NATIONAL QUALITY FORUM
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Meeting Summary

Rural Telehealth and Healthcare System Readiness Web Meeting 3

The National Quality Forum (NQF) convened a public web meeting for the Rural Telehealth and Healthcare System Readiness Committee on February 22, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Nicolette Mehas, NQF Senior Director, welcomed participants to the web meeting and introduced the NQF project team. Amy Guo, NQF Senior Analyst, facilitated roll call of the Committee members, Centers for Medicare & Medicaid Services (CMS) staff and the federal liaisons.

Dr. Mehas reviewed the meeting objectives, which were to gather the Committee's input on the draft environmental scan including definitions, policies and practices, the literature scan, and the measure scan results. Dr. Mehas also reminded the group that 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 the completion of the project, key stakeholders will be able to identify which measures are available for 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. Dr. Mehas also emphasized that the primary focus is on disasters such as pandemics, natural disasters, mass violence, and other public health emergencies.

Environmental Scan: Definitions

Dr. Mehas reoriented the Committee to the definitions of telehealth, telemedicine, and rural that will be used in the environmental scan report, and Committee members provided feedback. Throughout the environmental scan, telehealth is defined as the practice of medicine using technology to deliver care at a distance (i.e., a physician in one location uses a telecommunication infrastructure to deliver care to a patient at a distant site). Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, health-related education, public health, and health administration. Technologies used in telehealth include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

A Committee member expressed that telemedicine is not just the practice of medicine, but also includes behavioral health services, physical therapy, and occupational therapy. The Committee members agreed that the definitions should be further refined to accurately depict elements of healthcare such as nursing care that are not necessarily the practice of medicine but should also be included under telehealth and telemedicine. The Committee also agreed to make less of a distinction between telemedicine and telehealth, since both words are often used interchangeably, and to focus beyond what may be considered as traditional medicine or physician-only services to include broader care that can be delivered via telehealth.

NQF acknowledged that there are various definitions of "rural" areas. There are two major definitions that the U.S. federal government uses, one from the Census Bureau, and another from the Office of

Management and Budget (OMB). The Census Bureau defines rural as "all population housing and territory not included within an urban area." "Urban areas" consist of urbanized areas of 50,000 or more people, as well as urban clusters of 2,500 to 50,000 people. The OMB designates counties as metropolitan, micropolitan, or neither. A metropolitan area has a core urbanized area with a population of 50,000 or more people. A micropolitan area would have 10,000 to 50,000 people. Counties outside of metropolitan or micropolitan areas are considered rural.

The Committee discussed the definition of rural and considered how population density and commuting play a role in whether an area is defined as rural. When classifying an area as either rural or highly rural, the Census Bureau takes into consideration the amount of commuting that happens from a rural census tract area to an urban area for employment. NQF and the Committee members agreed to consult resources from the United States Department of Agriculture (USDA) and the Veterans Administration (VA) to broadly capture multiple definitions that may be used to define a rural area.

Environmental Scan: Policies and Practices

The goal of the Policies and Practices section of the scan is to capture changes in telehealth policy, primarily due to COVID-19, that have impacted rural areas. The environmental scan provides an overview of the U.S. Department of Health & Human Services (HHS) waivers and flexibilities during COVID-19, including detail on the 1135 Waivers. The scan also includes additional detail as it relates to flexibilities specific to rural health clinics and federally qualified health centers and incorporates information from the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the USDA, the VA, and the Office of the National Coordinator for Health Information Technology (ONC) related to telehealth.

Dr. Mehas shared that the scan also incorporates additional information shared by the Committee during the previous web meeting, including changes to telehealth reimbursement included in the 2021 Consolidated Appropriations Act; description of the current hospital credentialing process, which can move slowly and may prevent providers from providing telehealth services in a timely manner; additional information on actions taken by private payers on telehealth service coverage, including waiving cost-sharing and ensuring payment parity for in-person and telehealth services; and changes to electronic prescribing.

The Committee had no additional comments or questions on the Policies and Practices portion of the environmental scan.

Environmental Scan: Literature Review

Susan Aura, NQF Director, gave a brief overview of the methodology and results of the literature review. NQF conducted a PubMed search for literature published in English from January 2017 through January 2021 using the terms “rural telehealth” and “rural preparedness.” Inclusion/exclusion criteria were used to narrow down a large initial pool of articles. Articles were included if they focused on the U.S. healthcare system; rural populations; the use of telehealth to provide emergency, acute, or behavioral health care or in response to/during a public health emergency (including COVID-19); and barriers to telehealth or healthcare system readiness. The exclusion criteria were literature published prior to 2017, literature not focusing on or not inclusive of U.S. healthcare system, literature that focused on urban populations, and literature that focused on outpatient care or care for chronic diseases delivered via telehealth outside of a public health emergency or disaster.

After NQF screened for eligibility, 287 articles were included in the qualitative synthesis. NQF categorized literature as either articles that refer to telehealth programs or articles that are broader

reviews or commentaries discussing telehealth use or healthcare system readiness. NQF abstracted the condition/topic and the care setting for each article. 132 of the 287 articles described specific telehealth programs/interventions, most commonly in the emergency and outpatient settings and related to mental health, emergency care, or stroke.

Themes that emerged from the scan include:

- The distinctive health risks and challenges of rural residents.
- During the pandemic, telehealth use cases expanded across a variety of novel areas facilitated by expanded reimbursement and other policies.
- Technical challenges in rural communities are persistent barriers, including issues with broadband access, technology availability, and resources required to implement telehealth solutions.

