

# MBQIP and the Future of Quality Reporting

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**Arkansas Annual Rural Health Conference**



**Rural Quality Improvement Technical Assistance**



# 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
- Long history of working with rural providers, CAHs, and the Flex Program
- Rural Quality Improvement Technical Assistance (RQITA) is a FORHP funded program of Stratis Health



Rural Quality Improvement Technical Assistance



# Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health starting September 2015 from the Health Resources and Services Administration Federal Office of Rural Health Policy (HRSA FORHP).
- Improve quality and health outcomes in rural communities through TA for FORHP quality initiatives
  - Flex/MBQIP
  - Small Health Care Provider Quality Improvement Grantees (SCHPQI)
- Focus on quality reporting and improvement



Rural Quality Improvement Technical Assistance



# Overview

- Overview of the Medicare Beneficiary Quality Improvement Program (MBQIP) program
  - Current State of MBQIP
  - Performance of Arkansas CAHs
- Discuss trends in quality reporting and implications for CAHs.





# Medicare Beneficiary Quality Improvement Project (MBQIP) Overview

# MBQIP Overview

- Quality improvement (QI) activity under the Medicare Rural Hospital Flexibility (Flex) grant program through the Federal office of Rural Health Policy (FORHP)
- Improve the quality of care in CAHs by increasing quality data reporting and driving improvement activities based on the data
- Common set of rural-relevant hospital metrics, technical assistance, encouragement, and support



# Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement



- Prepare CAHs for participation in value-based payment programs



# Benefits of MBQIP Participation

- Improved patient care and quality outcomes
- Increased capacity for participation in Federal reporting programs
- Access to full scope of Flex resources





The background is a collage of construction-related illustrations. At the top left is a large bolt head. To its right is a vertical ruler with numbers 13 through 17. Further right is a screw. At the top right is a nut. On the left side, a bolt is shown vertically. At the bottom right is a pair of pliers. The background is a mix of orange, yellow, and grey tones with some splatter effects.

