MBQIP – Looking Back and Forward
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Yvonne Chow
MBQIP Coordinator, Hospital-State Division
Federal Office of Rural Health Policy (FORHP)

Karla Weng
Senior Project Manager
Rural Quality Improvement Technical Assistance (RQITA)
Stratis Health
Agenda

• Looking Back
  • Beginnings of MBQIP
  • Successes
  • Challenges

• Looking Forward
  • More useful data to inform quality improvement
  • Growing collaborations
  • Technical assistance and resources from RQITA
Looking Back
Medicare Beneficiary Quality Improvement Program: MBQIP

• Goals
  • Reporting common, rural-relevant CMS measures
  • Measuring outcomes and demonstrating improvements
  • Sharing best practices
Evolution of MBQIP Measures (a sub-set of CMS measures)

**Phase 1** (FY2010 – FY2011)
- **Inpatient**: Congestive Heart Failure (HF-1, 2, 3) Note: retired in 4Q 2015
- **Inpatient**: Pneumonia (PN-6 and 3b) Note: retired in 4Q 2015

**Phase 2** (FY2012)
- **Outpatient**: Cardiac Care/AMI (OP-1-5)
- **Outpatient**: OP-5 and OP-7 Note: OP-6 and OP-7 retired
- **Patient Engagement**: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

**Phase 3** (FY 2013 - 2014)
- **Care Transitions**: Emergency Department Transfer Communication (EDTC) Note: Only NDF endorsed, not collected by CMS
- **Pharmacy CPOE** Note: FORHP removed in 4Q 2015

**FY 2015 - 2017**
- **Inpatient**: Immunization 2 (IMM-2)
- **CDC NHSN**: Healthcare Personnel vaccination (OP-27)
- **Outpatient**: ED Throughput (OP-18b, 20)
- **Outpatient**: Pain Management (OP-21)
- **Outpatient**: Patients left without being seen (OP-22)

**FY 2018 – FY 2021**
- **Patient Safety**: Antibiotic Stewardship Program
- **Outpatient**: ED-1
- **Outpatient**: ED-2

Flex Project Period: FY 2010-2014
Project Period: FY 2015 - 2017
Project Period: FY 2018 - 2021

Red = no longer part of MBQIP
MBQIP Eligibility Criteria for Flex Participation

FY 2010-2015
Building Capacity

FY 2016:
CAHs required to report at least one measure in any domain

FY 2017:
CAHs required to report at least one measure in 2 domains

FY 2018:
CAHs required to report at least one measure in 2 domains

FY 20XX:
Reporting all measures
Reporting Percentages (1340 CAHs)
Reporting Percentages (1340 CAHs)
FY 2017 MBQIP Participation Rates

99%
Signed Memorandum of Understanding with SORH
1330 MOUs
1340 certified CAHs

93.5%
Submitted data on MBQIP measures for at least one quarter for at least one measure in at least two of the four quality domains within a certain reporting period
Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice
Rural Quality Improvement Technical Assistance Center (RQITA)

• Three-year cooperative agreement awarded to Stratis Health from Health Services and Resources Administration (HRSA) Federal Office of Rural Policy (FORHP), 2015 – 2018

• 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 (SHCPQI)
MBQIP Technical Assistance

- Over 800 TA Requests logged (Since September 2015)
  - Approximately 50 per month
  - Most common topics:
    - EDTC (337)
    - CMS Outpatient Measures (303)
    - CMS Inpatient Measures (158)
  - Median days to resolution: 0 (zero), Mean 1.17

- Flex Consultations: 21 (since September 2016)

- MBQIP Orientation Calls: 11 (since September 2016)

- Nearly 40 presentations (in-person, webinar/phone)

Request a Consultation, Presentation, or Orientation: Jodi Winters, jwinters@stratishealth.org
MBQIP Virtual Knowledge Group

**Purpose:** Forum to discuss challenges, and brainstorm strategies to assist hospitals toward reporting, participating and improving.

**Who:** State Flex Program personnel and subcontractors involved in MBQIP support.

**When:** Approximately every 8 weeks

- 2017 dates, 2:00 – 3:30 Central:
  - August 17 (Topic: Antibiotic Stewardship)
  - October 19
  - December 21
MBQIP Tools and Resources

• **General:** MBQIP Monthly, Measure Fact Sheets
• **Reporting:** MBQIP Reporting Guide, Abstraction Training Videos, EDTC Tools
• **Improvement:** Using MBQIP Data Reports, CAH Improvement Guide & Toolkit, HCAHPS Best Practices
• **Flex Focused:**
  – EDTC Comparison Template
  – Flex Program Guide: Developing MBQIP Peer Mentoring Programs
  – Flex Program Guide: Using MBQIP Excel Files
  – MBQIP Talking Points
  – Monthly Reporting Reminders
RQITA MBQIP Team

