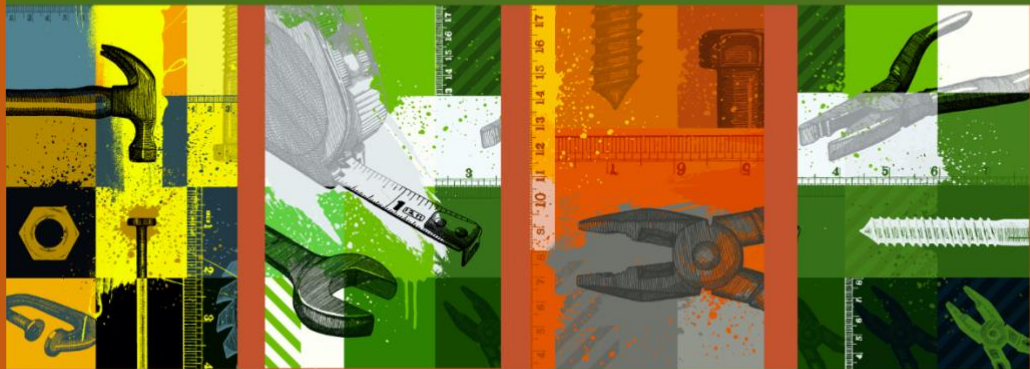


MBQIP Monthly

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.

CAHs Can! QI Mentor Stories – Building a Quality Warehouse

This MBQIP Monthly series highlights each of the critical access hospital (CAH) staff currently serving as [National Virtual Quality Improvement Mentors](#) as they share examples and advice to address common CAH quality improvement (QI) challenges.

In this story, Caryn Bommersbach, Director of Quality Assurance & Medical Staff Compliance with [CentraCare](#), shared in a [podcast](#) with [Rural Health Leadership Radio](#), how she helped develop a virtual data warehouse, which is a “one-stop-shop” for all things quality as a place for data storage, dashboards, quality information, and projects. The virtual data warehouse enables quality assurance to be streamlined and standardized. Moreover, it also creates more awareness about quality standards and standards for health facilities.



Caryn Bommersbach

In the podcast, Caryn highlights the importance of leadership in using a virtual data warehouse to promote high quality and effective patient care. Additionally, she speaks to the transformative power of data since it represents patients and provides an opportunity to improve their experience and overall satisfaction.

Hear why Caryn is passionate for rural health and her values as a leader. To learn more about Caryn’s leadership role and style, check out her mentor profile in the [April 2022 edition of MBQIP Monthly](#).

Recipe for a Successful Performance Improvement Experience (PIE)

The [National Rural QI Mentors](#) recommend utilizing the PIE recipe as a framework for ensuring quality improvement projects have all the necessary ingredients and follow the appropriate steps (directions) for a successful outcome.

In Caryn’s QI story, the key ingredients highlighted are **administrative and clinical leadership support** and **culture that promotes teamwork, communication, and accountability**.

QI Mentors share more
at www.stratishealth.org

Recipe for a Successful Performance Improvement Experience (PIE)

Serves: Staff and Patients

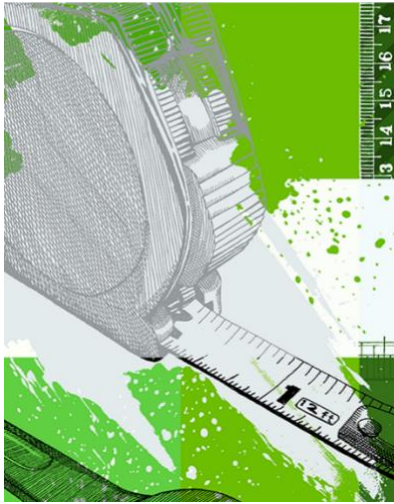
Bake: As long as it takes for excellent results. This may vary relative to the quality of the ingredients.

<p>Ingredients*:</p> <ul style="list-style-type: none"> - Administrative and clinical leadership support - Committed staff - Culture that promotes teamwork, communication, and accountability - Engaged patients and families - Continuous improvement with data 	<p>Directions*:</p> <ol style="list-style-type: none"> 1. Identify opportunities for improvement 2. Prioritize and select area to improve 3. Measure current performance 4. Analyze the problem 5. Choose strategies 6. Set process and outcome goals 7. Plan the change(s) 8. Implement change(s) 9. Study results 10. Adapt, adopt, or abandon change(s) 11. Monitor results 12. Sustain improvements 13. Enjoy the results!
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*Note: PIE is best enjoyed with the right people at the table.

*Note: May need to tweak the directions if results are not to your liking.

Data



CAHs Measure Up: Health Care Disparities in Rural Areas – A Data-Driven Approach

Access to quality health care is essential for the well-being of individuals, regardless of their geographic location. Rural areas often experience health care disparities, creating challenges for residents in accessing necessary medical services. To address these disparities and promote health equity, CAHs can leverage existing data and adopt a data-driven approach.

CAHs can gain insight into the specific challenges faced by rural populations by examining various data points such as demographics, health outcomes, resource allocation, and access to services. This allows for the development of strategies that address the root causes of disparities and promote more equitable access to health care. Below are some data-driven strategies that can make a difference.

