

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.

New Episode Now Available: Quality Time: Sharing PIE (performance improvement experience) Conversations

As part of Stratis Health's [National Rural Virtual Quality Improvement Mentor](#) program, the latest installment of Quality Time: Sharing PIE (performance improvement experience) recorded conversations is online and ready for listening!

In this series, the mentors, experienced critical access hospital quality improvement (QI) staff from across the country, come together to share PIE—their performance improvement experience. They discuss key topics that help drive quality improvement in their rural hospitals. You can hear their lessons learned, strategies, tips, and ideas. Included with each episode are supportive resources for the topic, along with one of the mentor's favorite real pie recipes!

In [this session of Quality Time: Sharing PIE](#), QI Mentors Brenda Stevenson and Mariah Hesse

share how they work to make quality fun and engaging for the staff at their hospitals, including creative ways they've found to draw in staff from all levels at their facilities. Listen from the [Sharing PIE webpage](#), or by subscribing through your favorite [streaming service](#).

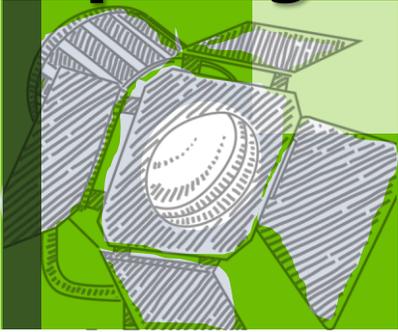


Burning QI Question? Ask a QI Mentor.

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](#).

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

Guest Spotlight



Free Samples? Population and Sampling Data Are Here! Flex Monitoring Team

The [Flex Monitoring Team](#) has gained access to population and sampling data from the Centers for Medicare & Medicaid Services (CMS)! This means that the quarterly Patient Safety/Inpatient and Outpatient MBQIP reports will reflect additional data that will be informative for your state and critical access hospitals (CAHs).

What you will see

The tables in your reports will not change significantly; there are no new rows or columns with the addition of these data. However, the data used to generate the tables is now more robust and allows for distinction

between CAHs that did not report data to CMS and CAHs that did report data to CMS but did not meet measure or population criteria. These data will be included starting with Q4 2020 reports. Previous quarters will appear the same as on prior reports. Population and sampling data are available for the measures OP-2, OP-3b, and OP-18b.

The main difference you might see on your reports is an asterisk symbol (*) in place of a value for one or more measures. This symbol indicates that the CAH either:

- Reported a population of 0, meaning there were no patients that met the patient population, or
- Submitted eligible cases that were accepted to the CMS Clinical Warehouse, but those cases were excluded for the measure.

Before receiving these new data, “N/A†” indicated this may have been the case but could not be verified. Moving forward, you may still see an “N/A” (without the dagger symbol), indicating that the CAH either:

- Did not submit any data, or
- Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.

How to interpret the data

Including these data allows State Flex Coordinators to better understand how many and which CAHs report data for certain measures. Additionally, these data acknowledge CAHs that report but do not have eligible patients or population for the measure, which were previously grouped with CAHs that did not report.

It is important to note that the number of CAHs reporting at the state and national levels may appear higher than in previous reports. This is because CAHs that reported data but did not meet measure or population criteria are now counted as reporting.

How many CAHs are impacted

The table below shows the number of CAHs in each reporting category by measure. OP-2 is the measure most impacted by this change due to the nature of its criteria. There are 494 CAHs that will have a “*” on the Q4 2020 report for OP-2, indicating that they reported data but either did not have any cases that met the population criteria or those submitted cases were excluded for the measure. The numbers are considerably fewer for other measures; OP-3b has 96 CAHs that will have a “*”, and OP-18b has four (likely due to errors in data submission).

Number of CAHs in each reporting category, by measure

Displayed in Q4 2020 report	OP-18b	OP-2	OP-3b
Numeric value (average or rate)	752	167	270
“*”	4	494	96
“N/A”	581	676	971

