

Rural Quality Advisory Council

July 26, 2023

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.

Rural Relevant Quality Measures: Looking to the Future

Part 1: Partnership for Quality Measurement

Brenna Rabel, MPH, Deputy Director, Partnership for Quality Measurement, Battelle

Brenna shared an overview of the new approaches to measure endorsement – the Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR) Processes, as well as the Endorsement and Maintenance (E&M) Process. She engaged with the Council to help shape their direction with regard to rural quality measures. Questions posed by Brenna in conjunction with the presentation:

- Regarding PRMR (formerly the Measures Application Partnership): Do you have any concerns with the integration of rural health perspective into the setting-specific committees (rather than in an advisory group)?
- Regarding E&M: Do you have any concerns with how measures have been handled via the E&M process in the past, specifically related to their use in rural settings?

Council Discussion

- How will measure endorsement function moving forward?
 - Battelle is charged with endorsement and maintenance; no indication that NQF will be continuing a measure endorsement process.
- NQF supported a couple of ad hoc rural-focused workgroups to make recommendations outside of the MAP process in the past. Who would now facilitate a potential focused on rural-relevant metric updates?
 - It is built into the contract that there is ad hoc funding for things like the rural-relevant measure workgroups that have been convened by NQF in the past.
 - NRHA has been promoting development of a RQR (Rural Quality Reporting) program in the future to better accommodate/account for evaluating quality performance at low-volume rural hospitals.
- Where will OQR and IQR measures be discussed in the new Battelle process?
 - Reviewed under the PRMR Hospital Committee
- There is no longer a rural-specific work group; rather, it is now intended to be built into the PRMR process.
 - Facilitation request for PRMR teams: Ensure that the rural voices are called upon as part of the larger group discussions so they aren't lost in the shuffle
 - Encourage thoughtfulness around rural alignment into the other roster categories.
 - There has been a benefit to the convening of the Rural MAP in the past in advance of the Hospital MAP meeting – consider a rural caucus that may be a matrix across the three committees.
 - Hopeful that the Delphi method will help to raise minority voices
 - Nominations are open for PQM – 7/31 (but the deadline is being extended)

Council members are encouraged to become a member of the Partnership for Quality Measurement (at no cost) and stay updated: [Home | Partnership for Quality Measurement \(p4qm.org\)](https://www.battelle.org/partnership-for-quality-measurement)

Part 2: Healthcare Acquired Infection Measurement

Zeshan Chisty, and Rahsaan Overton, Coordinator for Health Systems Strengthening, Division of Healthcare Quality Promotion, CDC

The CDC team is developing new metrics on health care acquired infections and used the opportunity for feedback from the Council with regard to rural priorities and opportunities. Questions posed by CDC:

- What is of most interest to rural health care organizations related to health care associated infections?
- What practical considerations should CDC be aware of?

Council Discussion

- Recognition that rural facilities don't use a lot of devices so CAUTI and CLABSI measures are not typically useful
- Ensure clarification regarding attribution of patients and measures, given the prevalence of transfers from rural hospitals.
- There has been encouragement for voluntary submission of HAI data, but need awareness that there can be negative repercussions for some facilities with very low numbers of infections (as it relates to Star Ratings, for example)
- Emergency Departments and Swing Beds are commonalities among many CAHs and should be part of HAI measure consideration and development

From the Field, including Policy and Regulatory Updates

CMS recently released the OPSS rule which includes proposed measures for the Rural Emergency Hospital Quality Reporting Program. They are seeking feedback on four proposed measures (the first on the list is chart-abstracted, the remainder are calculated using Medicare FFS claims):

- Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients
- Abdomen Computed Tomography (CT) - Use of Contrast Material
- Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy; and
- Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery
- Request for comments related to the use of eCQMs – care coordination measures and tiered approach for requirements that would incentivize REH reporting.
- Comments are due September 11, 2023.

For more detail and instructions for commenting: [2024 OPSS Proposed Rule](#)

RQITA Updates

Stratis Health is focusing on updates and completion of a variety of resources and working with FORHP, partners, and grantees to support a smooth transition prior to the end of August.

- Resource Updates: MBQIP Reporting Guide, MBQIP Fact Sheets, Data Submission Deadlines
- Antibiotic Stewardship Detailed Data Template and Interpretation Guidance
- Launch updated QI Basics Course & Rural EMS QI Basics Course
- Upcoming celebration of the second cohort of National Rural QI Mentors
- Continue TA to Flex grantees, Rural Quality Program grantees, and CAHs
- Continue to support FORHP rollout of updates to MBQIP
- Collaborate with FMT and TASC on the rollout of Core Elements of CAH Quality Infrastructure and the National CAH Quality Inventory & Assessment

The current RQITA resources will remain available through the National Rural Health Resource Center website – www.ruralcenter.org – with some materials moving to the Stratis Health website.

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