Medicare Beneficiary Quality Improvement Project "Refresher"

March 24, 2014

Federal Office of Rural Health Policy
Department of Health and Human Services
Health Resources and Services Administration

Overview

- A brief history of MBQIP: Then and Now
- Emphasis on implementing evidence-based interventions using the data
- Stories from the field
  - Colorado
  - Nebraska

A Brief History

- Project inception
  - Why?
    - Preparing for the potential future of mandatory CAH reporting (VBP)
      - CMS, Insurance Companies, ACOs
    - Telling our own "Quality" story
      - JAMA, Harvard

A Brief History

- The early days (Then)
  - Consensus building at 2010 Flex Conference
    - CAH relevant
    - do-able
  - Low participation (MBQIP, and quality reporting in general)
  - Making the CASE with CAHs

A Brief History

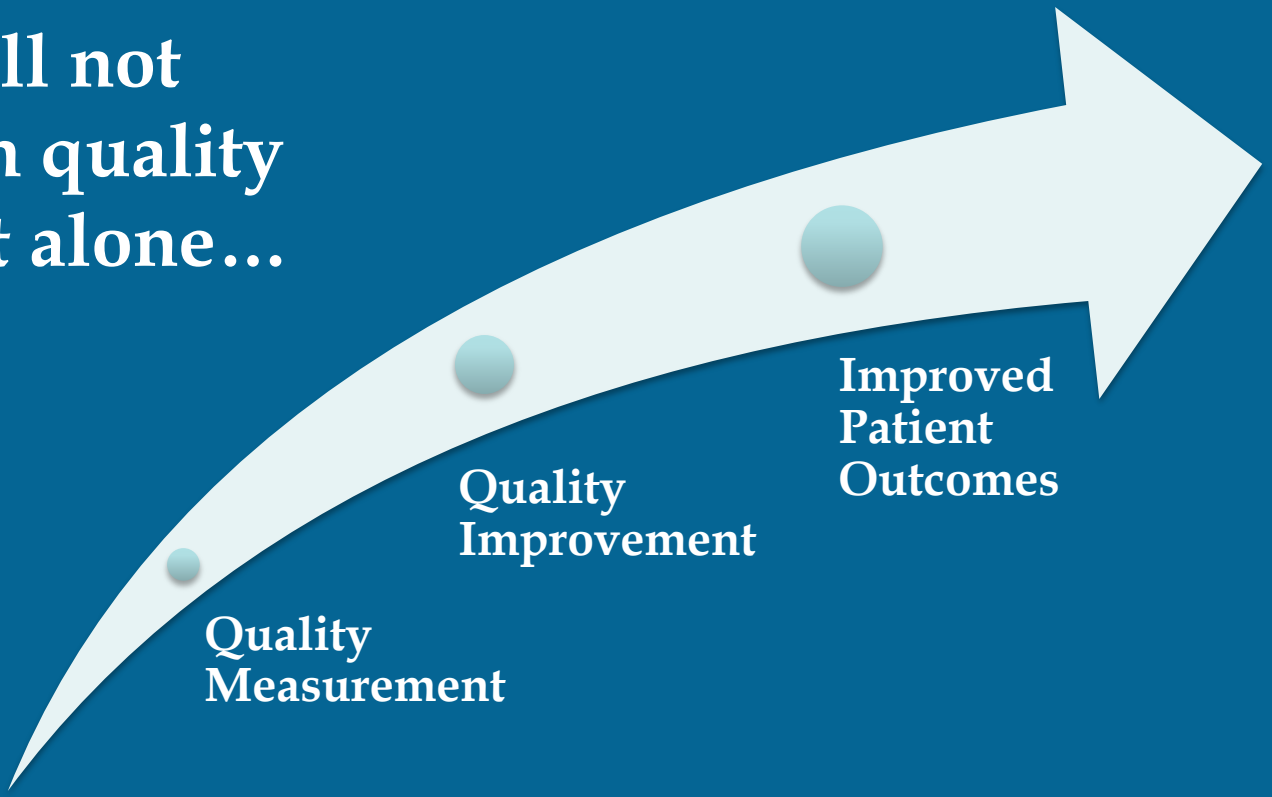
- Progress (Now)
  - 93% MBQIP participation; over 80% inpatient reporting… increased outpatient and HCAHPS
  - QI activities beginning *slowly* (Region C target-setting pilot; other state activities)
  - Buy-in from state and Federal partners
    - CMS QIO Special Project EDTC
    - ONC alignment of goals (if not measures)
    - PfP alignment of goals (#1 cause of harm in all hospitals)