Robyn Carlson  
Quality Reporting Specialist

Karla Weng  
Program Lead

Laura Grangaard Johnson  
Data Analyst

Jodi Winters  
Administrative Support

Amy Heikkinen  
SCHPQi Consultant
### MBGIP Patient Safety and Outpatient Quality Report: Improving Care Through Patient Safety and Outpatient Measures

**Reporting Period:** First Quarter 2015 through Fourth Quarter 2015 Discharges

<table>
<thead>
<tr>
<th>MBGIP Quality Measures</th>
<th>1Q15</th>
<th>2Q15</th>
<th>3Q15</th>
<th>4Q15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMI Cardiac Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP-1 Median Time to Fibrinolysis</td>
<td>DE</td>
<td>DE</td>
<td>DE</td>
<td>DE</td>
</tr>
<tr>
<td>OP-2 Fibrinolytic Therapy Received Within 30 Min. of ED Arrival</td>
<td>DE</td>
<td>DE</td>
<td>DE</td>
<td>DE</td>
</tr>
<tr>
<td>OP-3b Median Time To to Transfer to Another Facility for Acute Coronary Intervention</td>
<td>DE</td>
<td>12 Min. based on 1 patients</td>
<td>DE</td>
<td>16 Min. based on 2 patients</td>
</tr>
<tr>
<td>OP-4 Aspirin at Arrival</td>
<td>100% of 2 patients</td>
<td>100% of 4 patients</td>
<td>100% of 11 patients</td>
<td>100% of 13 patients</td>
</tr>
<tr>
<td>OP-5 Median Time to ECG</td>
<td>5 Min. based on 2 patients</td>
<td>16 Min. based on 4 patients</td>
<td>2 Min. on 12</td>
<td>2 Min. on 14</td>
</tr>
<tr>
<td>OP-16b Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>0</td>
<td>N/A</td>
<td>100 Min. based on 100</td>
<td>100 Min. based on 1002</td>
</tr>
<tr>
<td>OP-20 Median Time from ED Arrival to PR Provider (Contact for ED patients)</td>
<td>0</td>
<td>N/A</td>
<td>16 Min. based on 1045</td>
<td>16 Min. based on 1045</td>
</tr>
<tr>
<td>OP-22 Patent Left Without Being Seen</td>
<td>0% of 1472 patients</td>
<td>2% of 1472 patients</td>
<td>1% of 1472 patients</td>
<td>1% of 1472 patients</td>
</tr>
</tbody>
</table>

**90th Percentile**

<table>
<thead>
<tr>
<th>Average Time/Overall Rate</th>
<th># CAHs with MBGIP MOU Submitting Data</th>
<th>90th Percentile**</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-1</td>
<td>20 Min. 63</td>
<td>19 Min. 78%</td>
</tr>
<tr>
<td>OP-2</td>
<td>73 Min. 63</td>
<td>100%</td>
</tr>
<tr>
<td>OP-3b</td>
<td>252 Min. 785</td>
<td>32 Min. 785</td>
</tr>
<tr>
<td>OP-4</td>
<td>92% 68</td>
<td>100%</td>
</tr>
<tr>
<td>OP-5</td>
<td>95% 856</td>
<td>100%</td>
</tr>
<tr>
<td>OP-16b</td>
<td>100% of 1002</td>
<td>76 Min. 76%</td>
</tr>
<tr>
<td>OP-20</td>
<td>16 Min. 58</td>
<td>5 Min. 787</td>
</tr>
<tr>
<td>OP-22</td>
<td>2% of 1472 patients</td>
<td>1% of 1472 patients</td>
</tr>
</tbody>
</table>

Please direct questions regarding your MBGIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: https://www ascertainserver.com/tesc/flexprofile

* Reporting not required for this quarter
** The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

N/A is the provider did not submit any data to the QualityNet warehouse

0 = the provider had no cases to submit for the measure population

DE = data was submitted but excluded because it didn’t meet the measure criteria

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**General Information for State and National data:**

The Average Time/Overall Rate and 90th percentile calculations in these reports are based on the number of CAHs submitting with eligible cases.

However, note that the number of CAHs with MBGIP MOU submitting data includes those that have submitted data but have zero (0) eligible cases to report.
Collaboration with HHS Partners

- CMS
- IHS
- ONC
- HRSA/FORHP
- ASPE
- AHRQ
- SAMHSA
- CDC
Challenges

Population and Sampling

Removing Measures

XML Formatting

Rural relevant measures

Reporting Errors

Adding Measures

Errors in Data Reports
More Questions

How are you going to reduce reporting burden or duplication of different quality programs?

What does success look like? What are your outcomes?

What measures are rural-relevant?

What does improvement look like?

What are your long-term goals for MBQIP?

How are you measuring improvement?

