**Medicare Beneficiary Quality Improvement Project (MBQIP) Quarterly Data Reports: Phase 2**

***A Flex Coordinator’s guide for reviewing the Phase 2 MBQIP reports for your state and CAHs***

***August 2013***

***Data release and upcoming Data Report Q&A***

* MBQIP Phase 2 Outpatient and HCAHPS data reports are being distributed to Flex Coordinators in the same way that the Phase 1 Inpatient reports are disseminated. It will be the responsibility of the Flex Coordinator to re-distribute MBQIP reports to individual CAHs using a protected, secure mechanism (password protected files, encrypted messaging, etc).
* A Q&A Webinar on the Phase 2 data reports is scheduled as an agenda item during the upcoming TASC 90 call on Wednesday August 14, 2013, at 3 pm ET. This webinar will be for Flex Coordinators, with the expectation that questions have been gathered from participating CAHs. Questions should be submitted to your ORHP project officer no later than 12 noon ET on Monday August 12th so that answers can be prepared in advance of the call.

***There are multiple ways to show improvement regarding your MBQIP activities***

Similar to when you received your first Phase 1 reports, we understand that you may not be able to implement QI interventions immediately and that you may need a few more quarters of data to start seeing trends and identifying the CAHs most in need of specific QI interventions. Also, because many hospitals have never before reported Outpatient and HCAHPS quality data, there is still a lot of room for improvement in the data submission process itself. As such, ORHP recognizes that an improvement in your quality data outcomes is not the only way to show improvement in your state. Please refer to the flowchart that was created to assist Flex Coordinators in determining which steps in the MBQIP process are in need of improvement in your state (*the flowchart is included as a separate document*). Improvement can be shown in the following ways:

* Increase in the number of CAHs participating in MBQIP in your state
* Improvement in the data submission process by your CAHs (which includes increasing the number of CAHs who actually submit data each quarter)
* Improvement in the quality outcomes through the use of MBQIP data and implementation of QI interventions

***About the reports***

Outpatient Reports:

* Data has been included covering the past 4 quarters, providing you with a full year of data to set a baseline. Data included covers 1Q2012 – 4Q2012 (Jan 1 – Dec 31, 2012).
* Data is included for all CAHs that had submitted an MOU as of May 21, 2013 (1,230 CAHs).
* A quarterly report will be generated for every CAH that has signed an MOU designating participation in MBQIP, even if data is not submitted by that CAH in that quarter. In the event that no data is submitted, or the data submitted does not meet CMS measure inclusion criteria, the report will show “N/A” for each measure. *Again, these CAH-specific reports will be distributed to each individual CAH by the Flex Coordinator.*
* The MBQIP reports include data for MBQIP CAHs whether or not the data is publicly reported to Hospital Compare (ORHP strongly encourages all CAHs to publicly report to Hospital Compare).  The reports also include data even if the CAH experienced a low volume of cases. Please remember that the data on the reports only accounts for those cases that meet CMS inclusion criteria.

HCAHPS Reports:

* **IMPORTANT NOTE:** These reports include HCAHPS data only. You are NOT being provided with HCAHPS scores.
* Data has been included covering the past 4 reporting periods, with each reporting period including 4 rolling quarters of data, providing you with over a full year of data to set a baseline. Data included covers 2Q2011 – 4Q2012.
* Data is included for all CAHs that had submitted an MOU as of May 21, 2013 (1,230 CAHs).
* The state report has a column for a 4 quarter state aggregate. However, due to Telligen receiving data only as a rolling 4 quarters, it will not be possible to provide an accurately weighted state aggregate for HCAHPS data. This column will be removed in the future.
* The HCAHPS data for state and national rates are based on all Hospital Compare data, and not just the MBQIP participants.  There is still only an individual CAH report produced for the MBQIP participating CAHs, however.
* A quarterly report will be generated for every CAH that has signed an MOU designating participation in MBQIP, even if data is not submitted by that CAH in that quarter. In the event that no data is submitted the report will show “N/A” for each measure. *Again, these CAH-specific reports will be distributed to each individual CAH by the Flex Coordinator.*

***Considerations when looking over MBQIP data outcomes and determining quality improvement needs***

* Which, if any, of your measures are lagging behind national CAH performance?
* Which, if any, of your CAHs are lagging behind the state CAH average performance?
* Which, if any, of your CAHs are high-performers on specific (or all) measures? Could they serve as best practice models for other CAHs in the state? Discuss any potential national models with your ORHP project officer.
* What interventions may be appropriate to implement to assist with improving quality outcomes? *Resources: TASC, FMT, state quality partners such as QIO, other Flex Coordinators, high-performing CAHs*
* Are changes to your Flex work plan required in order to implement QI activities to address the needs identified by the data in your MBQIP reports? Discuss with your ORHP project officer.

