



June 30, 2017

National Quality Forum
1030 15th Street NW Suite 800
Washington DC 20005

NOSORH is the membership organization of the fifty State Offices of Rural Health (SORH) across the nation. State Offices of Rural Health are tasked to disseminate information, build collaboration and provide technical assistance to a broad array of rural hospitals, clinics, community organizations and agencies to improve health care in rural America. State Offices of Rural Health are anchors of information and technical assistance on telehealth including Project ECHO, building rural urban connections among providers and supporting facilities and communities to build capacity for telehealth.

The National Organization of State Offices of Rural Health (NOSORH) appreciates the efforts of the National Quality Forum to seek comments on telehealth measures and the excellent work on the ***Creating a Framework to Support Measure Development for Telehealth*** draft Report. NOSORH is supportive of the four quality measurement domains/subdomains identified in the report by the NQF Telehealth Committee:

- Access to Care
- Financial Impact/Cost
- Patient/Care Team Experience
- Telehealth Effectiveness.

These four domains will cover key performance issues of telehealth systems. NOSORH also believes that the rural/frontier health system environment, both for providers and patients, is different than the urban environment. In light of this difference NOSORH's comments and recommendations suggest what might be done within these domains to guide the creation of telehealth measures and performance standards appropriate for rural/frontier communities. Seven key issues are identified in the comments and recommendations attached.

Thank you for continuing work. We are happy to provide additional input or support of these efforts. Please don't hesitate to email me for any assistance. teryle@nosorh.org.

Sincerely,

Teryl Eisinger, MA
Executive Director

Attachment A Comments and Recommendations

Comments

Issue: Availability of specialty and subspecialty services in rural/frontier communities

The mix of services available in rural/frontier communities is generally narrower than the mix in urban communities. Many rural and frontier communities have more limited availability of specialty and subspecialty services than do urban communities. Residents are reliant on the local primary care and core specialist infrastructure for most health services.

Telehealth arrangements connecting rural health care providers to larger systems of specialists and subspecialists can play an important role in improving access to these services for rural/frontier residents. It should be noted, however, that the nature of telehealth practice in rural areas can be different than that in urban areas, as rural generalist providers could use telehealth to connect with specialists to whom urban providers would make a non-telehealth referral. The implementation of Project ECHO in several rural states models this type of arrangement. It will be important for telehealth measures to capture these rural and urban practice differences in the access domain.

Issue: High travel costs facing rural/ frontier patients

Many rural/frontier residents face longer distances to health services than do urban residents. This is true for both primary care and specialty/subspecialty services. Distance to behavioral health services is a particular problem.

The absence of adequate public transportation in non-urban areas makes rural/frontier residents more reliant upon private vehicles. The result, for many rural/frontier residents, is higher travel costs – including both the cost of travel and the cost of foregone work time. For households with a single vehicle the cost could be even higher, as more than one household member may need to forego work to help another get health care. Since many specialty and subspecialty services are not available locally, the cost of travel for these services, requiring trips to more distant cities, can be even higher.

This higher cost is part of the ‘rural surcharge’ on most health care use. Measures in the cost domain must accurately capture the full range of patient-borne costs. This will assure that any cost-benefit calculations for telehealth are accurate.

Issue: Limited rural/frontier broadband capacity

The broadband capacity in many rural/frontier communities is less than that in urban communities. This limited capacity will reduce the ability of rural/frontier providers and consumers to participate effectively in telehealth efforts.

The FCC established minimum broadband speed requirements for different telehealth functions in its National Broadband Plan. In an assessment of county level broadband capacity, the FCC identified many rural counties with broadband availability that was lacking for telehealth purposes. See the yellow and green shaded counties on the maps included in Attachment B. This assessment indicates that many rural/frontier communities may be limited in their ability to participate in a full range of telehealth services, particularly related to imaging and telemetry. This could have an impact on several measurement domains, including effectiveness and

provider/patient satisfaction. Measures and performance standards must be developed which adjust for the broadband capacity in local communities.

Issue: High rural/frontier broadband cost

The cost of broadband in rural/frontier areas is often higher than the cost of equivalent service in urban communities. This is the case even after subsidized service is figured in. The higher cost reflects the larger distances between connections in rural areas, the relatively low density of users per mile of connection and the higher last mile of connection costs to reach a lower density population. The higher cost of broadband will have an impact on both cost and cost-effectiveness measures.

The higher cost of broadband affects both providers and consumers. The in-home use of telehealth poses a unique set of problems for rural and frontier residents. The limited availability of broadband in many rural/frontier communities prevents widespread use of in-home monitoring and communication. The relatively high cost of broadband in these areas compounds the problem.