Which measures are you going to retire and when?
Looking Forward
Antibiotic Stewardship Program

Main Themes

• Many states and CAHs have great working relationships with their HIINs
• Many CAHs are implementing antibiotic/antimicrobial stewardship programs
• Four year time frame is feasible
• Evaluation Component
• Duplication of efforts – those already collaborating with HIINs
• Need for technical assistance
• Infection control person is different from Quality Improvement person

15 Comments
Hospital Acquired Infections

Main Themes

- Many CAHs are reporting whether through HIIN collaboration or state required
- Supported reporting through NHSN
- Reporting burden – reporting num/denom through HIIN work
- Low-volume, not able to calculate standard infection rate (SIR), small value added

18 Comments
ED-1 and ED-2

Main Themes

• Many CAHs already reporting ED-1 and ED-2
• Complementary to OP-18 and OP-20
• Helps with reporting regularly through Inpatient because of IMM-2
• Not meaningful for CAHs with low ED volumes, what is the value added?
• Timeliness is not an issue
• Clearly distinguish the IP from the OP measures

15 Comments
Focus on Quality Improvement
More Data Reports on all MBQIP measures

<table>
<thead>
<tr>
<th>MBQIP Quality Measures</th>
<th>4Q16</th>
<th>1Q17</th>
<th>2Q17</th>
<th>3Q17</th>
<th>Percentage</th>
<th>Submitting Data</th>
<th>Percentage</th>
<th>Submitting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP 27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccination</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>82%</td>
<td></td>
<td>82%</td>
<td></td>
</tr>
</tbody>
</table>

- **Your Hospital’s Ratio of Reported to Predicted Infections (SIR)**

- **State Current Quarter for all hospitals**
- **National Current Quarter for all hospitals**

<table>
<thead>
<tr>
<th>Central Line Associated Bloodstream Infection</th>
<th>4Q16</th>
<th>1Q17</th>
<th>2Q17</th>
<th>3Q17</th>
<th>Standardized Infection Ratio (SIR)</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
<th>Standardized Infection Ratio (SIR)</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denom &lt; 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.639</td>
<td>7</td>
<td>0.907</td>
<td>1014</td>
</tr>
</tbody>
</table>

| Catheter Associated Urinary Tract Infections | 1.36 |      |      |      | 1.232                             | 7                                     | 0.909                             | 1015                                  |
| MRSA Bacteremia                              |      |      |      |      |                                   |                                       |                                   |                                       |
| Clostridium Difficile (C. Diff)              |      |      |      |      |                                   |                                       |                                   |                                       |

### Web Based Measures

- **Your Hospital’s Reported Use**
- **State Current Quarter for all hospitals**
- **National Current Quarter for all hospitals**

<table>
<thead>
<tr>
<th></th>
<th>4Q16</th>
<th>1Q17</th>
<th>2Q17</th>
<th>3Q17</th>
<th>Reported Percentage</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
<th>Reported Percentage</th>
<th># CAHs with MBQIP MOU Submitting Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP 25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe Surgery Checklist Use</td>
<td>Yes</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

U.S. Department of Health & Human Services
Federal Office of Rural Health Policy
Additional Measures Report

• Measures in data report
  • HAI measures: CLABSI, CAUTI, C.Diff, MRSA, SSI (Colon Surgery and Abdominal Hysterectomy)
  • PC-01 (Elective Delivery)
  • OP-23 (Head CT or MRI Scan Results)
  • OP-25 (Safe Surgery Checklist Use)

• Raw Data from 1Q14 to present

• Expected release: 4Q16
Upcoming MBQIP Tools and Resources

- Updates to MBQIP Reporting Guide, Additions to CAH QI Improvement Guide and Toolkit, and resources to support new MBQIP measures.
- Patient and Family Engagement Resource
- Technical Expert Panel Review – EDTC Measure (with U of MN Rural Research Center)
- Inter-rater reliability pilot project
- Share findings/information from eCQM Pilot
RQITA Flex/MBQIP Assessment will be distributed in August.

Please share with us your thoughts on:
- What is useful (or not)?
- What is needed?
- What could be done differently/better?
RQITA & TASC Coordination

Resources posted to TASC website:
www.ruralcenter.org/tasc/mbqip

MBQIP TA Questions to:
tasc@ruralcenter.org
Continued Collaborations with our HHS Partners
Contact Information

Yvonne Chow
MBQIP Coordinator, Hospital-State Division
Federal Office of Rural Health Policy (FORHP)
Health Resources and Services Administration (HRSA)
Email: ychow@hrsa.gov
Phone: 301-945-0782
Web: hrsa.gov/ruralhealth/
Twitter: twitter.com/HRSAgov
Facebook: facebook.com/HHS.HRSA
Karla Weng, 
Senior Program Manager 
Stratis Health 
952-853-8570 or 877-787-2847 
kweng@stratishealth.org 
www.stratishealth.org