Measuring and Improving the Performance of Rural Healthcare Providers

NATIONAL QUALITY FORUM

The National Quality Forum (NQF) improves the nation's health and healthcare. NQF brings together the best available evidence, science, and expertise to review, endorse, and recommend measures for use in public and private accountability programs. These accountability programs include pay-for-performance and public reporting initiatives, among others, and provide incentives for high-quality care. In its work, NQF benefits from the involvement of its more than 430 member organizations representing the full spectrum of healthcare, and some 850 volunteers that include the nation's quality experts.

WHAT DOES NQF DO?

- Sets standards for measures through endorsement
- Recommends measures for use in payment and public reporting programs
- Identifies and accelerates quality improvement priorities
- Identifies areas where measures are underdeveloped or nonexistent
- Advances electronic measurement
- Provides information and tools to help healthcare decisionmakers

In 2014, NQF began work, with funding from the Department of Health and Human Services (HHS), to identify challenges in healthcare performance measurement for rural providers including:

- Critical access hospitals (CAHs)
- Rural health clinics
- Community Health Centers
- Small rural non-CAH hospitals
- Other small rural clinical practices
- Clinicians who work in these settings

Although these rural providers participate in a variety of private-sector, state, and federal quality measurement and improvement efforts, many Centers for Medicare & Medicaid Services (CMS) quality initiatives systematically exclude them because they are paid differently than other providers, or because of measurement challenges. This exclusion limits the ability of rural providers to benchmark their performance against peers to inform where they need to improve and may potentially deny rural residents access to information about provider performance. In addition, these exclusions often prevent rural providers from earning payment incentives that are available to high-performing, nonrural providers.

HHS' CHARGE TO NQF

NQF convened a diverse, 20-member committee to identify challenges in healthcare performance measurement for rural providers and to make recommendations to address these challenges.

The NQF Rural Health Committee focused on the following objectives:

- Make recommendations for measures appropriate for use in CMS pay-for-performance programs for rural hospitals and clinicians;
- Make recommendations to help mitigate measurement challenges for rural providers, including the need to account for the lower patient volumes for rural providers compared to other providers; and
- Identify measurement gaps for rural hospitals and clinicians.

OVERARCHING RECOMMENDATION

In order to achieve the identified objectives, the Committee's recommendations address the following four key issues:

- Low patient volume;
- Need for measures that are most meaningful to rural providers and their patients and families;

- Alignment of measurement efforts; and
- Mandatory versus voluntary participation in CMS quality improvement programs.

Accordingly, the Committee's **overarching recommendation** *was to make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers, allowing a phased approach for full participation across program types (beginning with public reporting) and addressing low case volume explicitly. The Committee also suggested that Congress and CMS explore different levels of incentives that could provide higher rewards for rural providers as they moved from reporting, to public reporting, to pay-for-performance programs.*

SUPPORTING RECOMMENDATIONS

Supporting, stand-alone recommendations, grouped into four topic areas, were identified as ways to ease the transition to mandatory participation.

Development of Rural-Relevant Measures

Recommendations regarding measure development included:

- Funding the creation of measures specifically relevant to rural settings;
- Developing new measures or modifying existing measures to address explicitly the challenge of low patient volume;
- Including rural-relevant sociodemographic factors in risk-adjustment approaches; and
- Ensuring that composite measures are appropriate for rural (particularly low patient volume) providers.

Alignment of Measurement Efforts

Lack of alignment in quality measurement efforts is a key challenge for rural providers. Accordingly, the Committee recommended continued efforts to ensure alignment of measures, data collection, and improvement of informational resources.

Selection of Measures

Committee members agreed that it is imperative to consider what is particularly relevant to rural areas when selecting measures for CMS programs that include rural providers. Therefore, recommendations regarding measure selection included identifying guiding principles; using both core and optional measure sets; considering measures used in patient-centered medical home models of care; and creating a Measure Applications Partnership (MAP) workgroup specifically focused on rural measurement to guide measure selection decisions.

Pay-for-Performance Considerations

Recommendations regarding both the design and implementation of payment programs for rural providers included:

- Creating payment programs that include incentive payments, but not penalties;
- Offering rewards based on achievement or improvement;
- Encouraging voluntary groupings of rural providers for payment incentive purposes; and
- Funding additional work to consider how peer groups for rural providers should be defined and used for comparison.

Implementing these recommendations would involve both regulatory and legislative actions, depending upon the particular kind of rural provider.

Proposed Timeframe for Implementation

RECOMMENDATION (ABBREVIATED)	TIMEFRAME
Mandatory participation	2-4 years (2 years for initial participation in reporting programs, up to 4 years for some pay-for-performance programs)
Fund development of rural-relevant measures	Immediate
Alignment	Continue ongoing efforts in the public sector; 3 years for private sector
MAP rural workgroup	within 1 year
Payment programs that include incentive payments but not penalties	3 years
Fund additional work on peer group development	Immediate