Rural Health Clinic Performance Measurement and Quality Improvement

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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.

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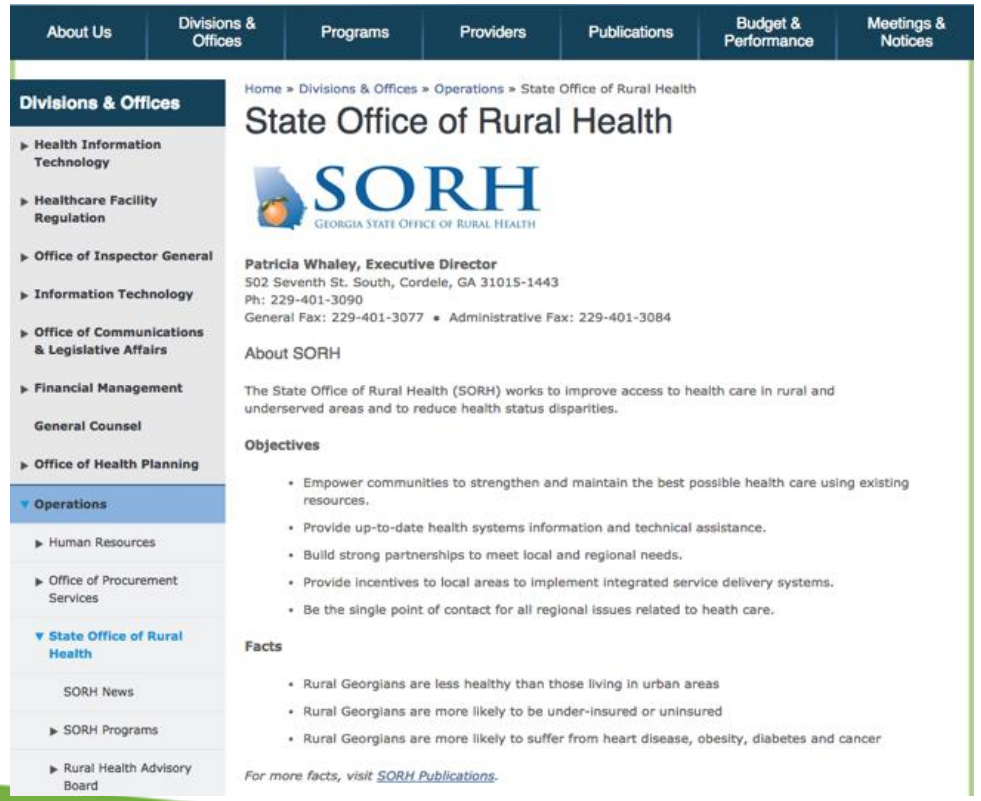
There is a State Office of Rural Health in Every State!



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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

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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…

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

mln BOOKLET

KNOWLEDGE • RESOURCES • TRAINING

CHRONIC CARE MANAGEMENT SERVICES

Find it HERE!!

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

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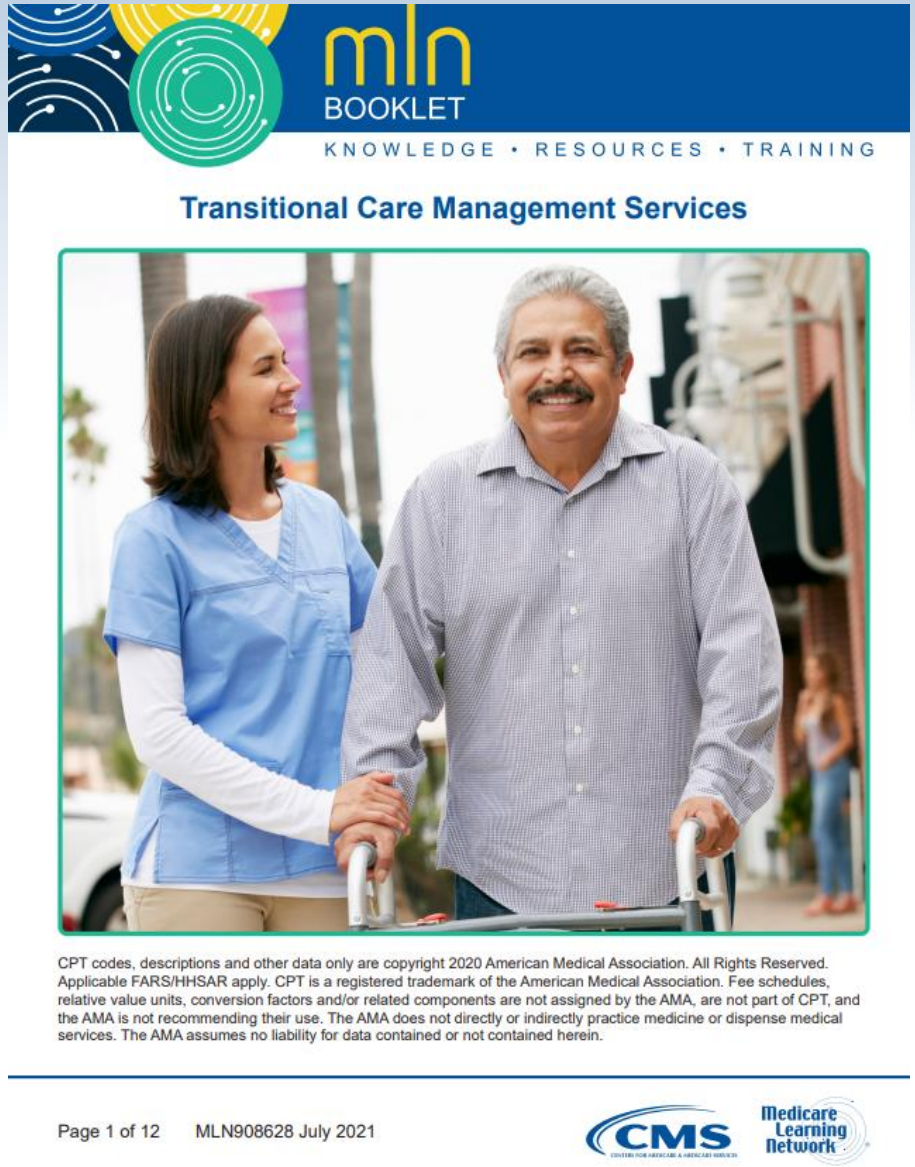
ICN MLN909188 July 2019

Find it

HERE!!



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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.

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Now what?

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

Documentation

The ***cornerstone*** of the business.

Resources and Contact Information

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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

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Questions?

Contact Us!

Tonne McCoy
NOSORH Technical Assistance Manager
Phone: 888.391.7258 ext. 109
Mobile: 208.854.8008
Email: tonnem@nosorh.org

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