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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

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 5

July 27, 2021

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

Introduction and Roll Call

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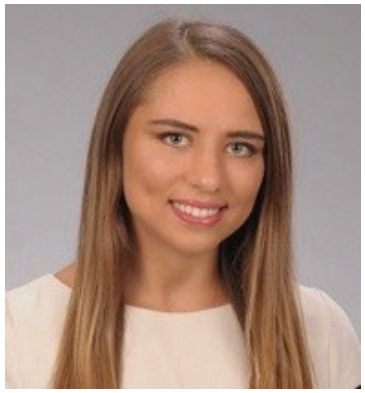
Project Staff



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- **Marsha Smith, MD, MPH, FAAP,** Medical Officer, DPMS/QMVIG/CCSQ

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Committee Co-Chairs

Marcia Ward, PhD
Rural Telehealth Research Center,
University of Iowa

William Melms, MD
Marshfield Clinic Health System

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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

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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

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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

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Web Meeting 5 Objectives

- Finalize discussion on potential changes to the measurement framework
- Finalize discussion and prioritize measures and measurement concepts relevant to telehealth and its impact on enhancing healthcare system readiness and outcomes
- Discuss gap areas relevant to the measurement framework and potential unintended consequences
- Continue to discuss draft recommendations

Purpose of Project

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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.*

Finalization of Measurement Framework

Updated Framework Content

Domain	Considerations
Access to care and technology	• Clinical use cases: disaster-specific care, time-sensitive emergencies (e.g., stroke), access to primary/ specialty care • Geographic distance / travel • Telehealth technology / capacity for communication (e.g., provider and patient access to devices that allow for participation in video or audio telehealth visits) • Broadband issues affect telehealth access and modality • Basic computer literacy and training for patients and clinicians • Systemwide coordination, including interoperable technology and local resources
Costs, business models, and logistics	• Cost to patients, caregivers, and insurers • Adaptability and system readiness • 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	• Patient experience with telehealth (e.g., need to learn multiple platforms, acceptability and trust of technology) • Caregiver experience with telehealth • Clinician experience with telehealth (e.g., comfort with platforms, ability to get assistance and advice from trustworthy sources during an emergency) • Patient choice (option to receive remote vs. in-person services) • Patient trust of health system and telehealth technology
Effectiveness	• Quality of care for clinical issues addressable through telehealth, other emergencies, and gaps in care that telehealth can address • Planning around clinical issues not addressable through telehealth • Time to care delivery, receipt of specific care • Specific care needs of rural patients
Equity	• How quality of care and outcomes differ by the intersection of factors including, but not limited to age, race, gender identity, disability, socioeconomic status, language, and literacy • Social determinants of health (e.g., access to primary care, transportation, food insecurity) • Impact on telehealth on existing inequities

Are there any final changes that should be made to the measurement framework content?

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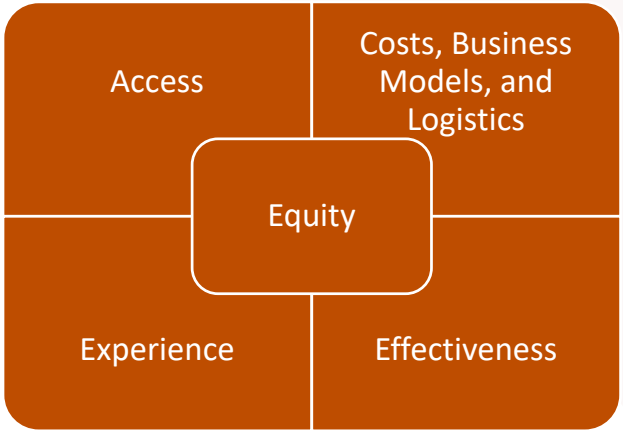
Updated Rural-Specific Considerations

