Creating a Framework to Support Measure Development for Telehealth

Day 1:   Multi-Stakeholder In-Person Meeting
1030 15th Street, NW
Washington, DC 20005

March 7-8, 2017

Welcome

- Restrooms
  - *Exit main conference area, past elevators, on right.*
- Breaks
  - *10:30am – 15 minutes*
  - *12:30pm – Lunch provided by NQF*
  - *3:00pm – 15 minutes*
- Laptops and cell phones
  - *Wi-Fi network*
    - » User name: **guest**
    - » Password: **NQFguest**
  - *Please mute your cell phone during the meeting*

Agenda

- Welcome and Introductions
- Review Project Purpose and Objectives
- Overview of Measure Framework
- Overview of Feedback on Environmental Scan
- Prioritization of Domains for Measure Framework
- Identification of Subdomains for Measure Framework
- Developing Measure Concepts
- Review of Measure Concepts
- Telehealth Use Cases and Discussion
- Discuss Most Important Components to Cover in the Report
- Next Steps and Upcoming Milestones

NQF Project Team

- Jason Goldwater, Senior Director
- Tracy Lustig, Senior Director
- Katie Streeter, Senior Project Manager
- May Nacion, Project Manager
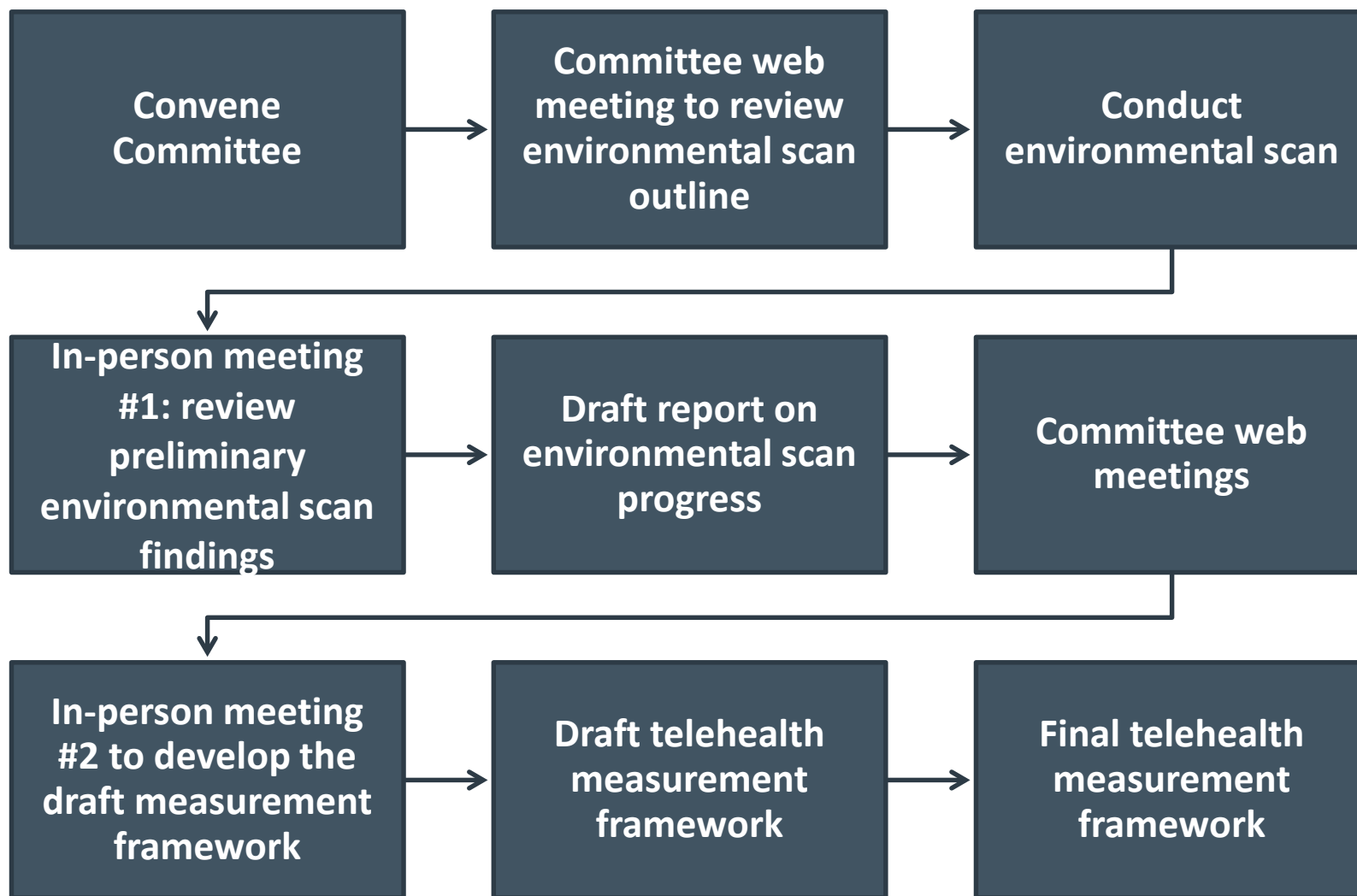- Irvin Singh, Project Analyst

