



Rural Health Clinic Performance Measurement and Quality Improvement

8/3/2022

Tonne McCoy, Technical Assistance Manager

National Organization of **State Offices of Rural Health**



Hi! I'm Tonne

Technical Assistance Manager

National Organization of
State Offices of Rural Health

National Organization of State Offices of Rural Health



NOSORH promotes the capacity of State Offices of Rural Health and rural stakeholders to improve health in rural America through leadership development, advocacy, education and partnerships.

National Organization of
State Offices of Rural Health


There is a State Office of Rural Health in Every State!



Navigation: About Us | Divisions & Offices | Programs | Providers | Publications | Budget & Performance | Meetings & Notices

Home » Divisions & Offices » Operations » State Office of Rural Health

State Office of Rural Health



Patricia Whaley, Executive Director
502 Seventh St. South, Cordele, GA 31015-1443
Ph: 229-401-3090
General Fax: 229-401-3077 • Administrative Fax: 229-401-3084

About SORH

The State Office of Rural Health (SORH) works to improve access to health care in rural and underserved areas and to reduce health status disparities.

Objectives

- Empower communities to strengthen and maintain the best possible health care using existing resources.
- Provide up-to-date health systems information and technical assistance.
- Build strong partnerships to meet local and regional needs.
- Provide incentives to local areas to implement integrated service delivery systems.
- Be the single point of contact for all regional issues related to health care.

Facts

- Rural Georgians are less healthy than those living in urban areas
- Rural Georgians are more likely to be under-insured or uninsured
- Rural Georgians are more likely to suffer from heart disease, obesity, diabetes and cancer

For more facts, visit [SORH Publications](#).

Divisions & Offices

- ▶ Health Information Technology
- ▶ Healthcare Facility Regulation
- ▶ Office of Inspector General
- ▶ Information Technology
- ▶ Office of Communications & Legislative Affairs
- ▶ Financial Management
- General Counsel
- ▶ Office of Health Planning
- ▼ **Operations**
 - ▶ Human Resources
 - ▶ Office of Procurement Services
 - ▼ **State Office of Rural Health**
 - SORH News
 - ▶ SORH Programs
 - ▶ Rural Health Advisory Board

www.nosorh.org

National Organization of
State Offices of Rural Health

State Offices of Rural Health (SORH) have three core functions:

Information Dissemination
Rural Health Coordination
Technical Assistance

SORHs are the connection to State and Federal resources for hospitals, clinics and thousands of rural health partners across the United States and work to improve access to health care in rural and underserved areas



National Organization of
State Offices of Rural Health

www.nosorh.org

The Role of SORH

- Neutral conveners
- Source for rural health data
- Experts at leveraging resources
- Connection to statewide and national partners



Learning Objectives

1. Describe current [RHC](#) requirements from the [RHC](#) Conditions of Participation related to performance measurement and quality improvement
2. Define the relationship between quality and payment for primary care providers and gain an understanding of the national initiatives currently in place and how they impact RHCs
3. Identify activities to consider when developing and administering program evaluation and other performance measurement and quality improvement programs

Reminder...

National Organization of
State Offices of Rural Health



Documentation

The **cornerstone** of the business.

(aka, If it's not documented, it didn't happen and therefore cannot be coded nor billed for reimbursement.)

What is the big deal about data?

Full RHC program review
- every other year

&

Emergency Preparedness Program
- every two years

RHC Program Evaluation

- [42 CFR 491.11](#)
 - (a) The clinic or center carries out, or arranges for, a biennial evaluation of its total program.
 - (b) The evaluation includes review of:
 - (1) The utilization of clinic or center services, including at least the number of patients served and the volume of services;
 - (2) A representative sample of both active and closed clinical records; and
 - (3) The clinic's or center's health care policies.
 - (c) The purpose of the evaluation is to determine whether:
 - (1) The utilization of services was appropriate;
 - (2) The established policies were followed; and
 - (3) Any changes are needed.
 - (d) The clinic or center staff considers the findings of the evaluation and takes corrective action if necessary.

Emergency Preparedness

- [42 CFR 491.12](#)
- Emergency plan
- Policies and procedures
- Communication plan
- Training and testing
- *Extra requirements for integrated healthcare systems

Data-Informed Service Lines

- Chronic Care Management
- Principal Care Management
- Transitional Care Management
- Patient-Centered Medical Home

CHRONIC CARE MANAGEMENT SERVICES

Find it
[HERE!!](#)



