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Driving measurable health improvements together

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Beyond Wait Times: Defining and Measuring Access

National Academy of Medicine
July 9, 2020

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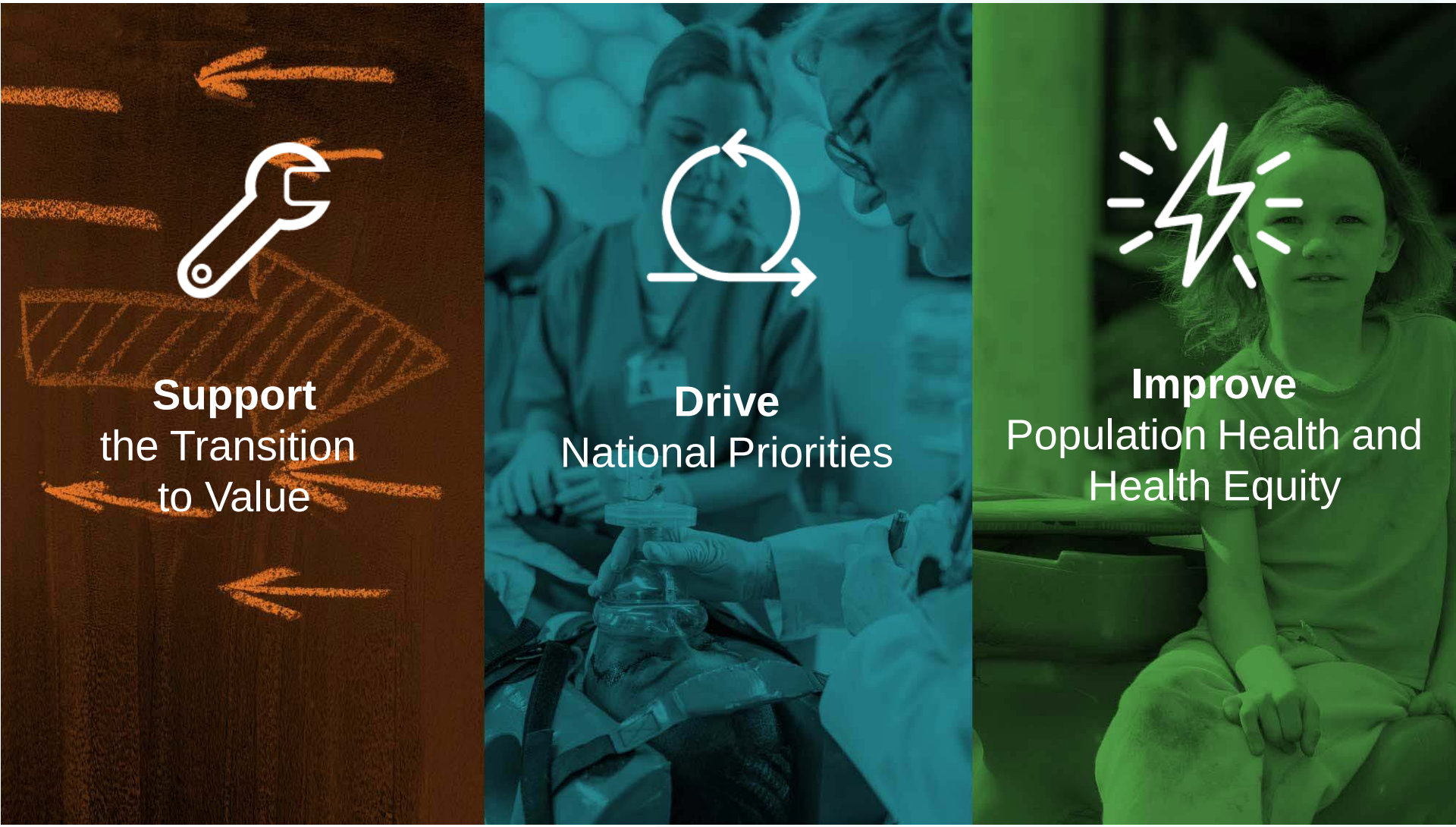
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Current Challenges in Measuring Access

- There is no consistent, accepted definition of access, though it is often interpreted as wait times
- Quality ecosystem is at times agnostic about access
- Access data is rarely made public in the private sector
- "Network adequacy standards" are required of health plans
  - » Enrollees per provider (primary care and specialty care)
  - » Geographic access
  - » Waiting time and hours of operation
  - » Volume of services available per capita
- What is important for access depends on patients, populations, and their needs

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Current NQF Endorsed Measures of Access