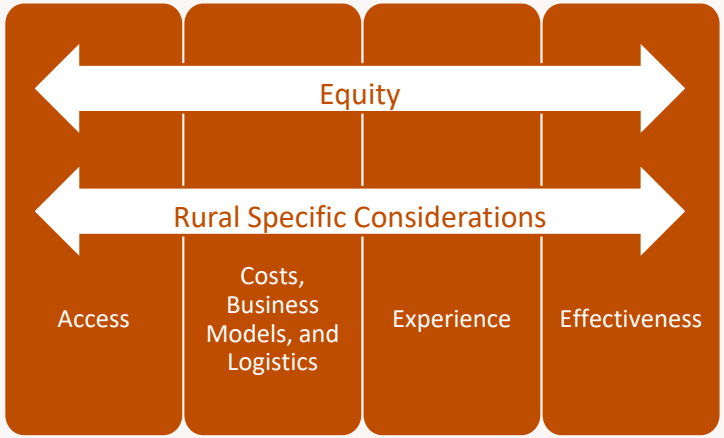
Challenges	Description
Low patient volumes	Reduces measurement reliability and ability to risk adjust at the clinician level; may need to measure at a wider level (e.g., state) for sufficient reliability
Economic strain limits investment	Ability of rural providers to invest in telehealth is limited, particularly without guarantees of long-term ROI given policy uncertainty
Limited broadband access	Limited rural coverage allows for fewer residents to receive telehealth in their homes and limits the capacities of providers, including emergency services
Telehealth may reduce in-person access	An unintended consequence of increased telehealth access may be reduced 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 due to provider shortages resulting from challenges in attracting and retaining talent in rural communities; rural communities and facilities may also face difficulties recruiting workforce to implement and maintain telehealth technology
Rural readiness issues	Rural areas have limited resources for both healthcare and non-healthcare readiness (i.e., equipment and human capital) required to respond to a public health emergency
Informal communication among provider networks	Rural areas may have more informal networks of communication which are not fully reflected in formal patient records and referrals, making it difficult to integrate telehealth and implement telehealth programs uniformly
Role of local organizations	Local organizations (e.g., churches, libraries) have an important impact on healthcare delivery in some rural communities

Are there any final changes that should be made to the list of rural-specific considerations?

Discussion: Measurement Framework

- NQF team is working with internal design team to create a visual representation of the Rural Telehealth measurement framework for the final report
- Structure is being finalized, but a few preliminary examples below
- Do you have input on the structure of the framework?





Finalization of Measures and Measure Concepts

Update on List of Relevant Measures

- In Web Meeting 4, NQF shared feedback from survey gauging importance and feasibility of a shortlist of 25 measures related to telehealth and system readiness in rural areas
- NQF used Committee feedback to make additional adjustments to the shortlist of measures:
  - Removed 8 measures from the shortlist with lower “importance” ratings
  - Added 15 measures to the shortlist based on Committee recommendations to diversify topics included in the list, as well as based on specific measure recommendations
- Updated list of 32 measures included in following slides
  - Measures address access to care and specialists, acute care, admissions/readmissions, behavioral health, care coordination and patient experience
  - Measures are listed in following slides by topic area

Relevant Measures: Access

- Rationale: Gauge changes in access to services in rural areas due to use of telehealth during emergencies
- Do any of these measures have unintended consequences?
- Is there additional rationale that would be helpful to include?

NQF ID	Endorsement Status	Measure
N/A	Not Endorsed	Access to Care (Agency for Healthcare Research and Quality)
N/A	Not Endorsed	Access to Specialists (Agency for Healthcare Research and Quality)

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Relevant Measures: Acute Care

- Rationale: Monitor access and quality of care for specialty care provided to rural areas via telehealth, such as specialty care
- Do any of these measures have unintended consequences?
- Is there additional rationale that would be helpful to include?
- Are the highlighted measures rural telehealth appropriate?