# MBQIP Measures

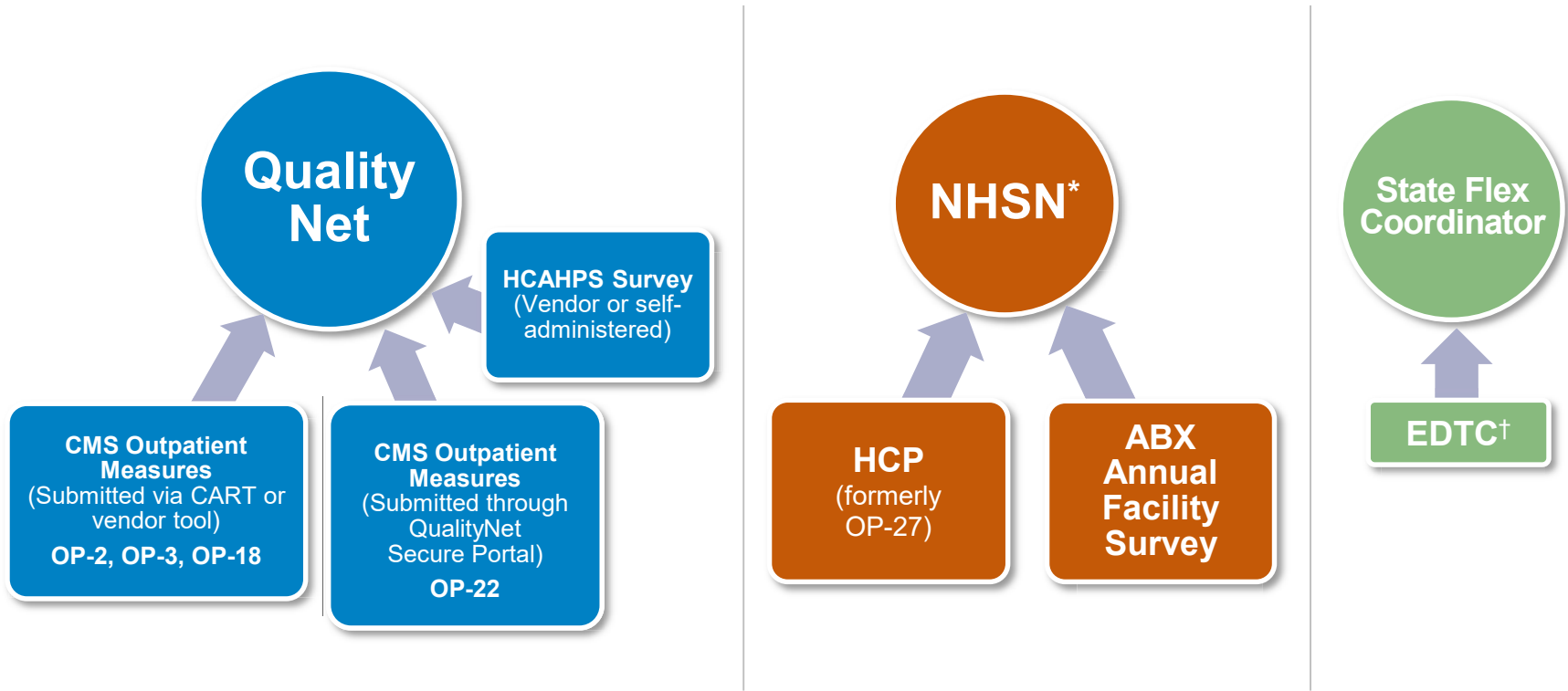
# MBQIP Core Measures

Patient Safety/ Inpatient	Patient Engagement	Care Transitions	Outpatient
<ul style="list-style-type: none"> <li>HCP/IMM-3 (formerly OP-27) – Healthcare personnel influenza vaccination</li> <li>Antibiotic Stewardship – Implementation of core elements</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Consumer Assessment of Healthcare Providers &amp; Systems (HCAHPS)</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Department Transfer Communication (EDTC)*</li> </ul>	<p>AMI:</p> <ul style="list-style-type: none"> <li>OP-2 – Fibrinolytic therapy w/in 30</li> <li>OP-3 – Time to transfer</li> </ul> <p>ED Throughput:</p> <ul style="list-style-type: none"> <li>OP-18 – Time from arrival to departure</li> <li>OP-22 – Left w/o being seen</li> </ul>

\*EDTC - Only measure not collected through CMS or NHSN



# Quality Data Reporting Channels for MBQIP Required Measures



\*National Healthcare Safety Network †Emergency Department Transfer Communication



# MBQIP Additional Measures

Patient Safety/ Inpatient	Patient Engagement	Care Transitions	Outpatient
