Flex Monitoring Team | University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

Past MBQIP Award Winners and Methodology

This document contains information about the methodology used to determine MBQIP Award winners each year since the awards were launched in 2015. For each year, the following are included:

- Top 10 States: ranking of the top 10 performing states for MBQIP as determined by the Flex Monitoring Team (FMT).
- Data/definitions Used: details the data that the FMT used and how they were categorized to determine the top 10 rankings.
- Methods: details the steps the FMT took in analyzing the data to determine the top 10 rankings.
- Most Improved Across All Domains: details the reasoning behind the selection of recipients recognized for exemplary quality reporting and performance improvement.
- Most Improved in Each Domain (2016 only): details the reasoning behind the selection of recipients recognized for exemplary commitment to improving performance in each of the four MBQIP domains.
- Spirit Award: details reasoning behind selection of recipients recognized for exemplifying the collaborative and innovative spirit of MBQIP.

The purpose of this document is to provide some context for how the awards have been determined in the past, but please note that any of the details in each of these categories is subject to change from year to year.

For questions regarding the Top 10 States, Data/definitions Used, or Methods, please contact Megan Lahr with the Flex Monitoring Team at lahrx074@umn.edu.

For questions regarding the Most Improved and Spirit Award categories and state-specific rankings, please contact MBQIP@hrsa.gov.

2019 MBQIP Awards

Top 10 States

1. Pennsylvania
2. Massachusetts
3. Michigan
4. Utah
5. Alabama and Nebraska
6. Illinois and Maine
7. Minnesota
8. Wisconsin

Data/definitions Used

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q1–Q4 2017; these are the data that were used to create the FMT 2019 State HCAHPS Reports and State Inpatient, Outpatient and Structural Measure Quality Reports. The EDTC data are from Q1–Q4 2018.
- Measures used for calculating reporting and performance included: 1) 4 MBQIP Core inpatient measures (IMM-2, OP-27/IMM-3, ED-1b, ED-2b); 2) 5 MBQIP Core outpatient measures (OP-2, OP-3b, OP-5, OP-18b, OP-22); 3) 10 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least 1 measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least 1 case for EDTC. For all four categories, reporting is calculated out of all CAHs in a state (not just those publicly reporting).
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2017.

Methods

1. For each state, we calculated:
   - An inpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one inpatient measure out of all CAHs in the state)
   - An outpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one outpatient measure out of all CAHs in the state)
   - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
   - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)

- An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the 8 measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).

3. Each state's four reporting ranks were summed and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP.

- Reporting: Nevada (+14 change)
- Performance: Massachusetts (+19 change)
- Overall: Mississippi (+15 change)

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q1–Q4 2016 (EDTC Q1–Q4 2017) to this year's rankings from data submitted between Q1–Q4 2017 (EDTC Q1–Q4 2018).

2018 measures include: 5 inpatient, 10 outpatient, 11 HCAHPs, and 7 EDTC measures

2019 measures include: 4 inpatient, 5 outpatient, 11 HCAHPS, 7 EDTC measures

2019 MBQIP Awards

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

- Marie Wawrzyniak, New Hampshire: For her creation of innovative quality improvement initiatives to provide CAHs with promising best practices grounded in data. She is consistently positive, enthusiastic, and focused on relationship building.

- Jennifer Wagner, Montana: For making MBQIP trouble-free for CAHs through the creation of user-friendly, guides, tools, and spreadsheets. She coordinates the Quality Awards and the annual Flex Regional meeting for QI Coordinators and Directors of Nurses for the 46 CAHs in her state.

- Lannette Fetzer, Pennsylvania: With 25 years of clinical and CAH expertise, she utilizes data to drive quality improvement and CAH action plan development. She is always willing to lend a hand to other state Flex programs and present at national conferences in quality improvement.

2018 MBQIP Awards

Top 10 States

1. Maine
2. Michigan
3. Pennsylvania
4. Wisconsin
5. Indiana and Nebraska
6. Illinois
7. Utah
8. Tennessee
9. Alabama
10. West Virginia

Data/definitions Used

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q1 2016 through Q4 2016; these are the data that were used to create the FMT 2018 State HCAHPS Reports and State Inpatient, Outpatient and Structural Measure Quality Reports. The EDTC data are from Q1–Q4 2017.
- Measures used for calculating reporting and performance included: 1) 2 MBQIP Core inpatient measures (IMM-2, OP-27/IMM-3); 2) 9 MBQIP Core outpatient measures (OP-1, OP-2, OP-3b, OP-4, OP-5, OP-18b, OP-20, OP-21, OP-22) 3) 11 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least one measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least one completed survey for HCAHPS; and reporting data on at least one case for EDTC. For all four categories, reporting is calculated out of all CAHs in a state (not just those publicly reporting).[1]
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2016.

