Quality Measures Technical Forum (QMTF)

April 4, 2024

CMS QMTF Chair:

Carrie Sena (CMS/CCSQ)

HRSA
Health Resources & Services Administration

Rural Health Care Quality Measurement – Medicare Beneficiary Quality Improvement Program

April 4, 2024

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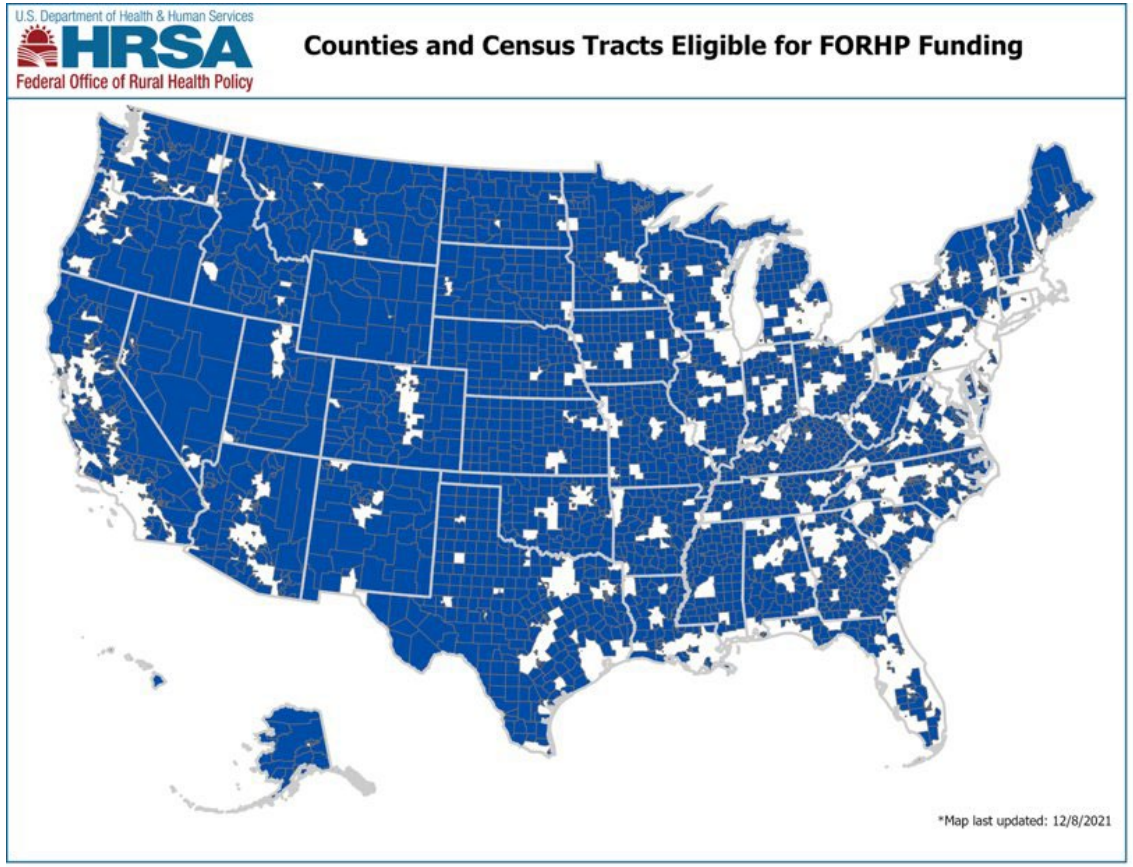
Federal Office of Rural Health Policy

Vision: Healthy Communities, Healthy People

The Federal Office of Rural Health Policy

The Federal Office of Rural Health Policy (FORHP) collaborates with rural communities and partners to support community programs and shape policy that will improve health in rural America

Cross Agency Collaboration	Capacity Building	Voice for Rural
Works across HRSA, HHS, and several other federal partners to accomplish its goals	Increases access to health care for people in rural communities through grant programs and public partnerships	Advises the HHS Secretary on policy and regulation that affect rural areas



Rural Health Landscape

People in rural areas live 3 fewer years than people in urban areas. Health Disparities are major contributing factors

Rural areas face **higher rates of maternal mortality**

Rural residents experience **higher rates of chronic disease, such as diabetes, high blood pressure, and obesity**, with increased mortality and lower life expectancy

Rural residents have **higher death rates for heart disease and stroke**

Rural areas experience **increasing rates of overdose death**

Data source:
Harrington RA, Califf, RM, Balamurugan A, et al. Call to Action: Rural Health: A Presidential Advisory From the American Heart Association and American Stroke Association. *American Heart Association Circulation.* 2020;141(10):e615-e644. doi: 10.1161/CIR.0000000000000753

