StratisHealth

Rural Quality Improvement Technical Assistance

MBQIP Fundamentals Guide for State Flex Programs

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Using this Guide

This guide provides an overview of the current status and history of the Medicare Beneficiary Quality Improvement Project (MBQIP). It is intended to help state Flex program personnel and relevant subcontractors understand the basics of MBQIP, including key resources available to support them in their work. The guide is organized by topic, and each section provides an overview of the topic and links to related resources that give more detail and direction. Users are strongly encouraged to review all linked materials.

Purpose of MBQIP

MBQIP is a quality improvement activity under the Federal Office of Rural Health Policy's (FORHP) Medicare Rural Hospital Flexibility (Flex) grant program. Launched in 2011, the goal of MBQIP is to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting by CAHs and then driving quality improvement activities based on the data. MBQIP provides an opportunity for individual hospitals to look at their data, compare their results against other CAHs, and partner with other hospitals around quality improvement initiatives to improve outcomes and provide the highest quality care to every patient. For a visual representation, see the MBQIP infographic in Appendix A.

Because CAHs are paid under a cost-based reimbursement model from Medicare, they have historically been excluded from federal quality reporting and incentive programs linked to payment, such as the Inpatient and Outpatient Quality Reporting, Hospital Value-Based Purchasing, and other such pay for reporting and performance programs that impact Medicare reimbursement for prospective payment system (PPS) hospitals. As the U.S. moves rapidly toward a health care system that pays for value versus volume of care provided, it is crucial for CAHs to participate in federal, public quality reporting programs to demonstrate the quality of the care they are providing. MBQIP takes a proactive approach to help ensure CAHs are well-prepared to meet future quality requirements. Furthermore, it is clear that some CAHs are not only participating in national quality improvement reporting programs but are excelling across multiple rural relevant topic areas. For example, small rural hospitals that participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey often outperform PPS hospitals.

For additional insights regarding the purpose and importance of MBQIP, see the MBQIP Talking Points.

Flex Program Responsibilities

State Flex Programs are responsible for implementing MBQIP within their state as part of the quality activity under the Flex grant. To do this successfully, they must:

- Ensure CAHs have signed memorandums of understanding to participate in the program and share their data with FORHP
- Be familiar with the MBQIP measures and related Flex eligibility requirements, including staying up to date with any changes (See Process for Updating Measures below)
- Orient newly participating CAHs and new CAH quality staff to MBQIP
- Assess needs and provide CAHs with the resources and support needed to report MBQIP measures successfully

- Track on CAH reporting and compliance with MBQIP eligibility requirements and assist CAHs as necessary to build their capacity in meeting those requirements
- Submit hospital data for the Emergency Department Transfer Communication (EDTC) measure to FORHP on a quarterly basis (see the MBQIP EDTC Reporting Instructions for Flex Programs)
- Encourage CAHs to work towards quality improvement demonstrated by change in performance on MBQIP measures over time
- Implement initiatives with groups or cohorts of CAHs to support quality reporting and improvement based on needs
- Build and sustain partnerships with local, state, and regional stakeholders to help align and leverage opportunities for quality improvement support for CAHs
- Share relevant resources with CAHs to support their efforts with quality reporting and improvement, including the RQITA produced newsletter, MBQIP Monthly

For state Flex program personnel that are just getting started in this work or are new to MBQIP, this guide is just one of many resources available. There are numerous opportunities to get support with MBQIP, including:

- Attending the Flex Workshop hosted by the Technical Assistance and Services Center (TASC)
- Participating in an introduction call with the Rural Quality Improvement Technical Assistance Center (RQITA)
- Joining the Flex Program Forum hosted by TASC as a way to connect with other state Flex programs across Flex program topics, and learn about the work they are doing to support CAHs with MBQIP

For more information about the options above or for support with other MBQIP related issues, email tasc@ruralcenter.org.

RQITA Support

Through a cooperative agreement with FORHP, the Rural Quality Improvement Technical Assistance (RQITA) team at Stratis Health provides technical assistance to beneficiaries of FORHP quality initiatives. As it relates to Flex, RQITA's primary role is to support the state Flex programs in supporting their CAHs with MBQIP participation. In addition to developing resources geared towards both state Flex programs and CAHs, such as those referenced throughout this guide, RQITA is available to provide individual technical assistance and consultations to state Flex programs related to a variety of topics including the following:

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

RQITA is also available to provide presentations to various audiences regarding topics related to MBQIP and CAH quality reporting and improvement. See the RQITA Presentation Topics for State Flex Programs for a list of some of the topics on which RQITA is available to present as well as a link for requesting a presentation.

State Flex program staff and their MBQIP subcontractors are encouraged to participate in MBQIP Virtual Knowledge Groups. These RQITA hosted webinars that provide a forum for sharing MBQIP successes, discussing challenges, and brainstorming strategies to assist hospitals towards reporting, participating, improving and excelling in MBQIP.

