

# MBQIP Monthly

Medicare Beneficiary Quality Improvement Project



A publication for Flex Coordinators to share with their critical access hospitals

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Contact your Flex  
Coordinator if you have  
questions about MBQIP.

Find your state Flex  
Coordinator on the  
[Technical Assistance and  
Services Center \(TASC\)  
website.](#)

Find past issues of this  
newsletter and links to  
other MBQIP resources  
on TASC's [MBQIP  
Monthly](#) webpage.

## Quality Time: Sharing PIE: Mentors Answer Your Burning Questions



As part of Stratis Health's [National Rural Virtual Quality Improvement Mentor](#) program, critical access hospital quality improvement staff can ask the quality improvement (QI) Mentors for solutions to their most vexing issues.

Below is one hospital QI professional's "Burning Question", and responses from the QI Mentors.

### Question from a QI Coordinator in Nebraska:

*We have a board quality committee where our CEO wants us to present only high-level data such as satisfaction scores, provider measures, safety metrics, HR, and finance data. What can we do, or where should we present and discuss the rest of the departments' quality improvement (QI) data? Pre-COVID, we had quarterly QI supervisor meetings where various departments demonstrated what they do with QI. We were also trying to get a quality care committee together – three directors, three frontline QI supervisors, myself, and two C-suite-level staff. However, I feel there is a lack of purpose in these meetings. What do others do for quality committees, and do they have an overall primary purpose?*

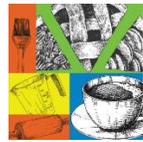
### Mentor recommendations:

- To engage frontline staff in quality, all department directors and C-Suite members must participate in quality meetings. Our committee meets once a month. Each department is provided a schedule at the beginning of the year indicating when they report. Directors present an excel spreadsheet with required data. We are currently transitioning to a standardized format to show each departmental quality improvement plan (QIP). Directors present on the QIP during the meeting, and committee members are encouraged to provide feedback. The minutes from this meeting are presented to our medical staff committee and then sent to our governing board for approval. Each department has a quality board where quality data, QIP, and patient satisfaction data are posted. Department directors are responsible for



**Do You Have Your Own Burning QI Question? Ask a QI Mentor.**

The virtual QI mentors want to share their performance improvement experience in critical access hospitals with you. Have a burning question? Want to suggest a PIE conversation topic? Just submit this [short form](#).



**Did You Know?** concepts suggested by the Mentors in

this article, like board and leadership engagement, effective communications and teamwork, and the importance of networking, are explored in detail in their Sharing PIE recorded conversations.

You can listen from the [Sharing PIE webpage](#), or on the go by subscribing to the podcast version through your favorite [streaming service](#).

The National Rural Virtual Quality Improvement Mentor program is led by [Stratis Health](#). Contact [Sarah Brinkman](#) for more information.

ensuring the quality board is current. COVID has impacted participation in our monthly meetings tremendously. I believe in-person meetings were more interactive versus virtually. We are transitioning back to meeting in person in the coming months.

- If leadership doesn't want to hear what's going on in the frontlines for QI that probably means there won't be much QI going on – what you promote is what will happen. Tie quality to reimbursement to demonstrate the value in financial terms.
- We send all performance improvement to the board in a stoplight format so they can see where they are performing well and where they have opportunities. We share it with the C-suite team and quality meetings before going to the board, which allows an opportunity to identify pain points and strategies before presenting to board.
- Don't create a new committee just to create a new committee – if you can't get your C-suite to support quality, a new committee isn't going to get you there; work with the committees you do have.
- When presenting on a quality project, speak to “what caused you to do the study?” (complaint, fiscal impact). This will demonstrate to administration and board why the study was done, so they understand the importance. Sometimes the board is more focused on finance – we need to translate the why into terms they connect with.
- Is the issue with the existing culture? The CEO? The Board? Write up an aggressive mission, vision, and plan for the committee. Then, share it with the CEO. Don't just think of it in terms of “regulatory requirements” – link it to the full strategic plan. It's the CEO and board's responsibility to care about quality; it's your responsibility to link what quality implementation looks like and achieving the strategic plan.
- We present high-level data for the board, but we discuss quality at a variety of meetings. For example, our Patient Support committee is more our “quality committee”. Members consist of physician chair, CNO/VP Patient Services, Nursing, Dietary, Therapies, Cardiopulmonary, Radiology, Lab, Infection Control and Quality. Each department presents its quality data and discusses issues with the committee. This data goes to the Quality Director, who puts it in a quarterly report shared at staff and management leadership meetings. The data is also posted on our intranet for all staff.

