NATIONAL QUALITY FORUM

Moderator: TeleHealth Project
August 29, 2017
1:00 p.m. ET

OPERATOR: This is Conference #: 21747580.

Operator: Welcome everyone the webcast is about to begin, please note today's call is being recorded. Please stand by.

Jason Goldwater: Good afternoon everyone and thank you very much for joining this final webinar on the Telehealth Project. We're very happy on behalf of NQF to have you along with us.

The purpose of today's meeting is twofold. One is to review the project and the project timeline, one final time. And secondly, to address potentially any questions that might come up during the course of the discussion. Given that this is final webinar, we realize that there are large number of people from the public that are on the call that might have some questions regarding the Telehealth Project that we would have to be able to address today.

So with that in mind, given this is the final meeting, we're going to take one last roll call and I will turn it over to my colleague, May, to take the roll.

May Nacion: Hello everyone. As I call your name, please just say here. Jeff Hollander?

Jeff Hollander: Here.

May Nacion: Marsha Ward?

Marsha Ward: Here.

May Nacion: Dale Alverson?

Dale Alverson: Here.

May Nacion: Rashid Bashshur? Adam Darkin? Henry DePhilip?

Henry DePhilip: Yes, ma'am.

May Nacion: Charles Doarn? Marybeth Farquhar?

Marybeth Farquhar: Here.

May Nacion: Stewart Ferguson? David Flannery? Paul Giboney?

Paul Giboney: Here.

May Nacion: Nate Gladwell? Don Graf?

Don Graf: Here.

May Nacion: Julie Hall-Barrow?

Julie Hall-Barrow: Here.

May Nacion: Steven Handler? Yael Harris? Kristi Henderson?

Kristi Henderson: Here.

May Nacion: Mary Lou Moewe?

May Nacion: Eve-Lynn Nelson? Stephen North?

Stephen North: Here.

May Nacion: Peter Rasmussen? Sarah Sossong?

Sarah Sossong: Here.

May Nacion: Daniel Spiegel? Jean Turcotte? Dennis Truong? And Angela Walker?

Angela Walker: Angela is here.

May Nacion: Thank you.

Jason Goldwater: All right. Thank you, everybody. So, what we're going to do now is again just review the project. I realized for the committee member, some of this maybe somewhat redundant. And I apologize ahead time for that. But again, we realized during this final webinar, there are fairly substantial number of members of the public that are on the call, so we want to make sure that we are reviewing this in its totality for their benefit.

So the project purpose and objectives was really fourfold. The first was to facilitate the identification of the most appropriate way to ensure the clinical measures are applied to telehealth encounters or to measure quality of care and to guide the future development of telehealth related measures. We conducted a multistakeholder review of existing of potential telehealth metrics.

We identified those gaps and measurement that existed. And then from that, we developed a measure framework instead of guiding from supposed to future telehealth measurement and talk about the possible need for future telehealth measure development.

Next slide.

So the timeline of this project, HHS requested NQF to develop a report recommending ways to assist telehealth and that was a sponsored and overseen by Health Resources and Services Administration. We convened a multistakeholder committee to develop the report with us. We did complete an environmental scan of telehealth modalities and uses. We discussed our findings with our committee. They recommended a draft telehealth framework. We released that to the public. We responded to all these 77 comments, I believe we received. And we have now finalized the report.

The report will be delivered to the Department of Health and the Human Services this Thursday by close of business at the latest. It will be released to

he public in total on September 5th, on Tuesday, September 5th, there will be press release that will also accommodate the release of that report.

Next slide.

So what was the rationale for this framework? A measure framework for telehealth would help address its affects on quality, access and cost. The telehealth provide more timely access to health services, did it affect patients' health and well-being compared to the alternatives, how did the cost of telehealth compared to in-person care delivery, are both patients and clinician satisfied with the services provided through telehealth, and what is the effect of telehealth on rural health providers and the economic health of rural communities?

Projects are something that NQF does along with its traditional work of endorsing quality measures across the host of clinical areas, but it does lead to question about exactly what is a measure framework.

So the next slide which is a graphic describes what a framework is. And what really is, is a way of organizing concepts around particular areas that could then be developed to measures. So we would have start with domains are sort of the broad topic area, then narrow that down into subdomains. And within each one of those subdomains, develop a series of measure concepts.