Moving Forward

- Increasing emphasis on:
  - Program integrity
  - Flex grant activities implemented based on measured need (MBQIP data helps you determine the QI needs of your CAHs)
  - Moving CAHs from "Participation" → Reporting → Quality Improvement

Quality Improvement

Outcomes will not improve from quality measurement alone…



Your Role as Flex Coordinator

1. Get your CAHs signed up to participate in MBQIP (well done!)
2. Work with your CAHs and engage partners to ensure CAHs are *reporting* data
3. Use the data to drive QI efforts in your state

Your Role

Get your CAHs signed up to participate in MBQIP

- Determine barriers preventing participation for those CAHs still not signed up.
- Network with other Flex colleagues to discover strategies to address those barriers.
- Put those strategies to the test in your state!

Your Role

Work with your CAHs and engage partners to ensure CAHs are *reporting* data.

- Work with QIO or other quality partners in the state.
- Determine reasons why CAHs aren't reporting.
  - A quarter here and there with no eligible patients is one thing…. consistently not submitting any quality data is quite another.

Your Role

Use the data to drive QI efforts in your state.

- Use FMT evidence-based QI strategies briefs (i.e. AMI, Pneumonia, Heart Failure, etc): www.flexmonitoring.org
- Engage quality partners to determine appropriate QI interventions/activities
- Talk to your colleagues in other states to see where you can learn from one another

Reports from the Field

Colorado and Nebraska

- Getting CAHs engaged in MBQIP
- Using and analyzing the data
- Driving Quality Improvement

Colorado Flex Program

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Progress on MBQIP in Nebraska

Dave Palm, ORH

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March 24, 2014

U.S. Department of Health and Human Services
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REFLECTING

- A high percentage were already reporting on Inpatient Hospital Compare
- Most were eager to report on Phase II measures
  - SHIP Funds
  - RCCN as a vendor
  - Word of mouth
- A major issue is a low volume of inpatients

Comparing Data-Region C Pilot Project

- FLEX funds are distributed to 7 CAH Networks
- A major requirement is to focus on:
  - One Inpatient HC measure
  - One Outpatient HC measure
  - One HCAHPS measure
  - All select “Nurses always communicate well”
- Target is a minimum increase of 5% for the network

Region C Pilot Project

CAH Network	Measure	Target	Baseline	Interventions Used
CAH Link	HF1 – Discharge instructions	5% ↑		
	Outpatient 5 – Median time to ECG	5% ↑		
	HCAHPS 5 – Communication about medicines	5% ↑		
	HCAHPS – Communication with nurses	5% ↑		

Components of the Survey

- Practicing Concurrent Review?
- Utilizing Pre-printed order sets?
- Stemi Policies & Protocols?
- Routinely giving discharge instructions?
- Bedside reporting?
- Purposeful hourly rounding?
- Presenting MBQIP results to Board of Directors, Physicians, Staff?
- Culture of the hospital conducive to making improvements in the MBQIP scores?

Implementation of Surveys

- Worked on development with network coordinators
- Reported data as a group
- Reported individual data to each network
- Coordinators can identify areas they can assist each CAH with training or development
- Results presented in network meetings and used to strategize on improving scores and developing best practices

INTERVENTIONS – BEST PRACTICE RECOMMENDATIONS

- Develop Preprinted orders and conduct concurrent reviews
- Present information to Board of Directors, Physicians and Staff
- Develop Policies and Protocols for Cardiac, Pneumonia, Discharge Instructions
- Recommend Purposeful Rounding

Sample of Other Best Practice Recommendations

- Assure transparency of the measures (e.g., Balanced Scorecard)
- Tie improvement of the measures to annual performance reviews
- Orient new staff about the importance of core measures
- Communicate more effectively with ALL team members

Best Practices Continued

- Use EMR to assure patient is getting the right information (e.g., discharge instructions)
- Assure that discharge instructions are easy to read and understand
- Conduct root cause analysis if scores are low or when scores vary significantly

Importance of Partnerships

- QIO
- Nebraska Hospital Association
- Network Coordinators

Stories from the Field

Your thoughts?

….questions?

…comments?

Reminder #1

- MBQIP **is** a quality improvement activity under the Flex grant program
- MBQIP **is not** a stand-alone data submission entity like CMS' Hospital Compare

Reminder #2

- You, the Flex Coordinator, are the point-of-contact for CAHs and partners in your state regarding MBQIP

- Your ORHP Project Officer is your primary point-of-contact regarding MBQIP

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