

Please note: These comments were submitted electronically via a dashboard function. Because of the preferred submission style, a formal, signed letter from AAP leadership was not included with these comments.

Report Section	AAP Comments
Key Issues Regarding Measurement of Rural Providers	
Recommendations to Mitigate Rural Health Measurement Challenges	<p data-bbox="657 298 1881 362"><i>“Make participation in CMS quality improvement programs mandatory for all rural providers but allow a phased approach for full participation across program types”</i></p> <ul data-bbox="705 367 1871 464" style="list-style-type: none"> <li data-bbox="705 367 1871 464">• The AAP has some concerns about the concept of mandating participation in CMS quality improvement programs. In some cases, mandating more reporting and provider participation can have a negative impact on patient access to services. <p data-bbox="657 500 1814 532"><i>“Use guiding principles for selecting quality measures that are relevant for rural providers”</i></p> <ul data-bbox="705 537 1881 634" style="list-style-type: none"> <li data-bbox="705 537 1881 634">• The AAP appreciates the idea of addressing actionable activities as one of the guiding principles. Any measurement requirements should be grounded in things that are within a rural provider’s control. <p data-bbox="657 670 1814 703"><i>“Use a core set of measures, along with a menu of optional measures, for rural providers”</i></p> <ul data-bbox="705 708 1881 1044" style="list-style-type: none"> <li data-bbox="705 708 1881 771">• The AAP would advocate for a core set of measures and optional measures that can be applied to pediatric populations and providers. <li data-bbox="705 776 1881 873">• We support the concept of a selection of optional measures, so that physicians put their energy into implementing measures that are relevant and meaningful in their own practices. <li data-bbox="705 878 1881 1044">• Who will abstract the collected data? Personnel for non-clinical/administrative work may be in short supply in rural practices, and shifting nurses from patient care to non-clinical work poses a serious dilemma. In many pediatric practices, data collection already has a bad name. Providers need to be able to abstract data from their EHRs with a few key strokes to move it into registries, populate reports, and get rapid feedback. <p data-bbox="657 1079 1667 1112"><i>“Consider measures that are used in Patient-Centered Medical Home models”</i></p> <ul data-bbox="705 1117 1871 1180" style="list-style-type: none"> <li data-bbox="705 1117 1871 1180">• With any measures that are selected, AAP would encourage CMS to demonstrate that sufficient value has been demonstrated to warrant the cost. <p data-bbox="657 1216 1549 1248"><i>“Consider rural-relevant sociodemographic factors in risk adjustment”</i></p> <ul data-bbox="705 1253 1814 1351" style="list-style-type: none"> <li data-bbox="705 1253 1814 1351">• “Availability of other healthcare resources in the area” is a tremendously important factor. Timely referral to specialist care, especially for pediatric populations, is not always available, because specialists are often busy with their own urban populations.

	<ul style="list-style-type: none"> • Consider adding the following SD factors: housing security (substandard housing, plumbing or lack of plumbing, handicapped access) and food security to the list of factors for consideration. <p><i>“For rural providers, create payment programs that include incentive payments, but not penalties”</i></p> <ul style="list-style-type: none"> • The AAP agrees with and supports the recommendation that any CMS-mandated quality improvement program should not include penalties. <p><i>“Offer rewards for rural providers based on achievement or improvement”</i></p> <ul style="list-style-type: none"> • Positive incentives are the most likely to produce success in the areas desired, but often the larger problem is a lack of time. When you are a clinic doctor, neonatologist, hospitalist, psychologist, and practice manager all rolled into one, time is your greatest ally and enemy. <p><i>“Create a MAP workgroup to advise CMS on the selection of rural-relevant measures”</i></p> <ul style="list-style-type: none"> • The AAP supports the establishment of a MAP workgroup specific to rural-relevant measures. We recommend that at least one pediatrician be a part of this group. The AAP, through our Council on Community Pediatrics, has a Rural Health Special Interest Group, and we would welcome an opportunity to work with NQF to identify pediatricians to join a Rural Health MAP Workgroup.
<p>General Comments on the Report</p>	<p>In general, rural providers experience a number of significant roadblocks to implementing quality measurement. A task for CMS will be to find ways to accomplish this without creating onerous barriers to provision of care for these very busy (and often overworked) providers and physicians.</p> <p>The draft report seems to assume that all rural providers are employed physicians in a CAH, FQHC, or RHC. Many rural physicians are not employed by these entities, and even fewer specialists are, since FQHCs and RHCs are, by definition, primary care facilities.</p> <p>The report also assumes that rural practices are low volume across the board. This greatly depends on what metric is being considered for “low volume.” For example, a primary care pediatrician in a rural community may not see/treat many cases of Kawasaki’s disease, but they probably treat a comparable number of children with ADHD as their counterparts in urban</p>

settings. With rural health care provider shortages, there may actually be more volume per provider for common conditions such as colds, UTIs, ADHD, etc.

Telehealth continues to transform the practice and provision of health care, both for pediatrics and the field in general. The AAP strongly encourages NQF to consider issues related to telehealth in all initiatives.

The AAP appreciates that the report explicitly connects the poverty endemic in rural areas to the overall health of patients in those communities. Patients in rural communities often have more health problems, and the physicians treating them have fewer resources at their disposal for treatment.