MBQIP Measures

Recognizing the impact of low patient volumes on the significance of quality measure outcomes, FORHP has selected a set of hospital quality measures that are relevant for the volume and services of the majority of CAHs. In some cases, these measures may still present concerns regarding low volumes, however low numbers are not a valid reason for CAHs to not report quality data. It is essential to provide evidence-based care for every patient, 100 percent of the time.

Most MBQIP measures align with other Centers for Medicare & Medicaid Services (CMS) quality reporting programs; exceptions include Emergency Department Transfer Communication (EDTC) and Antibiotic Stewardship.

The current list of MBQIP Measures is an essential resource for state Flex programs. For more information about the measures, including an overview of the data collection and reporting processes, and the significance of each, see the MBQIP Measure Fact Sheets.

MBQIP measures are divided into two categories:

- **Core MBQIP Measures** are those that all state Flex Programs are expected to support. Reporting on these measures contributes towards a CAH's Flex eligibility requirements.
- **Additional MBQIP Measures** are those that state Flex Programs can elect to support in addition to the Core measures, particularly in alignment with other partners or initiatives. While these measures are also rural relevant, they may not be as widely applicable across all CAHs.

MBQIP measures, both Core and Additional, are further divided into four domains:

- Patient Safety/Inpatient
- Patient Engagement
- Care Transitions
- Outpatient

Just as hospital quality reporting and available measures have continued to evolve, MBQIP measures have also evolved over the years of the project. A brief history of measure changes can be found in Appendix B, including reference to a three-phase roll-out of measures as the project began. Beginning with updates to MBQIP measures in Flex program fiscal year (FY) 2018, FORHP has published a summary explanation for each added and removed measure. For more information, see the MBQIP Measure Change Summaries.

MBQIP Reporting

MBQIP measures are reported through a variety of reporting channels to three primary data repositories, as depicted in the infographic in Appendix C. For a more in-depth explanation of the current reporting mechanisms and data repositories, see the MBQIP Quality Reporting Guide.

Data submissions must be timely. The MBQIP Data Submission Deadlines provides this information in chart form over a number of quarters. The MBQIP Data Reporting Reminders are updated

monthly reflect the next submission deadline for each measure submission method, including details about the required specification manual and abstraction tool versions for the given time period.

Some MBQIP measures require collecting information from the medical record, in a process called chart abstraction. The MBQIP Data Abstraction Training Series includes a number of recordings that review the process of identifying the appropriate population and abstracting the required data elements for each chart-abstracted MBQIP measure. Hospitals looking for support with this process can bring their questions to the Quarterly Open Office Hours for MBQIP Data Abstractors or participate in the Abstracting for Accuracy Project, an abstracting review process involving an individualized consultation with a quality reporting specialist, through which they can increase the validity of data collection.

In coordination with state Flex programs, RQITA is available to answer individual hospital questions regarding data abstraction and submission.

MBQIP Data and Analysis

There are many data sources available for quality data. The following describes data sources provided to state Flex programs and critical access hospitals through FORHP funded initiatives.

MBQIP Data Reports

To support meaningful use of quality data, FORHP provides data to state Flex programs on a quarterly basis. Currently, data is broken into three reports:

- Patient Safety/Inpatient/Outpatient
- HCAHPS
- EDTC

The following are included in the reports which are sent via secure file transfer from the FORHP project officer for each state:

- **CAH-specific MBQIP data reports**
  State Flex programs should distribute these hospital-specific PDF reports to their CAHs in a secure method that works best for their program (e.g., secure email transfer, secure portal, in-person meetings, etc.). For more information about the reports and how CAHs can make use of them, see Interpreting MBQIP Hospital Data Reports for Quality Improvement.
- **State Data Files**
  These Microsoft Excel files contain hospital-specific data for the entire state as well as a state PDF file. These files can be analyzed in a variety of ways to help prioritize measures or identify groupings of hospitals for potential improvement activities. For more information and suggestions on how to use these reports, see the Flex Program Guide: MBQIP Data Report and Excel Data Resources. Excel files can also be used as a source to populate EDTC and Inpatient/Outpatient Comparison Templates.
- **Non-submission List**
  This Microsoft Excel file contains a list of CAHs in the state who did not submit anything for each measure. It is meant to be used to assist in monitoring and accountability as it relates to meeting MBQIP eligibility requirements. (Note – a non-submission report is not provided for EDTC as the state Flex programs submit the EDTC data to FORHP.)

MBQIP data reports and Excel files underwent a significant redesign in 2016. Updates and changes made to the data reports since that time can be found in the Update and Changes Log for MBQIP Data Reports and Excel Data Files.

Reports are distributed roughly two to eight months after the reporting deadline; this data lag differs depending on how the measures in the given reports are reported. For more information, see the Anticipated MBQIP Data Reports Release Timelines for State Flex Programs. Note that this resource is intended for state Flex programs, not CAHs. The timelines provided are anticipated, but not guaranteed, and do not account for the processes individual state Flex programs undergo to share data with their hospitals.