NQF ID	Endorsement Status	Measure
0163	Endorsement Removed	Primary PCI Received Within 90 Minutes of Hospital Arrival
0495	Endorsement Removed	Median time from ED arrival to ED departure for admitted ED patients
0496	Endorsement Removed	Median time from ED arrival to ED departure for discharged ED patients
0497	Endorsement Removed	Admit decision time to ED departure time for admitted patients
N/A	Not Endorsed	Door to Puncture Time for Endovascular Stroke Treatment
N/A	Not Endorsed	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years
N/A	Not Endorsed	Emergent care for improper medication administration, medication side effects
N/A	Not Endorsed	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke
N/A	Not Endorsed	Median Admit Decision Time to ED Departure Time for Admitted Patients (eCQM)
N/A	Not Endorsed	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital

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Relevant Measures: Admissions/Readmissions

- Rationale: Provide cross-cutting overview of patient outcomes
- Do any of these measures have unintended consequences?
- Is there additional rationale that would be helpful to include?
- Should the number of admissions/readmissions measures be narrowed down?

NQF ID	Endorsement Status	Measure
0275	Endorsed	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
0277	Endorsed	Heart Failure Admission Rate (PQI08-AD)
1768	Endorsement Removed	Plan All-Cause Readmissions
1789	Endorsed	Risk-Standardized, All Condition Readmission
2888	Endorsed	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
3490	Endorsed	Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
N/A	Not Endorsed	Potentially Preventable 30-Day Post-Discharge Readmission Measure (Claims based)

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Relevant Measures: Behavioral Health

- Rationale: Rural patients are at elevated risk for conditions such as depression and substance use, which is exacerbated during emergency situations
- Do any of these measures have unintended consequences?
- Is there additional rationale that would be helpful to include?

NQF ID	Endorsement Status	Measure
0004	Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
0418/0418e	Endorsed	Preventive Care and Screening: Screening for Depression and Follow-Up Plan
0576	Endorsed	Follow-Up After Hospitalization for Mental Illness
2152	Endorsed	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
3175	Endorsed	Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)

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Relevant Measures: Care Coordination

- Rationale: Reduced access to follow-up care, particularly in rural areas, can be mitigated by the use of telehealth
- Do any of these measures have unintended consequences?
- Is there additional rationale that would be helpful to include?

NQF ID	Endorsement Status	Measure
0006	Endorsed	Care Coordination (Centers for Medicare and Medicaid Services)
0097	Endorsed	Medication Reconciliation Post-Discharge
0326	Endorsed	Advance Care Plan
N/A	Not Endorsed	Closing the Referral Loop: Receipt of Specialist Report
N/A	Not Endorsed	Drug Regimen Review Conducted with Follow-Up for Identified Issues PAC IRF QRP
N/A	Not Endorsed	Transfer of Health Information to the Patient Post-Acute Care (PAC)
N/A	Not Endorsed	Transfer of Health Information to the Provider Post-Acute Care (PAC)

Relevant Measures: Experience

- Rationale: Survey-based assessment of access and experience with technology can inform improvements in telehealth implementation
- Does this measure have unintended consequences?
- Is there additional rationale that would be helpful to include?

NQF ID	Endorsement Status	Measure
N/A	Not Endorsed	CAHPS Health Information Technology Item Set

Measure Concepts

- In Web Meeting 4, NQF shared feedback from survey where Committee members identified 40 measure concepts relevant to the current project
  - 32 concepts previously identified in the 2017 Telehealth and 2019 Healthcare System Readiness projects
  - 8 new concepts suggested by Committee members
- In early July, NQF solicited additional feedback via electronic survey on the most important concepts to highlight as part of the final report
- NQF received feedback from N=15 Committee members in total

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Most Important Measure Concepts

- Measure concepts most frequently ranked as important:
  - Removing geographic limitations increased the volume of specialty providers
  - Was travel eliminated for a specific patient encounter because of telehealth services?
  - Able to provide care without admission into the ER
  - Reduction in diagnostic errors and avoidance of an adverse outcome because of telehealth
  - Availability of broadband for patients and providers to participate in telehealth visits
- Are there additional details that should be noted in the report for any of these measure concepts? (e.g., desired level of analysis, data collection type for developers attempting to address the measure concept)

Additional Measure Concepts

- In the survey, Committee members did not share any additional measure concepts that should be added to the list of relevant measure concepts in the report.
- Are there any additional concepts that should be included as part of the final report?