It's very important to know that a measure concept is not a measure. It is just an idea for a measure that has sort of defined population. It's expected that measure developers once they see these concepts will be able to take these ideas and to develop them into actual measures that could be use to assess telehealth across the number of areas.

Next slide.

So, given that telehealth is such a broad area and it has been around for a while, there are certainly lots of areas and ideas that could be explored. So, one of the things that we discussed with our Committee was prioritizing the measure concepts or the measurements areas.

In order to do that, we look to what of the most critical dimensions. How can we determine what measures have the greatest potential to drive improvement? Which measures would be the easiest to implement? What's the data available for – availability for these measures otherwise the measures would potentially be useless and what gaps exist and how exactly could they be filled?

So, we start off this – started off this project as we start off all others within environmental scan. The environmental scan overview assisted develop and framework that provides measure concepts that addressed the ability to identify and classify telehealth as a separate means of care delivery and examine its impact on outcomes of care. We divided this into five sections, each aligned with key outcomes and influences of telehealth which included access to care, cost, cost-effectiveness, patient experience, and clinician experience.

Next slide.

Within the Environmental Scan, we looked at that within an eight-week time period, over 300 articles that was initially obtained through a combination of search firms. Every potential field within telehealth was covered which would include topics such as dermatology, ICU, ophthalmology, chronic disease, mental and behavioral health dermatology and others.

We had a scoring rubric which we evaluated the articles across five distinct dimensions. The article fell into one of the domains in the Statement of Work. The study was done in a scientifically rigorous manner; it addressed one of the research questions. It had a well-articulated scientific method and research objectives. Goals of the study were satisfied with their published results. We examined those that scored a six or higher on our scoring rubric that were included in the environmental scan and out of the 300 plus articles we examined, 151 met those criteria.

From the environmental scan and a discussion, we had two in-person meetings with our committee. And we presented the results to the environmental scan to our committee during the first in-person in order to come up with the

outline of a measurement framework which would include the domains, the subdomains and the measure concepts.

The four domains that we came up with or the committee came up with rather were access to care, financial impact and cost, experience and effectiveness. And then you can see from the slide, we also had a number of subdomain areas that got a little bit more specific such as access for patients or families, the financial impact to care team, the experience for the patient family and/or caregiver and system effectiveness just to name a few.

Next slide.

How do we prioritize the measure concepts or measurement areas? We really looked at a number of different of criteria but really focused on those that are very commonly used in the quality measurement field. So we look at the importance to measure and report which look at measures that have the greatest potential of driving improvement, the highest impact on patients and workflows, strongest evidence base and gap in care, and would be able to measure variation across providers which is importantly using different telehealth modalities for different encounters.

We also looked at feasibility which is the ease of implementation, maybe influenced by concerns about the ability to obtain data which could be led to the presence or absence of EHRs, standardized diagnostic codes, standardized descriptions or other concerns. And that's incredibly important when you're looking at a measure concept, because if you're going to prioritize those, you have to know that if it's going to develop into a measure, that there will be the ability to obtain data to populate that measure, otherwise those measure itself would have be of no use and no importance.

Next.

So some examples of proposed measure concepts and I would of course invite everyone to look at the report when it comes out next Tuesday to see all of the measure concepts our committee came up with, all of them are extremely well-thought out and really do address a lot of the issues that are related to telehealth.

Some of them that we really talked about were issues of travel, of timeliness of care, of actionable information, the added value of telehealth to provide evidence-based best practices, we talked about patient empowerment, and we also talked about care coordination.

We also of course discuss the impact of MACRA on telehealth, because that is changing of telehealth to some extent. The Medicare Access and CHIP Reauthorization Act, represents the new mechanism of reimbursement for telehealth services for Medicare providers. Telehealth was included in the final rule in two ways expanded practice access and population management and we addressed both of those in the report.

The use of Alternate Payments Models also facilitates the use of telehealth such as giving new models for flexibility to waive originating site coverage restrictions as well as the requirement that beneficiaries be located in a rural area and all this out really does is underscore just how important this framework is, now that the potential for telehealth to be expanded is a possibility under the MACRA legislation.