<ul style="list-style-type: none"><li>• Healthcare-Associated Infections (HAIs)</li><li>• Perinatal Care</li><li>• Falls</li><li>• Adverse Drug Events (ADEs)</li><li>• Patient Safety Culture Survey</li><li>• Inpatient Influenza Immunization</li></ul>	<ul style="list-style-type: none"><li>• Emergency Department Patient Experience Survey</li></ul>	<ul style="list-style-type: none"><li>• Discharge Planning</li><li>• Medication Reconciliation</li><li>• Swing Bed Care</li><li>• Claims-Based Measures</li></ul>	<ul style="list-style-type: none"><li>• Chest Pain/ Acute Myocardial Infarction</li><li>• Emergency Department Throughput</li></ul>



# Quality Reporting Resources

- **MBQIP Quality Reporting Guide**  
<https://www.ruralcenter.org/resource-library/mbqip-quality-reporting-guide>
- **MBQIP Measures Fact Sheets**  
<https://www.ruralcenter.org/resource-library/mbqip-measures-fact-sheets>
- **MBQIP Data Reporting Reminders**  
<https://www.ruralcenter.org/resource-library/mbqip-data-reporting-reminders>
- **Online MBQIP Data Abstraction Training Series**  
<https://www.ruralcenter.org/resource-library/online-mbqip-data-abstraction-training-series>
- **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>
- **Abstracting for Accuracy**  
<https://www.ruralcenter.org/resource-library/abstracting-for-accuracy-project>
- **MBQIP Monthly – Robyn’s Quips**  
<https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>



