Rural Quality Advisory Council

October 13, 2022

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

National CAH Quality Assessment Pilot
(Sarah Brinkman, Stratis Health/RQITA; Natalia Vargas, FORHP; Megan Lahr, University of Minnesota, Flex Monitoring Team)

FORHP is leading MBQIP strategic planning efforts as it relates to the future of the program with a goal of creating a flexible, rural-relevant "measure set" to support Critical Access Hospital (CAH) efforts in improving quality of care. With all that in mind, RQITA, FMT, and FORHP are planning a National CAH Quality Assessment. The purpose of the National CAH Quality Assessment is 1) to gather information related to CAH quality improvement infrastructure in a nationally standardized manner; and 2) assess logistics involved in quality activities and measurement needs across different service lines, including internal data tracking and external reporting activities.

Discussion Questions:

- In your experience, what is a primary driver of successful quality improvement efforts?
- What do you wish you knew about your peers that would help inform your quality work or strengthen quality infrastructure?
- What do you anticipate may be barriers to gathering helpful information from CAHs? What would motivate or excite CAHs to participate?

Council input:
Primary Drivers:

- Leadership and culture are at the top of drivers for QI, but payment and requirements are also important levers and we've not done rural providers any favors by exempting them
- Hospitals want to measure things that matter, for example, returns to the ED is a more appropriate measure than time in the ED. Many of CAHs are measuring what is important to them internally but there is not a mechanism for reporting it
- Drivers of success include knowing your audience, i.e., your community and patient population; for example, in our rural community, we not only have a significant aging population but a large Somali community.
- There are important differences in operations between the PPS and CAH, as well as between health system and independent facilities
- An opportunity to use APIs to acquire information rather than asking hospitals to submit it
- Leadership and training are key – Just Culture training; crucial conversations; leadership beyond the C-suite including providers, the board, and front-line staff leading quality committees
- The big payers are big drivers, for example, United Healthcare and BCBS
- A logic model approach to quality metrics could add value
    - Are we doing the things we're supposed to do when a patient presents with one condition?
    - All interim measures are nice, but what [outcomes] do we really want?

Information about peers:

- It would be helpful to have measure(s) about CAH engagement in their community
- What are the service lines within each of our facilities, and what do they do well with purpose?
- Fostering sharing of best practices on how to do things together in rural is essential, including collaboration and best practices on data collection
- Peers want to know who is in an ACO, which versions of CAHPS hospitals are using, which EHR vendors are hospitals using and why (and are any correlated with better outcomes)
- Engagement in other initiatives – state, Flex, QIOs, HQICs. Participation in collaboratives has been a driver of the NRHA top CAH awardees
- Which CAHs have financial incentives (or penalties) related to quality and how are those structured
- SDOH screenings – what tools are being used

Barriers and motivators:

- Need alignment of measures across payers; and as there is continued movement toward global budgets and total cost of care, it requires even further alignment across providers that historically have different incentives
- Need to address level of burden in terms of reporting and data collection complexity
- Health equity measurement – what is it and how do we know when we have it? Are there measures that help us understand that?
- "Rural relevance" is an overused and underdefined term – it's often used as a code word for volume
- Hard to move to community outcomes, for example, supporting providers to do their needs assessments together
- Disconnect and buy-in to quality improvement, haven't done a great job of connecting the QI process and systems with actual outcomes – i.e., what kinds of interventions are they implementing and what are the outcomes?
- Data analytics – do you have staff that know how to use and analyze the data?
- Engagement and education of front-line staff to enhance the quality of data being collected – bringing them into the quality process enhances the ability to pick up what's bothering patients
- Capacity issue – some hospitals that are doing phenomenal jobs and have a culture of QI and the tools/resources necessary to move forward, but not convinced it is as prevalent as we'd like to believe
- Given workforce shortages, many CAHs are just focusing on core services right now
- Decrease competition – if I'm trying to beat my neighbor why would I share with them?

Two recent reports were cited during the discussion:

- NQF: NQF Report Makes Five Recommendations to Leverage Electronic Health Records (EHRs) to Measure, Improve Care Coordination (qualityforum.org)
- Rural Innovation Profile MaineHealth (uiowa.edu)

From the Field: Policy and regulatory updates (Kerri Cornejo, FORHP)

- Regulatory Updates:
  - IPPS final rule was released August 1 and took effect October 1
    - Updates to the IQR program
      - 3 new Health Equity related measures
      - New eCQMs: opioid-related adverse events, Global Malnutrition Composite, and two new Perinatal eCQMs
    - Birthing friendly hospital designation
  - OPPS final rule is anticipated soon

- Medicaid and CHIP Quality Reporting proposed rule open for comment until 10/22: CMS Releases Proposed Rule to Improve Medicaid & CHIP Quality Reporting Across States | CMS
- CMS RFI due November 4 – seeking input on accessing health care, provider challenges, advancing HE, and promoting efficiency: Make Your Voice Heard Request for Information Seeks Public Comment to Promote Efficiency, Reduce Burden, and Advance Equity within CMS Programs | CMS

RQITA Updates (Sarah Brinkman, Stratis Health RQITA Team)

- Refreshing HCAHPS Best Practices resource and QI Basics Course
- Two special projects for FORHP include supporting Flex programs through Quality Innovation Labs and development EMS QI Resources
- Received great feedback from state Flex programs and partners through the Annual Flex Assessment of RQITA regarding RQITA resources and technical assistance. RQITA will be incorporating feedback into this year's work plan.
- A new cohort of Rural Quality Program grantees started with 15 launching in August and an additional 6 awards going out in September. RQITA continues to collaborate with FORHP and GHPC to plan technical assistance for this group, including updating resources focused on data collection and use.

Wrap-up

Thank you to outgoing Council members!

- ✯ Billie Bell
- ✯ Kelley Hochstetler
- ✯ Danielle Kunkel
- ✯ Simone Rueschemeyer
- ✯ Roger Wells

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