The use of telehealth performance measures which rate, for example, the percentage of patients who access records online or the implementation of home telemetry would put rural patients/providers at a disadvantage. Measures of patient use of telehealth should reflect the differential availability/cost of home broadband.

Issue: Low-volume health services

The NQF report on *Performance Measurement for Rural Low-Volume Providers* explored the special measurement/standard-setting concerns associated with rural/frontier health services. The issue of low-volume practices is particularly important when telehealth is considered. Even when the overall fixed cost of telehealth is the same, the telehealth fixed cost per service unit will be higher in low-volume rural practices than it will in higher volume practices. This impact will amplify the relatively high costs of broadband services in rural/frontier areas. Any measurement/standard-setting scheme must take these differences into account and make appropriate adjustments.

Issue: Appropriate sets of measures for rural/frontier telehealth

Under programs such as the Medicare Value-Based Purchasing Program and the Readmission Reduction Program sets of measures were established to assess the performance of hospitals. Many of the measures in these sets could not be used for rural facilities, due either to irrelevance or insufficient volume. For example, a measure related to success of joint replacements bears no relevance in a hospital that does not offer orthopedic surgery. In these instances CMS ignores the missing measures and rebalances the weights of the remaining reported measures.

The result of this approach is to have rural and urban facilities evaluated on a significantly different basis. It is a classic ‘apples and oranges’ problem. In the development of telehealth performance measures it will be important not only to develop appropriate individual measures but also to recommend sets of measures that are appropriate for both rural and urban providers. This will be needed for all measurement domains.

Issue: Appropriate performance standards for rural/frontier telehealth

Telehealth measures will be used in assessing the performance of telehealth systems. Assessments will require that standards be established for each telehealth measure. Given the differences of telehealth practice in rural/frontier and urban areas, it will be important to

establish performance standards which are appropriate. Appropriate standards will be particularly important in the effectiveness, cost/cost-effectiveness domains.

Issue: Special consideration for First Nations telehealth arrangements

A significant number of Native Americans live in rural areas and small towns. This includes the individuals living both within and outside the boundaries of First Nations. Some First Nations, including Navajo and Lakota nations, have very limited utility infrastructure, including broadband service. This creates challenges for the provision of telehealth services for these populations.

Many Native Americans are served by the Indian Health Service (IHS) through direct provision of service by IHS facilities and personnel and through contracted service with non-IHS providers. There are unique problems created by these organizational arrangements and special challenges in securing reimbursement for services. Measures and standards for some First Nations telehealth services may need to be different than those used for other service environments.

Recommendations

In light of the issues identified above, NOSORH makes several suggestions for the next steps in measure development.

Recommendation 1 – Create rural/frontier appropriate measures.

NOSORH recommends that the NQF, in its next phases of measure development, establish telehealth measures *specific* for rural/frontier systems.

The measures should be relevant to the operation of rural/frontier health services. They may, in part, include a subset of the measures used for all telehealth systems, but should also include additional measures unique to rural/frontier systems. It may be appropriate to establish measures specific for different health provider settings, including community health centers, rural health clinics, generalist private practices, Critical Access Hospitals, etc. The measures should clearly reflect the special challenges facing the rural/frontier telehealth operating environment.

Recommendation 2 – Create rural/frontier appropriate measure sets.

NOSORH recommends that NQF take additional steps to identify the *sets* of telehealth measures which are appropriate for rural/frontier systems.

These sets should exclude measures extraneous to rural/frontier health services and be limited to data elements for which rural/frontier providers can generate a sufficient number of events for reporting. In this way the collection of measures would be similar the special set of measures considered under the Medicare Beneficiary Quality Improvement Project (MBQIP). It may be appropriate to establish separate measure sets for different health provider settings. Identifying appropriate measure sets will assure that rural/frontier telehealth systems will not be asked to report on measures that are irrelevant to their operations.

Recommendation 3 – Create specific standards for rural/frontier evaluation.

NOSORH recommends that NQF create specific *performance standards* for rural/frontier systems.

The aim of this effort should be to create appropriate peer performance comparisons for different types of rural/frontier providers as well as peer comparisons for telehealth systems in areas with limited broadband availability.

Recommendation 4 – Create measures and standards appropriate for First Nations telehealth.

NOSORH recommends that NQF recognize the special circumstances of rural First Nations telehealth services and create appropriate measures and standards.

Attachment B: Adequacy of Fixed Broadband for Telehealth in US Counties