# Abstracting for Accuracy

- An opportunity for CAHs to participate in an abstraction review process
- Help to increase validity of data collection
- Identify opportunities for additional training and clarification related to chart abstraction





# MBQIP Performance: Arkansas

# HCP/IMM-3 (OP-27): Immunization among Health Care Personnel

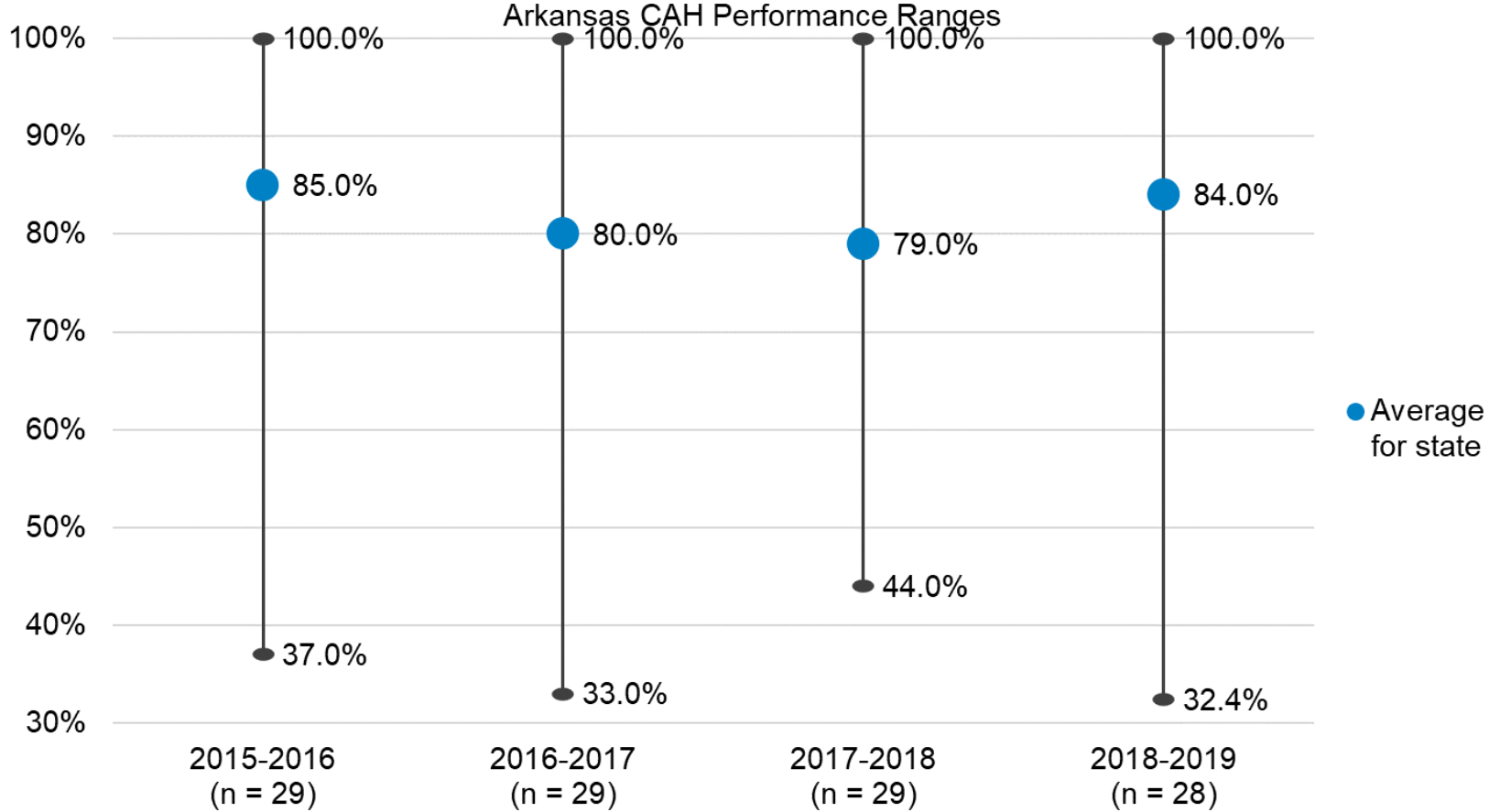
Flu Season	Average			90 <sup>th</sup> Percentile	
	AR CAHs	National CAHs	All hospitals (PPS + CAH)	AR CAHs	National CAHs
2016-2017	80%	88%	NA	100%	99%
2017-2018	79%	89%	89%	100%	99%
2018-2019	84%	90%	90%	99%	99%