Introductions

Committee Members

- **Judd Hollander, MD (Co-Chair)**
- **Marcia Ward, PhD (Co-Chair)**
- Dale Alverson, MD
- Rashid Bashshur, PhD
- Adam Darkins, MB, ChB, MPHM, MD, FRCS
- Henry DePhillips, MD
- Charles Doarn, MBA
- Marybeth Farquhar, PhD, MSN, RN
- Archibald (Stewart) Ferguson, PhD
- David Flannery, MD
- Paul Giboney, MD
- Nate Gladwell, RN, MHA
- Don Graf

- Julie Hall-Barrow, EdD
- Steven Handler, MD, PhD, CMD
- Yael Harris, PhD, MHS
- Kristi Henderson, DNP, NP-C, FAAN, FAEN
- Mary Lou Moewe, MT (ASCP), PMP, ACP, FACHE, CPHIMS
- Eve-Lynn Nelson, PhD
- Stephen North, MD, MPH
- Peter Rasmussen, MD
- Sarah Sossong, MPH
- Daniel Spiegel, MD, MBA
- Jean Turcotte, MA, BSN, RN
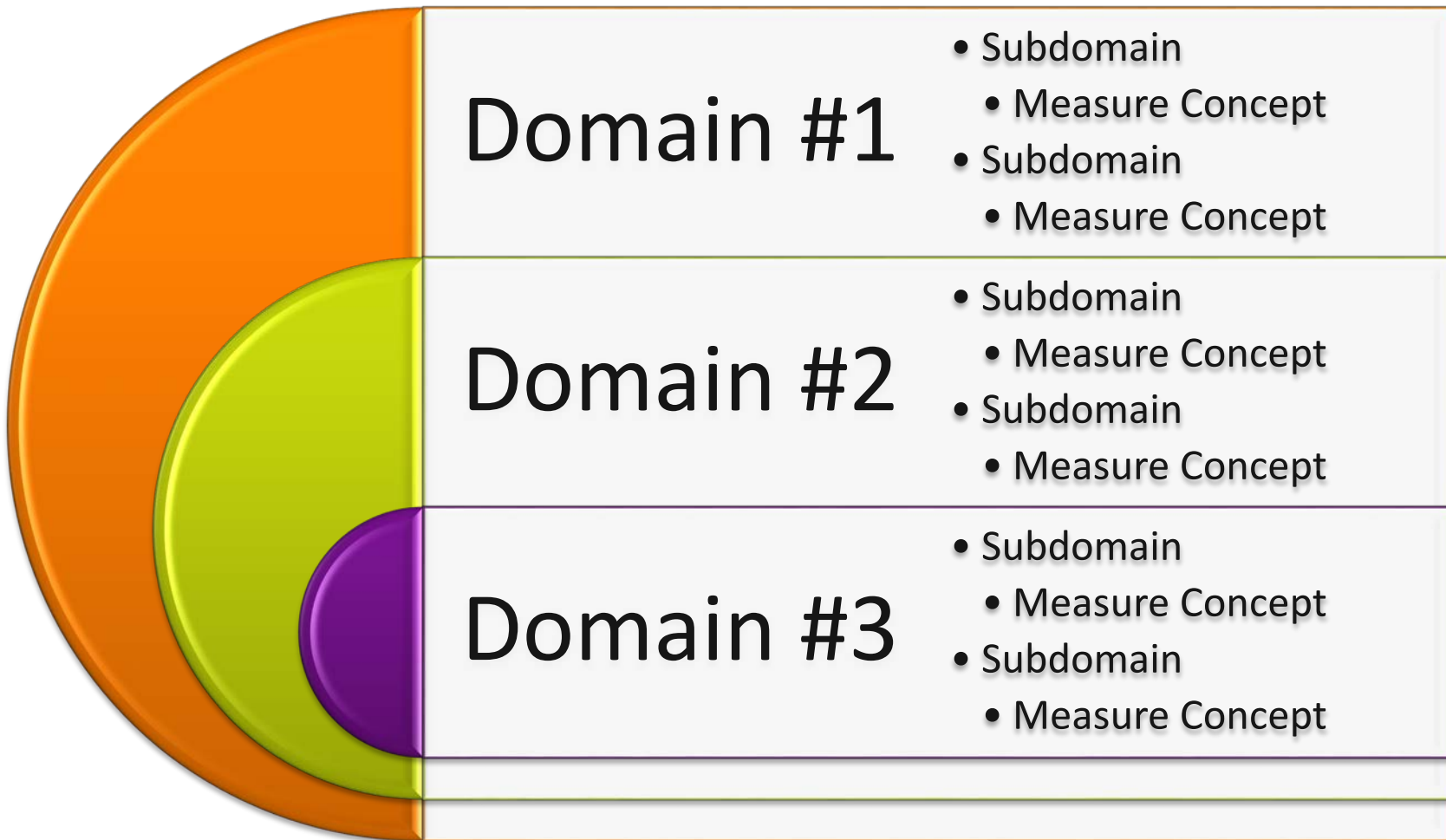- Dennis Truong, MD
- Angela Walker, MD, FAAD