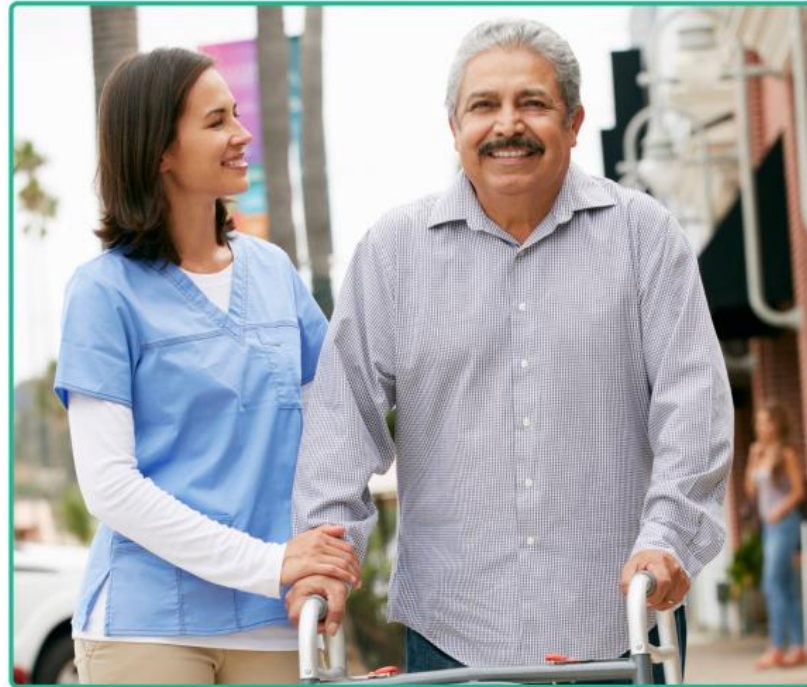
The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

CPT codes, descriptions and other data only are copyright 2018 American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply. CPT is a registered trademark of the American Medical Association. Applicable FARS/ HHSAR Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Find it
[HERE!!](#)



Transitional Care Management Services



CPT codes, descriptions and other data only are copyright 2020 American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply. CPT is a registered trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Find it
[HERE!!](#)



OVERVIEW WHY PCMH?

Reduce Fragmentation

The PCMH model emphasizes team-based care, communication and coordination, which has been shown to lead to better care.

Align With Payers

Many payers acknowledge PCMH Recognition as a hallmark of high-quality care. As a result, many payers provide incentives for NCQA-Recognized practices.

Improve Staff Satisfaction

The PCMH model is associated with better staff satisfaction. One analysis found implementation of NCQA PCMH Recognition to increase staff work satisfaction while reported staff burnout decreased by more than 20%.¹

Improve Patient Experience

A Hartford Foundation study found that the PCMH model resulted in a better experience for patients, with 83% of patients saying being treated in a PCMH improved health.¹

Better Manage Chronic Conditions

The PCMH model has been shown to help better manage patients' chronic conditions.

Align With State/Federal Initiatives

As more emphasis is placed on value-based care, many state and Federal programs are embracing the patient-centered model of care.

Lower Health Care Costs

PCMH Recognition is associated with lower overall health care costs.

Improve Patient-Centered Access

PCMHs emphasize the use of health information technology and after-hours access to improve overall access to care when and where patients need it.

National Organization of **State Offices of Rural Health**

Now what?

National Organization of
State Offices of Rural Health

Clinical

Start With What is Most Familiar

1. Quality ID #236 (NQF 0018): Controlling High Blood Pressure
2. Quality ID #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
3. Quality ID #117 (NQF 0038) - Childhood Immunization Status
4. Quality ID #1 (NQF 0059): Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
5. Quality ID #130 (NQF 0419): Documentation of Current Medications in the Medical Record

MIPS Specifically for Small and Rural Practices:
<https://qpp.cms.gov/resources/small-underserved-rural-practices>

Operational

Start With What is Most Familiar

1. Benchmark!
2. Capture counts
3. Look for opportunities to streamline and optimize
4. Look for opportunities to reduce errors
5. FREE resources!!!
6. [American Society for Quality](#)

Bringing It All Together



National Organization of
State Offices of Rural Health

Documentation

The *cornerstone* of the business.

Resources and Contact Information



National Organization of **State Offices of Rural Health**

Resources

- [National Organization of State Offices of Rural Health \(NOSORH\)](#)
- [The Power of Rural \(#powerofrural\)](#)
- [Rural Health Provider Transition Project \(RHPTP\)](#)
- [CMS Rural Health Clinic Center](#)
- [CMS Quality Measures](#)
- [CMS RHC Code of Federal Regulations 42 CFR 491.0-.12](#)

Resources

- [Medicare Learning Network \(MLN\)](#)
- [Rural Providers and Suppliers Billing](#)
- [Rural Health Value \(RUPRI\)](#)
- [Rural Health Information Hub](#)
- [National Rural Health Resource Center](#)

goodbye coda
bye-bye
Auf-wiedersehen
thankyou envoi
adieu
seeya
cheers
regards godspeed
toodle-oo conclusion
Au-revoir
Arrivederci
farewell
cheerio
ciao culmination
so long
adios



National Organization of **State Offices of Rural Health**

Questions?



National Organization of
State Offices of Rural Health



Contact Us!

Tonne McCoy

NOSORH Technical Assistance Manager

Phone: 888.391.7258 ext. 109

Mobile: 208.854.8008

Email: tonnem@nosorh.org

National Organization of
State Offices of Rural Health