



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Maneuvering Medicare Beneficiary Quality Improvement Program (MBQIP) Measures: 101

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The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Performance Improvement
- Health Information Technology
- Recruitment & Retention
- Community Health Assessments
- Networking



Learning Objectives

- Learn about the fiscal year (FY) 2015 required MBQIP measures and their significance in improving rural health
- Identify the reporting processes for MBQIP measures, including where data is reported to where data is available from
- Review additional MBQIP resources
- Hear about the newly established Rural Quality Improvement Technical Assistance Center



MBQIP

- The Medicare Beneficiary Quality Improvement Project (MBQIP) is a quality improvement activity under the Federal Office of Rural Health Policy's (FORHP) Medicare Rural Hospital Flexibility (Flex) grant program.
- ***The goal of MBQIP is to improve the quality of care provided in critical access hospitals*** (CAHs) by increasing voluntary quality data reporting and then driving quality improvement activities based on the data.



Overview of MBQIP FY2015

- Patient Safety
 - OP-27, IMM-2
- Patient Engagement
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Care Transitions
 - Emergency Department Transfer Communication (EDTC)
- Outpatient
 - OP-1, OP-2, OP-3, OP-5, OP-20, OP-21, OP-22



MBQIP Reporting Processes

- QualityNet via Centers for Medicare and Medicaid Services (CMS) Abstraction and Reporting Tool (CART) or vendor
- QualityNet via online tool
- QualityNet via approved HCAHPS surveyor
- National Healthcare Safety Network (NHSN)
- EDTC template to state Flex Program



MBQIP Data Sources

- MBQIP State and Hospital Data Reports
 - Distributed by FORHP
- Hospital Compare
 - [Find a Hospital](#)
 - [Data.Medicare.gov](#)
- Flex Monitoring Team (FMT) Reports
 - [State-level Quality Data](#)



New!

OP-27:

Influenza Vaccination Among Healthcare Personnel

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Safety |
| Description | Percentage of healthcare workers given influenza vaccination |
| Reporting Process | NHSN Website |
| Data Sources | Hospital Compare*, MBQIP Data Reports, FMT Reports |
| Importance | 1 in 5 people in the US get influenza each season. Combined with pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributable to patients hospitalized during the flu season. |

*Note – On Hospital Compare, OP-27 is displayed as IMM-3-OP-27-FAC-ADHPCT



New!

IMM-2: Immunization for Influenza

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Safety |
| Description | Percentage of inpatients assessed and given influenza vaccination |
| Reporting Process | QualityNet via Inpatient CART or vendor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |
| Importance | 1 in 5 people in the US get influenza each season. Combined with pneumonia, influenza is the 8th leading cause of death, with two-thirds of those attributable to patients hospitalized during the flu season. Hospitalization is an underutilized opportunity to vaccinate. |



HCAHPS:

Hospital Consumer Assessment of Healthcare Providers & Systems

- 7 composites, 2 individual topics, 2 global topics – total of 21 substantive questions
- Provides objective and meaningful comparisons of domains of hospital care that are important to patients
- Creates incentives for hospitals to improve
- Enhances public accountability



Importance of HCAHPS

- Growing evidence of positive associations between patient experience and
 - Health outcomes
 - Adherence to recommended medication and treatment
 - Preventative care
 - Health care resource use
 - Quality and safety of care

Source: *BMJ Open* 2013;3:e001570 (available online for no charge at <http://bmjopen.bmj.com/content/3/1/e001570.full>)



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HCAHPS Composite 1: Communication with Nurses

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement |
| Description | Percent of patients surveyed who reported that their nurses “Always” communicated well: <ul style="list-style-type: none">• How often did nurses treat you with courtesy and respect?• How often did nurses listen to you carefully?• How often did nurses explain things in a way you could understand? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Composite 2: Communication with Doctors

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement |
| Description | <p>Percent of patients surveyed who reported that their doctors “Always” communicated well</p> <ul style="list-style-type: none">• How often did doctors treat you with courtesy and respect?• How often did doctors listen to you carefully?• How often did doctors explain things in a way you could understand? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Composite 3: Responsiveness of Hospital Staff