Methods

1. For each state, we calculated:
   - An inpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one inpatient measure out of all CAHs in the state)

[1]There are 50 CAHs nationally that opted to not publicly report any measures to Hospital Compare, and these measures are not included as "reporting" since there were no public data available. The number of CAHs by state include: AK - 1; AZ - 2; CA - 1; HI - 3; KS - 4; LA - 4; MS - 1; MO - 8; MT - 3; SD - 5; TX - 18). Additionally, there are other CAHs that opted to not publicly report individual inpatient or outpatient measures. Since "reporting" in the rankings is based on reporting only one measure (not all measures) in the inpatient or outpatient category, the exclusion of these non-public data may or may not impact the rankings.

- An outpatient reporting percentage (the percent of CAHs in the state publicly reporting data on at least one outpatient measure out of all CAHs in the state)
- An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
- An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
- An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the 8 measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).

3. Each state's four reporting ranks were summed and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed and states were re-ranked to create a total performance rank for each state.

4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.

5. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP.

- Reporting: Washington (+11 change)
- Performance: New Hampshire (+13 change)
- Overall: Nevada (+11 change)

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q1–Q4 2015 (EDTC Q1–Q4 2016) to this

year's rankings from data submitted between Q1–Q4 2016 (EDTC Q1–Q4 2017).

2017 measures include: 25 inpatient, 14 outpatient, 11 HCAHPS, and 7 EDTC measures

2018 measures include: 5 inpatient, 10 outpatient, 11 HCAHPS, and 7 EDTC measures

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

- Angie Chalet, Illinois: For her continuous effort with CAHs to ensure they have meaningful data at their disposal through dashboards and benchmarking data. For leading a collaborative pilot on emergency department patient satisfaction measures with five states and providing resources and data to further develop swing bed programs.

- Stephen Njenga, Missouri: For his unlimited energy for CAHs in Missouri. His positive attitude, diligence in educating CAHs to use data collection tools and share data, and willingness to go above and beyond for every CAH has earned him the trust and respect of CAHs in Missouri.

- Sarah Craig, South Carolina: For developing a robust MBQIP program that involves providing targeted technical assistance to CAH staff such as bringing hard copies of measure specification manuals to departments that had no printing capacity and providing meaningful engagement to staff and ensuring no lost revenue occurred at the CAH.

2017 MBQIP Awards

Top 10 States

1. Wisconsin
2. Maine
3. Utah
4. Minnesota
5. Illinois and Pennsylvania
7. Michigan
8. Nebraska
9. Indiana
10. Massachusetts

Data/definitions Used

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q1–Q4 2015; these are the data that were used to create the FMT 2017 State HCAHPS Reports and State Inpatient, Outpatient and Structural Measure Quality Reports. The EDTC data are from Q1–Q4 2016. (There is one quarter of data overlap between last year and this year for the data used in the state reports, because we went back to using a calendar year.)
- Measures used for calculating reporting and performance included: 1) 25 inpatient measures (HF-2, IMM-2, OP-27/IMM-3, PC-01, PN-6, SCIP-Card, SCIP-Inf-1, SCIP-Inf-2, SCIP-Inf-3, SCIP-Inf-9, SCIP-VTE-2, STK-1, STK-2, STK-3, STK-4, STK-5, STK-6, STK-8, STK-10, VTE-1, VTE-2, VTE-3, VTE-4, VTE-5, VTE-6); 2) 14 outpatient measures (OP-2, OP-4, OP-22, OP-23, OP-29, OP-30, OP-1, OP-3b, OP-5, OP-18b, OP-20, OP-21, ED-1b, ED-2b); 3) 11 HCAHPS measures; and 4) 7 EDTC measures.
- Reporting was defined as reporting data on at least 1 measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least 1 completed survey for HCAHPS; and reporting data on at least 1 case for EDTC.
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2016.

Methods

1. For each state, we calculated:
   - An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one inpatient measure)
   - An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one outpatient measure)

- An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
- An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
- An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An outpatient better performance measure score (the number of outpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the 8 measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).
3. Each state's four reporting ranks were summed and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed and states were re-ranked to create a total performance rank for each state.
4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.
5. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP.