In addition to coming up with measure concepts, we also did take an inventory of existing quality measures. The Committee examined a list of initial measures to include in the framework, including ones identified in the literature that demonstrate a positive effect on a specific clinical condition with the use of telehealth, as well as ones that could potentially be used under the MIPS regulation and potentially an Alternate Payment Model. We looked to the inventory of NQF measures, as well as measures that were found within a number of databases.

The number of measures that we found that that met these criteria and the clinical categories they aligned with for mental and behavioral health, dermatology, chronic disease, rehabilitation and care coordination.

So, now that the framework is done and we'll be again released on Tuesday. What are some future considerations for the framework and so – and then what comes next?

The use of various telehealth modalities demonstrates a positive effect on quality health outcomes, processes and cost, existing quality measures to evaluate the effectiveness and benefits of telehealth must be widely accepted and they have to be impactful particularly to show that the use of telehealth services is equivalent to the same as an in-person encountered, potentially the same, consistent definitions through proposed measure concepts as well as existing measures to reduce variation amongst measurement when it comes to telehealth and potentially in-person encounters.

Next slide.

We did of course release the report to the public and we did receive well over 70 plus comment in the time that is was on, the one month that was out. The comments who are included and our responses to those comments are included the appendix in the report. The most common themes that came up were the definition of telehealth, the emphasis on rural versus urban settings, potential suggestions for alterations and/or additions to domains, subdomains, measure concepts as well as the existing measures list.

And within the context of the report, we did include some use cases on how the framework will be applied in telehealth situations. There were suggestions to add a potentially use case or to make alterations to the use cases that were already there.

What revisions do we make to the final report on the basis of these comments through suggestions by our Committee, major changes we did make an addition of the use case on population health.

Minor changes, we emphasize HRSA's definition as an example of one of many telehealth definitions. We did run the MACRA language. We've made some small changes based on input from CMMI as far as the CMS. And we broadened the language to express that the domain, subdomain, measure concepts, and initial measures are not all inclusive. They are not inclusive of every possibility. It is just a start of beginning.

OK. So, before we get over into the public comment area, I just – couple of things to mention. Again, the report will be released on Friday and we have

gotten a number of e-mails in our box about what comes after this. And so, that's still being discussed that's what we would like to do next.

Clearly, we do not want have the framework report just lie on the NQF website. We do want this to be actionable as our committee. And so the next steps that we are looking to do at some point is to be able to see this framework would apply in different telehealth situations and different areas of the country that are using telehealth services. And for those of you that have been following this project from the beginning, we will certainly keep you posted on that progress of the new project once it commences.

Secondly, again, before public comment and I will probably say this again. I do want to thank the NQF staff; I guess those that are left, (Katie) and May for all of their work and effort on this project. And I know we all specifically want to thank and would thank all of them individually if we had the time, our wonderful telehealth committee of which none of this would have been possible. Their efforts, dedication, commitment and input, and expertise were absolutely invaluable.

They provided insight. We would have not gotten anywhere else. They certainly have a wealth of knowledge and experience to pull from. And as a result, we believe the framework who represent a significant step and moving telehealth forward and that is almost solely attributable to them. So in be half of NQF, we thank them tremendously from the very bottom of our hearts and of course it helps that we all really like them and unless they're faking, they really like us too.

So with that in mind, I'll open it up for public comment.

Operator: At this time, if you like to make a comment, please press star then the number one on your telephone keypad. We'll pause for just a moment.

Again that is star one to ask a question or make a comment. You do have a comment from Koryn Rubin.

Koryn Rubin: Hi. This is Koryn Rubin from the American Medical Association. The AMA appreciates the work of this Committee and their consideration of the member

and public comments. But we were disappointed to see that the report was not revised to reflect two of our comments. We believe that each further strengthens the report and its recommendation, and ask the committee to consider making some final changes to further improve the report.

First, the AMA expressed concern that several of the concepts do not rise to the level of importance for accountability uses. For example, some concepts are relevant for customer experience optimization but may not correlate with quality measures, such as the time to check in for visit or duration of a visit.

We question whether these concepts have evidence supporting their development such as whether evidence exists to demonstrate that a longer visit equates to better care. As a result, we do not believe that noting that the list should be prioritized in the report is sufficient. We strongly urge the committee to rank or order the concepts based on what evidence exists to support the concept and whether it is appropriate for accountability or quality improvement only.

