NATIONAL QUALITY FORUM

November 29, 2019

The Honorable Danny Davis
U.S. House Ways and Means Committee
2159 RHOB
Washington, DC 20515

The Honorable Brad Wenstrup
U.S. House Ways and Means Committee
2419 RHOB
Washington, DC 20515

The Honorable Terri Sewell
U.S. House Ways and Means Committee
2201 RHOB
Washington, DC 20515

The Honorable Jodey Arrington
U.S. House Ways and Means Committee
1029 LHOB
Washington, DC 20515

Dear Representatives Davis, Sewell, Wenstrup and Arrington,

The National Quality Forum (NQF) welcomes the opportunity to provide the Ways & Means committee's Rural and Underserved Communities Health Task Force with comments on priority issues around rural health and underserved areas.

NQF works with members of the healthcare community to drive measurable health improvements together. NQF is a not-for-profit, membership-based organization that gives all healthcare stakeholders a voice in advancing quality measures and improvement strategies that lead to better outcomes and greater value.

NQF evaluates and endorses measures for use in federal and private improvement programs through a rigorous, evidence-based process that reduces costs while improving quality. This ensures that the same high-value measures are used frequently in multiple accountability programs and across healthcare settings. In addition, NQF identifies critical health priorities where significant gaps in quality measurement exist and provides specific actionable approaches to improve the current state of measurement and health outcomes in high priority areas. Some recent examples of such work include rural health, telehealth and social determinants of health.

Please see our comments to your Request for Information below. If you would like further information or have any questions, please contact Sheila Franklin at sfranklin@qualityforum.org or 202-559-9469

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional, systems or factors outside of the health care industry that influence health outcomes within these communities?

More than 59 million people live in rural parts of the United States. Data show that rural residents are more likely to be in poor health and have higher mortality rates for chronic conditions. On top of that, health care providers serving in rural areas face many challenges in reporting quality measurement data and implementing care improvement efforts that could significantly improve patient outcomes. To address this challenge, NQF convened a multistakholder committee composed of leading rural health organizations to develop a core set

of the 20 best available quality measures that can be used for inpatient and outpatient settings. More specifically, these measures in the core set are resistant to low case volume, address transitions in care, and focus on the most pressing health needs of the rural population. The goal is that this smaller list of measures will drive improvement, is meaningful to rural residents, will minimize reporting burden, and above all can be used by providers across hospital and ambulatory care settings to improve care.

Access to care is one of the key issues facing rural residents and providers. Access is intertwined with quality and difficult to de-link. While access does not equal quality, it is often a strong determinant of quality. In the report *A Core Set of Rural-Relevant Measures and Improving Access to Care*, NQF addresses relevant aspects of access to care, specific challenges faced by rural providers, and ways that rural providers can begin to address the challenges. Some of the recommendations for addressing the challenges include implementing public policy strategies that invest in the rural workforce and changes in payment policies that encourage clinicians to work in rural areas.

NQF can provide additional information to the committee on the rural health core set and addressing access if necessary.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

Successful models utilize quality performance measures to ensure patients are receiving the right services, at the right time, and in the right way to achieve the best possible outcome. However, the lack of appropriate performance measures in areas such as social determinants of health (SDOH) and telehealth often hamper the ability of models to demonstrate success.

NQF is working to address these key measurement gaps. For example, NQF is facilitating the development of measures focused on food insecurity screening, intervention and outcomes. These measures will improve health outcomes by evaluating processes and outcomes that address food insecurity. In addition, NQF convened a multistakeholder review of existing and potential telehealth metrics, leading to the identification of measurement gaps, and the development of a measure framework and set of guiding principles for future telehealth measurement and the possible need for telehealth measure development. The report, *Creating a Framework to Support Measure Development for Telehealth*, facilitated 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.

Lastly, determining feasible and effective payment models that allow and encourage clinicians and healthcare systems to address SDOH is challenging but necessary to drive meaningful health improvements across populations. NQF recently released a *National Call to Action: Quality and Payment Innovation in Social Determinants of Health*. The National Call to Action makes five recommendations to address how best to use payment to support successful innovations in SDOH including aligning policies, funding, and reimbursement across public and private stakeholders, improving collection and standardization of SDOH data, and incentivizing efforts

to close SDOH gaps.

3. What should the Committee consider with respect to patient volume adequacy in rural areas?

Healthcare providers in rural settings face many challenges when reporting quality measurement data and implementing care improvement efforts to address the needs of their populations. Low case-volume of patients is often at the root of quality measurement challenges and it presents a significant problem for many rural providers, particularly when they want to compare their performance to that of other providers (both rural and nonrural), identify topics for improvement, or assess change in quality over time. Since 2014, NQF has worked to address these challenges as a key means of driving measurable healthcare quality improvements for rural residents.