FMT Quality Reports and CAHMPAS

The Flex Monitoring Team (FMT) provides additional resources to state Flex programs regarding quality data, including:

- Annual national and state-specific Hospital Compare quality measure reports are made available on the FMT website. The reports include additional Hospital Compare measures that are not included in MBQIP and use data which CMS suppresses due to low patient volume. Two sets of reports are produced: one for HCAHPS and the other, including inpatient, outpatient, and structural measures. The analyses in these reports include comparisons of reporting and performance between each state's CAHs and 1) all other CAHs nationally, 2) CAHs located in the same HRSA region, and 3) CAHs in other states that have a similar number of CAHs.
- The Critical Access Hospital Measurement & Performance Assessment System (CAHMPAS) is an online data query tool, which allows users to create graphs that compare CAH performance among various measures across user-defined groups. Quality improvement and community benefit data are aggregated to the state level and available to the public. Financial data are reported at the individual level and require a login to view. For your state's login information, please email monitoring@flexmonitoring.org.

State Flex programs are encouraged to use these additional data resources to support their MBQIP work.

Quality Improvement

The ultimate goal of MBQIP is to improve health care outcomes for patients served by CAHs, first by increasing the quality data reporting and then driving improvement activities based on the data. When CAHs are consistently and accurately reporting on MBQIP measures, state Flex programs can work with them to analyze their data, identify opportunities for improvement, and then implement improvement strategies.

State Flex programs choose a variety of ways to organize quality improvement efforts depending on the landscape and needs of their CAHs. RQITA is available to strategize approaches to the work, and there are numerous resources available to state Flex programs and CAHs to support these efforts. A few include:

- Quality Improvement Basics List - a compilation of helpful introductory resources for health care quality improvement that provides awareness of the more prominent health care quality organizations, programs, and terms.

- Quality Improvement Implementation Guide and Toolkit for CAHs – offers strategies and resources to help CAH staff organize and support efforts to implement best practices for quality improvement with a specific focus on MBQIP.
- Quality Improvement Basics Course – a series of recordings and related resources designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities, developed with an eye towards a rural health provider audience.

CAH Eligibility Requirements

Beginning in FY2015, FORHP requires every CAH to participate in MBQIP and report on a specific set of measures to be eligible for future Flex-funded activities and support. This policy change was implemented to help ensure accountability and progress towards the goal of all CAHs reporting and working on improvement efforts.

During the first quarter of each calendar year, FORHP releases guidance about the CAH reporting requirements to qualify for next Fiscal Year's Flex-funded activities. FORHP also releases a list of potentially ineligible CAHs who did not meet reporting requirements for the previous year to each state Flex program. All CAHs potentially ineligible have the opportunity to submit a waiver to be eligible for the next Fiscal Year.

In addition to completing a signed Memorandum of Understanding (MOU)/Consent form, the table below lays out reporting eligibility requirements for MBQIP over time, starting with the most recently announced requirements. FORHP has stated the intention to continue to step up MBQIP reporting requirements over time. Note that Flex program fiscal years run from September 1 of the calendar year noted through the following August 31 (e.g., FY 2018 – September 1, 2018, through August 31, 2019).

Time Period	Requirement
FY2020	One Core MBQIP measures for at least two quarters in at least three domains
FY2019	One Core MBQIP measure for at least one quarter in at least three domains; complete the appropriate Notices of Participation for "Public Reporting" as well as not opt to actively suppress their quality data from Hospital Compare
FY2018	One Core MBQIP measure for at least one quarter in at least two domains
FY2015-FY2018	One Core MBQIP measure for at least one quarter in any domain

Waiver Process

FORHP understands that certain circumstances hinder CAHs from reporting. Therefore, state Flex programs can request waivers for MBQIP participation requirements in coordination with CAHs initially deemed ineligible. Justifications for a waiver include:

- CAHs who recently signed the Memorandum of Understanding (MOU) and are building capacity
- CAHs who received CAH designation within the last year
- CAHs with other extenuating circumstances

Questions on any exceptions not outlined above should be directed to your designated FORHP project officer.

For more information and a sample waiver, see the Flex Eligibility Criteria for MBQIP Participation and Waiver Template or reach out to your state's Flex Project Officer.

Changes to MBQIP Measures

As with all quality reporting programs, MBQIP measures evolve over time. A brief explanation of changes in MBQIP measures over the years can be found in Appendix B. Beginning with changes to MBQIP measures in FY2018, FORHP has published a summary explanation for each added and removed measure. See the MBQIP Measure Change Summaries for more information.

The following describes the processes for adding and removing measures from the project.

Adding Measures

FORHP adds measures to MBQIP as needed based on alignment with other federal quality reporting programs and feedback from rural stakeholders, with a strong preference for standardized measures that are supported by a national reporting system. Any rural stakeholder can propose to add measures to MBQIP. Feedback should be provided to MBQIP@hrsa.gov for consideration by FORHP.