In addition, we noted that the framework should account for the development of measures that apply to in-person and virtual services for the following, increasing use to unneeded services such as antibiotics for sore throats that are just viral infection, transparency within the patient experience, accurately collecting relevant medical history, using required lab studies rather than prescribing without them, care coordination and looking at local referrals when needed.

Currently, we believe that the framework does not adequately address the need for measures in these areas. We asked that the report reflect these important issues prior to its finalization. Thank you.

Operator: Your next comment comes from the line (Robert Geron).

(Robert Geron): Hi there. I have a simple question. First of all, thank you, thank you for continuing this work. I would really be interested in knowing what the ongoing goals will be, et cetera. So, you know, curious to know when you guys will be posting something like that.

But also you touched very briefly on some of the major changes and that included HRSA's definition for example. I'm just curious if in the final report you actually do put forward a definition and all encompassing definition of telehealth. Thank you.

Jason Goldwater: So, (Robert), I can answer that second question. So the – in the final report, the decision by the committee as well as by the client was to use HRSA's definition to move forward since HRSA was the sponsor of the project but to point out in the language that it was an example of one of many different telehealth definitions that the one going forward which was the one that was used by the Health Resources and Services Administration.

Operator: And your next comment …

Jason Goldwater: OK, go ahead.

Operator: Your next comment comes from the line of (Matthew Queen). (Matthew), your line is open.

Jason Goldwater: (Matt)?

Operator: (Matthew), if you're on mute, please unmute your line.

(Matthew Queen): I am here. Hey, thank you so much for putting this together and I've really appreciated participating in the process. Building on the measure definition – the telehealth definition, one of the domains that I brought up at the in-person meeting as well as the comments was having a domain for structural measures to provide measures of the definitions from the various telehealth interventions that are out there along different categories.

Having – this is such – this is a domain with so many different kinds of potential intervention to fall into this bucket without the ability to differentiate between those that can be very difficult to differentiate for any number of used cases related to, you know, accreditation, reimbursement, identifying which interventions are more promising or have evidence.

So, if that's an area that the report calls that there should be more work done, that's great. If not, I would suggest it's that something we look into it in addition. Thanks.

Jason Goldwater: Thank you.

Operator: And there's no further public comment.

Jason Goldwater: OK. I guess just one final thought. You know, every public comment was examined. We did look through each in every one. We did discuss them with the committee. We did have to – since we have so many of them, those that were very similar in theme, we did have to group together in order to facilitate the discussion. We only had a two-hour time period in which to review the comments.

The committee was able to view every comment and provided input where necessary. And the comments on the – the reply is to the public comments are going to, again, be available in the report and those were discussed with the committee and amongst the NQF staff before they were finalized.

Obviously, in the course of receiving so many comments, we're going to have to decide along with the committee what changes to the report we're going to be making and which ones we're not. And the committee guided us through what changes they felt needed to be made and what changes were not and why, and that is reflected in the public comment.

So, again, realizing that we do not change the report to reflect every public comment, but we did reflect those that the committee thought were the most important of the time.

At this point in time given that the report is due to the government on Thursday and being released on Tuesday, we're not going to be able to make any additional changes to the report other than minor formatting changes that we may see once we get it back from our copy editor. But at this point, the report would be considered final and we're going to be forward as such.

OK. So, the next steps, we'll be submitting the final report date which is on Thursday. We'll post to NQF's Telehealth Project page by next Tuesday. That would be the 5th of September. And again, we talked about – just our initial discussions about future work which we look forward to doing with HRSA. That is still up for the status – still being discussed. Once we have something finalized, we will let all of you know.

We will be doing the number of speeches and presentations on this topic in the months to come. So we may run in too many of you during the course of that. We look forward to continuing this work and continuing this discussion.

We thank everyone that participated in this project from the very beginning. And again, we thank our Committee for all of their excellent and hard work, and look forward to seeing all them again very, very soon.

With that in mind, thank you all very much. I hope you all have a wonderful day. Stay dry for those of you that are in the rain. And for those of you in Texas, I hope you are all doing well. Thank you all very much and we will talk to you soon.

Male: Bye-bye.

Male: Thanks, Jason.

Male: Thanks, everyone.

Female: Bye.

Female: Thank you.

END