Project Purpose and Objectives

- 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
- Conduct a multistakeholder review of existing and potential telehealth metrics
- Identify measurement gaps
- Develop a measure framework and set of guiding principles for future telehealth measurement and the possible need for telehealth measure development

Project Activities and Timeline

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┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│     Convene     │  →   │  Committee web  │  →   │     Conduct     │
│    Committee    │      │ meeting to review│      │environmental scan│
│                 │      │environmental scan│      │                 │
│                 │      │     outline     │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘

┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ In-person meeting│  →   │  Draft report on │  →   │  Committee web  │
│   #1: review    │      │environmental scan│      │    meetings     │
│   preliminary   │      │    progress     │      │                 │
│environmental scan│      │                 │      │                 │
│    findings     │      │                 │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘

┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ In-person meeting│  →   │ Draft telehealth│  →   │ Final telehealth│
│  #2 to develop the│     │   measurement   │      │   measurement   │
│draft measurement│      │    framework    │      │    framework    │
│    framework    │      │                 │      │                 │
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What is a Measure Framework?

Domain #1
- Subdomain
  - Measure Concept
- Subdomain
  - Measure Concept

Domain #2
- Subdomain
  - Measure Concept
- Subdomain
  - Measure Concept

Domain #3
- Subdomain
  - Measure Concept
- Subdomain
  - Measure Concept

Overview of Feedback on Environmental Scan

Standing Committee Comments on the Environmental Scan Report

- Broaden the definition of telehealth
    - *Include actual management of patients at a distance with chronic diseases; not just monitoring*
- Consider the implications of telehealth beyond the rural setting
- Differentiate telehealth vs telemedicine
- Add additional areas where telehealth can be applied (i.e. eICU, acute care, neuro-stroke, urgent care, on-demand care, etc.)
- Quantify the cost of delayed or no care without telehealth?
- Cost of telehealth vs cost of face-to-face visit

Standing Committee Comments on the Environmental Scan Report (continued)

- Add remark about bias in publications
  - *Positive findings are more frequently used than negative findings*
- Differentiating factors of "cost of telehealth for providers" and "cost of effect on patient care"
- What do "telehealth measures" capture?
- What should be the primary focus points of the telehealth measurement framework?
- How to define "diagnostic accuracy of a telehealth application"?
  - *By provider experience? Reduction in medical errors?*

