

HRSA Office of Rural Health Policy  
MBQIP Data Report Q&A  
January 14, 2013

## QUESTIONS

### *Missing reports*

**1. We think we are missing reports for some of our hospitals.**

If the CAH has not signed an MOU that is on record with ORHP, no report was produced, even if that CAH regularly submits quality data to Hospital Compare. Please contact your ORHP project officer to confirm whether or not we have an MOU on record for any CAHs you believe have signed up for MBQIP but did not receive a report.

**2. Our CAH had signed an MOU to participate in MBQIP and did submit data, but the MOU did not get sent to ORHP. Can future reports include their data from previous quarters retroactively?**

ORHP will check on the ability to retroactively include data on future reports.

### *Data Integrity*

**3. Our hospitals also receive their quality data from a vendor in our state, and that data differs from what is shown in the MBQIP report. Why is this?**

ORHP wants to ensure the integrity and accuracy of the data reports, and will check into possible reasons for cases where there appear to be data discrepancies or missing data.

**4. Our hospital has confirmation of uploading the information into CART, yet the report shows “N/A”. Why is this?**

ORHP wants to ensure the integrity and accuracy of the data reports, and will check into possible reasons for cases where there appear to be data discrepancies or missing data.

### *Understanding the reports*

**5. Can you define “N/A”? Does this mean that there were no eligible patients for the measure, or does it mean that no data was reported?**

If N/A appears in a column for which there should be data, then the N/A indicates that the CAH did not report any data for that measure (this could be a result of the CAH having zero cases for that measure; you should follow-up and confirm the reasons for N/A in a report). If the N/A is in a column that has not yet occurred, then the N/A simply means that there is not yet data for that quarter (for instance, in 3Q2012, all reports will show N/A as the quarter has not yet been reported). N/A also appears for the measures that have been retired by CMS (see question 6 for further information).

**6. Why did the number of measures with “N/A” increase from 4Q2011 to 1Q2012 and 2Q2012?**

As a reminder, five of the measures that were initially identified as MBQIP measures were retired by CMS as of January 1, 2012. As a result, you will see your CAH and State performance for the retired measures included in the column for 4Q2011, but they will no longer be reported

in later quarters, and are identified with “N/A”. After the first four quarters of data are reported, these measures will drop off of the reports entirely.

The measures that were retired include:

HF-4: Adult Smoking Cessation Advice/Counseling

PN-2: Pneumococcal Vaccination\*

PN-4: Adult Smoking Cessation Advice/Counseling,

PN-5c: Initial Antibiotic Received Within 6 Hours of Hospital Arrival

PN-7: Influenza Vaccination\*

\*PN-2 and PN-7 will be replaced with Global Immunization Measures:

Pneumococcal immunization–overall rate (Prev-Imm-1a)

Influenza immunization–overall rate (Prev-Imm-2a)

While these measures will not officially be part of MBQIP at this time, CAHs are still encouraged to report on the new global immunization measures!

**7. For hospitals that didn’t upload data into CART and have an “N/A” for all measures, why does their report show the state and national average percentages?**

All hospital reports include the state and national averages for the quarter, regardless of whether or not the CAH submitted data in that quarter. ORHP believes that while the CAH may not have submitted data in that quarter, it is still important for them to see the State and National performance so that they can be aware of the quality performance of their peers.

**8. The subtitle says “Reporting Period: Fourth Quarter 2011 through Third Quarter 2012 Discharges” for all 3 reports. Why is this?**

This subtitle indicates which four quarters of data are included as columns of the report. Because the first four reports all have the same four quarters included, the subtitle will be the same. Future reports that have different quarters of data displayed will also have different subtitles – it will only be the same for these first four quarters.

**9. For the state level reports and the state and national averages, are all CAHs included?**

The state level reports only include data for CAHs that have signed an MOU to participate in MBQIP. Similarly, the state and national averages only include data for CAHs participating in MBQIP. Please keep in mind also that only those CAHs that actually submitted data for the quarter will be included in the state and national averages.

***Redistributing the reports***

**10. Is the thought to distribute all three reports or is the data report with run data 11/20/2012 (most complete) sufficient?**

ORHP recommends that you distribute all three reports so that the CAHs can see their data in comparison to the state and national averages for each quarter. Going forward, you will only receive one report each quarter, and each report should be redistributed to your CAHs.

**11. My hospitals already receive their data from another source – should I still send them the MBQIP reports?**

We do ask that you send the MBQIP reports to your CAHs even if they are receiving their data in other ways. While the individual hospital quarterly data may be a “repeat,” the reports will also allow them to benchmark their scores with statewide and nationwide CAH MBQIP participants.

Also, they may be able to assist us by coming up with questions or suggested improvements, especially since they are already very used to seeing their data!

***Small numbers (don't forget the big picture!)***

**12. Because of the small volume in our CAHs, even one missed patient makes our percentages look bad. How can we address this issue?**

ORHP recognizes the issue with small numbers. MBQIP is an initiative to encourage all CAHs to report their data, regardless of how many patients they have. While it is true that a percentage at the individual hospital level is not significant with such low volumes, it is important to remember that each number is a patient. Whether 1 out of 4 patients do not receive the recommended care, or 1 out of 400, you should be using the data to determine which processes should be improved to ensure that every patient receives the highest quality care.