- **Geographical Mapping and Resource Allocation:**
By mapping health care facilities, population distribution, travel times to facilities, and transportation networks, areas with limited resources can be identified and resources can be strategically allocated. This data-driven approach enables policymakers, providers, and community members to prioritize the establishment or expansion of health care facilities, mobile clinics, or community outreach programs to areas with the greatest need.
- **Addressing Workforce Shortages:**
By analyzing workforce data, areas with a scarcity of certain health care staff can be identified. This can then guide strategic recruitment efforts, incentives, and programs that aim to attract and retain medical professionals in rural communities. Data-driven strategies can also facilitate the implementation of telehealth and remote monitoring solutions, bridging the gap created by workforce shortages and ensuring equitable access to specialized care for rural residents.
- **Collaborative Data Sharing:**
Collaborative data sharing between health care providers, researchers, and policy advocates is crucial in addressing health care disparities and advancing health equity. By sharing data, relevant partners can gain a comprehensive understanding of the challenges faced by rural communities. This data collaboration facilitates evidence-based decision-making, benchmarking opportunities, sharing of best practices, and fosters innovation in addressing rural disparities effectively.
- **Promoting Preventive Care:**
Data can be a powerful tool in promoting preventive care in rural areas. By analyzing population health data, relevant health conditions and risk factors within rural communities can be identified. This knowledge guides the development of intentional outreach programs, education campaigns, and preventive interventions. Through these data-informed preventive health initiatives, CAHs can empower rural residents to proactively manage their health and reduce the burden of chronic disease.

Health care disparities in rural areas continue to pose significant challenges and opportunities for individuals and communities. By understanding the impact of these disparities and implementing targeted strategies, we can work towards a more equitable health care system.

Tips



Go to Guides

Hospital Quality Measure Guides

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



Robyn Quips - tips and frequently asked questions

CMS Data Element Change

Starting with **July 1, 2023 encounters**, the Centers for Medicare and Medicaid Services (CMS) measure data collection question is changing from **“What was the patient’s sex on arrival”** to **“What is the patient’s sexual orientation and/or gender identity?”** The data element is being updated to be able to capture additional information to help evaluate health equity.

Allowable Values will be:

Select all that apply:

- 1 = Male
- 2 = Assigned/Designated Male at Birth
- 3 = Female
- 4 = Assigned/Designated Female at Birth
- 5 = LGBTQ
- 6 = Unknown

Notes for Abstraction:

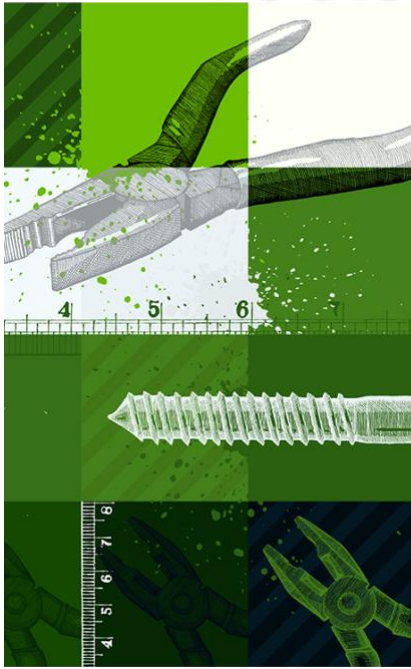
- Select any of the values that are applicable. The data element and values encompass both the patients current gender identity and one assigned at birth.
- Consider the sex to be unable to be determined and select “Unknown” if the patient refuses to provide their sexual orientation and/or gender identity. If “Unknown” is selected, then no other value should be selected.

Refer to the [CMS Hospital Outpatient Quality Reporting Specifications Manual](#) and Release Notes Version 16.0a for further rationale on the change and the Data Dictionary Section for the specific data element (Sex) instructions.

AMI Measure Set Reminder

Don’t forget, you still have one more quarter to submit data for the AMI measures, OP-2 and OP-3. The measures will be retired by CMS after Q1 2023 submission, due August 1, 2023. Since the MBQIP program uses the CMS Hospital Quality Reporting (HQR) platform for reporting these measures, when they are removed by CMS, the ability to submit that data is also removed.

Tools



MBQIP and Rural Health Improvement Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, July 25, 2023, 2:00 – 3:00 p.m. CT – [Register](#)

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will offer open office hours 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

[National Action Alliance To Advance Patient Safety - Webinar Series](#)

The Agency for Healthcare Research and Quality (AHRQ) has established the National Action Alliance to Advance Patient Safety as a public-private collaboration to improve both patient and workforce safety, and is hosting information webinars from a variety of Federal Partners:

- June 27, 2-3 p.m. ET: [Preventing Workplace Violence](#) (sponsored by the Centers for Disease Control and Prevention).
- July 25, 2-3 p.m. ET: [Involving Patients and Families in Safety](#) (sponsored by AHRQ).
- August 22, 2-3 pm. ET: [Engaging Boards and Executive Leadership in Safety](#) (sponsored by the Centers for Medicare and Medicaid Services).

Applications Open! [Rural Healthcare Provider Transition Project](#)

The Rural Health Care Provider Transition Project (RHPTP) is designed to help strengthen your organization's foundation in the key elements of value-based care, including efficiency, quality, patient experience, and safety of care. Small rural hospitals and certified rural health clinics are encouraged to apply. Applications are accepted on a rolling basis with a deadline of August 15, 2023. Additional details regarding the RHPTP application process, scoring, and selection process can be found in the [2023 - 2024 Application Interview and Process Guide](#).

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 and National Rural Health Association are 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 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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