

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 Karen Hooker and Brenda Stevenson

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 Mentors want to share their QI experience in with you. Have a burning question? Want to suggest a PIE conversation topic? Just submit this [short form](#).

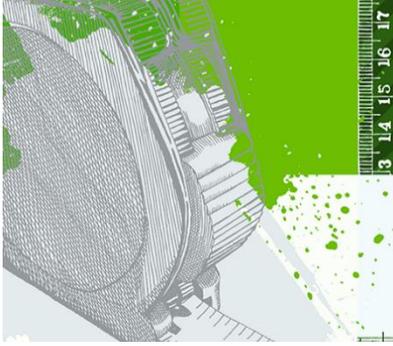
Check Out the Next Mentor Cohort!

[These 12 new Mentors](#) are ready to help with your QI challenges!



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

Data



CAHs Measure Up: How EDTC Measures Are Calculated

We’ve recently received some questions about how the EDTC measure is calculated. The EDTC measure is made up of eight data elements that roll up into an overall measure.

A transfer record needs to meet every single data element to meet the overall EDTC measure. In the example below, even though some records are meeting individual data elements, Record 1 is the only transfer record that meets all of them and thus meets the overall EDTC measure.

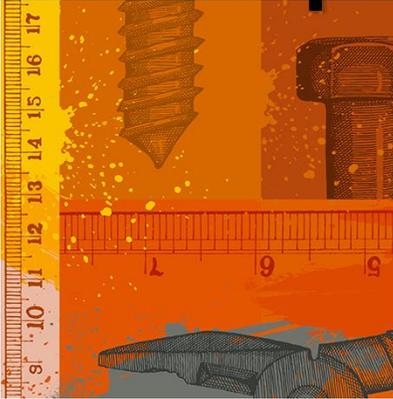
The overall EDTC measure score will always equal or be lower than the lowest data element score. The overall EDTC measure can be lower than any individual measure because different charts can have different missing data elements; not all charts that are missing data elements are missing the same ones.

In the example below, Record 2 has a single case that does not meet the second data element, and Record 3 has a different single case that does not meet the fourth data element. As a result, the performance for the second and fourth data elements looks the same in terms of their percentages (66%), but it’s not the same case that’s causing each of those data elements to be what that percentage is. As such, neither of those two cases meet the measure overall, and the overall measure performance is just 33%.

In other words: The overall EDTC measure score below (33%) is lower than the lowest EDTC data element score (66%) because two of the records do not meet the overall EDTC measure. Record 2 is responsible for the 66% in the second data element, and Record 3 for the 66% in the fourth data element.

Data Elements	Record 1	Record 2	Record 3	Records Meeting Measure	% Score
1. Home Medications	Y	Y	Y	3/3	100%
2. Allergies and/or Reactions	Y	N	Y	2/3	66%
3. Medications Administered in ED	Y	Y	Y	3/3	100%
4. ED Provider Note	Y	Y	N	2/3	66%
5. Mental Status/Orientation Assessment	Y	Y	Y	3/3	100%
6. Reason for Transfer and/or Plan of Care	Y	Y	Y	3/3	100%
7. Tests and/or Procedures Performed	Y	Y	Y	3/3	100%
8. Tests and/or Procedures Results	Y	Y	Y	3/3	100%
Overall EDTC Measure	Y	N	N	1/3	33%

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

Chart Abstracted MBQIP Measures

We're hearing about a lot of staffing changes, so I thought it might be time to review the current chart abstracted MBQIP measures. So here is a listing of the measures and where to find the instructions for abstraction.

Outpatient Measures

The Outpatient Measures currently part of the MBQIP program are from the AMI and ED Throughput Measure Sets. These measures are part of the CMS Hospital Outpatient Quality Reporting program.

The AMI measures are:

OP-2, Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival and OP-3, Median Time to Transfer to Another Facility for Acute Coronary Intervention.

Remember, you pull records for chart abstraction based on measure set, not the individual measure. For example, just because you might not give fibrinolytics at your facility, you can't decide not to abstract measure OP-2. That measure is part of the AMI measure set, and that set is abstracted for MBQIP. You cannot pick and choose measures to abstract within a measure set. You start by determining the population for the measures set and then pull those records for abstraction. How the data element questions are answered determines whether the case is included or not in the measure.

The instructions for the AMI measure abstraction are found in the CMS [Hospital Outpatient Quality Reporting Specifications Manual](#). Scroll to Section 1, Measure Information Forms, and look for the AMI Measure Set.

The ED-Throughput chart abstracted measure is OP-18, Median Time from ED Arrival to ED Departure for Discharged ED Patients.

The instructions for the OP-18 measure abstraction are found at the

same manual link and section as above. Look for the ED-Throughput Measure Set. If the volume of cases per quarter that meet the population requirements for OP-18 is high, you may wish to sample rather than submit all cases. Look to Section 4, Population and Sampling Specifications in the above manual for guidance on the number of records that need to be submitted.

OP-22 is also part of the ED-Throughput Measure set; however, it is not a chart-abstracted measure and is submitted yearly, not quarterly like the above measures. We'll talk more about OP-22 closer to the measure submission date.

EDTC Measure

The EDTC measure is not a CMS measure. The [instructions for abstraction of that measure](#) can be found on the Stratis Health website.

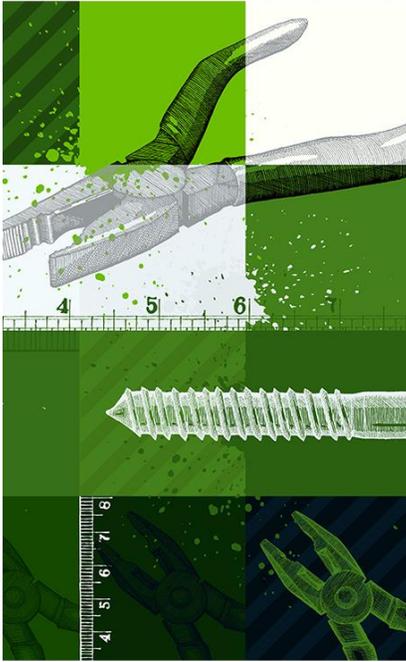
The EDTC Data Specification Manual contains instructions on how to determine the population for the measure along with the date element abstraction instructions. The EDTC data collection tool can also be found at this site, along with video instructions on both abstraction and data submission.

Have An Abstraction Question?

If you've missed my Open Office Hours call and have a specific abstraction question you'd like to ask, [use this form to submit it to me](#), and I'll answer a question or two each issue in this column.

Please keep your question to abstracting/submitting data on the current MBQIP core measures.

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, January 25, 2022, 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.

Updated! [Critical Access Hospital eCQM Resource List](#). This list of resources related to electronic clinical quality measure (eCQM) reporting is intended to aid critical access hospitals seeking to meet the quality measure reporting requirements for the Promoting Interoperability Program (formerly known as the Medicare EHR Incentive Program).

[CMS Seeking Hospitals for eCQM Testing](#). CMS has contracted with Mathematica to develop, electronically specify, and maintain process and structural measures that assess clinical quality. Mathematica is identifying hospitals interested in testing the Safe Use of Opioids – Concurrent Prescribing electronic clinical quality measure (eCQM). This measure aims to reduce preventable mortality, the risk of respiratory depression, and the costs associated with adverse events related to opioid use. **CMS is offering hospitals up to \$5,000 to participate in testing the measure.**

Updated! [HCAHPS Vendor Guide](#)

Updated in October 2021, this guide from the National Rural Health Resource Center provides information on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) vendors to guide small rural hospital and critical access hospital vendor selection of this important, patient-centered survey process.



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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