Measure	Access Component
• CAHPS® Home- and Community-Based Services Measures	• Patient experience of transportation challenges
• CAHPS® Hospice Survey (experience with care)	• Patient experience of timely access to services
• Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey	• Patient experience of access to needed care
• CAHPS Clinician & Group Surveys (CG-CAHPS) Version 3.0 -Adult, Child	• Patient experience of getting timely appointments, care, and information
• Follow-Up After Emergency Department Visit for Mental Illness or Alcohol/Drug Abuse or Dependence	• Follow-up primary care visit after an ED visit for a mental health or SUD diagnosis
• Follow-Up after Emergency Department Visits for Dental Caries in Children	• Follow-up dentist appointment after an ED visit for cavities among pediatric patients
• Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	• Follow-up primary care visit after an ED visit for alcohol or other drug (AOD) among pediatric patients
• Follow-Up Care for Children Prescribed ADHD Medication (ADD)	• Follow-up outpatient visits after an initial diagnosis of ADHD among pediatric patients
• Follow-Up After Emergency Department Visit for Mental Illness	• Follow up primary care visit after an ED visit among pediatric patients for mental health or self harm
• Contraceptive Care - Postpartum	• Receipt of contraceptive care after live birth
• Contraceptive Care - Access to LARC	• Receipt of contraceptive care after unintended pregnancy
• Utilization of Services, Dental Services	• Receipt of pediatric dental services
• Oral Evaluation, Dental Services	• Pediatric patients who received a dental exam
• Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	• Population based emergency department visits for cavities
• Prevention: Topical Fluoride for Children at Elevated Caries Risk, Dental Services	• Access to dental fluoride applications among pediatric dental patients
• Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	• Access to appropriate antipsychotic prescribing
• HIV medical visit frequency	• HIV patients with a documented medical visit
• Asthma in Younger Adults Admission Rate (PQI 15)	• Population based adult asthma admissions

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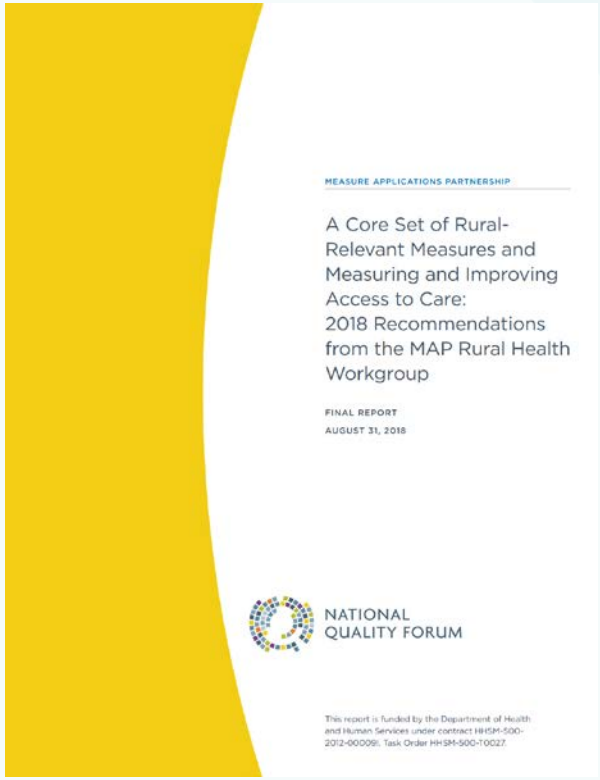
How Access is Handled in Endorsed Measures

- Access tends to be a component of a broader care coordination or integration measure; it is rarely standalone
- One result is that access is measured by specific topical areas (e.g., antipsychotic prescribing, HIV care) or care settings (e.g., Emergency Departments) rather than more broadly representative
- Definitions of access are not consistent and tends to be atomistic rather than need based (e.g., getting a prescription)
- There is a mix of clinical measures and patient experience measures, with a weighting towards clinical outcomes

Lessons from Our Rural Health Project: Availability/Accessibility/Affordability Framework

- This project focused on three main domains to more systematically assess access
  - » Availability
  - » Accessibility
  - » Affordability



Source: NQF Report: MAP Rural Final Report 2019

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Example Measure Areas: Availability

Domain	Facets of Access	Challenges	Ways to address
Availability	Appointments: after hours or same day	• Schedules already full • Clinician burnout • Emergencies can take up empty appointment slots • May be difficult to contact patients	• Public policy strategies: investing in the rural workforce; changes in payment policies to encourage clinicians to work in rural areas • Increased use of team-based care and working "to the top of their license" • Educate patients about availability and abilities of nonphysician clinicians • Telehealth
	Access to specialty care	• Often not local	• Improve referral relationships • Broaden referral patterns • Telehealth
	Timeliness of care: time to next appointment (includes follow-up care); specialty care; PAC/LTC; nontraditional care	• Schedules already full • Distance can be a barrier • Recruiting difficulties create backlog • "Popular" providers (e.g., gender-based)	• Improve referral relationships • Strengthen care coordination with referral sites • Partner with support services (e.g., for transportation) • Telehealth

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Example Measure Areas: Accessibility

Domain	Facets of Access	Challenges	Ways to address
Accessibility	Language Interpretation	• Bilingual staff hard to recruit	• Tele-access to interpreters
	Health information	• Phone or internet connectivity • Provider's IT infrastructure doesn't support functionality such as patient portals	• Improve quality of information provided by insurer • Noted the ongoing expansion of remote access technology (e.g., cell phone applications; blood glucose monitors, etc.) and expanded capability of such technologies to communicate with patients
	Health literacy	• Lack of recognition that healthcare is a partnership between patients, families, and clinicians	• Educate providers about importance of patient engagement • Improve clinician-patient communication
	Transportation ("getting there")	• Fewer public options • Distance • Fewer family caregivers to help due to aging of the population	• Telehealth • Community partnerships
	Physical spaces	• Difficult and/or expensive to find or retrofit spaces • Meeting facility licensing requirements	• Consider licensing options, leasing and operations issues, and definitions of facility types

