



Comprehensive Quality Improvement in Rural Health Care

Introduction

The rural health care universe collectively has the opportunity to lead America toward realizing true health system reform; a system that will place quality and safety of care at the top of the priority list and will make our entire population more healthy and productive. This opportunity involves helping all quality improvement organization understand that quality is a system function and must be conceptualized broadly across the continuum of care rather than principally in isolated settings such as hospitals. The Institute of Medicine has used this definition of quality in its publications for 17 years:

“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

The NRHA adopts this definition and applies it in our approach to quality of care in rural America. The unique contribution that NRHA can make is to focus on feasible improvements in processes and outcomes that are possible to implement (without major investment and in the current reimbursement and regulatory environment) through partnering, collaborating and engaging the community. Direct assistance at the community level to those ends can be facilitated by our organization.

Rationale For Revision

There has been a high level of national attention to quality and safety over the past decade, but this has focused principally on hospitals in urban settings. Rural activity in quality (such as the Medicare Rural Hospital Flexibility Program focus on quality in Critical Access Hospitals) has already begun to shift the focus to include rural health care. The release by the Institute of Medicine (IOM) in 2005 of *Quality Through Collaboration: The Future of Rural Health* gave rise to the NRHA Quality Initiative that was rolled out in March, 2005. Our Initiative is based on the content and recommendations in this publication. Initiative purposes include: 1) Engaging the entire rural health universe around quality and safety as the top priority of providers and our organization; 2) Engaging national quality organizations such as NQE, AHRQ and IHI around the principles of system development, population health status improvement and measuring and improving quality across the continuum of care; and 3) Influencing national health policy in a manner consistent with the first two purposes. Much has been accomplished including a rural quality web site, publications, meetings, research, developing partnerships and an extraordinary increase in involvement in quality issues on the part of the NRHA membership. We are now involved with many national organizations in developing strategies for improving quality and safety that meaningfully include rural providers and begin to make the process relevant for our membership.

Health care structures and processes vary substantially in different settings. Quality improvement measurement and improvement strategies must be appropriate and relevant for the setting of care, a fact that includes rural settings. While rural health care is by no means monolithic, there are certain environmental and operational issues that can be viewed as applicable to rural health care generally. These include:

- Resource constraints (dollars, people, technology, facilities)
- The resulting requirement for investment to resolve these constraints
- Distance, geography and resulting time and transportation issues
- Dependence on the **continuum of care** for effectiveness of processes of care
- Dysfunctional and destructive effects of the competitive market models currently in vogue

- High poverty rates
- Cultural considerations
- Other access barriers such as un- and under-insured status
- Reimbursement strategies designed for high-volume settings that are inadequate in low-volume rural settings
- Statistical significance of measures in low-volume settings
- Paucity of relevant measures of quality, safety and performance for rural settings

As we address rural quality and safety in meaningful and relevant terms, all these realities must be acknowledged and addressed, and the NRHA Quality Initiative aspires to do so. The rural approach to practice, research and policy will appropriately focus on building systems of care in rural communities that are safe, timely, effective, efficient, patient-centered and equitable. It will be oriented to:

- The continuum of care (not silos)
- Fostering collaboration as all provider elements in a community work together to improve care across the continuum and to elevate measures of population health status (rather than compete)
- Emphasizing the value and effectiveness of *communication* among all stakeholders in improving health care.
- Encouraging rural providers to actively engage in dialogue with the community (viewed for this document as the service area of the consortium of providers) around health care issues to assure understanding and buy-in on the part of all stakeholders.
- Engaging patients, families and communities directly in dialogue and decision-making regarding individual care and community health system development (patient and community centered)
- Fostering health maintenance, health promotion and prevention
- Realizing full partnership between professionals and recipients of care and their family members (sometimes referred to as consumers of health care) in decision-making and goal-setting
- Actively measuring processes and outcomes and using the data acquired for improvement and for engaging in reimbursement schemes designed to foster quality improvement such as “pay for performance”

Many inspiring rural models are working well across the nation and stand ready to be adapted and emulated in all rural America. Additionally, rural models are ideal for informing policy due to the manageable size of rural service areas and the ability to clearly identify a denominator population to assess effectiveness of processes and to do health policy research.

