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**

Rural Telehealth and Healthcare System Readiness

Web Meeting 6

October 25, 2021

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

Introduction and Roll Call

Project Staff

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- **Helen Dollar-Maples, RN, MSN,** Deputy Director, DPMS/QMVIG/CCSQ

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

Committee Co-Chairs

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

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,** 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

Web Meeting 6 Objectives

- Review and discuss public comments received on the draft report

- Discuss any outstanding issues from the Committee's review of the draft report

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 Draft Report

Public Comments Received

- Public Commenting Period open from September 15 through October 8

- Received 31 comments from 8 organizations

- Themes include:
  - Framework
  - Relevant Measures
  - Gap Areas and Measure Concepts
  - Recommendations
  - Other

- Full comments and proposed responses are included as part of the meeting materials.

Framework Comments and Proposed Responses

- Recommendation to highlight the effectiveness of using telehealth to provide coordination of care/services between providers and healthcare members for the patient. (page 9)

    - NQF acknowledges the importance of care coordination in providing effective care, and this concept is currently represented as System-Wide Coordination in the Access to Care Domain. (page 8)

- Recommendation to mention the importance of information marketing on the value of telehealth that engages both providers and patients. (page 13)

    - The importance of providing information and guidance on telehealth to providers and patients has been described in more detail within the Experience domain, under the Trust of Technology and Clinician and Care Team Experience subdomains. (page 12)

Framework Comments and Proposed Responses (cont.)

- Recommendation to highlight the need to plan for clinical issues not addressable via telehealth and specify that telehealth is not intended to replace in-person care. (page 13)

  - NQF has tried to emphasize that telehealth cannot entirely replace in-person care. However, for certain clinical areas (e.g., behavioral health treatment and diagnosis), telehealth can be a helpful supplement to provide care where it would otherwise be unavailable in emergency situations. (page 12)

- Recommendation to recognize an overlap in telehealth use during emergency and non-emergency situations (e.g., COVID-19 has helped inform the appropriate and effective use of telehealth, priority uses during emergencies that apply to standby or active capacity when not in emergencies)

  - The Committee will discuss whether additional content should be included in the report related to telehealth applications outside emergencies or readiness, or if the current report content is adequate. (page 10-17)

Framework Comments and Proposed Responses (cont. 2)

- Recommendation to acknowledge that public investment in telehealth should be "sustained" vs. "one-off" (e.g., sustainable reimbursement models) and that telehealth alone should not be sufficient when rating network adequacy standards.

  - The Committee will discuss potential solutions for sustained investment and review the suggested solution related to network adequacy standards . (page 14)

Relevant Measures Comments and Proposed Responses

- Recommendation to reword Potential solution to "Informal communication among provider networks" to "Ensure and/or require that rural telehealth services and programs are made available to local providers and community members" (page 15)
  - NQF can update the language if the Committee agrees with the recommendation.

Relevant Measures Comments and Proposed Responses (cont.)

- Recommendation for measurement tools to include specificity regarding user experiences related to accessibility and/or accessible design criteria (e.g., screen reader accessibility, video-conferencing for ASL, plain language, non-text-based interfaces)
  - NQF included Equity as a domain in the measurement framework, with the recommendation to consider factors including disability (including physical, developmental, and intellectual disabilities), socioeconomic status, language, and communication barriers (including visual and hearing impairments as well as first language), geographical location and literacy. (page 13)

Gap Areas and Measure Concepts Comments and Proposed Responses

- A commentor noted that the framework acknowledges health disparities and technology literacy, as well as other dimensions of user experiences but highlighted that the report does not capture those who lack technology and would likely not be served in an emergency. Also highlighted by the commentor is a possible overestimation of residential internet service coverage by Federal Communications Commission due to the entire census block defining service coverage if at least one has household has coverage.

  - The challenges exacerbated by the digital divide were highlighted in the environmental scan and noted under the experience domain of the draft report. Table 2 (Rural-Specific Considerations) recognizes the challenge of limited broadband access and included a potential solution, creating incentives for broadband providers to develop networks in rural areas. This section also highlights the role of local organizations (e.g., churches, libraries), which can be used as hotspots for people to access broadband services/internet. (page 14)

Gap Areas and Measure Concepts Comments and Proposed Responses (cont.)

- Recommendation to consider measurement of user capacity to use specific telehealth technologies as a measure of access. The user could be either the patient or the provider.
  - The Committee will discuss the potential inclusion of user capacity as a separate consideration in the list of gaps in order to highlight this consideration outside of providing initial training. (page 22)

Recommendations Comments and Proposed Responses

- Suggestion to include risks of telehealth adoption and use, which may include lost community capacity which would adversely affect people with high-level needs who rely on in-person care.

  - The report acknowledges that telehealth is not a substitute to in-person care but can be used to enhance access to care in an emergency and/or disaster where care would otherwise not be available. The Committee recognized that local providers could experience reduced in-person volumes as an unintended consequence of increased telehealth, so NQF has highlighted this in Table 2 as a potential challenge and have provided potential solutions for mitigation. (page 14-15)

Recommendations Comments and Proposed Responses (cont.)

- A commentor noted that under Recommendation 9, Health Equity/SDOH recommendations may not be feasible (e.g., individuals without access to broadband/lacking technological knowledge will not use telehealth). (page 26)

  - The Committee will discuss whether the recommendations relating to SDOH should be adjusted, and whether the current suggestion is a feasible way to understand disparities in telehealth experience and use.

Other Comments and Proposed Responses

- A commentor recommended that the report includes a fulsome list of conditions that are not telehealth sensitive and should not be treated via telehealth (e.g., Tardive Dyskinesia [TD])
  - NQF recognizes that not all conditions are appropriate for telehealth care. (page 13)

- A commentor recommended improved specificity in defining broadband access and additional detail on the potential unintended consequences for complex populations due to lowered in-person volumes and increased telehealth use.
  - The Committee will discuss additional detail on improved specificity in defining broadband access, and additional detail on the potential unintended consequences for complex populations due to lowered in-person volumes and increased telehealth use. (page 14-15, page 22)

Other Comments and Proposed Responses (cont.)

- A commentor recommended the use of scientifically rigorous measures (e.g., NQF endorsed, measures used in CMS quality programs and/or measures that are part of the NCQA chart abstraction process), noting that other measures will cause implementation and administrative challenges. (page 18-21)
  - NQF acknowledges the importance of using scientifically rigorous measures to support the framework. During previous Committee discussions (web meeting 5), some members expressed a preference for NQF-endorsed measures, however the group ultimately agreed to consider any measures that were determined to be scientifically sound based on publicly available information.

Final Committee Discussion on Report and Recommendations

Discussion

- What additional feedback do you have on the recommended list of measures?

- What additional feedback do you have on the list of measurement gaps and measure concepts?

- What additional feedback do you have on the ten measurement recommendations?

- Do you have any comments on the general content or organization of the report?

Public Comment

Next Steps

Next Steps

- NQF staff will incorporate feedback from the public comments and the Committee into the report.

- All public comments and responses will be included as an appendix in the report.

- The final recommendations report will be submitted to CMS and posted the NQF website on **November 30, 2021**

Contact Information

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

THANK YOU.

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