NQF convened a multi-stakeholder rural health care committee on promising statistical methods that could address the low case-volume challenge, as it pertains to healthcare performance and measurement of rural providers. The report, *Addressing Low Case-Volume in Healthcare Performance Measurement of Rural Providers*, offers key recommendations, including compelling analytical approaches as well as strategic research and policy initiatives that public and private stakeholders can act on to promote use of reliable, valid, and relevant measures in rural areas.

NQF can provide additional information to the committee on opportunities to address low-case volume for quality measurement if necessary.

4. What lessons can we glean from service line reduction or elimination in hospitals that serve underserved communities where —

- **a. patients have the option to transition to alternative care sites, including community health centers and federally qualified health centers?**
- **b. there is broader investment in primary care or public health?**
- **c. the cause is related to a lack of flexibility in health care delivery or payment?**

Not Applicable.

5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

Not Applicable.

6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?

Not Applicable.

7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?

Given the broad scope of care provided by rural clinicians and hospitals, NQF noted the importance of screening for alcohol abuse, tobacco and mental health issues including depression in day-to-day primary care in the NQF report, *A Core Set of Rural-Relevant Measures and Improving Access to Care*. Quality measures addressing behavioral health, tobacco use, and alcohol abuse were also included in the rural-relevant core measure set.

Acknowledging that access to behavioral health care in rural areas can be challenging, NQF is engaged in several projects regarding telehealth and its applicability, with proper quality measurement, as a viable solution in rural areas. Working collaboratively with the American Hospital Association, NQF published a telebehavioral guide, *Redesigning Care: A How-To Guide for Hospitals and Health Systems Seeking to Implement, Strengthen and Sustain Telebehavioral Health*, that supports hospital and health system efforts in delivering innovative, high-quality telebehavioral health services to patients and communities across the nation. Telebehavioral health offers tremendous potential to improve patient outcomes and experience by transforming care delivery, overcoming geographic distances and enhancing access to care, particularly in underserved and rural areas or both.

8. The availability of post-acute care and long-term services and supports is limited across the nation, but can be particularly challenging in rural and underserved areas facing disproportionately large burdens of chronic and disabling conditions. What approaches have communities taken to address these gaps in care delivery and the associated challenges of social isolation?

Not Applicable.

9. There are known, longstanding issues with the availability and integrity of data related to rural and urban community health. What data definitions or data elements are needed to help researchers better identify the causes of health disparities in rural and underserved areas, but are unavailable or lack uniformity?

Despite recognition of the critical impact of social determinants of health (SDOH) on overall health, several factors have impeded efforts to identify and address individual, community, and population-level SDOH needs. These factors include the necessary prioritization of day-to-day service delivery over standardized data collection, fragmented data collection, influenced by disparate or limited data systems and siloed data infrastructure and capabilities. Integrating SDOH and clinical/behavioral/ long-term support services data to support meaningful action and respond to social needs at the organizational/community level is a necessary first step toward leveraging data to improve care, care delivery, health, and health outcomes. Cross-sector collaboration, including engaging nontraditional partners, is necessary to advance our capacity to define, capture, and address social determinants to improve health and health outcomes.

NQF convened a multistakeholder SDOH Data Integration Action Team whose goal was to improve health outcomes and eliminate disparities by overcoming challenges to integrating SDOH data into clinical practice and using data to prioritize local community level prevention efforts. One of the key recommendations centered around standardization of data definitions and

elements. Without standard definitions, healthcare providers and communities will not be able to adequately share data or compare across providers and communities. This limits their ability to effectively improve quality and positively address social determinants.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

NQF would recommend the following efforts to strengthen patient safety and healthcare quality for rural residents:

- Implement a core set of rural-relevant quality measures that addresses issues for rural providers such as low-case volume. Although many rural health providers have been precluded from participating in federal quality reporting and payment programs because of relatively small size and low patient volume, they remain committed to improving quality in their communities.
- Tackle measurement gaps in access to care. Access to care remains one of the key issues facing rural residents. Yet, few quality measures exist to adequately measure and address this issue.
- Address social determinants of health for rural populations.
    - Create standardized data that can be collected and used across healthcare and community settings.
    - Develop quality measures, such as those for food insecurity, to drive improvement.
    - Support innovative quality and payment models.
- Support providers in the use of telehealth and telebehaviorial services to address access barriers for rural populations.