Through the organizational infrastructure of the Quality Initiative, the NRHA will approach quality and safety in numerous ways:

- Identify and promote best rural practices to provide information and working models for positive change
- Convene with members of the afore-mentioned national quality organizations to further NRHA policies and interests
- Provide education and technical assistance to assist communities in their system-building processes
- Advocate policies and funding to build model rural systems of care and promote quality and safety improvement
- Participate in development of rural-relevant measures of quality, safety and performance
- Assist all parts and constituencies of NRHA to adopt a primary focus on quality and safety
- Continue to advocate implementation of the recommendations of *Quality Through Collaboration*
- Develop leadership to foster development of rural health organizational cultures of quality and safety and that are characterized by
 - Collaboration and community orientation across the continuum of care with a focus on effective communication with all stakeholders
 - Safety and quality as primary foci of the organization and measurement of results

- Interdisciplinary care teams using informatics and applying evidence to practice
- Transparency to patients, employees and community
- Decision-making based on information and delegated to the appropriate level
- Accountability to all stakeholders for use of resources and effectiveness of processes
- Active and meaningful involvement of consumers in all aspects of health care

Policy Recommendations

New policy recommendations:

- Advocate with Congress and major foundations to fund IOM rural demonstration projects and the creation of the rural quality commission, and participate in development of detailed language for legislation
- Re-invigorate the relationship with the National Quality Forum and the review of NQF measures and drafts by interested members of NRHA
- Partner with the Federal Office of Rural Health Policy in developing a monitoring project, patterned after that devoted to the Flex program, for the purpose of analyzing quality data and clearly distinguishing rural data from urban or otherwise non-comparable data
- Advocate with policy makers and rural providers through promotion of regional strategies and discourage “stand-alone” approaches
- Infuse all NRHA constituency groups with a quality/safety focus so that the contributions to quality and safety of all facets of rural health care will be clearly understood and highly visible
- Develop technical assistance capacity through partnerships with other entities possessing that expertise
- Provide national leadership to develop rural-relevant strategies, techniques, and best practices
- Actively educate the membership about organizational culture and the value of community engagement and consumer participation in rural health care development and decision-making

Continuing recommendations (included in the original issue brief on rural quality):

- Quality Improvement Organizations should be properly funded and directed to establish rurally appropriate quality assessment tools and appropriate staff for rural education
- National quality accrediting bodies should be challenged and assisted in establishing rurally appropriate quality assessment tools and staff education
- Rural practitioners and institutions should be involved when health care measures, standards and benchmarks of quality are being developed
- Any quality benchmark mandate must have appropriately been analyzed for rural impact
- A rural impact analysis and appropriate modifications to reflect the reality of rural practice must accompany any quality outcomes linked to reimbursement
- Rural quality measures must recognize the staffing patterns employed by rural providers
- Emphasis should be placed on the processes of care and the delivery system in interpreting statistics involving low volume providers and other rural issues
- The Secretary of Health and Human Services should continue to solicit input from rural health care providers in identifying measures for public reporting systems
- Provide funding to enable the building of an information infrastructure
- Support adequate number of quality rural providers and staff through directed educational programs in and with rural communities; enhance rural curricular and service learning opportunities in high school, college, health professions schools, and continuing educational programs
- Support adequate number of quality rural providers and staff through recruitment, retention and reimbursement strategies

- Support quality programs encouraging urban/rural and rural networking linkages
- The Medicare Rural Hospital Flexibility Grant program should further enhance emphasis on the promotion of quality in Critical Access Hospitals

Conclusion

Quality, safety, relevance, investment and learning are essential elements of the NRHA Quality Initiative. In view of the resource constraints under which rural health care currently operates, all these are difficult to achieve in many rural settings. Since quality, safety and informatics will drive the discussion and funding for health care for the foreseeable future, successfully sustaining “mainstream” status for rural health care quality issues is also essential in order to achieve the survival characteristics discussed in this brief for rural health care. Sustaining high quality of, and improving access to, health care are necessary for survival and growth of rural American communities. A “laser-like” focus on the issues of quality and safety, and the opportunity for rural health care to lead the nation to a new and much more productive paradigm of health care and its quality, represent an enormous field of opportunity for the National Rural Health Association to serve not only rural constituents but the entire nation.

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