The co-chairs facilitated the literature review discussion by asking the Committee to share feedback on whether mental health, emergency care, stroke, Intensive Care Unit (ICU) care, and reproductive health and childbirth – the topics most frequently addressed in the literature review – should be prioritized in the measurement framework. The Committee was also asked about additional topics that should be considered in the framework and possible solutions to the challenges identified in rural areas during emergencies.

Some Committee members agreed that the mental health category should include substance use and can be updated to "behavioral health" to reflect a broader category. The Committee also suggested additional topics that should be discussed in the measure framework: time-sensitive interventions when there is no provider, less time-sensitive interventions when there is no in-person provider, primary and urgent care, emergency preparedness whether directly or indirectly linked to a pandemic or a natural disaster, direct-to-consumer care, and end-of-life care.

The Committee viewed access to technology, such as high-speed internet and internet-connected devices, as a major barrier for patients and providers when trying to provide care remotely. Solutions to this challenge could include expanding broadband infrastructure in rural areas, providing internet and other technological tools through more local institutions (e.g., libraries) to decrease patients' travel time to access internet, and using audio- or text-only services where appropriate. Another potential challenge that the Committee identified was limited comfort with telehealth for both patients and providers, with possible solutions including implementing telehealth training exercises for providers, providing telehealth resources and guidance to improve patients' digital literacy and comfort level, and connecting patients with dedicated care team members that can assist with technology.

Environmental Scan: Measure Scan

Ms. Guo provided an overview of the approach and initial findings of the measure scan. NQF conducted a scan to identify measures that could potentially be relevant to the updated Rural Telehealth and Healthcare System Readiness framework. Measures were considered from four different sources, including 252 rural-relevant measures implemented in select Center for Medicare & Medicaid Innovation (CMMI) models and quality reporting and value-based purchasing programs under the purview of the Measures Application Partnership (MAP); 20 measures that the MAP Rural Health Workgroup identified as a core set of best available rural-relevant measures in 2018; 17 NQF-endorsed measures addressing clinical areas that were recognized as positively affected by telehealth during the development of the 2017 Telehealth framework; and 59 measures related to healthcare system readiness identified by the 2019 Healthcare System Readiness committee. In total, 324 unique

potentially relevant measures were identified. For each of these measures, NQF recorded information including Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT) ID number, NQF ID number, endorsement status, measure specifications, relevance to 26 rural-relevant conditions, relevance to telehealth-appropriate conditions identified in the 2017 Telehealth Framework, relevance to each of the domains of the 2017 Telehealth Framework and the 2019 Healthcare System Readiness Framework, and relevance to any of the phases of healthcare system readiness.

Overall, 51% of the measures in the scan were cross-cutting (non-condition-specific). The most frequently addressed rural-relevant conditions were patient experiences of care, patient hand-offs/transitions, readmissions, and surgical care. Nearly 40% of the measures addressed one of the "telehealth appropriate" conditions identified in 2017, most frequently care coordination or chronic disease. NQF noted that there was limited overlap between condition-specific measures and system readiness measures; the project team created an initial shortlist of 22 measures that addressed at least one rural-relevant condition, at least one telehealth-appropriate condition, at least one telehealth framework domain, and at least one system readiness domain, but these were largely process and structure measures focused on information transfer between providers and patients. NQF proposed a modified two-pronged approach to identify a more balanced set of measures for use with the framework, where the Committee would provide feedback on rural-relevant and telehealth-relevant conditions that should be represented in the framework and separately provide feedback on the system readiness measures most relevant to implementing telehealth systems in rural areas.

The co-chairs opened discussion on the proposed measure scan approach. Committee members shared concerns over a condition-specific approach and expressed preference for a broader approach. Members noted the pool of measures addressing "telehealth-appropriate conditions" depends on the conditions most frequently addressed at academic medical centers and could exclude important applications of telehealth that have not been well-researched yet. Additionally, the most relevant conditions to measure could differ based on emergency type (e.g., pandemic vs. fire). The Committee suggested that broader categories of measures or cross-cutting measures, such as transition of care or communication measures, may be more appropriate. Other suggestions for categorization included time-sensitive vs. non-time-sensitive measures; measures along the care continuum from primary/preventative care to end-of-life care; measures capturing scalability of baseline telehealth programming; and avoidance of care interruptions across all conditions.

The Committee also discussed preferred characteristics for any measures used within the framework (e.g., endorsement status, measure type, data source). A federal liaison noted that it may be useful to consider measure performance gaps and measure type, as CMS generally promotes outcome measures instead of process measures when appropriate. However, several Committee members felt that outcome measures could pose a burden for providers in an emergency context (with incomplete information, limited resources, and limited ability to track patients) and at least one member shared a preference for process measures. A Committee member also shared that they would prefer that measures used in the framework are NQF-endorsed or will eventually seek endorsement.

Member and Public Comment

Ms. Guo opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Ms. Guo notified the Committee of upcoming activities and next steps for the project. NQF will incorporate the Committee's discussion from the web meeting and written feedback into the environmental scan. NQF will also use the environmental scan along with Committee feedback to iterate

on the framework domains and organization. Ms. Guo also informed the Committee that the Draft Environmental Scan Report will be posted for a 30-day public commenting period in April. The next web meeting is scheduled for June 8, 2021 from 3:00 pm – 5:00 pm ET.