NATIONAL QUALITY FORUM

Memo

TO: Telehealth Committee

FR: NQF Staff

RE: Post-Comment Call to Discuss Public and Member Comments

DA: July 14, 2017

Purpose of the Call

The Telehealth Committee will meet via conference call on Friday, July 28, 2017 from 1:00-3:00pm ET. The purpose of this call is to:

- Update Committee on status of project
- Review public comments submitted on the draft framework report
- Discuss next steps

Committee Actions

- Review this briefing memo and consider the comments (see Comment Table)
- Be prepared to provide feedback and input on comment responses
- Provide feedback on the draft framework report

Conference Call Information

Please use the following information to access the conference call line and webinar:
Speaker dial-in #: 844-366-0275 (*NO CONFERENCE CODE REQUIRED)*
Streaming Audio Online

- Direct your web browser to: http://nqf.commpartners.com.
- Under "Enter a Meeting" type in the meeting number: 322512
- In the "Display Name" field, type in your first and last names and click "Enter Meeting."

Background

The U.S. Department of Health and Human Services (HHS) called upon the National Quality Forum (NQF) to convene a multistakeholder Telehealth Committee to recommend various methods to measure the use telehealth as a means of providing care. The Committee was charged to develop a measurement framework that identifies measures and measure concepts and serves as a conceptual foundation for new measures, where needed, to assess the quality of care provided using telehealth modalities. As a first step towards achieving these goals, NQF conducted an environmental scan which guided the development of a measurement framework. NQF also solicited input from a multistakeholder audience, including NQF membership and public stakeholders. By identifying some of the highest-priority areas for measurement, the framework report may support the development of measures that incorporate into a telehealth environment as part of an iterative development process.

Comments Received

The Draft Report went out for Public and Member comment from June 1-30. During this commenting period, NQF received 78 comments from 14 organizations. In order to facilitate discussion, the majority of the comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, we will not necessarily discuss each comment and response on the post-comment call. Instead, we will spend the majority of the time considering the major topics that arose from the comments. Note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

We have included all of the comments that we received in the Comment Table. This comment table contains the commenter's name and organization, and the comment. Please refer to this comment table to view and consider each individual comments received.

Comments and their Disposition

Theme 1 – Definition of "Telehealth"

One commenter suggested the report be expanded to specifically include definitions for telemedicine, remote monitoring, m-health, e-health and telehealth, to recognize the importance of coverage and payment considerations. Other commenters suggested using a broader definition of telehealth, or removing the definition of telehealth completely.

Specifically:

- There should be clear notation that Medicare's definition of telehealth is different from a broader understanding of telehealth
- With regard to HRSA's definition, note this definition's shortcomings and ensure it is not deferred to in a blanket fashion
- Specify the context of Medicare measurement, especially CMS' reimbursement practices
- Consider a technology neutral and/or simpler definition of telehealth
- Distinguish between synchronous and asynchronous

Committee Action Item: Discuss the recommended considerations and finalize how telehealth should be defined for the purposes of the framework report.

Theme 2 - Emphasis on Rural Versus Urban settings

A few commenters noted that differences between rural and urban settings should be taken into account. They raised the following issues: 1. Availability of specialty and subspecialty services in rural/frontier communications, 2. High travel costs facing rural/frontier patients, 3. Rural broadband infrastructure, and 4. Special considerations for First Nations

- The nature of telehealth practice can be different than that in urban areas, as rural generalist providers could use telehealth to connect with specialists to whom urban providers would make a non-telehealth referral.
- Many rural/frontier patients face longer distances to health services than urban residents. The result is a higher travel costs, which is part of the 'rural surcharge' on most health care use.
- Many rural/frontier communities have limited broadband capacities which inversely affect the cost of broadband. The low volume of services also amplify the high cost of broadband services.
- Many Native Americans are served by the Indian Health Service (HS) through direct provision of service by IHS facilities and personnel, and through contracted non-IHS providers. There are unique problems and challenges with these arrangements (i.e.

securing reimbursement for services). Measures and standards may need to be different than in other environments.

Commenters also noted the need for appropriate standards for rural/frontier health, which may be different than those for urban settings.

Conversely, some commenters noted that rural and urban settings share many similarities, such as the value of connected care, and challenges –functionally and financially- with commuting.

Committee Action Item: Discuss the recommended considerations and finalize how telehealth should be defined for the purposes of the framework report.

Theme 3 - Alterations and/or Additions to Domains/Subdomains

One commenter suggested adding communication effectiveness and quality of communication.

Another commenter recommended further refining the financial impact/cost domain to differentiate between charges and costs.