Do not lose sight of the bigger picture by focusing too narrowly on one measure for one quarter in one CAH. Instead, begin to look for trends over the first few quarters as a whole and look at the data aggregated up for your state. You will notice that the small numbers in each CAH start adding up to a lot of patients for each state and the nation as a whole!

ORHP would like to again encourage all CAHs to report their quality data, no matter how large or small their volume may be.

(For additional information, check out the two resources on small numbers produced by Mountain Pacific Quality Health)

**13. Our numbers are smaller than expected. Is there a possibility the data may have been "scrubbed" or adjusted, reducing our total numbers?**

The MBQIP reports consist of Medicare fee-for-service (Part A) patients only, which may account for the smaller than expected numbers. The MOU signed by the CAH is what allowed Telligen to pull the data before CMS performed any data adjustments, so the data reported should match the eligible cases entered by the CAH. If you believe that cases are missing, please follow-up with your ORHP project officer.

***Next steps - Using the reports/data***

**14. Now that we've got the data, what should we do with it?**

First, you should redistribute the reports to your CAHs. Next, you should engage your key quality partners as you begin to dig into the data and what it means for your CAHs and your state. Please refer to the **MBQIP Guide for Flex Coordinators: Reviewing Data Reports** for suggestions on questions to ask as you look through the data as well as next steps. This document can be found at

<http://www.ruralcenter.org/sites/default/files/MBQIP%20Data%20Review%20Flex%20Coordinator%20Guide.pdf>.

A few additional considerations when looking over your reports/data:

- The key column from a quality improvement perspective is the "Aggregate Rate for All Four Quarters" – this is the most stable number, and we would encourage CAHs to focus on this to see what their strengths and weaknesses are, then perhaps plot their data in a graph over time to look at trends, then closely review any quarter that is an outlier (drilling down to the patient level).

- You might ask whether your QIO is providing a report that includes the Appropriate Care Measure (ACM) for HF and PN – this is a comprehensive patient-centered measure of whether all of the care appropriate for each patient was delivered, a yes/no answer that rolls up into the ACM. It helps hospitals look at the care they deliver from a condition/disease perspective in addition to individual measures.

**15. We have yet to learn why some of our hospitals did not submit data. Do you have any suggestions on how we can go about doing so?**

ORHP has provided a list of CAHs that did not report data to each of the states. This can also be determined by looking at the quarterly reports for each CAH and seeing which CAHs have “N/A” in the column for that quarter of data. We recommend that you follow up with the CAHs that did not submit data and ask them what challenges or barriers they may be facing that prevented them from submitting data. By doing so, you will gain important information that will help you to identify the needs of your CAHs and provide appropriate TA to increase reporting in future quarters. Please remember to engage any important quality partners in your state as well!

**16. How should states incorporate these reports into existing activities?**

With nationwide participation in MBQIP, we hope to leverage what is already working in our rural hospitals across the country regarding quality improvement. Appropriate activities will differ from state to state. We would like to hear from you the innovative ways you are using this data to fit your situation. From there, we can begin sharing successes, lessons learned, challenges, and additional questions as they arise.

*Other*

**17. Hospitals occasionally undergo name changes. How can we get the name updated? (Or fix a spelling error)**

Please inform your ORHP project officer of any incorrect or misspelled hospital names. The list of CAHs that we have comes from CMS data, so while we can update the names in our internal spreadsheet, the CAH will also have to correct their name with CMS if they wish for all records to indicate their new/changed name.

If you believe one of your hospitals is incorrectly listed, please check the CAH database maintained by UNC. <http://www.flexmonitoring.org/cahlistRA.cgi>. This data comes from CMS and would indicate to you what hospital name CMS has on record. To make a correction, it is suggested that the provider should contact their CMS Regional Office survey and certification staff – they will be able to explain the process for changing the name of the provider in the system.

**18. Will Outpatient and HCAHPS data be included in any future reports?**

Yes, CMS Hospital Compare Outpatient and HCAHPS data reports will be provided beginning with the 4Q2012 reports (covering patient encounters and discharges from October 1 to December 31, 2012), which should be produced late Spring/early Summer after the data submission deadline for that quarter closes.

**19. Is it possible to capture and measure patient education data for other risky behaviors and diseases (such as asthma, diabetes, high blood pressure, etc.)?**

For MBQIP, we are using the CMS Hospital Compare measures. While these patient education and risky behavior measures may not be included in MBQIP, they are core measures under Meaningful Use and can be captured by the hospitals in that way.

### ***Recommendations and Suggestions***

ORHP received a number of great suggestions and recommendations for the data reports in addition to all of the questions. We will work with Telligen and explore the ability to implement some of these recommendations. Some may not be possible because of the extensive amount of planning and programming that went into the creation of this report format on the front end, and some may fall outside the scope of our contract. Even if the recommendations cannot be incorporated into these reports, we also have the ability to work with FMT on additional data runs and analysis needs.