Tips



Go to Guides

Hospital Quality Measure Guides

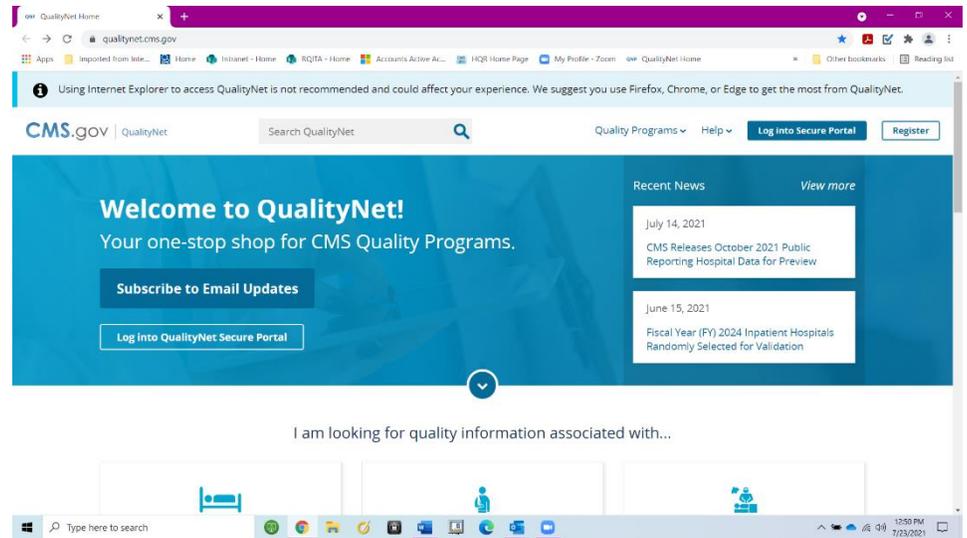
- [MBQIP Quality Reporting Guide](#)
- [Emergency Department Transfer Communication](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications](#)



Robyn Quips - tips and frequently asked questions

Abstraction Tidbits

Sign up for QualityNet email updates. This once was referred to as “joining the ListServe”, so no need to do it again if you have already done that. These emails are the way CMS lets us know about issues with HARP/Hospital Quality Reporting (HQR), new releases or updates to the Specifications Manuals and CART, data deadline submission changes, and other application or initiative alerts. All you need to sign up is your name and email. Then, scroll thru the list of options and choose the programs that you’re interested in. You can find the link on the [CMS QualityNet homepage](#).



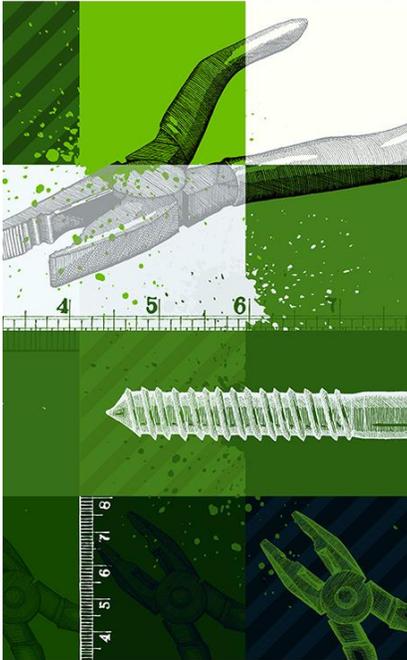
Abstract Cases From All Payers

Just a reminder, you should abstract all cases in your hospital that meet the population requirements. Yes, this is the Medicare Beneficiary Quality Improvement Project; however, the aim of quality reporting is to improve the care for all patients in your hospital—not just those paid by Medicare. So don’t just abstract your Medicare patient data. Instead, choose all data from all payers so your hospital can understand the quality of care it provides.

QualityNet Helpdesk Hint

When calling the QualityNet Helpdesk for assistance in submitting your Outpatient measures, there is no need to mention the MBQIP program. This may prevent you from getting the help you need since they may not know the program. You are a hospital that needs assistance to get your outpatient measure data into the warehouse. It doesn’t matter that you are a CAH or what program you are doing it for. When you call the QualityNet Helpdesk, you can say only, “I need assistance getting my CMS measure data submitted”.

Tools



COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually 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](#)

MBQIP Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, October 12, 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.

[Study of HCAHPS Best Practices in High Performing CAHs](#). Shares improvement strategies and effective best practices for each component of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), collected from high performing critical access hospitals (CAH) across the U.S.

[Family Presence Policy Decision-Making Toolkit](#). From Planetree International, this decision-making tool has been developed to help healthcare leaders implement hospital and nursing home visitation policies that balance safety and infection control with the importance of in-person family presence.

[Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being](#). This discussion paper from the National Academy of Medicine identifies evidence-based and promising practices shown to increase clinician well-being.



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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