In the 2018-2019 flu season, 28 of 29 AR CAHs (97%) reported OP-27 data, compared to 74% of CAHs nationally.





## Influenza Vaccination Coverage Among Healthcare Personnel (HCP)



National CAH average for 2018-2019: 90%  
 National CAH 90<sup>th</sup> Percentile Benchmark: 99%

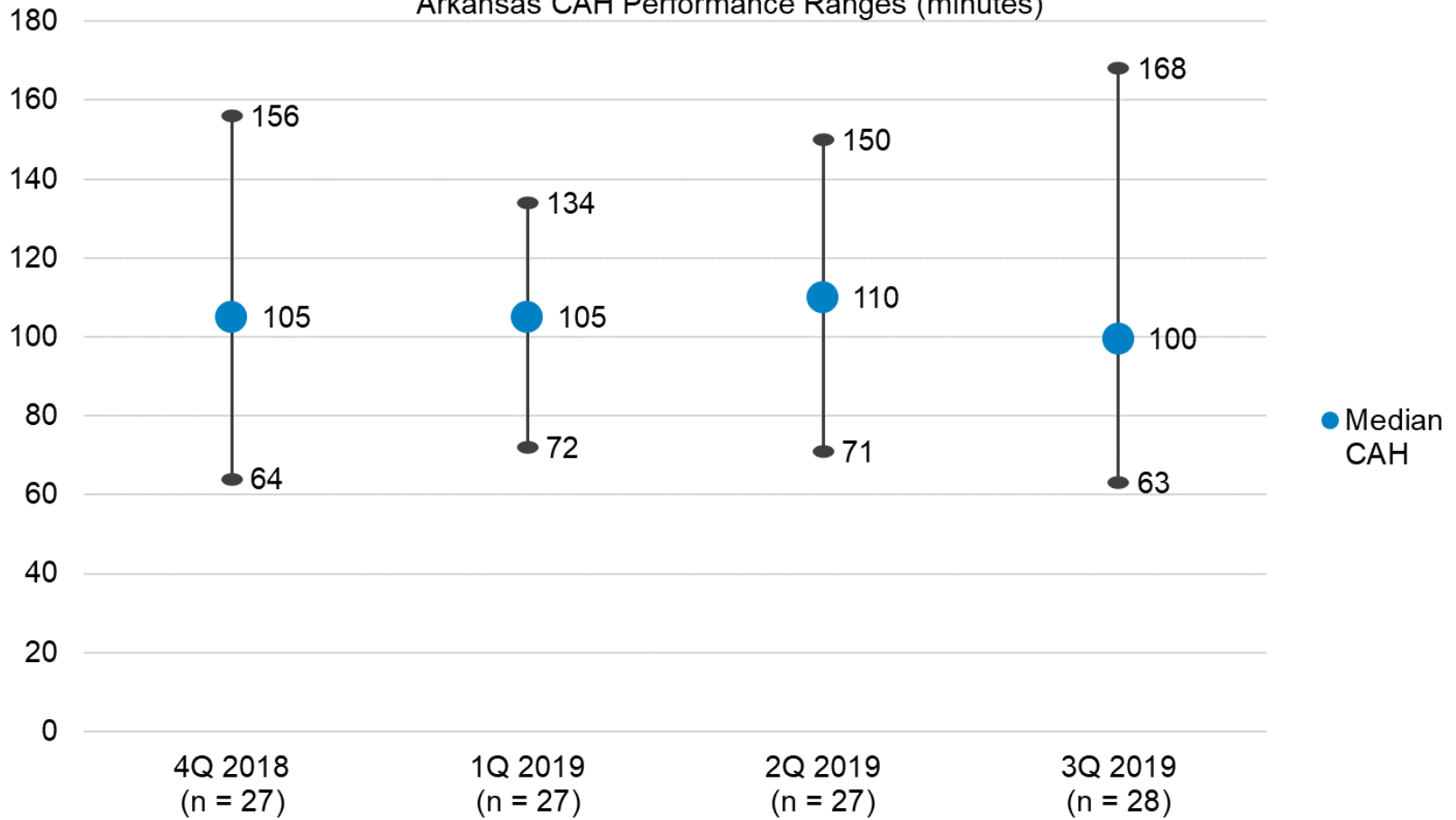
# OP-18: Median time from ED Arrival to Departure (in minutes)