Standing Committee Comments on the Environmental Scan Report (continued)

- How to define "telehealth measures"
  - *Does "telehealth measures" refer to measures that are sensitive to telehealth encounters or separate measures?*
- Should additional domains be added?
  - *Should "clinical outcomes" be added?*
- How to define ranking parameters and acceptability regarding the strength of evidence
- Should there be further research in the cost/cost-effectiveness section?
  - *If so, which topics in cost/cost effectiveness should be further researched?*
  - *Are there additional research articles the committee would like to share in this section?*

Standing Committee Comments on the Environmental Scan Report (continued)

- How to have a telehealth measure be compatible with MIPS and then applicable to Alternative Payment Models (APM) over time?
- Should the number of telehealth measures be expanded from what it is currently?
  - *If so, what kinds of patients or providers would most likely benefit from having more of these measures?*
  - *What aspects of health outcomes will likely be improved?*
  - *What are the factors that limit the number of telehealth measures/expansion efforts and how would quality management mitigate these factors?*

Standing Committee Comments on the Environmental Scan Report (continued)

- Should concordance between a primary care provider and a specialty provider sharing images be prioritized in addressing gaps in current measures?
  - *Would it improve patient safety and/or reduce costs?*
  - *Would it reduce the need to repeated tests, which tend to incur costs and lead to lost in productivity for the patients?*
  - *Why would increase in concordance benefit health care providers and payers?*
- Should involving family members and caregivers be prioritized in addressing gaps in current measures?
  - *How would it help improve outcomes and reduce cost burden for individuals/payers/society?*

Standing Committee Comments on the Environmental Scan Report (continued)

- What are the immediate next steps to identify issues of consideration for the development of the telehealth measurement framework?
- How to define each measure in the telehealth measurement framework?
  - *i.e. mileage/distance saved/absenteeism/etc*
- Any additional feedback points to discuss?

Feedback on Environmental Scan Report from February 14th Webinar

- How do we compare traditional modalities vs traditional modalities plus telemedicine?
- How do we select the appropriate telehealth measures when it comes to developing the framework?
- What to include when discussing the low utilization of telehealth despite the expansion of technology and connectivity
  - *Should telehealth adoption be an indicator of quality?*
- Refine and further integrate system effectiveness in the report

Feedback on Environmental Scan Report from February 14th Webinar (continued)

- Clearly define the telehealth modalities and avoid overlap
- Start to build the measure framework
  - *Identify the domains/subdomains of the framework*
  - *Identify measure concepts*
  - *Identify measures that already exist that can be included*
- How to prioritize telehealth domains?
- How to make telehealth framework actionable
- How to broaden the realm of telehealth and reflect it in the report?
- How to incorporate care continuum into the report?

Feedback on Environmental Scan Report from February 14th Webinar (continued)

- How to make framework generalizable, useable, and practical?
- Incorporate categorization of acute vs. non-acute conditions
- Adding discussion on attribution and how it can be a tool to decrease cost of care and increase quality of care
- How to make report practical today and applicable tomorrow
  - *How to reassure physicians who are hesitant and resistant on adopting the telehealth model*

Feedback on Environmental Scan Report from February 14ᵗʰ Webinar (continued)

- How to develop clear measures that captures the cost and resource use of implementing and maintaining telehealth systems accurately
- How to make telehealth framework applicable in situations that have not arisen? (i.e. new disease that hasn't been studied by literature)
- Are there other sources to consider when evaluating current telehealth measures (besides NQF, MIPS, and AHRQ National Measures Clearinghouse)
- Consider adding pediatric based telehealth measures?
- How to incorporate Telemedicine within pre-existing measures where it's not required but maybe useful?

Feedback on Environmental Scan Report from February 14th Webinar (continued)

- How to create telehealth measures that are applicable across multiple clinical specialties
- Categories that are provider-to-provider vs patient-to-provider
- Comparison of outcome of an in-person visit vs Telemedicine visit vs. no visit
    - *How to make measures to reflect that?*
- Potentially examine articles on using telehealth to administer antimicrobial stewardship programs

Revisions to Environmental Scan Report

- Telemedicine definition was expanded and based on a 2001 report from the Department of Health and Human Services and HRSA.
- Several additional literature sources were included.
- The report references an AHRQ Evidence Map of Systematic Reviews that was developed last year that assessed the impact of telehealth on clinical outcomes.
- Specifically, the report examined systematic reviews that focus on the intersection of telehealth intervention on clinical outcomes, utilization and costs.
- Clarified the methodology on how articles were chosen and synthesized.
- All other edits and comments were incorporated.

