Rural Quality Advisory Council Meeting Summary
Thursday, April 6, 2017

Please refer to agenda and PowerPoint slides as additional resources. This summary is intended to capture the questions, input, and ideas received from Council members (not to recap the entire meeting).

As noted in the slides, we started with a review of the Council purpose and focus, and provided brief highlights from the January Council discussion.

Measures Application Partnership (MAP): Call for nominations, Call for measures, 2017 MAP Guidance Report

The MAP pre-rulemaking process allows for a dialogue to identify and recommend measures for 16 federal programs. CMS and other federal programs turn to this for guidance on required measures for quality and health care. Three current opportunities related to MAP:

1) Call for nominations for people to sit on the MAP. Coordinating committee, clinician workgroup, hospital workgroup (Brock is already on), and PAC/LTC workgroup closes today (4/6/17).
2) CMS call for measures. Opportunity to propose measures in the pre-rulemaking process, due by June 30th.
3) MAP guidance released for 2017 -- seeking input/recommendations on reducing measure burden, possibility for removal of 50-some measures, 8 of which are part of MBQIP. Also interested in high-value measures.

Discussion highlights:

- Acknowledgement of shift from process to outcome measures, but recognition of the challenges of appropriate use measures and and overuse measures, which haven't been worked through for rural and low volume provider types.
- Outpatient measures may be more meaningful to rural hospitals, including measuring quality of swing bed care.
    - Flex Monitoring team is a swing bed measures project now.
    - 12 New York CAHs are developing a dashboard related to swing bed outcomes.
- Outpatient patient experience is important to measure in rural communities, as well as emergency department quality and patient experience.
    - There is a project with Wisconsin CAHs on Emergency Department Transfer Communication measure, including use of EHRs. Nurse-to-nurse communication remains challenging.
- Interest understanding rural use of the AHRQ PQI-90 measure (ASC conditions, prevention quality).

Social Risk Factors and Social Determinants of Health in the Rural Health Context

There is increasing attention to social determinants and social risk factors, and the Council briefly reviewed two resources (a CMS report about using social risk factors as part of the basis for payment, and a report from the National Rural Health and Human Services Advisory Committee on social determinants of health in the rural context), and engaged in a discussion about the rural opportunities and implications.

Discussion highlights:

- Some studies suggest that social determinants have different effects in research results, which makes planning and use difficult.
- Interest in the relationship between social determinants and readmissions.
- A potential unintended consequence of accounting for socio-economic status in the way incentives are structured for primary care may be that patients will be "fired" for noncompliance because the clinic can't afford to keep those patients.
- Risk-adjusted measures put a strong emphasis on equity.
- Most quality improvement efforts are relatively agnostic or blind to social factors, which in some ways is a good thing.
    - Yet social factors are very different in high volume than low volume settings, and there are some things done well in low volume settings that aren't recognized as evidence-based because we don't have the evidence due to lack of data. Risk-adjusted measures might open our eyes to some new interventions that might be helpful.
- The date are not good to be able to discern important regional differences, and NQF is working on this. As a result, data should be reported both with the adjustment and without the adjustment.
- 21st Century Cures Act require SES adjustment in the readmission measures.

From the Field

- Katy Lloyd from FORHP shared an update from the SHCPQI annual meeting (February 16-17), which convened the most recent cohort for the Small Health Care Provider Quality Improvement Program. There are 32 awarded entities, to provide TA on primary care and quality. This is the first year of the new 3-year program group, which represent 19 different states. Grantees include FQHCs, RHCs, CAHs, health departments, nonprofits, community hospitals and clinics, AMCs, Acute PPS. Discussion spanning health record systems, QI models, etc. In terms of themes related to barriers, the most common were transportation, retention of providers, communication with patients and follow-up/engagement.

- Interest in EMS in rural communities. The Flex program in Minnesota has just started a time-critical care project connecting EMS, CAH, and tertiary hospital flow of patients and data.

RQITA Tools and Resources

Briefly introduced newly released RQITA tools and resources:

- Online Abstraction Training and Open Office Hours https://www.ruralcenter.org/tasc/resources/online-mbqip-data-abstraction-training-series-ask-robyn-quarterly-open-office-hour Seven short webinars – "in-the-weeds" training for abstractors at CAHs. Outpatient and Inpatient specific. Also hosting open office hours once a quarter.
- EDTC Brief https://www.ruralcenter.org/tasc/resources/emergency-department-transfer-communication-brief-february-2017 Three-page brief summarizing the measure and the current state of use.
- Updated National Quality Reporting Crosswalk For CA https://www.ruralcenter.org/tasc/resources/national-quality-reporting-crosswalk-critical-access-hospitals Crosswalk – updated with new HIIN updates.
- Flex Program Guide: Developing MBQIP Peer Mentoring Programs https://www.ruralcenter.org/tasc/resources/flex-program-guide-developing-mbqip-peer-mentoring-programs Peer mentoring from hospital to hospital – compilation of suggestions for how to do this. General thoughts and guidance for flex programs (informal and formal alike)

Described RQITA tools in the development pipeline:

- HCAHPS Best Practices for CAH
  Focus groups results – to be shared in the next couple of weeks.

- Using MBQIP Excel Files (for Flex programs)
  Resource isn't for those with robust analytic resources… rather for those that may not have as much support in the data arena.

Council suggestions:

- Resources related to RHC participation voluntarily in QPP reporting
- Best practices in using new CMS Chronic Care Management codes

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