Timeframe	Median			90 <sup>th</sup> Percentile	
	AR CAHs	National CAHs	All hospitals (PPS + CAH)	AR CAHs	National CAHs
4Q 2018	105	106	134	83	79
1Q 2019	105	110	139	76	81
2Q 2019	110	107	137	82	78
3Q 2019	100	106	136	82	77

In 3Q 2019, 29 of 29 AR CAHs (100%) reported OP-18 data, compared to 80% of CAHs nationally.



**Median Time from ED Arrival to ED Departure for Discharged ED Patients (OP-18)**  
Arkansas CAH Performance Ranges (minutes)



National median CAH in 3Q 2019: 106  
National CAH 90<sup>th</sup> Percentile Benchmark: 77



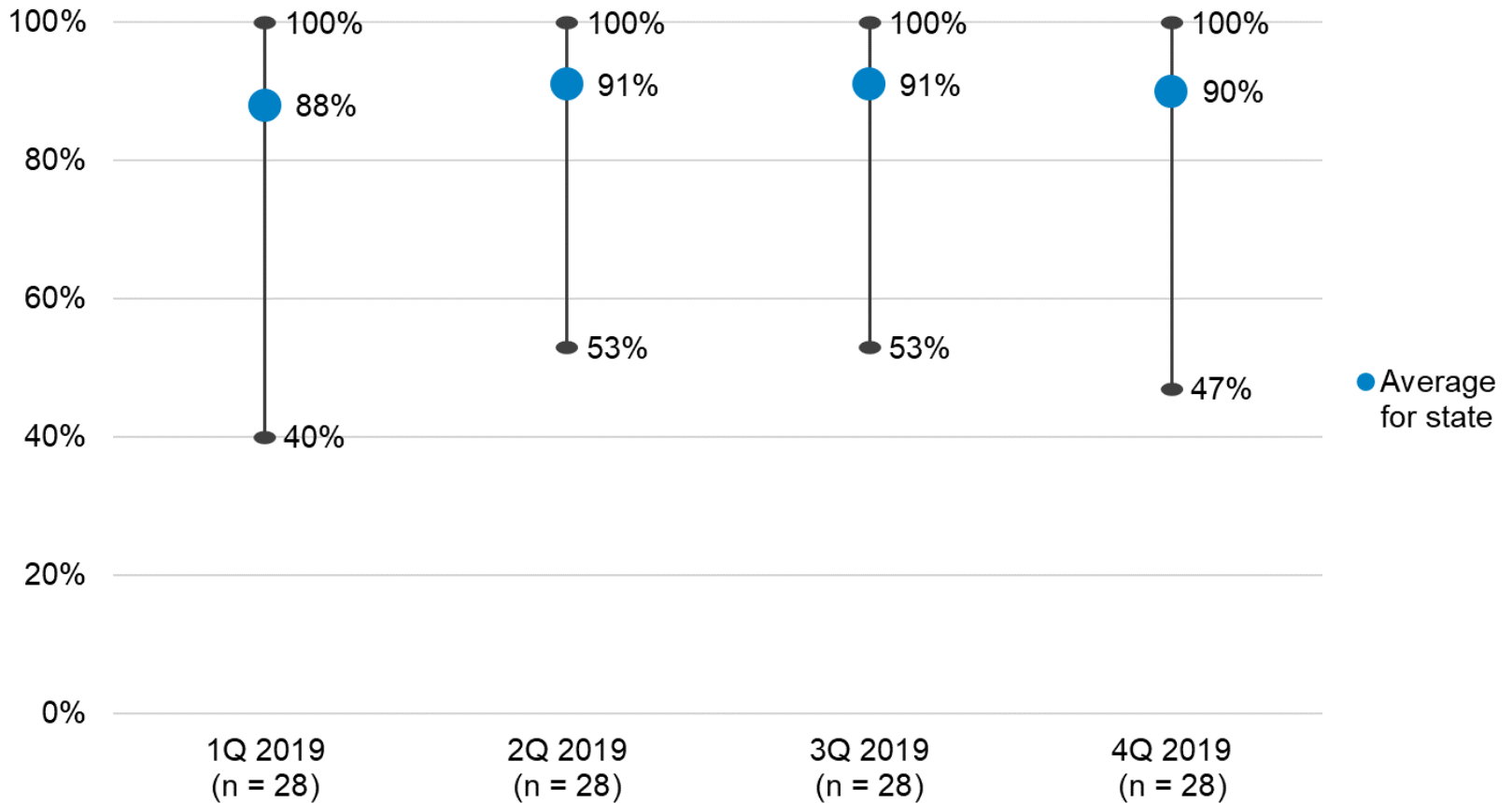
# EDTC-All: Emergency Department Transfer Communication Composite

Timeframe	Average		90 <sup>th</sup> Percentile	
	AR CAHs	National CAHs	AR CAHs	National CAHs
1Q 2019	88%	84%	100%	100%
2Q 2019	91%	85%	100%	100%
3Q 2019	91%	84%	100%	100%
4Q 2019	90%	85%	100%	100%

In 4Q 2019, 28 of 29 AR CAHs (97%) reported EDTC data, compared to 91% of CAHs nationally.



## Emergency Department Transfer Communication Measure (EDTC-All) Arkansas CAH Performance Ranges



National CAH average for 4Q 2019: 85%  
National CAH 90<sup>th</sup> Percentile Benchmark: 100%



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# HCAHPS Performance: 4Q 2018 – 3Q 2019