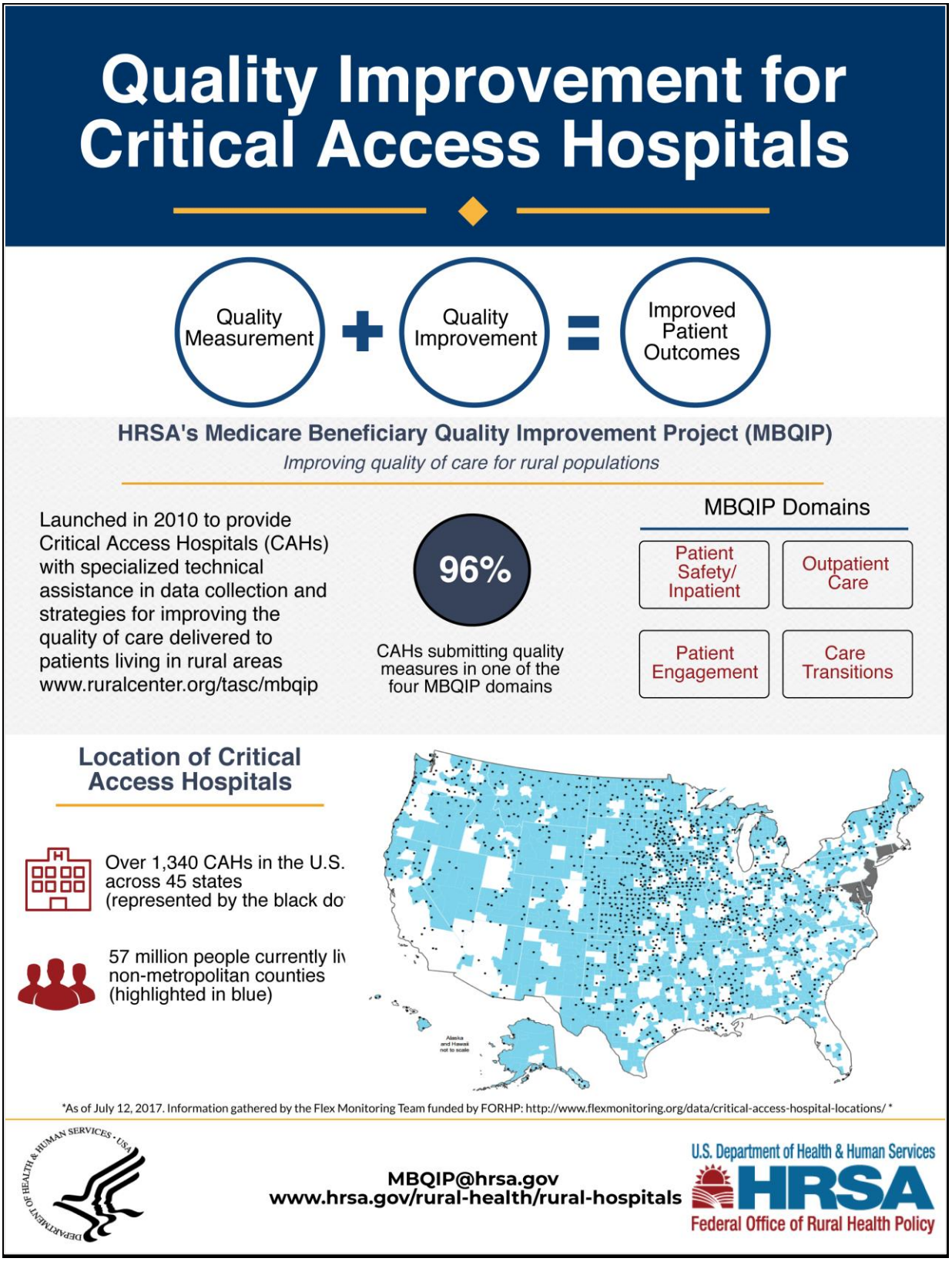
The process for adding measures includes gathering feedback from stakeholders such as Flex grantees, CAHs, the Technical Assistance and Services Center (TASC), the Flex Monitoring Team (FMT), and the Rural Quality Improvement Technical Assistance Center (RQITA). To do this, FORHP shares draft guidance to rural stakeholders with a public comment period of at least 30 days. FORHP reviews all feedback internally and publicly announces additions to MBQIP. FORHP allows state Flex programs and CAHs one year to build capacity around any new measure before incorporating measures into the MBQIP Core Measures and eligibility criteria.

Removing Measures

To date, there are two primary circumstances under which measures are removed from MBQIP:

- **CMS Removes Measures**
  If CMS removes or retires a measure from one of their reporting programs, and in doing so, removes the mechanisms for submitting data for that measure, FORHP may remove that measure from MBQIP. Some of the reasons CMS might remove or retire a measure include:
  - National performance on the measure reaches a level indicating the measure is "topped out", i.e., performance is so high and unvarying that meaningful distinctions in improvement cannot be made (e.g., OP-4: Aspirin at Arrival)
  - Concerns regarding validity of a measure (e.g., OP-20: Door to Diagnostic Evaluation)
  - Shifting priorities (e.g., OP-21: Median Time to Pain Management for Long Bone Fracture)
- **FORHP Removes Measures**
  FORHP can also remove measures from MBQIP if performance among CAHs on a given measure reaches a level that indicates the measure is "topped out" such that performance is so high and unvarying that meaningful distinctions in improvement cannot be made, or if the measure is no longer deemed a priority for other reasons.