- Reporting: Georgia (+17 change)
- Performance: South Dakota (+21 change)
- Overall: Utah (+20 change)

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q2–Q1 2015 (EDTC Q1–Q4 2015) to this year's rankings from data submitted between Q1–Q4 2015 (EDTC Q1–Q4 2016).

2017 MBQIP Awards

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

- Team – Oklahoma: With the recent retirement of the former SFC, a team of three (Korie, Pete, and Lara) has made a real difference in the use of MBQIP data in the past year, including maps in their NCC. They are in consistent communication with their project officer, Owmy, and there is a palpable ambition to expand the quality improvement program in Oklahoma in ways that may not have been considered before.

- Danielle Messier, Washington: Jumped in as a new quality coordinator, working with RQITA to learn a lot through enhanced TA, and proactively assessing her CAHs' capacity to engage in quality improvement around MBQIP measures. She also maintain an MBQIP desk manual for new CAH staff and created a simplified EDTC abstraction tool for struggling CAHs with hints, pop-ups, and interactive features.

- John Packham, Nevada: John is a consistent advocate, cheerleader, and positive voice for MBQIP; particularly in his role of experienced Flex Program and mentor to other Flex program staff, (he co-Chairs the NOSORH Flex Committee). Several partners are engaged in MBQIP implementation in Nevada, and they have seen strong improvement over the past two years.

2016 MBQIP Awards

Top 10 States

1. Maine
2. Michigan and Pennsylvania
4. Wisconsin
5. Indiana
6. Nebraska
7. Illinois and Minnesota
9. Virginia
10. Ohio

Data/definitions Used

- Analysis is based on data reported to Hospital Compare and suppressed data from CMS for inpatient, outpatient and HCAHPS measures, and on MBQIP EDTC data reported to FORHP.
- Inpatient, outpatient, and HCAHPS data are from Q2 2014–Q1 2015; these are the data that were used to create the FMT February 2016 State HCAHPS Reports and the forthcoming June 2016 State Inpatient, Outpatient and Structural Measure Quality Reports. EDTC data are from Q1–Q4 2015.
- Reporting was defined as reporting data on at least 1 measure with a denominator of 1 or more for inpatient and outpatient; reporting data with at least 1 completed survey for HCAHPS; and reporting data on at least one case for EDTC.
- The number of CAHs by state is from the FMT CAH database and is based on certification status as of December 31, 2015.

Methods

1. For each state, we calculated:
   - An inpatient reporting percentage (the percent of CAHs in the state reporting data on at least one inpatient measure)
   - An outpatient reporting percentage (the percent of CAHs in the state reporting data on at least one outpatient measure)
   - An HCAHPS reporting percentage (the percent of CAHs in the state reporting HCAHPS data for at least one completed HCAHPS survey)
   - An EDTC reporting percentage (the percent of CAHs in the state reporting EDTC data for at least one patient)
   - An inpatient better performance measure (the number of inpatient measures on which CAHs in the state performed significantly better than CAHs in all other states)
   - An outpatient better performance measure score (the number of outpatient measures on

which CAHs in the state performed significantly better than CAHs in all other states)

- An HCAHPS better performance measure score (the number of HCAHPS measures on which CAHs in each state performed significantly better than CAHs in all other states)
- An EDTC better performance measure score (the number of EDTC sub-measures on which CAHs in each state performed significantly better than CAHs in all other states)

2. We then ranked the 45 Flex states on each of the 8 measures above to create 4 reporting ranks (inpatient, outpatient, HCAHPS, and EDTC) and 4 performance ranks (inpatient, outpatient, HCAHPS, and EDTC). When multiple states had the same score, they each received the same rank (e.g., several states had 100% of their CAHs reporting inpatient measures and each received a rank of 1).
3. Each state's four reporting ranks were summed and states were re-ranked to create a total reporting rank for each state. Similarly, each state's four performance ranks were summed and states were re-ranked to create a total performance rank for each state.
4. Each state's total reporting rank and total performance rank were then summed, and states were ranked one last time on this combined reporting and performance sum.
5. This method gives equal weight to reporting and performance across the four types of measures (inpatient, outpatient, HCAHPS, and EDTC).

Most Improved Across All Domains

This award indicates exemplary quality reporting and performance improvement in MBQIP 2014–2016.