Break

Domain Prioritization within the Telehealth Framework

Domains of Information

- Domains of Information
  - *Access to Care*
  - *Cost*
  - *Cost-Effectiveness*
  - *Patient and Family Experience*
  - *Clinician Experience*
  - *System Effectiveness (including coordination, transitions, efficient use of workforce)*
  - *Experience of the Clinical Team*
  - *Clinical Effectiveness*

- Which domains should be prioritized first and why?
- Are there any other domains that should be added

Opportunity for Public Comment

Lunch

Identifying Subdomains for the Measure Framework

Developing Subdomains

- Ensure consistency with the main domain (e.g., what subdomains would relate to clinician experience)
- Identify subdomains where measure concepts can be developed or where there are existing measures that would align with them
- Prioritize which subdomains are the most important and would have the most impact on telehealth
- Work to have the subdomains address current gaps in telehealth measurement:
  - *Family-centered care*
  - *Standard of care vs. standard of care + telemedicine*
  - *What would a patient do in the absence of telemedicine*

Break

Developing Measure Concepts

Definition of a Measure Concept

- A measure concept is an idea for a quality measure that currently does not exist.
- The concept must directly relate to one of the subdomains already developed within the framework
- The concept needs to be specific to an area of telehealth
- The concept must be specific enough to be developed into a quality measure

Developing and Evaluating Measure Concepts

- Dimensions of Evaluation
  - *1) Infrastructure capacity (includes capability and workforce)*
  - *2) Appropriateness of the measure*
  - *3) Therapeutic outcome (includes diagnosis)*
  - *4) Patient outcome*
  - *5) Actionable (or high-quality) information*

Prioritization of Measure Concepts or Measurement Areas

What are the most critical dimensions

How can we determine what measures have the greatest potential to drive improvement

Which measure would be the easiest to implement

What is the data availability for these measures

What gaps exist and how can they be filled?

Opportunity for Public Comment

Day 1 Summary and Adjourn

Creating a Framework to Support Measure Development for Telehealth

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Review Day 1

Continue Work on Measure Concepts

Review of Measure Concepts

Break

Test Use Cases

Test Use Cases (General)

- Synchronous versus asynchronous care (with various categories of asynchronous care such as image review or remote monitoring).

- Provider to provider (neurostroke, eICU as examples) versus consumer to provider (urgent care or scheduled outpatient visits).

- Originating site (home/nonclinical site, outpatient office/clinic including dialysis or ASC, urgent care/retail clinic, emergency department, inpatient setting, long term care facility).

Test Use Cases (Specific)

- A cancer clinic at a community hospital wishes to provide NCCN level service to breast cancer patients, but cannot hire a genetic counselor. Using telemedicine they can set up virtual genetic evaluation sessions with a CGC for family history assessment, risk stratification, counseling and only order genetic tests when they are appropriate.

- Patient in setting/situation (urban or rural) who needs an element of medical care is not readily available in a patient-centered manner (geographically remote, patient with transportation challenges, cannot easily leave home, in a long term care facility, incarcerated and other care barriers) and where direct patient to provider interaction is optimal.

- Patient with chronic disease and continuity relationship with a medical home, who needs frequent monitoring of clinical parameters (Blood pressure, blood glucose, INR levels, daily weights, etc) for whom frequent trips to the clinic are suboptimal and remote monitoring via technology is employed.

- Tele-management of skin disease - largely patients with acne, psoriasis, and eczema who have chronic ongoing skin disease but have a known diagnosis and treatment regimen. Routine surveillance, and monitoring of skin disease for therapeutic changes or to refill medications.

Most Important Measures Identified for the Measurement Framework

Lunch

Most Important Components to Cover in the Report

NATIONAL
QUALITY FORUM

MACRA and MIPS: Measures and Opportunities for Telehealth

Margaret "Meg" McGinty
Director of Public Affairs, NQF

March 8, 2017

What is MACRA?

