, existing partnerships• Wider financial impacts on the community (e.g., jobs, absenteeism)
Experience	<ul style="list-style-type: none">• Patient experience with telehealth (e.g., need to learn multiple platforms, acceptability and trust of technology)• Caregiver experience with telehealth
Effectiveness	<ul style="list-style-type: none">• Quality of care for clinical issues addressable through telehealth, other emergencies, and gaps in care that telehealth can address• Time to care delivery, receipt of specific care• Specific care needs of rural patients
Equity	<ul style="list-style-type: none">• How quality of care and outcomes differ by age, racial, and socio-economic factors



Issue	Description
Low patient volumes	Reduces measurement reliability and ability to risk adjust
Economic strain limits investment	Ability of rural providers to invest in telehealth is limited, particularly without guarantees of long-term ROI given policy uncertainty
Limited broadband access	Limited rural coverage does not allow for many residents to receive telehealth in their homes
Digital literacy of rural residents	Lower literacy of rural residents in digital health limits ability to connect
Telehealth may reduce in-person access	An unintended consequence of increased telehealth access may be to reduce access to in-person care in rural areas as providers centralize and shift to telehealth
Paucity of local in-person resources	If in-person care is recommended following a telehealth visit, availability may be limited
Lower technological sophistication	Rural communities and facilities may have harder times recruiting talent to implement and maintain telehealth
Rural readiness issues	Rural areas have fewer resources for both healthcare and non-healthcare readiness (i.e., equipment and human capital) required to respond to a public health emergency
Informal provider networks	Rural areas may have more informal networks, making it difficult to implement uniform telehealth programs
Role of local organizations	Local organizations (e.g., churches, libraries) may have an outsized impact on healthcare delivery in some rural communities



Discussion

- What feedback do you have on the content or organization of the measurement framework?
- What feedback do you have on the rural-specific measurement considerations?

Updated List of Relevant Measures and Measure Concepts

Background on Measure Prioritization

- NQF narrowed down initial list of 324 measures potentially relevant to the Rural Telehealth framework, which were identified in the draft environmental scan
- NQF shared an initial shortlist of 25 measures that staff deemed most directly related to telehealth in rural areas during emergencies based on literature review and prior committee input; list included a mix of cross-cutting and condition-specific topics
- NQF asked Committee members to provide input on the importance and feasibility of each of these measures, as well as providing input on additional measures, measure concepts, and gaps that should be addressed when creating the final list of measures to be used with the framework
- Received ratings from N=7 Committee members, as well as additional written feedback via email



General Comments on Shortlist

- Strong agreement that substance use and mental health measures are important to keep in the list (esp. measures on opioid and alcohol use screening), but initial list is weighted heavily towards these topics
- Suggestions for diversifying list:
 - ▣ Additional chronic disease measures
 - ▣ Additional acute care measures (e.g., conditions that can be treated in EMT/ambulance via telehealth)
 - ▣ Additional cross-cutting (non-disease-specific) measures
 - ▣ Additional outcome measures
- Additional considerations:
 - ▣ Disagreement on whether measures in shortlist had a rural-specific performance gap
 - ▣ Disagreement on whether measures were relevant to emergency context
 - ▣ Disagreement on whether measures address topics that can specifically be solved with telehealth



Important and Feasible Measures

Measure	Importance	Feasibility
N/A: Access to Care (Agency for Healthcare Research and Quality)	4.1	3.2
2152: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	4.0	4.2
N/A: Access to Specialists (Agency for Healthcare Research and Quality)	3.7	3.0
0576: Follow-Up After Hospitalization for Mental Illness	3.6	3.2



Important but Less Feasible Measures

Measure	Importance	Feasibility
0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	4.1	2.3
0097: Medication Reconciliation Post-Discharge	4.1	2.9
0006: Care Coordination (Centers for Medicare and Medicaid Services)	3.9	2.8
N/A: Comprehensive assessment for patients with complex needs (National Committee for Quality Assurance)	3.7	2.5

Less Important Measures

Measure	Importance	Feasibility
0005: CAHPS for MIPS Clinician/Group Survey	3.0	3.9
N/A: Functional Status Assessments for Congestive Heart Failure (eCQM)	3.0	3.2
N/A: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (eCQM)	3.0	3.8
0058: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	2.9	3.0
N/A: Appropriate Treatment for Children with Upper Respiratory Infection (URI) (eCQM)	2.9	3.0
0069: Appropriate Treatment for Upper Respiratory Infection (URI)	2.7	3.0
0002: Appropriate Testing for Children with Pharyngitis	2.6	2.7
N/A: Appropriate Testing for Children with Pharyngitis (eCQM)	2.6	2.5

Additional Measures Identified by Committee

- Committee members suggested additional measures in the following topic areas:
 - ▣ Mental health and depression measures*
 - ▣ Unplanned admissions and readmissions*
 - ▣ Medication management and medication side effects*
 - ▣ Measures dealing with transfer of information and care plans*
 - ▣ Cost measures related to emergency department use
 - ▣ Chronic disease measures (diabetes, hypertension)
 - ▣ Pain assessment and management
 - ▣ Access to medical equipment

** = topic mentioned by multiple Committee members.*

Additional Measure Concepts Identified by Committee

- Committee members most frequently flagged the following measure concept areas:
 - ▣ Reduction in diagnostic error and patient safety issues
 - ▣ Methodology to track/monitor patients across health systems during and after disaster
 - ▣ Creation of plans and systems to develop alternate care sites during disaster
 - ▣ Increased access to specialty providers (no geographic limitations)
 - ▣ Decrease in wait times for patients
 - ▣ Access to data for patient and provider
 - ▣ Patients can interpret diagnosis and treatment instructions delivered via telehealth
- Additional Committee comments:
 - ▣ “Yes/no” concepts may have limited usefulness
 - ▣ Consider measure concepts and data sources outside of self-response or surveys
 - ▣ Need to use precise language in the final concepts list – e.g., clearly defining “travel time,” “quality care,” “increased use of services”

Additional Gaps Identified by Committee

- Access to broadband and internet-enabled devices*
- Health literacy and digital literacy
- Social determinants of health
- Readiness concepts, in general – e.g., performance on regular readiness exercises

** = topic mentioned by multiple Committee members.*

Follow-Ups for Measure Prioritization

- NQF will use feedback from the survey and today's discussion to update and expand the list of measures for further input and review
 - ▣ Remove low-importance / low-feasibility measures
 - ▣ Include additional measures identified by Committee
 - ▣ Map measures to specific framework domains
- NQF will follow up with additional updates after revising the list and may ask for additional feedback
- NQF will also create a first draft of the priority measure concepts identified by the Committee

Public Comment

Next Steps

Next Steps

- NQF staff will continue incorporating feedback from public comments and the Committee into the environmental scan
- NQF staff will use today's discussion to inform the first draft of the recommendations report
- Web meeting 5 is **July 27, 2021 from 3:00 pm – 5:00 pm ET**
- Objectives:
 - ▣ Finalize discussion on potential changes to the measurement framework
 - ▣ Finalize discussion and measure prioritization
 - ▣ Continue discussing gap areas relevant to the measurement framework and unintended consequences
 - ▣ Continue discussion of draft recommendations report



Contact Information

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

THANK YOU.

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