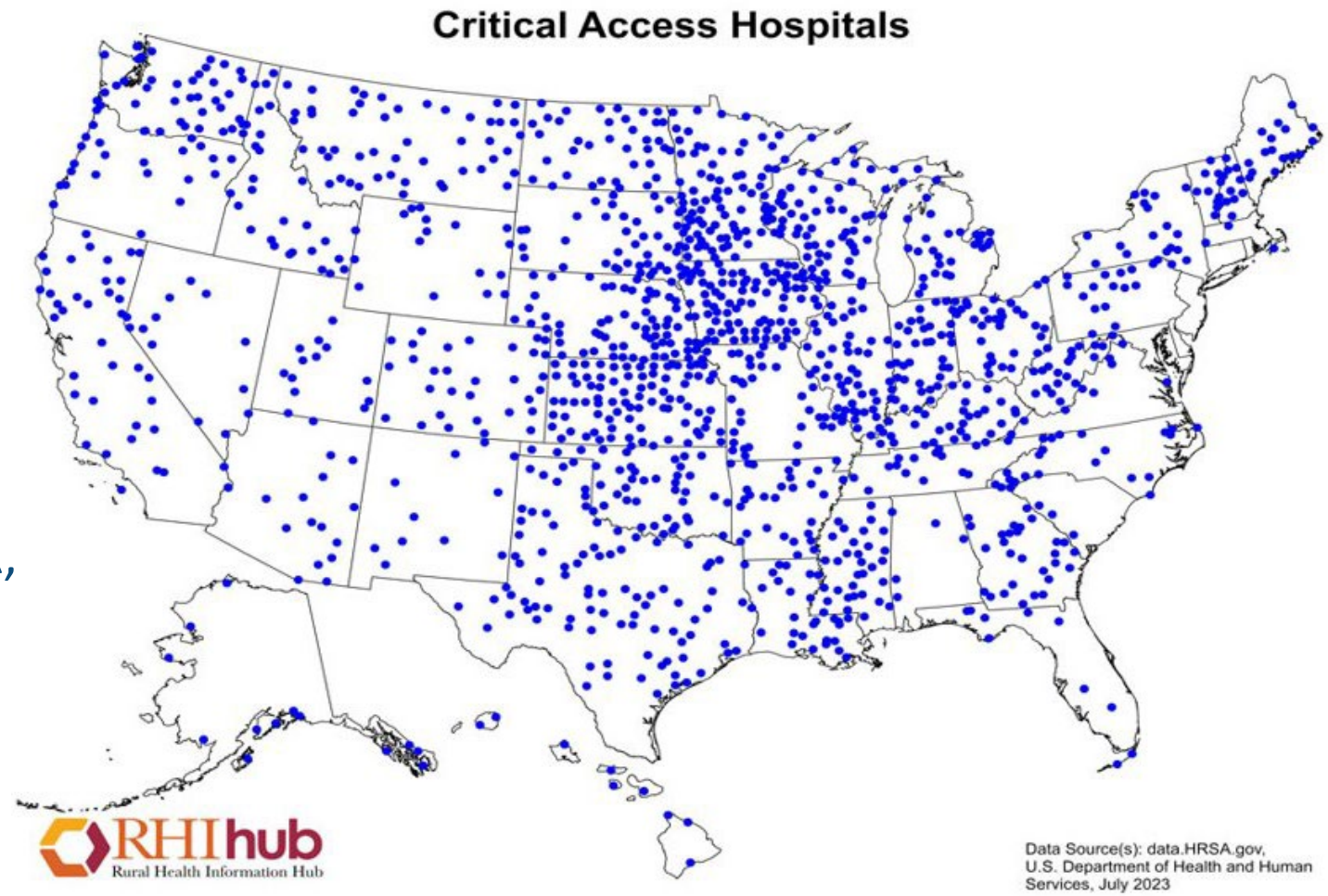
U.S. Department of Health & Human Services
HRSA
Federal Office of Rural Health Policy

Medicare Rural Hospital Flexibility (Flex) Program

- Authorized by Congress in the Balanced Budget Act of 1997, at the same time as the Critical Access Hospital designation was established
- Engage state entities in activities related to planning/implementing rural health care plans and networks
- Designate facilities as critical access hospitals (CAHs); providing support to critical access hospitals for quality improvement/reporting performance advances
- Support access ad integration across rural emergency medical services (EMS)
- Approximately $30M annually

Flex Program

- The Flex Program is awarded to 45 states (with 1,360 CAHs) in the form of cooperative agreements
- Flex Programs sit in 3 types of organizations:
  - State Government (34 states)
  - Non-profit (CO, MI, SC)
  - University (AZ, KY, ND, NV, OK, OR, PA, WI)
- Starting in 2011, the Medicare Beneficiary Quality Improvement Program (MBQIP) was added to the quality and performance work area