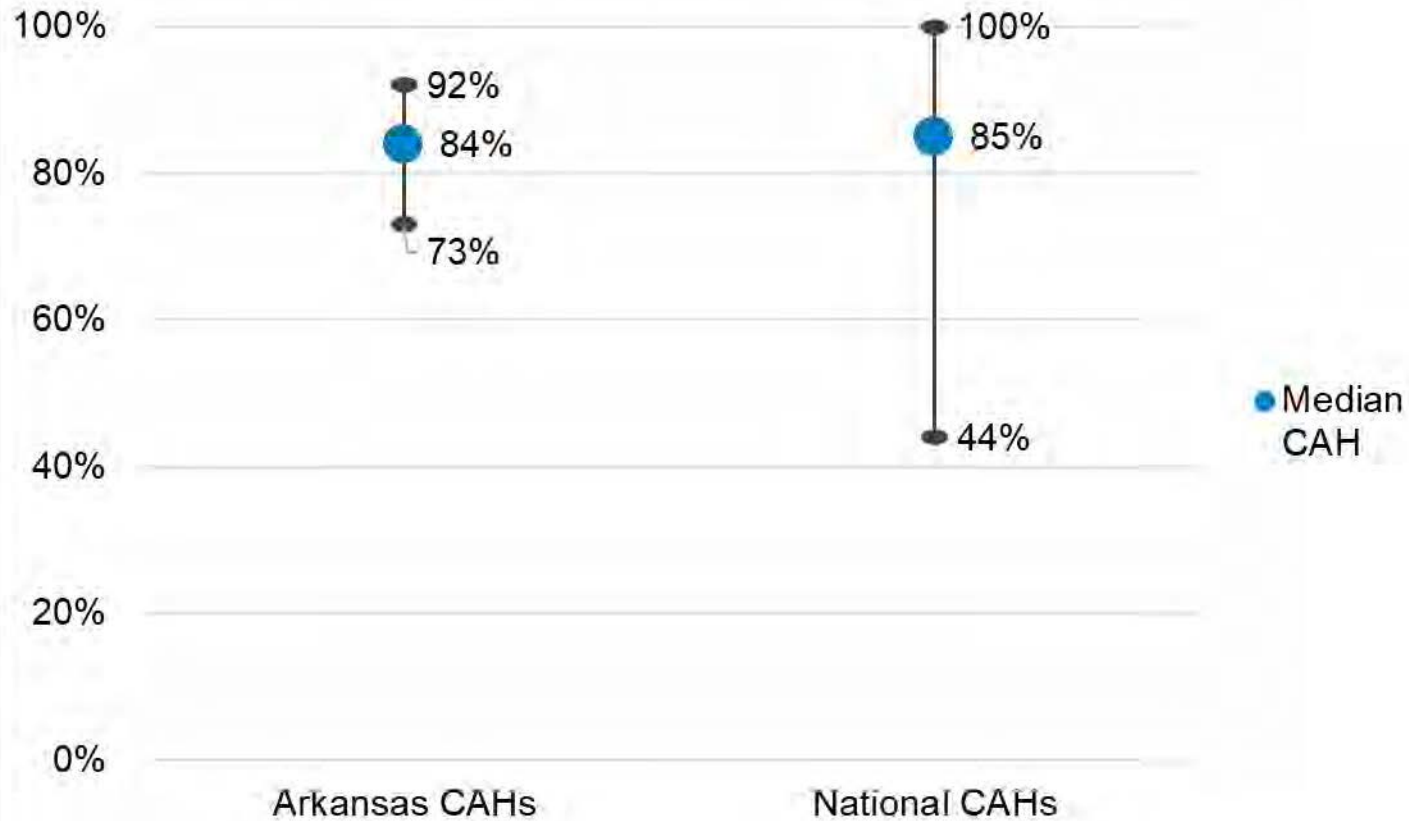
Measure	Median Top-Box		Lowest Top-Box		Highest Top-Box	
	AR	Nation	AR	Nation	AR	Nation
Composite 1	84%	85%	73%	44%	92%	100%
Composite 2	86%	86%	73%	40%	98%	100%
Composite 3	79%	79%	50%	15%	90%	100%
Composite 7	56%	57%	41%	3%	70%	100%
Question 21	76%	78%	49%	8%	88%	100%

**Composite 1:** Communication with Nurses  
**Composite 2:** Communication with Doctors  
**Composite 3:** Responsiveness of Hospital Staff  
**Composite 7:** Care Transitions  
**Question 21:** Overall Hospital Rating

28 of 29 AR CAHs (97%) reported HCAHPS data, compared to 90% of CAHs nationally.



