

United States Senate

WASHINGTON, DC 20510

July 14, 2016

The Honorable Sylvia Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Burwell,

As bipartisan members the Senate Rural Health Caucus, we are committed to ensuring that patients in rural areas receive the highest quality care. Policy makers agree that key strategies to enhance quality include public reporting and value based payment. Traditionally, many rural providers have not been able to participate in these quality improvement and value-based payment programs. We are committed to exploring how they might do so in the future and ask that you take steps to integrate rural providers into CMS quality improvement efforts.

Rural hospitals and clinicians participate in a variety of quality measurement and improvement efforts. However, many quality initiatives run by the Centers for Medicare & Medicaid Services (CMS) exclude rural healthcare providers. This can impact the agency's ability to identify areas for improvement in care and can deny rural residents access to information on provider performance. The current exclusion also prevents providers from partaking in pay-for-performance models that tie payment increases to quality improvements.

The recent report *Performance Measurement for Rural and Low-Volume Providers*, supported and convened by the National Quality Forum (NQF), suggests that there are appropriate steps the government may take to begin encouraging rural providers to move toward public reporting and eventually value-based payment models. This report, which represents both the views of hospitals and clinicians that already participate in various CMS quality improvement programs as well as those that are exempt from the programs, examines the unique challenges that rural providers face in participating in quality reporting programs and offers recommendations to overcome these obstacles. To advance the report's recommendations, we urge CMS to implement the following suggestions.

To ensure that these expanded quality improvement programs reflect the unique care environments in rural areas, we request the Department of Health and Human Services (HHS) task the National Quality Forum with convening a Rural Measure Application Partnership (MAP). The MAP is an established consensus process based upon a public-private partnership that provides input to HHS on the selection of performance measures for 20 plus Federal public-reporting and value-based payment programs. The recommendations from the convened rural

MAP would provide the needed guidance to further explore how quality reporting in various rural health programs might work and how best to proceed in a manner that is respectful of the unique challenges faced by these providers.

Specifically the Rural MAP should:

- Identify a set of best-available measures to address the needs of the rural population and its healthcare providers for use in the various CMS rural health programs;
- Identify and prioritize rural-relevant gaps in measurement for this population;
- Offer recommendations regarding alignment and coordination of measurements efforts across programs and sectors, with the goals of accelerating improvement, informing consumer choice, enhancing system efficiency, reducing provider data collection burden, and enabling value-based purchasing; and,
- Address specific measurement topics relevant to this population, including low patient volume, appropriate risk-adjustment, access to care, and population health.

The Rural MAP could help inform efforts within HHS that seek to include all rural providers, regardless of their classification, in CMS quality measurement and improvement programs in the coming years. We believe a phased-in approach would be necessary, taking into account the unique challenges faced by rural providers. While there are benefits to taking steps to encourage rural providers to participate in quality reporting programs, we ask that HHS collaborate closely with rural providers to ensure the unique burden and potential costs that such providers might encounter are recognized and appropriately managed prior to full implementation.

The Senate Rural Health Caucus supports the creation of a MAP Rural Workgroup so that existing quality improvement programs better reflect the needs of rural providers. This work is foundational to any future policy reforms that seek to improve the quality of care provided in rural areas. We look forward to further engagement with HHS on this important issue, and thank you for your consideration of our request

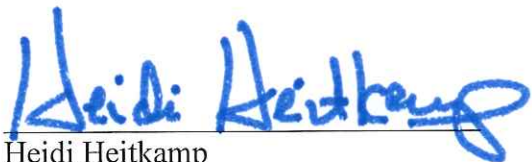
Sincerely,



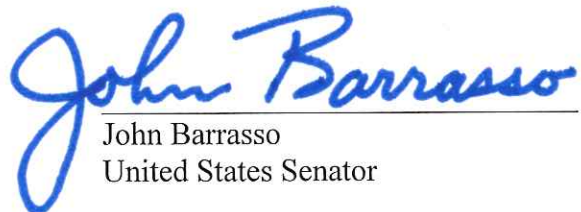
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