Flex Program –Technical Assistance Partners

[Technical Assistance & Services Center (TASC)]

General TA for the Flex Program, facilitates webinars and learning collaboratives, helps create document templates, and coordinates site visits and Flex Coordinator Workshops

[Rural Quality Improvement Technical Assistance (RQITA)]

TA for small rural hospitals and CAHs to expand capacity in quality improvement (i.e., Medicare Beneficiary Quality Improvement Project (MBQIP) and facilitates virtual knowledge groups

[Flex Monitoring Team (FMT)]

Consortium of researchers from the Universities of Minnesota, North Carolina at Chapel Hill, and Southern Maine to evaluate the Flex Program

MBQIP Core Set – Measurement Year 2025

- Building from existing MBQIP measures ★ (Now organized by 5 measure topic areas instead of 4 domains)
- 12 measures in total, 9 of the measures are reported once annually (* denotes annual submission)
- 3 of the measures are reported quarterly (~ denotes quarterly submission)

Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
• *CAH Quality Infrastructure Implementation**	• Healthcare Personnel Influenza Immunization* ★	• Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS)~ ★	• *Hybrid All-Cause Readmissions* (required starting in 2025)*	• Emergency Department Transfer Communication (EDTC)~ ★
• *Hospital Commitment to Health Equity* (required CY 2025)*	• Antibiotic Stewardship Implementation* ★		• *SDOH Screening* (required CY 2025)*	• OP-18 Time from Arrival to Departure~ ★
	• *Safe Use of Opioids (eCQM)**		• *SDOH Screening Positive* (required CY 2025)*	• OP-22 Left without Being Seen* ★

MBQIP Measure Core Set – Through 2024

- Currently eight MBQIP measures in use, but 2 outpatient measures are being retired by CMS, which leads to a total of 6 current MBQIP measures for measurement year 2024
- Reporting by Critical Access Hospitals is voluntary. They risk financial penalties for not reporting through the Promoting Interoperability Program, but no penalties related to Inpatient Quality Reporting measures.

Number of MBQIP Core Measures Reported	Number of CAHs Reporting
All 8 measures	519 CAHs
5-7 measures	304 CAHs
4 or fewer measures	264 CAHs

Rural Emergency Hospital Measures – 2024

- CMS and the HQIC program coordinates the measures, FORHP and the National REH TA Center coordinate, but do not duplicate CMS efforts
- Collection begins with CY 2024 Reporting Period:
  - One chart-abstracted:
    - **Median Time from ED Arrival to ED Departure for Discharged ED Patients**
      - Publicly reported by four strata:
        - Overall Rate
        - Rate Excluding Psychiatric and Transfer Patients
        - Rate of Psychiatric Patients
        - Rate of Transfer Patients
  - Three claims-based:
    - **Abdomen CT - Use of Contrast Material**
    - **Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy**
    - **Hospital Visits after Hospital Outpatient Surgery**

Rural Emergency Hospital Technical Assistance

1. National Technical Assistance Center
   - Rural Health Redesign Center: https://www.rhrco.org/reh-tac; REHSupport@rhrco.org
     - Resources for broad dissemination; 1:1 assistance throughout the process of conversion
2. FY 22 supplements to Medicare Rural Hospital Flexibility Grantees
   - Broad outreach and education
3. Supplement to HRSA partners
   - National Conference of State Legislators:
     - Tracking state activity on establishing laws on REH licensure: https://www.ncsl.org/research/health/rural-emergency-hospitals.aspx
   - National Academy for State Health Policy
     - Developing model licensing language
     - https://www.nashp.org/medicares-new-rural-emergency-hospital-designation-considerations-for-states/

- Rural Emergency Hospital Tracker – tracks REHs pulled from the CMS QCOR site – 21 REHs as of March 28, 2024

Rural Relevant Measures – Prior Work

National Quality Forum – rural relevant quality measurement projects

- Performance Measurement for Rural Low-Volume Providers
  - Address low volume; Facilitate fair comparisons; Address areas of high-risk for patients; Support local access to care; Address actionable situations; Use evidence; Check feasibility; Avoid unintended consequences; Align with other programs
- Creating a Framework to Support Measure Development for Telehealth

National Quality Forum - Rural Measures Application Partnership

- Addressing Low Case-Volume in Healthcare Performance Measurement of Rural Providers
  - Pool results across time, across providers, or across measures using sophisticated statistical methods
  - Anticipate unintended consequences
  - Choose or design measures that apply to a broad swath of the population
  - Use composite measures
  - Pool across inpatient and outpatient care
- 2022 Key Rural Measures: An Updated List of Measures to Advance Rural Health

Connect with HRSA

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Learn more about our agency at: www.HRSA.gov

Rural Health Questions? Email FORHP@HRSA.gov

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