NATIONAL QUALITY FORUM

Call for Nominations

Creating a Framework to Support Measure Development for Telehealth

BACKGROUND

Telehealth is the utilization of electronic communications, information technology, or other means between a provider in one location, and a patient in another location. It typically involves the application of technology to provide or support healthcare delivery by replicating the interaction of a traditional, in-person encounter between a provider and a patient. It is assumed that telehealth encounters are as effective as in-person encounters. Because telehealth is intended to replicate the interaction of a traditional healthcare encounter, it is expected that the clinical outcomes for patients would be the same independent of the modality of care. While there is a multitude of clinical measures that evaluate the effectiveness of healthcare interventions, less is known about the extent to which these measures assess or could be used to assess the effectiveness and overall quality of telehealth interventions, particularly in rural areas. What is needed is a measurement approach that takes into consideration the characteristics of telehealth and the challenges faced by rural healthcare providers and their patients.

National Quality Forum (NQF) will conduct a multistakeholder review of existing and potential telehealth metrics, leading to the identification of measurement gaps, and the development of a measure framework and set of guiding principles for future telehealth measurement and the possible need for telehealth measure development. The purpose of this work is to facilitate the identification of the most appropriate way to ensure clinical measures are applied to telehealth encounters in order to measure quality of care and to guide the future development of telehealth related measures.

COMMITTEE CHARGE

NQF will convene a multistakeholder committee charged with providing guidance and recommendations for considerations around appropriate telehealth measurement through answering the following questions:

1. While the goal is to main use of clinical measures that work across all methods of care delivery (in-person and telehealth), do these measure need to be modified in order to differentiate modality?
2. If the answer to the first question above is that measures need to be modified in order to differentiate modality, how can we think about clinical measures so that we can include telehealth delivery, but also differentiate the modality? (e.g., a modifier on a claim could be used to indicate if the care was provided through telehealth)

3. Are there existing measures that currently allow for differentiation of the mode of care encounter?
4. For measures that do not currently allow for this differentiation, what would need to happen for existing measures to indicate a telehealth encounter had occurred? (i.e., are there systematic measure specifications issues that can be resolved, and if so, how?)
5. While the goal is to use existing clinical measures, are there any unique aspects of telehealth that do require consideration of new clinical measures specific to telehealth?
6. How can the non-clinical aspects of telehealth best be measured in order to assess things such as access to care and cost-benefit and cost-effectiveness for payers, providers, and patients (i.e., reduced waiting times, work or school absences avoided, money and time spent on travel, etc.?)
7. How do Medicare, state Medicaid programs, and large integrated health systems measure telehealth encounters, and how do they differentiate between the mode of care encounter (in-person vs. remote) in their records and/or billing systems?
8. How can telehealth be shown (measured) as a clinical practice improvement activity within the Merit-based Incentive Payment System (MIPS) as defined in Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Section 101 to include expanded practice access (such as same day appointments for urgent needs; afterhours access); population management; and care coordination?
9. How can the effect on clinical outcomes be measured in regards to applications of telehealth, such as care coordination, patient engagement, care transitions, etc.?
10. What are possible metrics or considerations regarding population health and the use of telehealth?
11. What other measure concepts, guiding principles, or other considerations are needed for the continued development of telehealth measurement in the future?
12. If measurement shows that telehealth encounters are equally as or more effective than in-person encounters, should the quality and efficiency of telehealth encounters be measured distinct from face-to-face encounters in perpetuity?

COMMITTEE STRUCTURE

The Committee will include no more than 25 individuals seated for one year.

Participation on the Committee requires a significant time commitment. To apply, Committee members should be available to participate in all currently scheduled calls/meetings. Over the course of the Committee member's term, additional calls may be scheduled or calls may be rescheduled based on project needs; new dates will be set based on the availability of the majority of the Committee.

Committee participation includes:

- Participation in the Committee Orientation Web Meeting
- Participation in two Committee In-Person Meetings, and
- Participation at four Committee Web Meetings in order to meet the goals and objectives of the project

Table of scheduled meeting dates

Meeting	Date/Time

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Committee Orientation Meeting (1 hour)	October 31, 2016, 2:00PM-4:00PM ET
Committee In-Person Meeting #1 (2 days)	November 16 – 17, 2016
Committee Web Meeting #2 (2 hours)	December 15, 2016, 2:00PM-4:00PM ET
Committee Web Meeting #3 (2 hours)	February 14, 2017, 12:00PM-2:00PM ET
Committee In-Person Meeting #2 (2 days)	March 7 – 8, 2017
Committee Web Meeting #4 (2 hours)	May 23, 2017, 1:00PM-3:00PM ET
Committee Web Meeting #5 (2 hours)	July 28, 2017, 1:00PM-3:00PM ET

PREFERRED EXPERTISE & COMPOSITION

Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, health professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF is seeking nominees with relevant expertise in telehealth, including providers working low-volume settings (physicians and representatives of facility providers, including Critical Access Hospitals, Rural Health Clinics, Community Health Centers and other Rural Hospitals) and subject matter experts from organizations such as academia, measure developers, health plans, and patient advocacy groups, etc.

Please review the NQF Conflict of Interest Policy **to learn about how NQF identifies potential conflict of interest.** All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

CONSIDERATION & SUBSTITUTION

Priority will be given to nominations from NQF Members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so "substitutions" of other individuals is not permitted. Committee members are encouraged to engage colleagues and solicit input from colleagues throughout the process.

APPLICATION REQUIREMENTS

Nominations are sought for individual subject matter experts. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the Committee, please **submit** the following information:

- A completed online nomination form, including:
    - a brief statement of interest
    - a brief description of nominee expertise highlighting experience relevant to the committee
    - a short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
    - curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nominations form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

DEADLINE FOR SUBMISSION

All nominations *MUST* be submitted by **6:00 pm ET on Monday, September 26, 2016.**

QUESTIONS

If you have any questions, please contact Kim Ibarra or Kathryn Streeter at 202-783-1300 or telehealth@qualityforum.org. Thank you for your interest.