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Example Measure Areas: Affordability

Domain	Facets of Access	Challenges	Ways to address
Affordability	Out-of-pocket costs	• Distance/transportation (and associated costs) may disproportionately affect rural residents	• Explore appropriateness of including distance as part of risk adjustment
	Delayed care due to out-of-pocket costs	• Insurance plan network inadequacy • Lack of insurance or underinsurance	• Continue to move from fee-for-service to value-based care • Continue efforts to preserve the nation's healthcare safety net • Medicaid expansion • Encourage providing care to the full extent of a provider's education and credentials • Monitor the balances that patients owe after insurance • Work to increase literacy about insurance

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Lessons From Our Telehealth Project: Adding Accommodation and Acceptability

Domain	Subdomain(s)
Access to Care	• Access for patient, family, and/or caregiver • Access for care team • Access to information
Financial Impact/Cost	• Financial impact to patient, family, and/or caregiver • Financial impact to care team • Financial impact to health system or payer • Financial impact to society
Experience	• Patient, family, and/or caregiver experience • Care team member experience • Community experience
Effectiveness	• System effectiveness • Clinical effectiveness • Operational effectiveness • Technical effectiveness

1. **Affordability** – Are both patients and members of the care team willing to accept the potential costs of telehealth as opposed to the alternative of not receiving or delivering traditional care at all, or receiving delayed care? For providers, what is the cost of providing telehealth services, and what is its effect on their practice?
2. **Availability** – Does a telehealth modality provide access to a provider that specializes in the type of care required by the patient, when it is required or desired by the patient?
3. **Accessibility** – Is the technology necessary for a telehealth consultation accessed and used by members of the care team?
4. **Accommodation** – Do the various modalities of telehealth accommodate the diverse needs of patients? Are patients able to access members of the care team through telehealth when requested?
5. **Acceptability** – Do both patients and members of the care team accept the use of telehealth as a means of care delivery?

Source: NQF Report: Creating a Framework to Support Measure Development for Telehealth 2019

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Telehealth Priority Measure Concepts

- Travel
- Timeliness of Care
- Actionable Information
- Added Value of Telehealth to Provide Evidence-Based Best Practices
- Patient Empowerment
- Care Coordination

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Lessons Learned From Our Trauma Project: Resource Matching

#	Description	Subdomain
1	The proportion of population who meet CDC field triage guidelines but did not go to a trauma center	Resource matching
2	The proportion of population who meet CDC field trauma triage step 1 (physiologic) or step 2 (anatomic) criteria who are transported to the highest level of care in the trauma system	Resource matching
3	Percent of patients older than 55 who meet CDC field trauma triage criteria who are primarily transported to a trauma center	Resource matching
4	Trauma centers per million population (based on needs assessment – "right-sizing")	Availability of services
5	Specialty providers within a given radius of patients based on urbanicity or rurality (adults, geriatric, and pediatric)	Availability of services
6	Percent of population in a region within one hour of a level 1 trauma center (by ground and/or air) (adults, geriatric, and pediatric)	Availability of services
7	Percent of population in a region within a 10-minute EMS on scene response time	Timeliness of services
8	Transport to the appropriate trauma center (for adults and pediatric patients)	Timeliness of services
9	Inter-hospital transfer rate to level I/II trauma center among seriously injured patients (e.g., ISS >= 16, head AIS >= 3) in a region (undertriage)	Resource matching
10	Proportion of trauma patients in a region that are discharged from a trauma center within 24 hours and proportion of trauma patients in a region that were not cared for in an OR/ICU within 24 hours (overtriage)	Resource matching
11	The proportion of trauma patients who needed rehabilitation services that were transferred to an appropriate site for rehabilitation (adults and pediatric)	Availability of services
12	Average time to operating room for patients requiring immediate surgical intervention across a region	Timeliness of services
13	Average proportion of time on trauma diversion across a region	Timeliness of services
14	Average time to transfer for patients requiring trauma center care within a region	Timeliness of services
15	Hospital length of stay prior to discharge to acute rehabilitation	Availability of services
16	Number of acute rehabilitation beds divided by the number of trauma patients in a region	Availability of services

Source: NQF Report: Population-Based Trauma Outcomes 2019

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A More Patient-Centered View of Access

- Framework of availability, accessibility, affordability seems appropriate to drive definitional and measurement consistency
- Need to include the frequency of services that a patient may need and the "stakes" of those services (resource matching)
  - Low frequency but high stakes, such as getting an MRI to rule out a cancer diagnosis
  - High frequency but low stakes, such as titrating chronic disease medications
- Comparative assessments of access can sometimes be helpful (e.g., telehealth)
- Acceptability to patients/caregivers is an important extension of perception measures
- Access needs to be matched to population and patient need by understanding social risks and preferences

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