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement (and Patient Safety) |
| Description | <p>Percent of patients surveyed who reported that they “Always” received help as soon as they wanted</p> <ul style="list-style-type: none">• After you pressed the call button, how often did you get help as soon as you wanted it?• How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Composite 4: Pain Management

| | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement (and Patient Safety) |
| Description | Percent of patients surveyed who reported that their pain was “Always” well controlled <ul style="list-style-type: none">• How often was your pain well controlled?• How often did the hospital staff do everything they could to help you with your pain? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Composite 5: Communication about Medicines

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement (and Patient Safety) |
| Description | <p>Percent of patients surveyed who reported that staff “Always” explained about medicines before giving them</p> <ul style="list-style-type: none">• How often did hospital staff tell you what medicine was for?• How often did hospital staff describe possible side effects in a way you could understand? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Question 8: Cleanliness of Hospital Environment

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement |
| Description | Percent of patients surveyed who reported that their room and bathroom were “Always” clean <ul style="list-style-type: none">• How often were your room and bathroom kept clean? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Question 9: Quietness of Hospital Environment

| | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement |
| Description | Percent of patients surveyed who reported that the area around their room was “Always” quiet at night <ul style="list-style-type: none">• How often was the area around your room quiet at night? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Composite 6: Discharge Information

| | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement (and Care Transitions) |
| Description | <p>Percent of patients surveyed who reported that “Yes” they were given information about what to do during their recovery at home</p> <ul style="list-style-type: none">• Did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?• Did you get information in writing about what symptoms or health problems to look out for after you left the hospital? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Composite 7: Care Transitions

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement (and Care Transitions) |
| Description | <p>Percent of patients surveyed who “Strongly Agree” they understood their care when they left the hospital</p> <ul style="list-style-type: none">• Staff took my preferences and those of my family or caregiver into account when deciding what my health care needs would be when I left.• When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.• When I left the hospital, I clearly understood the purpose for taking each of my medications. |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Question 21: Overall Rating of Hospital

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement |
| Description | <p>Percent of patients surveyed who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)</p> <ul style="list-style-type: none">Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



HCAHPS Question 22: Willingness to Recommend

| | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Patient Engagement |
| Description | Percent of patients surveyed who reported “Yes” they would definitely recommend the hospital <ul style="list-style-type: none">• Would you recommend this hospital to your friends and family? |
| Reporting Process | QualityNet via approved HCAHPS surveyor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |



EDTC:

Emergency Department Transfer Communication

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Care Transitions |
| Description | <p>7 Sub Measures (Percent)</p> <ol style="list-style-type: none"> 1. Administrative Communication (2 elements) 2. Patient Information (6 elements) 3. Vital Signs (6 elements) 4. Medication Information (3 elements) 5. Physician/Practitioner Generated Information (2 elements) 6. Nurse Generated Information (6 elements) 7. Procedures and Tests (2 elements) <p>EDTC All or None Composite (27 elements)</p> |
| Reporting Process | EDTC Template to state Flex Program |
| Data Sources | MBQIP Data Reports |
| Importance | Timely, accurate and direct communication facilitates a patient handoff to the receiving facility, provides continuity of care and avoids medical errors and redundant tests. |

OP-1: Median Time to Fibrinolysis

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Outpatient |
| Description | Median time to administer fibrinolytic therapy for patients showing ST-segment elevation myocardial infarction (STEMI) on electrocardiogram (ECG) performed closest to arrival and prior to transfer |
| Reporting Process | QualityNet via Outpatient CART or vendor |
| Data Sources | MBQIP Data Reports, FMT Reports |
| Importance | Time to fibrinolytic therapy is a strong predictor of outcome in patients with AMI. Nearly 2 lives per 1,000 patients are lost per hour of delay. National guidelines recommend fibrinolytic therapy within 30 minutes of hospital arrival for patients with STEMI. |



OP-2: Fibrinolytic Therapy Received Within 30 Minutes

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Outpatient |
| Description | Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival |
| Reporting Process | QualityNet via Outpatient CART or vendor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |
| Importance | Time to fibrinolytic therapy is a strong predictor of outcome in patients with AMI. Nearly 2 lives per 1,000 patients are lost per hour of delay. National guidelines recommend fibrinolytic therapy within 30 minutes of hospital arrival for patients with STEMI. |



OP-3:

Median Time to Transfer to Another Facility for Acute Coronary Intervention

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Outpatient |
| Description | Median* number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital |
| Reporting Process | QualityNet via Outpatient CART or vendor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |
| Importance | The early use of primary angioplasty in patients with STEMI results in a significant reduction in mortality and morbidity. The earlier primary coronary intervention is provided, the more effective it is. Current recommendations support a door-to-balloon time of 90 minutes or less. |

**Note: Hospital Compare describes measure as "average number of minutes"*



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OP-5: Median Time to Electrocardiogram (ECG)

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Outpatient |
| Description | Median* number of minutes before outpatients with chest pain or possible heart attack got an ECG |
| Reporting Process | QualityNet via Outpatient CART or vendor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |
| Importance | Guidelines recommend patients presenting with chest discomfort or symptoms suggestive of STEMI have a 12-lead ECG performed within 10 minutes of ED arrival. Timely ECGs assist in identifying STEMI patients and impact the choice of reperfusion strategy. This measure identifies median time to ECG for chest pain/AMI patients and potential opportunities for improvement to decrease the median time to ECG. |

**Note: Hospital Compare describes measure as "average number of minutes"*

New!

OP-21: Median Time to Pain Management for Long Bone Fracture

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Outpatient |
| Description | Median* time patients who came to the emergency department with broken bones had to wait before receiving pain medication |
| Reporting Process | QualityNet via Outpatient CART or vendor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |
| Importance | Patients with bone fractures continue to lack administration of pain medication as part of treatment regimens. When performance measures are implemented for pain management of these patients administration and treatment rates for pain improve. Disparities exist in the administration of pain medication for minorities and children. |

**Note: Hospital Compare describes measure as "average number of minutes"*



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New!

OP-20:

Door to Diagnostic Evaluation by a Qualified Medical Professional

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Outpatient |
| Description | Median* time patients spent in the emergency department before they were seen by a healthcare professional |
| Reporting Process | QualityNet via Outpatient CART or vendor |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |
| Importance | Reducing patient wait time in the ED helps improve access to care, increase capability to provide treatment, reduce ambulance refusals/diversions, reduce rushed treatment environments, reduce delays in medication administration and reduce patient suffering. |

**Note: Hospital Compare describes measure as "average number of minutes"*



New!

OP-22: Patient Left Without Being Seen

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBQIP Domain | Outpatient |
| Description | Percentage of patients who left the emergency department before being seen |
| Reporting Process | QualityNet via online tool |
| Data Sources | Hospital Compare, MBQIP Data Reports, FMT Reports |
| Importance | Reducing patient wait time in the ED helps improve access to care, increase capability to provide treatment, reduce ambulance refusals/diversions, reduce rushed treatment environments, reduce delays in medication administration and reduce patient suffering. |



Additional Resources

- MBQIP Matrix

<https://www.ruralcenter.org/tasc/resources/mbqip-measures-matrix>

- MBQIP Quality Guide

<https://www.ruralcenter.org/tasc/resources/medicare-beneficiary-quality-improvement-project-mbqip-quality-guide>

- MBQIP Excel Data User Guide

<https://www.ruralcenter.org/tasc/resources/medicare-beneficiary-quality-improvement-project-mbqip-excel-data-user-guide>

- MBQIP Data Submission Deadlines

<https://www.ruralcenter.org/tasc/resources/mbqip-data-submission-deadlines-charts>



Rural Quality Improvement Technical Assistance Center (RQITA)

- Three-year cooperative agreement awarded to Stratis Health starting September 2015
 - Stratis Health is an independent nonprofit organization that leads collaboration and innovation to health care quality and patient safety
 - Long history of working with rural providers, CAHs and the Flex Program



RQITA's Purpose

- Improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives
 - Flex/MBQIP
 - Small Health Care Provider Quality Improvement Grantees
- Intended to fill gaps, not replace existing quality TA already in place



RQITA's Areas of Assistance

- Data collection and analysis
- Understanding measure specifications
- Benchmarking and target-setting
- Developing and implementing efficient and effective improvement strategies
- Tracking the outcomes of quality improvement efforts



RQITA's Partners

RQITA will work closely with FORHP and partners, including:

- Technical Assistance and Services Center (TASC)
- Flex Monitoring Team (FMT)
- State Offices of Rural Health (SORHs)
- Georgia Health Policy Center





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