Appendix A – MBQIP Infographic



Appendix B – MBQIP Measures 2011-Present

The table below displays the evolution of MBQIP measures over time starting in 2011 through the present. For each measure, the following information is provided:

- Measure ID – The CMS given measure ID, or the common acronym used for referencing non-CMS measures
- Measure Set – For CMS measures only
- Measure Name – The CMS name for the measure or the longer description of the measure for non-CMS measures
- MBQIP Domain – The MBQIP domain the given measure falls/fell within
- Reporting Repository – The repository through which data for this measure is/was reported
- Measure Background – Brief description of why this measure was included or removed from MBQIP

The current list of MBQIP Measures can be found on the TASC website. Current measures are shaded in green below.

Note – CMS measures are sometimes also referred to as Hospital Compare measures. For this resource, the terms are synonymous.

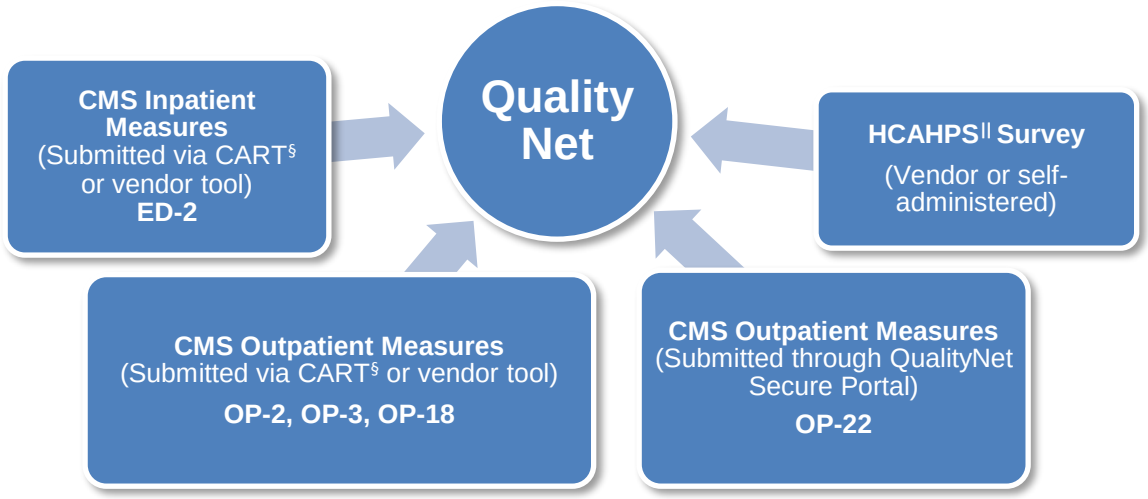
Years in MBQIP	Measure ID & Measure Set	Measure Name	MBQIP Domain	Reporting Repository	Measure Selection and Removal Background
FY 2011 – Q3 2014	HF-1 (Heart Failure)	Discharge Instructions	Inpatient	QualityNet	Implemented in MBQIP Phase 1 (FY2011). Retired by CMS 1/1/2014; available for voluntary reporting through Q3 2014.
FY2011 – Q3 2015	HF-2 (Heart Failure)	Evaluation of LVS Function	Inpatient	QualityNet	Implemented in MBQIP Phase 1 (FY2011). CMS retired as of 1/1/2015 discharges; available for voluntarily reporting through Q3 2015.
FY2011 – Q3 2014	HF-3 (Heart Failure)	ACEI or ARB for LVSD	Inpatient	QualityNet	Implemented in MBQIP Phase 1 (FY2011). CMS retired by CMS 1/1/2014; available for voluntary reporting through Q3 2014.
FY2011 – Q3 2014	PN-3b (Pneumonia)	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospitals	Inpatient	QualityNet	Implemented in MBQIP Phase 1 (FY2011). CMS retired by CMS 1/1/2014; available for voluntary reporting through Q3 2014.