*Mentor Recommendations are edited for clarity and length.*

These eight experienced critical access hospital quality improvement (QI) staff from across the country are serving as virtual mentors. They share examples and advice on how to address common QI challenges in CAHs through the national rural Virtual Quality Improvement Mentor program.



**Amy Arnett**, MS, RN, CPHQ, CPPS, Quality/Infection Prevention/Credentialing Manager, Paris, IL



**Cindy Gilman**, BSN, RN, Chief Nursing Officer/ Quality, Carrollton, MO



**Mariah Hesse**, BSN, RN, CENP, Director of Patient Care Services, St. Johns, MI



**Karen Hooker**, MHL, RN, CPHQ, Risk Manager & Quality Director, Burlington, CO



**Christy Mintah**, RN, BSN, Quality Improvement Supervisor, Estherville, IA



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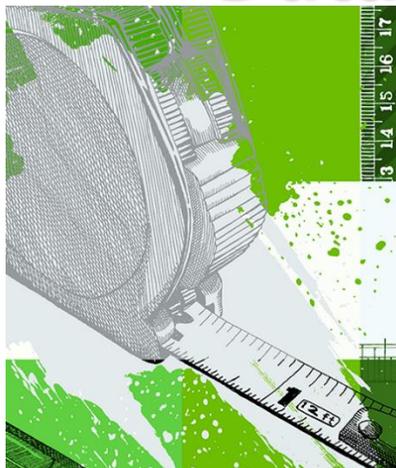


**ArvaDell Sharp**, RN, Director of Nursing, QA/RM/IP, Cavalier, ND



**Brenda Stevenson**, RN, Quality Director, Titusville, PA

# Data



## CAHs Measure Up: Overall Hospital Star Ratings

The Overall Hospital Quality Star Ratings (Overall Star Ratings) were first released by the Centers for Medicare & Medicaid Services (CMS) in July 2016 with the intent to summarize information from existing hospital measures on [Care Compare](#) (previously called Hospital Compare) in a way that is useful and easy to interpret for patients and consumers. The Overall Hospital Quality Star Rating is updated approximately annually and summarizes inpatient and outpatient measures into a single rating utilizing the most recent performance on measures posted on Care Compare at the time the calculations are run.<sup>1</sup>

The star rating methodology was recently reviewed and modified based on stakeholder feedback. Primary concerns about the previous methodology included the complexity and replicability of the calculations; concerns about comparability of hospitals with fundamental differences such as size, volume, patient case mix, and service mix; the complexity of the statistical approach; and that more than 20% of hospitals consistently do not meet the threshold to have a rating calculated. In addition, most hospitals that do not receive a rating are small and rural, in part due to the lack of available rural-relevant measures.

The revised methodology was utilized in the April 2021 Overall Star Rating release. Broadly, the updates reflect a shift from seven measure groups to five<sup>2</sup>, a modification of the thresholds for having a star rating calculated, a simplification of the statistical methods utilized, and the inclusion of a peer grouping approach. RQITA's [Overall Hospital Quality Star Rating: Overview For Flex Programs and Rural Stakeholders](#) outlines these updates in more detail and includes a link to a list of the measures used in the April 2021 release.

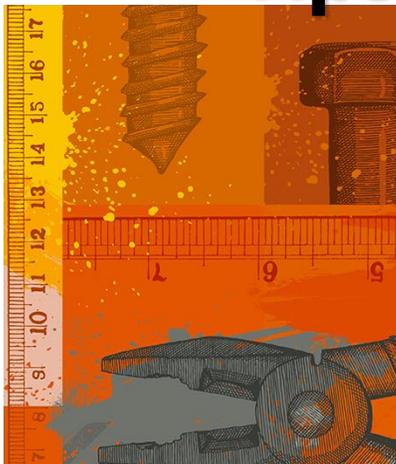
Although the Overall Star Rating methodology updates address some of the previous concerns, the lack of rural relevant measures remains the primary concern for inclusion and meaningfulness of ratings for small rural hospitals. Most CAHs that meet the threshold to have a rating calculated continued to have a 3- or 4-star rating, but there was an increase in the number of CAHs that received a 1- or 2-star rating.

Did your CAH receive an Overall Star Rating in the most recent release? If yes, have you reviewed your Care Compare Hospital-Specific report to understand your Star Rating calculation and potential opportunities for improvement (you can request your hospital's report via your HARP account if you didn't download it during the preview period)?

<sup>1</sup> It is important to note that the Hospital Patient Experience of Care (HCAHPS) Star Rating is posted separately from the Overall Hospital Quality Star Rating (both ratings are posted on the Care Compare site). HCAHPS scores are included as a component of the Overall Hospital Quality Star Rating.