- Medicare Access and CHIP Reauthorization Act of 2015
- Catalyzed the shift to the Quality Payment Program for eligible clinicians providing Medicare services
- Gave clinicians two options for payment
    - *Merit-Based Incentive Payment System (MIPS)* <u>*OR*</u>
    - *Advanced Alternative Payment Models (APMs)*
- MIPS – aimed to combined the three VBP programs into one program that rewards or penalizes the clinician based on their performance on quality measures
- APMs – provides monetary incentives for clinicians participating in risk sharing programs and care groupings
    - *i.e. ACOs, PCMH, Bundled Payments, Comprehensive Primary Care +, Medicare Shared Savings Program, etc.*

Merit-Based Incentive Program (MIPS)

- MIPS takes the three quality and value reporting programs for Medicare Clinicians…
  - *Physician Quality Reporting Program*
  - *Value-Based Payment Modifier, and*
  - *Medicare EHR Incentive Program (Meaningful Use)*
- And combines them into one, four part program…
  - *Quality (2017)*
  - *Clinical Practice Improvement Activities(2017)*
  - *Advancing Care Information (2017)*
  - *Cost and Resource Use (2018)*
- To determine a MIPS composite Performance Score.
  - *Factors in performance in the weighted categories (3 categories in 2017; 4 categories in 2018) on a 0 – 100 point scale*

2017 MIPS Performance

2017 MIPS Performance

- Quality (60%)
- Advancing Care Information (25%)
- Improvement Activities (15%)
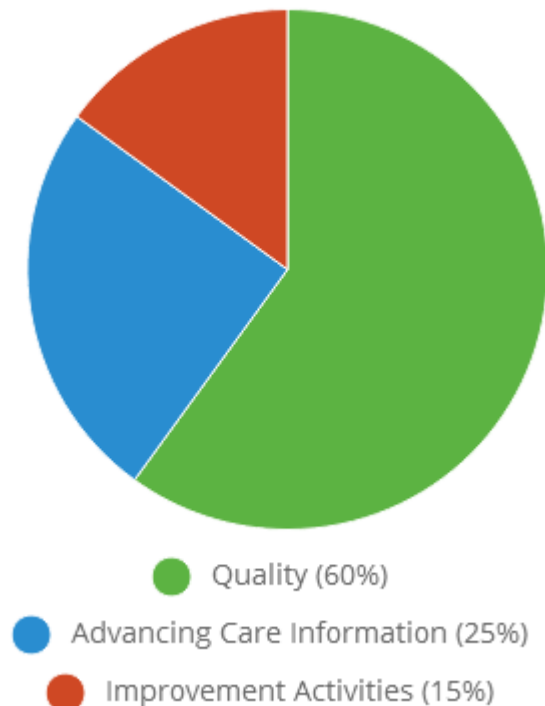
- Quality – report up to 6 measures, required inclusion of 1 outcome measure
- Improvement Activities – Attest that you completed up to 4 improvement activities for a minimum of 90 days
- Advancing Care Information – Fulfill the required 5 measures and up to 9 for additional credit

Opportunities for Telehealth

- Measures with telehealth components
- Measures that utilize telehealth in monitoring activities
  - *Chronic care – Diabetes, ESRD, CV, Alzheimer's/Dementia; Behavioral/Mental Health; Dermatology*
- Encourage inclusion of telehealth activities as an option in measure selection
- Telehealth as a clinical practice improvement area
- Cost savings through the use of telehealth for 2018 measures
- Other Opportunities… Committee Ideas

Meeting Summary

Opportunity for Public Comment

Next Steps and Upcoming Milestones

Key Meeting Dates

Key Dates	Date/Time
Draft Report 2	March 31, 2017
Web Meeting #4	May 23, 2017, 1:00PM-3:00PM ET
Draft Report 3 and Public Comment	June 1-30, 2017
Web Meeting #5	July 28, 2017, 1:00PM-3:00PM ET

Project Contact Information

- Email: telehealth@qualityforum.org
  - *NQF Phone: 202-783-1300*
- Project page: http://www.qualityforum.org/ProjectDescription.aspx?projectID=83231

Adjourn - Day 2