- Reporting: Arkansas (+21 change)
  - 100% reporting in EDTC, HCAHPS reporting increased from 41% to 75%
- Performance: Hawaii (+26 change)
  - Increased in HCAHPS by 20%
- Overall: South Carolina (+22 change)
  - Maintained 100% in IP, maintained 20% reporting in OP, increased 40% in HCAHPS, 90% in EDTC report

As indicated by the largest change in rankings in reporting, performance, and overall rankings across all domains from data submitted between Q3 2013–Q1 2014 to this year's rankings from data submitted between Q2 2014–Q1 2015.

Most Improved in Each Domain

This award indicates an exemplary commitment to improving performance of CAHs in MBQIP from 2014–16.

- Inpatient: New York
    - Improved in 3 additional measures significantly better (from 6 to 9) (+1 ranking change)
- Outpatient: Oklahoma
    - Improved in 2 additional measures significantly better (from 0 to 2)
- HCAHPS: Kentucky
    - Improved in 5 measures significantly better (1 to 6) (+4 ranking change)
- EDTC: Georgia, Illinois, Indiana, Maine, Mississippi, North Carolina, and Oklahoma
    - 100% reporting, improved in 7 measures

FORHP compared last year's rankings that FMT analyzed from data submitted between Q3 2013–Q1 2014 to this year's rankings from data submitted between Q2 2014–Q1 2015. For Inpatient, Outpatient, and HCAHPs the greatest increase in the number of measures a state's CAHs performed significantly better than all other CAHs nationwide plus the greatest increase in state performance rankings determined the winner. For EDTC, performance is from Q1–Q4 2015 with CAHs performing significantly better than all other CAHs nationwide in all 7 EDTC measures.

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

Nominations for Individuals:

- Crystal Barter, Michigan: Crystal provides excellent support to Michigan hospitals and is enthusiastic and appreciative of their participation in MBQIP. Crystal always takes advantage of external resources to provide useful information to her hospitals and asks good questions that help the RQITA team understand needs and concerns of Michigan CAHs.
- Jill Bullock, Arizona: Jill is a strong advocate for Arizona CAHs and offers regular suggestions about what resources would be helpful for Arizona hospitals. She also actively seeks to understand hospital reporting processes.
- Jennifer Brooks, California: New to the Flex Program and has really focused on learning MBQIP with the enhanced TA from RQITA

Nominations for Groups:

- Illinois, California, Wyoming collaboration on MBQIP

2015 MBQIP Awards

Top 10 States

1. Wisconsin
2. Maine
3. Pennsylvania
4. Indiana
5. Nebraska
6. Michigan
7. New Hampshire
8. Ohio
9. Minnesota
10. Alabama and Illinois

Methods

FORHP, with assistance from the FMT, established these State Quality Rankings that equally weight state quality reporting and performance on measure outcomes. Reporting was defined as reporting data on at least 1 measure with denominator of 1 or more for inpatient and outpatient, and reporting data with at least 1 completed survey for HCAHPS.

For each state, we calculated:

- Inpatient, Outpatient and HCAHPS 'reporting percentage'
- Inpatient, Outpatient and HCAHPS 'better performance measure score' (the number of measures on which CAHs in the state performed significantly better than CAHs in all other states)

The Reporting and Performance Ranks were then summed and the final rank gives equal weight to reporting and performance across all three measure categories.

Most Improved Participation

This award indicates an exemplary commitment to increased CAH participation in MBQIP from 2014–15. (As indicated by largest increase in signed MOUs, by both percentage and number.)

1. Louisiana (+8 CAHs; 67% increase)
2. Tennessee (+2 CAHs; 15% increase)
3. Texas (+8 CAHs; 12% increase)

Performance Improvement

This award indicates exemplary quality performance improvement on MBQIP inpatient measures from 2012 to 2014. (As indicated by relative rate of improvement on 2012 aggregate measure performance to 2014 aggregate measure performance.)

2015 MBQIP Awards

Top 10% for 3 of 5 inpatient measures

1. Alabama

Top 10% for 2 of 5 inpatient measures

1. Alaska
2. Montana
3. Nevada
4. South Carolina

Consistently High Performance

This award indicates a dedication to providing a consistently high quality of care on MBQIP inpatient measures in 2014. (As indicated by state aggregate inpatient quality measure performance at or above 95% on 4 of 5 inpatient measures.)

1. New Hampshire
2. Virginia
3. Wisconsin

Spirit Award

This award is presented to the Flex Coordinator that exemplifies the collaborative and innovative spirit of the MBQIP program.

- Angelia Perez (California)
- Stephanie Sayegh (Idaho)
- Jody Ward (North Dakota)

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