<sup>2</sup> The shift from seven measure groups to five measure groups in part reflects the broader CMS direction towards a focus on outcome measures and away from process measures. Many of the measures included in the Star Rating are calculated based on Medicare claims.

# Tips



## Robyn Quips - tips and frequently asked questions

### Reporting Reminders

When starting to abstract Q1 2021 measures, the new year comes with a new set of Specifications Manuals. The CMS Hospital Inpatient and Outpatient Specification Manuals can be found from the main page of [QualityNet](#). Clicking on the Hospitals-Inpatient or Hospitals-Outpatient box will bring you to the Specifications Manual for that set of measures.

The Specifications Manuals contain the instructions on determining the population for the measure sets and the instructions for how to answer the data element questions for each measure.

Changes from one year's manual to the next are found in the Release Notes. Reading thru the notes will tell you if there have been changes to the abstraction data element instructions or additions to the code tables for population requirements. The notes document all the changes made from one year's manual to the next. The Release Notes are found on the same site as the manual.

### HAI Data

If you are at a critical access hospital that submits HAI data to NHSN and are wondering why your data may not appear on the MBQIP Additional Measures Report, here may be a reason. The HAI data come to the MBQIP Data Report developers the same way the outpatient data does, from CMS. CMS sends the data to the report developers shortly after the due date for a quarter has passed. CMS has due dates for their HAI reporting measures. They are the same dates as the CMS inpatient chart abstracted measure reporting due dates. So even though you can enter HAI data into NHSN at any time, to be considered reporting for these measures and have your data get on the MBQIP Data Reports, it needs to be submitted by the CMS inpatient measure due date each quarter.

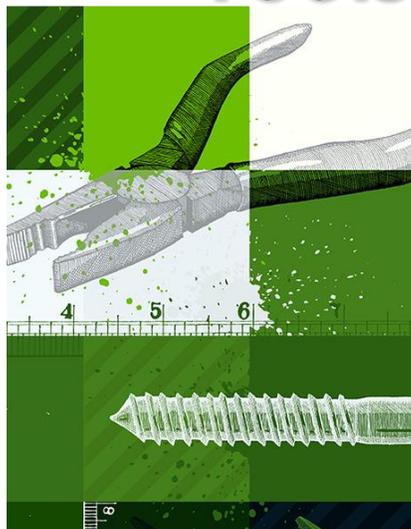
### Go to Guides

#### Hospital Quality Measure Guides

- [MBQIP Quality Reporting Guide](#)
- [Emergency Department Transfer Communication](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications](#)



# Tools



## COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually being updated. The Rural Health Information Hub is regularly updating and adding links for Rural Response to COVID-19:

- [Federal and National Response Resources](#)
- [State Response Resources](#)
- [Rural Healthcare Surge Readiness](#)

[COVID-19 Vaccine Rural Resources](#): Curated by the National Rural Health Association, includes talking points, conversation starters, public service announcements and other tools to address vaccination questions and concerns.

## MBQIP Resources

**Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, July 13, 2021, 2:00 – 3:00 p.m. CT – [Register](#)**

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will be offering open office hour calls to discuss your MBQIP abstraction questions. Sessions are free of charge, but registration is required. For more information about the Ask Robyn calls, contact Robyn Carlson, [rcarlson@stratishealth.org](mailto:rcarlson@stratishealth.org).

### [QI Basics Online Learning Modules and Resources](#)

The Quality Improvement (QI) Basics course is designed to equip professionals with the knowledge and tools to start QI projects at their facilities. Developed by Stratis Health, with rural audiences in mind, learners may complete the course in sequence or use individual modules and tools for stand-alone training and review. A facilitator's guide and sample course syllabus are also available for group training and discussion within an organization.

### [Overall Hospital Quality Star Ratings: Overview for Flex Programs and Rural Stakeholders](#)

Provides an overview of the Centers for Medicare & Medicaid Services (CMS) Overall Hospital Quality Star Ratings including background information, rural relevant discussion/talking points, and a summary of the methodology including the recent changes made as part of the Calendar Year 2021 CMS Outpatient Prospective Payment System final rule.

### [Rural Healthcare Provider Transition Project: Now Accepting: 2021 - 2022 Applications](#)

With the support of the Health Resources Services Administration's Federal Office of Rural Health Policy, the National Rural Health Resource Center provides selected small rural hospitals and rural health clinics intensive technical assistance through the Rural Healthcare Provider Transition Project (RHPTP). This project is designed to help strengthen their foundation in key elements of value-based care (VBC) including efficiency, quality, patient experience, and safety of care.



MBQIP Monthly is produced by Stratis Health to highlight current information about the Medicare Beneficiary Quality Improvement Project (MBQIP). This newsletter is intended for Flex Coordinators to share with their critical access hospitals.

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