Rural Quality Advisory Council
July 2, 2020

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 to recap the entire meeting.

Rural quality in the context of a pandemic and civil unrest/racial inequity: A round-robin dialogue

To date, how have the COVID-19 pandemic and/or civil unrest events changed your quality improvement efforts, if at all?

- Surprisingly steady attendance for quality-related webinars and QI workshops (some have expressed appreciation for the ability to focus on work other than the pandemic). For some staff who would otherwise be focused on quality, (e.g., infection preventionists), they have been pulled to focus on COVID policies and procedures.
- Significant reporting burden related to COVID-19 for federal, state, and other payers, along with increased state inspections. There is a need and opportunity to streamline reporting, especially having to report to multiple organizations, including on the use of pandemic or economic relief funds received.
- In very small rural communities, there are limited staff reserves to step in (and other community resources, like Meals on Wheels); as a result, quality reporting has ceased. Instead, the priority is to keep doors open and try to manage the crisis.
- Health care organizations are stepping in to help with some other consequences of COVID-19 related to social determinants of health (SDOH), such as food insecurity upon hospital discharge.
- Concerns about continuum of care of COVID patients, especially with pandemic expanding, stepping patients from acute care into rehab and long-term care.
- Pivoting quality programs and activities to virtual format when possible has been effective, but feedback has indicated that quality staff miss the opportunity to network among peers.
- Increased frequency of calls among state offices by NOSORH is opportunity for states to discuss challenges and wins. Were already discussing SDOH, now focus on what’s meaningful.
- A new focus on connecting to rural resources for the pandemic has resulted in a RHIHub COVID-19 issue guide (news, resources, funding, innovation).
- To date, has not been a demand for information or guidance related to dealing with systemic racism within health care system (and there is not much available).

How do you anticipate making changes in the future related as a result of these recent events? For example, how are you adjusting processes that measure quality or support improvements? Are you capturing or stratifying data to help identify disparities between different populations?

- Social determinants of health:
  - Some quality projects already focus on SDOH – want to tap into those communities and find out more about what they are doing and how work can be implemented in other communities and programs going forward. Interest in addressing health disparities – for example, health disparities/SDOH factors are impacting readmissions rates, and one community has put in place a food bank (food for 72 hours at discharge).
  - Looking at ways to help community members that have lost jobs and entering school in the fall.
Doing some internal work on equipping staff to better support their clients in equity work, making sure processes have connections to SDOH, health outcomes, etc.

FMT is wrapping up a project on SDOH; interested to see the impact of COVID; project this year focusing on strategies for Care in CAHs related to COVID in 8 states across the country - to ensure the person receiving the survey would be able to answer questions without looking up data, did not include questions about disparities in COVID cases.

NOSORH was already looking at pop health and health equity and how State offices play a role – how to integrate resources and tools into the standing TA offerings

- Policies and programs:
  - Understanding what is permanent and what is temporary in terms of policy and procedure changes due to COVID-19. For example, questions about telehealth and how it’s being used, tracking, and results.
  - Streamlining and managing reporting requirements, especially for small organizations.
  - Guidelines for coming out in the future would be helpful (e.g., telehealth, other measures), without which we cannot plan.
  - Feeling that asking for things like stratifying data would be too much right now in light of less staff, resources, etc.
  - Interest and need for more information related to epidemics/pandemics in emergency preparedness materials.
  - Hoping in the fall to look at impact of COVID-19 on rural ICUs (separate from FMT)

**NQF Rural MAP: Environmental Scan of Measures, and Recommendations**
Brock Slabach, John Gale, Ira Moscovice
The environmental scan includes a total of 257 measures. Measures are included if they are rural-relevant and are finalized and/or implemented in at least one of 20 quality reporting and value-based purchasing programs that fall under the purview of the Measure Applications Partnership (MAP) or are in select Centers for Medicaid and Medicare Innovation (CMMI) Alternative Payment Models.

- Narrowed 257 down to 30 something measures. Factors for consideration: Significant impact on patient care? Does hospital clinician have influence over measure performance? What’s the opportunity to have measurement? Is it feasible to report? NQF endorsement is also important.
- Report out soon for comment from the public (July 10) - measures going in for final analysis for low volume resistance. Would appreciate comments from members of this council. Feedback/validation on what measures are on list would be helpful, as well as what’s not on the list – does anything need to be put back on it? (For example, anticipate questions about why mental health measures are not on the list.)

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

- Medicare COVID-19 data release last week gives snapshot of Medicare beneficiaries diagnosed between January & May; 325,000 cases includes breakdown by rural/urban and interesting findings (found fewer cases in rural per 1000 residents; similar with hospitalization trend).
- Fact sheets on CMS waivers are available on CMS website. Some more relevant for rural & quality reporting, for example, modifying ambulance data collection requirements.
- Fact sheets on CMS adjustments to innovation models released.
- Executive order to make temporary changes permanent, including home health rule (telehealth changes during public health emergency are proposed to be permanently finalized).

**RQITA Updates**
Facilitated by Sarah Brinkman

- Update a number of resources to reflect recent measure changes (EDTC and removal of ED-2).
• **Quality Time: Sharing PIE** launched in May; second episode coming in August focused on COVID-19.

• MBQIP Performance Score update to be sent to state Flex programs in early July. Continuing to explore opportunities for use at state and national levels.

• Rural Quality Grantee data tracking tool will be highlighted on upcoming grantee webinar to support annual reporting requirements and overall quality improvement activities.

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