

Attachment 1 & 2: Current & Updated Work Plan

- Please use the [Work Plan Template](#) to update the current year (FY 2022) if a new activity has been introduced through a change in scope, or an activity has been terminated; this should be noted and identified clearly.
- For future year (FY 2023) include ongoing activities that will continue from the current budget period, as well as any new activities and indicate if each activity is new or ongoing.
- **Focus on Outcome Measurement:** select 3-4 measures to work on in your FY 2023 work plan in any of the program areas.
 - [Example Outcome Measures: Quality Improvement & Financial & Operational Improvement](#)
 - [Example Outcome Measures: Population Health and EMS](#)



Example Outcomes for Population Health

Table 4: Outcome Measures for Chronic Care Management Program (CCM)

Theory of Change: Chronic care management programs can improve quality of care and patient outcomes by offering patients monthly check-ins and 24/7 access to their care team; care coordination with other providers and community-based services; and management of care transitions, referrals, and follow up. Patients receive a comprehensive care plan to track progress towards disease control and health management goals including cognitive, psychosocial, functional, and environmental factors.

Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> • # and % of patients with 2 or more chronic conditions at risk of death, acute exacerbation, decompensation, or functional decline registered in CCM program • # and % of patients receiving self-management education and support specific to their condition • # and % of patients participating in CCM interventions (e.g., keeping blood pressure or glucose logs, setting weight loss/exercise goals) 	<ul style="list-style-type: none"> • Increase in # and % of patients receiving monthly check-ins, regular lab testing, and early medical attention for complications • Reduction in # and % of low patient satisfaction survey scores • Reduction in # and % of patients non-compliant with treatment regimen • Reduction in the # and % of patients with poor control of key biometrics (specific to diseases) 	<ul style="list-style-type: none"> • Reduction in the rate of readmission after discharge from the hospital for all cause readmissions (NQF 1789)¹⁹ for participating patients

Example Outcomes for EMS

Table 10. Example Outcome Measures for Billing Improvement Initiatives (Capacity Building)

Theory of Change: A key element of EMS sustainability involves ensuring that EMS agencies have the capacity to bill for and collect revenues generated by their operations by improving their billing and coding capacity, ensuring that each agency has an appropriate billing system in place (directly or through a contracted billing service), improving their collection of demographic, insurance, and service information and data, and improving their ability use financial and billing data for performance improvement. Improving revenue cycle capacity can reduce denied claims, increase revenue, and avert unintentional violations of ambulance-service billing standards.

Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> • # and % of agencies with appropriate billing and collection capacity • # and % of agencies able to bill third party payers and patients for services rendered • % improvement in the number of runs for which all appropriate billing, demographic, and insurance information was collected • % reduction in errors in financial and billing data collected for each run 	<ul style="list-style-type: none"> • % reduction in time of processing claims • % reduction in denied claims (# of claims denied/aggregate # of claims submitted) • % reduction in days to collection • % increase of clean claims rate (claims paid on the first pass/claims submitted) • % reduction in registration errors as a percent of total registrations (total registration errors/total registrations) 	<ul style="list-style-type: none"> • # and % of EMS agencies with improved financial stability based on key financial indicators: • Improvement in the % of expenses covered by patient/transport revenues • Reductions in the % of expenses covered by other revenue sources (e.g., local tax revenues, grants, revenues)

Example Outcomes for EMS

Table 11. Outcome Measures for Improvement in TCD Times and Patient Survival (Improving Systems of Care)

Theory of Change: Improvement in TCD response times and patient survival requires a comprehensive EMS system with personnel trained in best practice guidelines and dispatch protocols, proper equipment, familiarity with the receiving hospital services, and an understanding of systems resources and capacity. Examples of initiatives to improve TCD systems of care include implementing national guidelines for STEMI, stroke, and trauma; creating protocols for routine evaluation of compliance to those standards; building communication loops between tertiary hospitals and EMS to improve system performance by debriefing after TCD events; establishing and implementing EMS prehospital treatment and transfer protocols; and establishing and monitoring system performance targets (e.g., optimal time frames for successful treatment and transport).

Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<ul style="list-style-type: none"> • # and % increase in EMS agencies equipped to acquire 12-lead EKGs and diagnose STEMIs • # and % increase in number of staff with training on recognition of STEMI and stroke • # and % increase in number of staff with training on trauma/field triage protocols for all ages • # and % increase in number of agencies using the American Heart Association’s Mission (AHA): Lifeline Guidelines (STEMI) 	<ul style="list-style-type: none"> • # and % increase in regional protocols to improve early notification times • # and % increase in patients receiving percutaneous coronary intervention within 90 minutes from first contact for STEMI • # and % increase in patients arriving at hospital within 120 minutes of stroke onset and receiving fibrinolytic therapy within 180 minutes 	<ul style="list-style-type: none"> • # and % agencies functioning as part of an integrated system of emergency care • # and % reduction in inpatient mortality rate of patients treated for TCD by agency

MBQIP Updates

March 14, 2023



Recent Updates

- MBQIP Measures Under Consideration (MUCs) were released for public comment and the comment period closed on **February 28, 2023**. FORHP's goal is to develop a more robust, rural-relevant measure core set for MBQIP.
- FORHP, in partnership with RQITA, are in the process of reviewing all comments closely before announcing decisions about measure adoption into MBQIP (**expect to announce in May**).
- MUCs that are deemed feasible for MBQIP implementation would become part of a menu of measures available for reporting (Note: not all measures adopted are expected to be reported. The menu simply provides more options and flexibility for states to work with CAHs in meeting their quality improvement goals)

• All Flex Programs are expected to work closely with CAHs to determine which MBQIP measures from the expanded menu would be feasible for their CAHs to report



Additional Updates

- As FORHP continues to work with other quality partners to help identify rural-relevant measures, states can expect more frequent future updates related to MBQIP eligibility requirements.
- Recent changes in MBQIP are meant to help support meaningful quality measurement and improvement activities and to integrate previous feedback received from states and other FORHP partners about the relevance of MBQIP.
- To further support meaningful measurement and improvement, FORHP, in partnership with TASC, FMT and RQITA are conducting a CAH quality assessment. In the future, this CAH assessment will help inform FORHP's efforts and targeted support for CAHs to help them meet their quality improvement needs.



MBQIP Eligibility Requirements

- MBQIP eligibility requirements were suspended during the COVID-19 Pandemic and they will remain suspended during the next NCC cycle.
- FORHP continues to encourage ALL Flex Programs to support CAHs in reporting measures, with a focus on the core MBQIP measures that have been part of the program thus far (to remain unchanged until further notice from FORHP)
- In the Fall of 2022, FORHP announced reinstatement of MBQIP requirements expected to take effect AFTER the next competitive Flex cycle (2024-2025):
 - 1)A CAH must have a signed MBQIP Memorandum of Understanding
 - 2)A CAH must report on **any** 4 MBQIP core measures
 - 3)A CAH must have reported data for four **consecutive** quarters in order to identify opportunities for improvement (annual measures reported once per reporting period)



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