Another commenter suggested a number of modifications and recommendations on the following domains:

- Under domain: effectiveness, subdomain: system effectiveness and measurement concept timeliness, add: "the amount of time it takes to connect with a provider for an urgent/emergent consult.
- Under domain: financial impact and/or effectiveness, subdomain: financial impact to healthcare and/or operational effectiveness and measurement concept travel, add: "measure for quantifying telehealth staffing efficiencies"
- Under domain: access, subdomain: access to information and measurement concept actionable information, change: "What is the data access in telehealth for those who treat the patient" to reflect access to specific data, such as visual, auditory, and other information required for a diagnosis
- Under domain: effectiveness, subdomain: clinical effectiveness and measurement concept actionable information, add "whether telehealth offers the same quality of services across a population of similar patients (all settings and conditions)

Another commenter suggested the addition and integration of "usability" within the three sub-domains of effectiveness, efficiency, and satisfaction.

A final commenter requested clarification with regards to accessibility; noting that the report alludes to the concept of necessity, which is not consistent with the standard definitions of accessibility.

Committee Action Item: Discuss the suggested domain and subdomain alterations and finalize domains and subdomains.

Theme 4 - Alterations and/or Additions to Measure Concepts

Many commenters suggested the following measure concepts would be a valuable addition:

- Decreased length of stay in the hospital
- The ability of telehealth to offer the same quality of services across a population of similar patients
- If travel eliminated for a specific patient encounter because of telehealth services
- Impact of telehealth on the workforce shortage
- Readmissions/ preventable readmissions
- Ability to engage in meaningful activities, including those that promote health and/or prevent illness or injury (e.g. activities of daily living, self-management of health)

- Usability
- Time to receipt of a consult via telehealth compared to in-person
- Quality of the information was sufficient to make an accurate diagnosis and appropriate treatment plan.

Another commenter suggested the clarification of language and intent in the following measure concepts and its components:

- Rephrase the measure concept "patient demonstrated increased confidence in care plan" to "patient's confidence to enact care plan"
- The measure concept of "connectivity is clear and timely…" implies an audiovisual component
- Clarify what is meant by "duration of the visit"
- The concept of "the instructions for care were clear to the patient" seems redundant to the concept of "patient demonstrated increased understanding of care plan"
- Recommend measuring patient satisfaction relative to usual care

A commenter noted that the measure concepts are not unique to telehealth and encouraged the Committee to identify the highest priority areas for measurement.

Another commenter noted that the need to differentiate between the possible uses of the proposed measure concepts. There is concern that measures will be developed that should not be used in accountability programs.

Another commenter noted their concern of the sheer number of parameters outlined and how prioritization was necessary. The commenter elaborated further stating the report does not differentiate between possible uses of the proposed parameters. There might be a move to develop measures for some of the concepts that really should not be used in accountability programs. The commenter also adds how the report discusses the potential to decrease readmissions as a result of leveraging telehealth, but fails to include readmissions in any of the measure concepts.

> **Committee Action Item:** Discuss the suggested measure concepts' alterations and finalize measure concepts.

Theme 5 - Alterations and/or Additions to Existing Measures List

Some commenters requested additional clarification on how the existing measure set should incorporate telehealth and/or remote monitoring:

- It is unclear how the framework outlined in the report would be applied to the existing measure set
- It is unclear on how measuring use of telehealth and/or remote monitoring would be incorporated and distinguished from face-to-face delivery
- Consider clarifying the intent of the initial measures selected as many are not specified to enable capture of telehealth

Another commenter suggested adding the following measures to the list:

- NQF #0101: Falls: Risk Assessment
- NQF #0418: Depression screening and follow-up plan

A number of commenters expressed addition of specialty-specific measures such as:

- Pediatric Primary Care
- Internal Medicine Primary Care

A commenter recommended adding sets of measures that are appropriate for both rural and urban providers.

A commenter recommended that services provided in-person or virtually should be subject to the same quality measures/ utilize existing quality measures for virtual services.

One commenter urged NQF to expand the current initial measures list to include all NQF-endorsed measures.

Another commenter expressed concern that the existing and proposed telehealth measures are entirely based off of electronic health record data elements and/or claims data, as opposed to utilizing data that is collected at the time of the encounter. The commenter also provided a clinical scenario to describe their concern.

> **Committee Action Item:** Discuss the suggested measure alterations and determine if additional measures should be added.

Theme 6 - Additional Consideration of Use Cases

A number of commenters suggested and provided additional pilots and case studies to clarify the utilization of telehealth in certain cases, such as heart failure.

One commenter suggested to revise the heart failure case study to reflect today's approach to heart failure remote monitoring. The commenter stated that the case study in its current form describes very old technology with an approach that would have been deployed 20 years ago. The commenter also suggested to distinguish how telehealth is used as a tool to deliver care based on the classification as a Medicare program instead of how it would be classified for private payers.

Another commenter suggested to explore "remote monitoring" capabilities and services, and how they may affect measures. The commenter also followed up with the distinction between "synchronous" communications and "asynchronous" data capture and communications, and how the distinction is key in the formulation of existing and future measures. The commenter suggests to add a fourth use case discussing population management of a diabetic population using telehealth and remote monitoring technologies.

Another commenter noted the difficulty of interpreting the case studies due to the focus on the individual patient. The commenter suggests to focus on measuring the impact and effectiveness of telehealth at the population level.

> **Committee Action Item:** Does the Committee recommend the alteration of existing case studies and inclusion of additional case studies?