Gap Areas

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Background on Gap Areas

- In past discussion and surveys, the Committee identified measurement gaps including:
  - measures addressing the digital divide (i.e., access to broadband internet and/or devices that support telehealth visits, comfort with use of different types of technology, reliable performance of technology)
  - measures addressing social determinants of health (SDOH), including health literacy
  - measures assessing the quality of processes and outcomes associated with telehealth delivery
  - measures assessing the amount of time taken from request to physician visit
  - measures assessing the patient experience with telehealth
  - measures assessing the amount of telehealth services used by patients and clinicians during a disaster or emergency (e.g., volume of visits)
  - measures addressing adaptability and system readiness, including time and ability to scale up capacity during disasters and participation in regular readiness drills/exercises

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Discussion: Gap Areas

- Are there additional gaps in measurement that should be reflected in the report?
- Are Committee members aware of any SDOH measures or measure concepts relevant to this work?
  - If so, are these measures appropriate to include in the list of measures and measure concepts?
  - If not, what type of SDOH measures would be most helpful to assess rural telehealth during emergencies?

Additional Report Content

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Draft Recommendations

1. Existing measures of general health outcomes, access to care, care coordination, etc. can be used to indirectly assess the impact of rural telehealth, as telehealth would be expected to increase access to care and timeliness/quality of care.
2. Existing measures of behavioral health, substance use, and mental health services could be used or adapted to assess the impact of telehealth services on rural communities, where residents are at higher risk for these conditions, and behavioral health services are deliverable through telehealth technology.
3. Measures of care coordination and care planning are directly relevant to rural telehealth, particularly during public health emergencies like COVID-19, and existing measures can be used or adapted to assess coordination and care planning.

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Draft Recommendations (cont. 1)

4. Measures for rural telehealth should be developed that address patient access to the internet, internet enabled devices, as well as measures of broadband capacity to deliver telehealth services within rural communities. Interoperability is also a vital component that supports high quality care delivery; telehealth visit data should be interoperable with other health information systems that contain patient data.
5. Measures that assess the patient experience with rural telehealth should be developed, or adapted from existing measures (e.g., CAHPS). These should include questions specific to the technology experience, accessibility, and effect on travel and wait times for patients.
6. Novel measures for rural telehealth should take into account rural considerations, including the potential for small sample sizes which impact reliability. In addition, measures should consider potential unintended consequences of rural telehealth such as drawing local care into a centralized service, limiting the business of in-person rural healthcare services.

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Draft Recommendations (cont. 2)

7. Measures that directly assess the quality of telehealth should be developed to ensure that quality is not impacted by utilizing telehealth technology – for example, measures related to telestroke quality or appropriate use of telehealth vs. in-person care. Current measures of antibiotic overuse that exist to assess telehealth quality in general (i.e., reducing antibiotic use for acute respiratory infections) may not be appropriate for use during a disaster or public health emergency.
8. Telehealth measures should be developed that assess delivery of multi-disciplinary and access to specialist care, which is directly feasible using telehealth-based conferencing technology.
9. Novel telehealth measures should be assessed for disparities in care, and where disparities exist, consideration should be given to risk-adjust for disparities in care.
10. Given the role of telehealth during COVID-19, structural measures should be developed to assess organizational capacity for telehealth services, remote patient monitoring, in-home hospital care, and other related services that can provide alternative sites of care during disasters and public health emergencies.

Public Comment

Next Steps

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Next Steps for Rural Telehealth Project

- NQF staff will incorporate today's discussion to finalize the framework, measures and measure concepts, and update draft recommendations report
- Recommendations Report will be posted online for public comment in September
- Final web meeting (Web Meeting 6), is on **October 25, 2021 from 3:00 pm – 5:00 pm ET**
- Objectives:
  - Review public comments received on the draft report
  - Modify recommendations for the framework and measures as needed
  - Discuss any outstanding issues that may have arisen from the Committee's review of the draft report

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Contact Information

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

THANK YOU.

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