***What the data means and how to use it***

* Use the first few quarters as benchmarks to show future improvement. The first few quarters of data should also be used to determine which of your CAHs may require additional assistance regarding data submission.
* Use the data to determine the QI needs of your CAHs and target your Flex QI activities.
* Remember that data may not be statistically significant at the individual CAH level, but it is still important for improving patient care. Measuring quality of care, no matter the volume of patients, and then using the data to implement quality improvement initiatives is also an important step in developing and/or enhancing a “culture of quality,” even among the smallest rural hospitals.
* Discuss outcomes and share ideas/best practices/success stories with other Flex Coordinators. Encourage CAHs to discuss and share their outcomes and learn from one another as well.
	+ Post your best practices and success stories on the [Flex Program Forum](http://www.ruralcenter.org/tasc/forum/home). You can also pose questions to other Flex Coordinators on the Forum.
* Please use the data appropriately:
	+ As there may be considerable fluctuation with the data from one quarter to another, it is important to pay attention to trends in quality outcomes over time rather than focusing solely on any one outlier report (good or bad) in a single quarter.
	+ MBQIP allows for the aggregation of quality data at the state and national level, however, individual CAHs will likely still have a small volume of cases for any one particular measure. As such, that data is not intended to be used for marketing purposes.
	+ Please remember that the HCAHPS reports are only providing you with HCAHPS data, and not HCAHPS scores.

***Available resources***

* **Flex Monitoring Team (FMT):** [www.flexmonitoring.org](http://www.flexmonitoring.org)
	+ Search the numerous quality improvement publications on the FMT website
	+ Evidence-based strategies for **AMI** Quality Improvement: <http://flexmonitoring.org/documents/PolicyBrief28-AMI-QI-CAHs.pdf>
	+ Evidence-based strategies for **Surgical Care** Quality Improvement: <http://flexmonitoring.org/documents/PolicyBrief29-surgical-care-QI-CAHs.pdf>
* **Technical Assistance and Services Center (TASC):** [www.ruralcenter.org/tasc](http://www.ruralcenter.org/tasc)
	+ Search for a variety of resources on the TASC website, or go to the search function and type “MBQIP” or “Quality Improvement”
	+ General MBQIP resources are located at: [www.ruralcenter.org/tasc/resources/medicare-beneficiary-quality-improvement-project-mbqip](http://www.ruralcenter.org/tasc/resources/medicare-beneficiary-quality-improvement-project-mbqip)
	+ There are a variety of other resources such as:
		- [www.ruralcenter.org/tasc/pharm-review](http://www.ruralcenter.org/tasc/pharm-review)
		- [www.ruralcenter.org/tasc/resources/quality-reporting-matrix](http://www.ruralcenter.org/tasc/resources/quality-reporting-matrix)
* **QualityNet:** [www.qualitynet.org](http://www.qualitynet.org)
	+ Established by CMS, QualityNet provides healthcare quality improvement news, resources and data reporting tools and applications used by healthcare providers and others.
	+ Hospital Inpatient Q&A: <https://cms-ip.custhelp.com/>
	+ Hospital Outpatient Q&A: <https://cms-ocsq.custhelp.com/>

***The importance of building a relationship with the quality partners in your state***

We cannot stress enough the importance of building and maintaining a strong working relationship with the quality partners in your state. Of particular importance is the Quality Improvement Organization (QIO) in your state, but other partners, such as your State Hospital Association, can be significant partners as well. It is your role as the Flex Coordinator to know who the essential quality partners are in your state and to build a working relationship with them and see where you can collaborate around similar goals. Additionally, ORHP recognizes that each Flex Coordinator may not have the quality improvement background or expertise necessary to provide the appropriate assistance to CAHs regarding quality data and quality improvement needs, so partnerships with other organizations or subcontracts with quality improvement experts will be necessary for implementing the QI component of MBQIP. Through these partnerships, you will be able to ensure your CAHs receive the quality improvement technical assistance they need in order to continuously improve quality outcomes.

* If you have already established a relationship with your QIO, please continue to maintain that relationship, and please share best practices on the Flex Program Forum. If you do not currently partner with your state’s QIO, a directory is below. We urge you to reach out to build that relationship.
	+ QIO Directory: [www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1144767874793](http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1144767874793)
* Continue to identify other important quality partners in your state, and build and maintain a relationship with them as well.