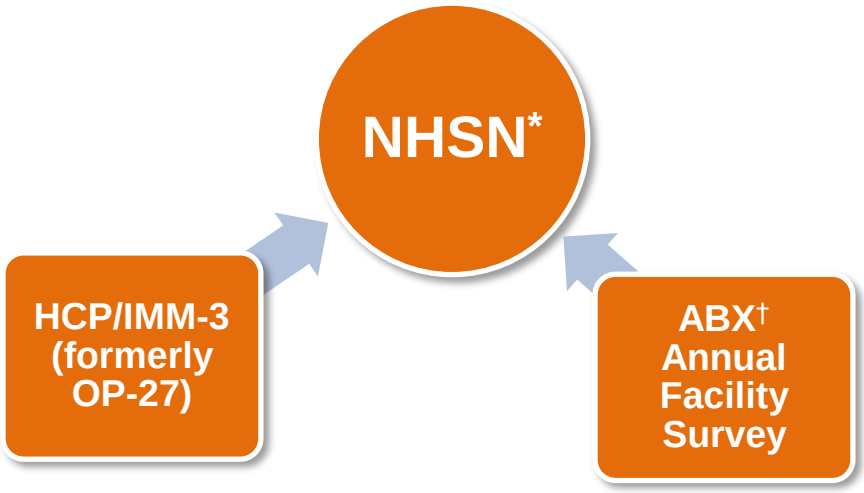
Years in MBQIP	Measure ID & Measure Set	Measure Name	MBQIP Domain	Reporting Repository	Measure Selection and Removal Background
FY2011 – Q3 2015	PN-6 (Pneumonia)	Initial Antibiotic Selection for CAP in Immunocompetent Patient	Inpatient	QualityNet	Implemented in MBQIP Phase 1 (FY2011). CMS retired as of 1/1/2015 discharges, BUT still available for voluntarily reporting through Q3 2015.
FY2012 – Q1 2018	OP-1 (AMI)	Median time to fibrinolysis	Outpatient	QualityNet	Implemented in MBQIP Phase 2 (FY2012) CMS removed after Q1 2018 data submission.
FY2012 – Present	OP-2 (AMI)	Fibrinolytic therapy received within 30 minutes	Outpatient	QualityNet	Implemented in MBQIP Phase 2 (FY2012)
FY2012 – Present	OP-3 (AMI)	Median time to transfer to another facility for acute coronary intervention	Outpatient	QualityNet	Implemented in MBQIP Phase 2 (FY2012)
FY2012 – Q1 2018	OP-4 (AMI and Chest Pain)	Aspirin at Arrival	Outpatient	QualityNet	Implemented in MBQIP Phase 2 (FY2012) CMS removed after Q1 2018 data submission.
FY2012 – Present	OP-5 AMI and Chest Pain	Median time to ECG	Outpatient	QualityNet	Implemented in MBQIP Phase 2 (FY2012) CMS removed after Q1 2019 data submission.
FY2012 – Q4 2014	OP-6 (Surgery)	Timing of antibiotic prophylaxis	Outpatient	QualityNet	Implemented in MBQIP Phase 2 (FY2012). CMS retired as of 1/1/2015 discharges; no longer available for reporting as of that date
FY2012 – Q4 2014	OP-7 (Surgery)	Antibiotic selection	Outpatient	QualityNet	Implemented in MBQIP Phase 2 (FY2012). CMS retired as of 1/1/2015 discharges; no longer available for reporting as of that date
FY2012 – Present	HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Engagement	QualityNet	Implemented in MBQIP Phase 2 (FY2012) Changes have been made to the survey over the years, but the HCAHPS as a measure has remained consistent.

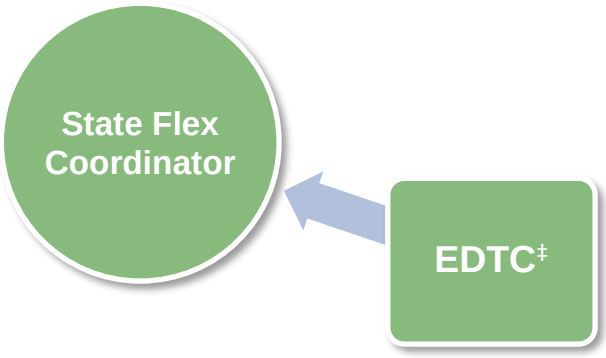
Years in MBQIP	Measure ID & Measure Set	Measure Name	MBQIP Domain	Reporting Repository	Measure Selection and Removal Background
FY2013 – Present	EDTC	Emergency Department Transfer Communications	Care Transitions	State Flex Program	Implemented in MBQIP Phase 3 (FY2013) Not a CMS measure.
FY2013 – FY2015	Pharm CPOE	Verification of Medication Orders Within 24 Hours	Patient Safety/ Inpatient	State Flex Program	Implemented in MBQIP Phase 3 (FY2013). Not a CMS measure. In FY2015 FORHP decided to stop requiring CAHs to report on this measure.
FY2015 – Q1 2018	OP-20 (ED Throughput)	Door to diagnostic evaluation by a qualified medical professional	Outpatient	QualityNet	Added in FY2015 CMS removed after Q1 2018 data submission.
FY2015 – Q1 2018	OP-21 (Pain Management)	Median time to pain management for long bone fracture	Outpatient	QualityNet	Added in FY2015 CMS removed after Q1 2018 data submission.
FY2015 – Present	OP-22 (ED Throughput)	Patient left without being seen	Outpatient	QualityNet	Added in FY2015
FY2015 – Present	HCP/IMM-3 (formerly OP-27) (Web-based)	Influenza vaccination coverage among healthcare personnel (single rate for inpatient and outpatient settings)	Patient Safety/ Inpatient	NHSN	Added in FY2015 CMS made changes that affected the name of this measure starting with reporting in 2019.
FY2015 – Q4 2018	Imm-2 (Global)	Immunization for influenza	Patient Safety/ Inpatient	QualityNet	Added in FY2015 CMS removed after Q4 2018 data submission.
FY2016 – Present	OP-18 (ED Throughput)	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Outpatient	QualityNet	OP-18 was added in FY2016 as other measures in the set were MBQIP Core Measures and CMS requires all measures a set to be reported.

