

October 8, 2021

To whom it may concern:

The National Rural Health Association (NRHA) is pleased to offer comments on the National Quality Forum's (NQF) Rural Telehealth and Healthcare System Readiness Measurement Framework. NRHA appreciates the time and attention the NQF has devoted to rural health outcomes and looks forward to continuing working with you to ensure access to care in rural America.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care infrastructure, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

NRHA appreciates NQF's commitment to understanding the impact telehealth flexibilities have had on health care outcomes, especially in rural communities. The flexibilities granted at the beginning of the COVID-19 pandemic through the *Coronavirus Aid, Relief, and Economic Security (CARES) Act* and various 1135 waiver flexibilities afforded to rural providers by the Centers for Medicare and Medicaid Services (CMS) have allowed for more expansive health care delivery options for rural providers and patients. As the nation looks towards the future of telehealth, NRHA agrees that standardized, comprehensive measures are critical to understanding the true benefit these flexibilities have offered patients and providers.

NRHA is supportive of NQF's quality measurement framework and the four domains used for measures: access to care, financial impact or cost, experience, and effectiveness. In particular, NRHA appreciates NQF's focus on rural-centric issues that have previously hindered telehealth utilization and will continue to present obstacles in the future, such as the lack of access to broadband connectivity among rural providers and patients. While NRHA is supportive of the measurement framework within the report, we encourage NQF to use measures that are either formally endorsed through NFQ, use within a CMS quality program, and/or are part of the NCQA chart abstraction process. NRHA is concerned that if the framework relies upon measures not widely adopted or tested through rigorous scientific validation, it will cause implementation and administrative issues in recommending policy in the future.

NRHA looks forward to continuing working with NQF on the benefit telehealth flexibilities have to rural patients and communities. We appreciate the attention to this important issue and would be happy to discuss it in greater detail. For more information, please contact Josh Jorgensen, NRHA's Government Affairs and Policy Manager, at jjorgensen@nrharural.org.

Sincerely,

Alan Morgan Chief Executive Officer National Rural Health Association

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