

MBQIP Phase 2 Data Reports Q&A  
August 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.

### *Understanding the Reports*

#### Outpatient Reports

**2. 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?**

“N/A% of N/A patients” indicates that no data was reported for a particular measure. “0% of 0 patients” indicates that the CAH reported data, but did not have any eligible cases for that measure.

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

Telligen is pulling all data submitted by each CAH that meets CMS measure inclusion criteria in order to populate the MBQIP reports that you receive. There may be instances where a hospital submits data that was “accepted,” but is excluded from the warehouse because it does not meet CMS inclusion criteria. All submitted data meeting inclusion criteria will be reflected in the MBQIP reports.

**4. There is a subtitle on the Outpatient Report that says “Reporting Period for Outpatient Imaging Efficiency Measures.” Why is this?**

ORHP will check with Telligen on the inclusion of this subtitle.

**5. For the Outpatient state level reports and the state and national performance data, 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 performance data columns only account for those CAHs participating in MBQIP who actually submitted data for the quarter.

**6. The Median Times for my state performance and/or the national performance seems high. What could be the reason for this?**

The median times are equally weighted, and no data was dropped out for the calculation of state and national performance. However, some CAHs reported very large values (1500 min +, with a few higher than 100,000 minutes), and these may have been in error. If these outliers are in fact reporting errors, then the state and national performance may be incorrectly high.

Because of this possibility, we recommend you use the individual CAH data for each quarter as a means to determine if there are CAHs in your state that may need further assistance with data reporting, and be careful about making CAH performance comparisons to the state and national performance. Also keep in mind the geography of your CAHs and their proximity to tertiary care hospitals. Some may have very long transfer distances and will look as though their performance is “worse,” however; it may really just be a result of their extreme isolation. This data is better used as an internal gauge given the specific circumstances of your CAHs as opposed to a measure to compare against state and national performance.

**7. The Median Time for my state aggregate does not look right. What could be the reason for this?**

Again, the Median Times are weighted equally across all 4 quarters. If your state had any quarters where there were no patients reported (indicated by “0 minutes based on 0 patients”), your state performance may be calculated incorrectly.

For example, if your state has “7 minutes based on 2 patients” for 1Q12, and “20 minutes based on 2 patients” for 2Q12 and 0 patients in both 3Q12 and 4Q12, your state aggregate performance was calculated by summing the four quarters and dividing by four:  $(7+20+0+0) / 4 = 7$  minutes; instead of the more appropriate calculation of:  $(7+20) / 2 = 14$  minutes (the times are rounded to the nearest full number). We will work with Telligen to correct this in future reports.

**8. OP-4 and OP-5 are both AMI and Chest Pain measures. Is the data in the MBQIP report an aggregate of both the AMI and Chest Pain outcomes?**

The data included in the MBQIP report is an aggregate of OP-4 and OP-5 for both the AMI and Chest Pain measures. ORHP will follow-up with Telligen to determine how these measures are reported by CMS, individually or as an aggregate. If CMS also aggregates this data, how is it weighted/averaged? (Note: OP-4: Aspirin at arrival in the ED; OP-5: Median time to ECG in the ED)

HCAHPS Reports

**9. Does this report give us our HCAHPS score?**

You are being provided HCAHPS *data*, not HCAHPS *scores*. Please do not use this data to compare HCAHPS data that is released through Hospital Compare. There may be additional adjustments made to the data before it is released publicly by CMS as your HCAHPS score.

**10. For the HCAHPS state level reports and the state and national data, are all CAHs included?**

The State and U.S. average includes HCAHPS data for ALL hospitals submitting HCAHPS data in the State and U.S. respectively, and not just CAHs or MBQIP participants. There is still only an individual CAH report produced for the MBQIP participating CAHs, however.

**11. Can you define “N/A” on the HCAHPS reports?**

If “N/A” appears throughout a CAH HCAHPS report, it means that there was no data available for that CAH. The most likely reason for this is that the CAH is not currently participating in HCAHPS. It is also possible, however, that the CAH has a low volume of responses. If there are fewer than 5-10 responses, the HCAHPS data is not available to Telligen in the HCAHPS data warehouse.

**12. Why is there no data in the “State Aggregate” column on the HCAHPS state reports?**

Each column of HCAHPS data is comprised of one reporting period. Each reporting period includes four rolling quarters of data. For this reason, the state aggregate across four reporting periods cannot be calculated. ORHP will discuss the removal of this column in future reports.

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

**13. 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 Phase 2 Data Reports** for suggestions on questions to ask as you look through the data as well as next steps.

**14. 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 entire 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.

**15. 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 continue sharing successes, lessons learned, challenges, and additional questions regarding Phase 2 data collection, submission, and quality improvement as they arise.