Years in MBQIP	Measure ID & Measure Set	Measure Name	MBQIP Domain	Reporting Repository	Measure Selection and Removal Background
FY2017 – Present	Antibiotic Stewardship	Antibiotic Stewardship	Patient Safety/ Inpatient	NHSN via Annual Facility Survey	Added in FY2017. Not a CMS measure; assessing progress towards implementing antibiotic stewardship based on responses to NHSN annual facility survey questions linked to the Centers for Disease Control and Prevention Core Elements of Antibiotic Stewardship.
FY2017 – Present	ED-1 (Inpatient ED)	Median time from ED arrival to ED department for admitted ED patients	Patient Safety/ Inpatient	QualityNet	Added in FY2017. Previously an optional measure CMS removed after Q4 2018 data submission.
FY2017 – Present	ED-2 (Inpatient ED)	Admit decision time to ED departure time for admitted patients	Patient Safety/ Inpatient	QualityNet	Added in FY2017. Previously an optional measure CMS removed after Q4 2019 data submission.

Appendix C – Quality Reporting Channels for MBQIP Core Measures







§CMS Abstraction and Reporting Tool ‖Hospital Consumer Assessment of Healthcare Providers and Systems
*National Healthcare Safety Network †Antibiotic Stewardship ‡Emergency Department Transfer Communication

Appendix D – MBQIP Resources for Flex Programs

The following are resources specifically intended for use by state Flex personnel or subcontractors supporting MBQIP. This is not an exhaustive list. For more resources, visit the MBQIP page on the TASC website.

Flex Program Resource: Comparison Templates
Excel Template designed to assist Flex Programs in producing comparison graphs for hospital and state performance on MBQIP Measures

- **EDTC:** https://www.ruralcenter.org/tasc/resources/edtc-comparison-template
- **Inpatient and Outpatient:** https://www.ruralcenter.org/resource-library/flex-program-resources-inpatient-and-outpatient-measure-comparison-template

Flex Program Guide: Developing MBQIP Peer Mentoring Programs
https://www.ruralcenter.org/resource-library/flex-program-guide-developing-mbqip-peer-mentoring-programs
Ideas for Flex Programs to foster an informal peer mentoring environment, followed by basic guidance to develop a more intentional and structured peer mentoring program

Flex Program Guide: Using MBQIP Excel Files
https://www.ruralcenter.org/resource-library/flex-program-guide-mbqip-data-report-and-excel-data-resources
Intended to help Flex Programs use the MBQIP Excel data files provided by FORHP quarterly. Includes overviews of the various Excel files, as well as basic instructions on how to manipulate the data for analysis

MBQIP Acronyms
https://www.ruralcenter.org/sites/default/files/MBQIP-Acronyms.pdf
A list of common acronyms used in reference to MBQIP.

MBQIP Monthly Reporting Reminders
https://www.ruralcenter.org/resource-library/mbqip-data-reporting-reminders
Template format can be tailored as needed and sent to CAHs reminding them of upcoming data submission deadlines, as well as appropriate versions of specification manuals and tools for corresponding time periods.

MBQIP Talking Points
https://www.ruralcenter.org/resource-library/flex-program-resource-mbqip-talking-points
This list of summary statements is intended to equip state Flex program staff with talking points to address concerns and encourage participation in quality reporting and improvement programs.

National Quality Reporting Crosswalk for CAHs
https://www.ruralcenter.org/resource-library/national-quality-reporting-crosswalk-for-cahs
Intended to provide users with a basic understanding of quality reporting initiatives taking place on a national level involving critical access hospitals (CAHs), including the lead organization and purpose of such initiatives, the measures used by each initiative and any overlap in measures

across initiatives. The Excel version can be edited to add other state, regional or hospital-level initiatives.

Overall Hospital Quality Star Ratings on Hospital Compare: Overview for Flex Programs and Rural Stakeholders
https://www.ruralcenter.org/resource-library/overall-hospital-quality-star-ratings-on-hospital-compare-overview-for-flex
Provides an overview of the Overall Hospital Quality Star Ratings initially released in July 2016 by the Centers for Medicare & Medicaid Services. The document includes background information, a summary of the methodology and discussion/talking points.

Patient and Family Engagement in Critical Access Hospitals: A Flex Program Story
https://www.ruralcenter.org/resource-library/patient-and-family-engagement-in-critical-access-hospitals-a-flex-program-story
Highlights how the Kansas state Flex Program, in contract with the Kansas Hospital Education and Research Foundation (KHERF), developed a program to support critical access hospitals in implementing aspects of Patient and Family Engagement.

Quality Improvement Basics Course
https://www.ruralcenter.org/resource-library/quality-improvement-basics-course
A series of recordings and related resources designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities. The course may be completed in sequence or individual modules and tools may be used for stand-alone training and review.

RQITA Presentation Topics for State Flex Programs
https://www.ruralcenter.org/resource-library/rqita-presentation-topics-for-state-flex-programs
Upon request from a state Flex program, the Rural Quality Improvement Technical Assistance Center (RQITA) is available to provide presentations to various audiences regarding topics related to the Medicare Beneficiary Quality Improvement Project (MBQIP) and critical access hospital (CAH) quality reporting and improvement. This resource includes a list of some of the topics on which RQITA is available to present as well as a link for requesting a presentation.

Appendix E – MBQIP Resources for CAHs

The following are resources specifically intended for use by CAHs participating in MBQIP. State Flex programs are encouraged to recreate and modify this list as appropriate to support your hospitals. This list, provided in alphabetical order, is not exhaustive. For more resources, broken into topical categories, visit the MBQIP page on the TASC website.

Abstracting for Accuracy
https://www.ruralcenter.org/resource-library/abstracting-for-accuracy-project
Abstracting for Accuracy offers an opportunity for CAHs to participate in an abstracting review process to help increase the validity of data collection and identify opportunities for additional training and clarification as it relates to chart abstraction.

Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs
https://www.ruralcenter.org/resource-library/antibiotic-stewardship-implementation-suggested-strategies-from-high-performing
This resource shares implementation and enhancement strategies for antibiotic stewardship, collected from high performing CAHs across the U.S. during a series of focus group interviews.

Ask Robyn – Quarterly Open Office Hours Calls for MBQIP Data Abstractors
https://www.ruralcenter.org/resource-library/ask-robyn-quarterly-open-office-hour-calls-for-mbqip-data-abstractors
Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson of Stratis Health will be offering quarterly open office hour calls to discuss your MBQIP abstraction questions. Sessions are free of charge, but registration is required.

Emergency Department Transfer Communication Measure Resources
http://www.stratishealth.org/providers/ED_Transfer_Resources.html
Data specifications manual, Excel-based data collection tool, recorded training, quality improvement toolkit, and more.

Interpreting MBQIP Hospital Data Reports for Quality Improvement
https://www.ruralcenter.org/resource-library/interpreting-mbqip-hospital-data-reports-for-quality-improvement
Supports use of Medicare Beneficiary Quality Improvement Project (MBQIP) Hospital Data Reports to support quality improvement efforts and improve patient care.

MBQIP Data Submission Deadlines Chart
https://www.ruralcenter.org/resource-library/mbqip-data-submission-deadlines
Single page document contains a chart showing the MBQIP data submission deadlines.

MBQIP Measures Fact Sheets
https://www.ruralcenter.org/resource-library/mbqip-measures-fact-sheets
One-measure-per-page-overview of the data collection and reporting processes for MBQIP measures.

MBQIP Monthly
https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly
Monthly e-newsletter that provides CAHs with information and support for quality reporting and improvement and highlights current information about MBQIP.

MBQIP Quality Reporting Guide
https://www.ruralcenter.org/resource-library/mbqip-quality-reporting-guide
Guide to understanding the MBQIP measure reporting process. For each reporting channel, information is included on how to register, which measures are reported to the site and how to submit those measures.

Online MBQIP Data Abstraction Training Series
https://www.ruralcenter.org/resource-library/online-mbqip-data-abstraction-training-series
Recorded series of seven brief webinars is for CAH staff with responsibility for data collection of CMS Inpatient and Outpatient quality measures. Listeners can pick individual topics or listen to the full series for a comprehensive overview of the process to identify each measure population and abstract the required data elements.

Quality Improvement Basics Course
https://www.ruralcenter.org/resource-library/quality-improvement-basics-course
A series of recordings and related resources designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities. The course may be completed in sequence or individual modules and tools may be used for stand-alone training and review.

Quality Improvement Basics Resource List
https://www.ruralcenter.org/resource-library/quality-improvement-basics-a-collection-of-helpful-resources-for-rural-health-care
Provides rural health care quality professionals a summary of helpful introductory QI resources and provides awareness of the more prominent health care quality organizations, programs, and terms.

Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals
https://www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs
Offers strategies and resources to help critical access hospital (CAH) staff organize and support efforts to implement best practices for quality improvement. Including:

- A quality improvement implementation model for small, rural hospital settings
- A 10-step guide to leading quality improvement efforts
- Summaries of key national quality initiatives that align with MBQIP priorities
- Best practices for improvement for current MBQIP measures
- Simple, Excel-based tool to assist CAHs with tracking and displaying real-time data for MBQIP and other quality and patient safety measures to support internal improvement efforts

Study of HCAHPS Best Practices in High Performing Critical Access Hospitals
https://www.ruralcenter.org/resource-library/study-of-hcahps-best-practices-in-high-performing-cahs
Identifies improvement strategies and effective best practices for each component of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), collected from high performing critical access hospitals (CAHs) across the US during a series of focus group interviews.