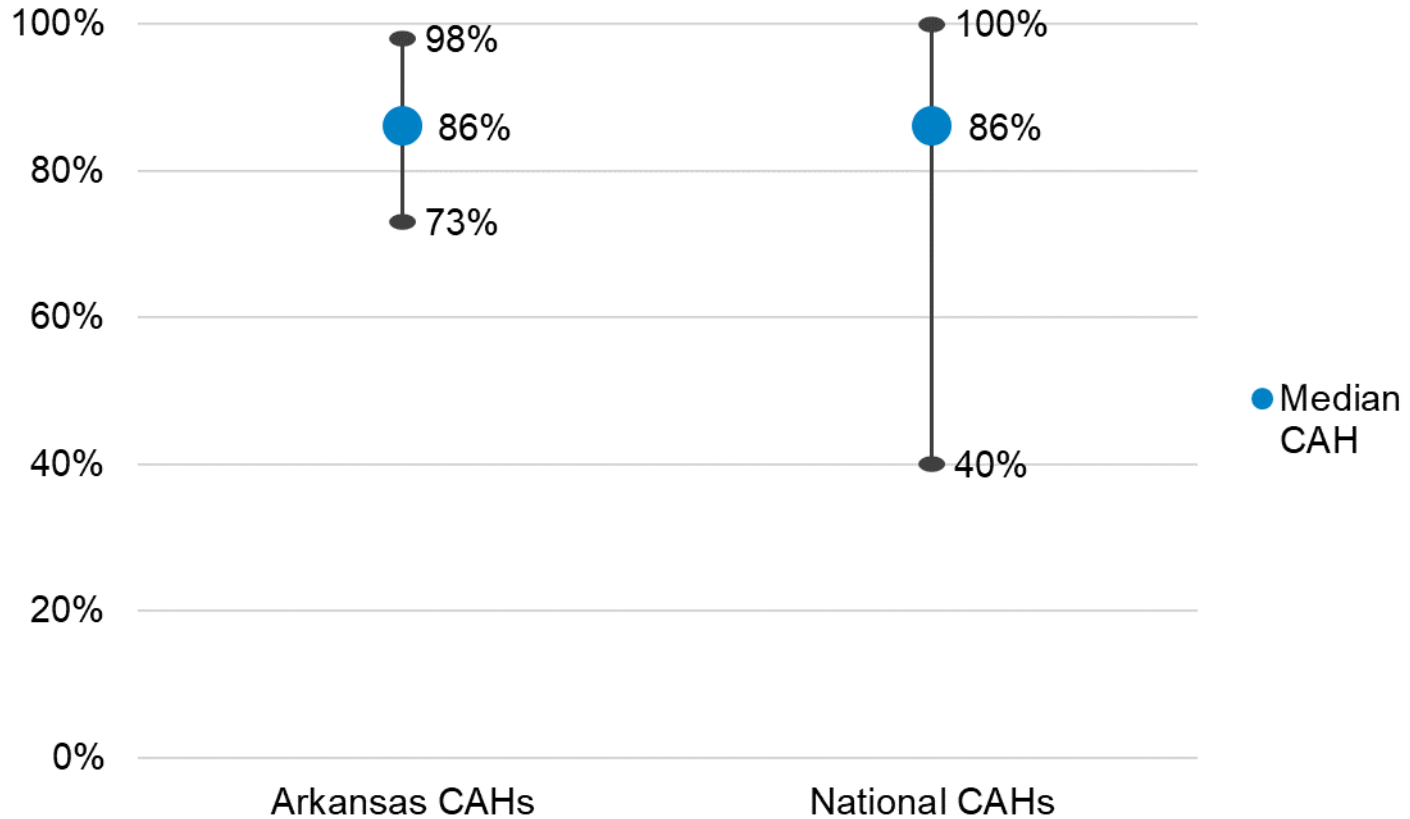
### Communication with Nurses (Composite 1) Arkansas vs National Performance Ranges, 4Q 2018 - 3Q 2019



National average: 81%



## Communication with Doctors (Composite 2) Arkansas vs National Performance Ranges, 4Q 2018 - 3Q 2019

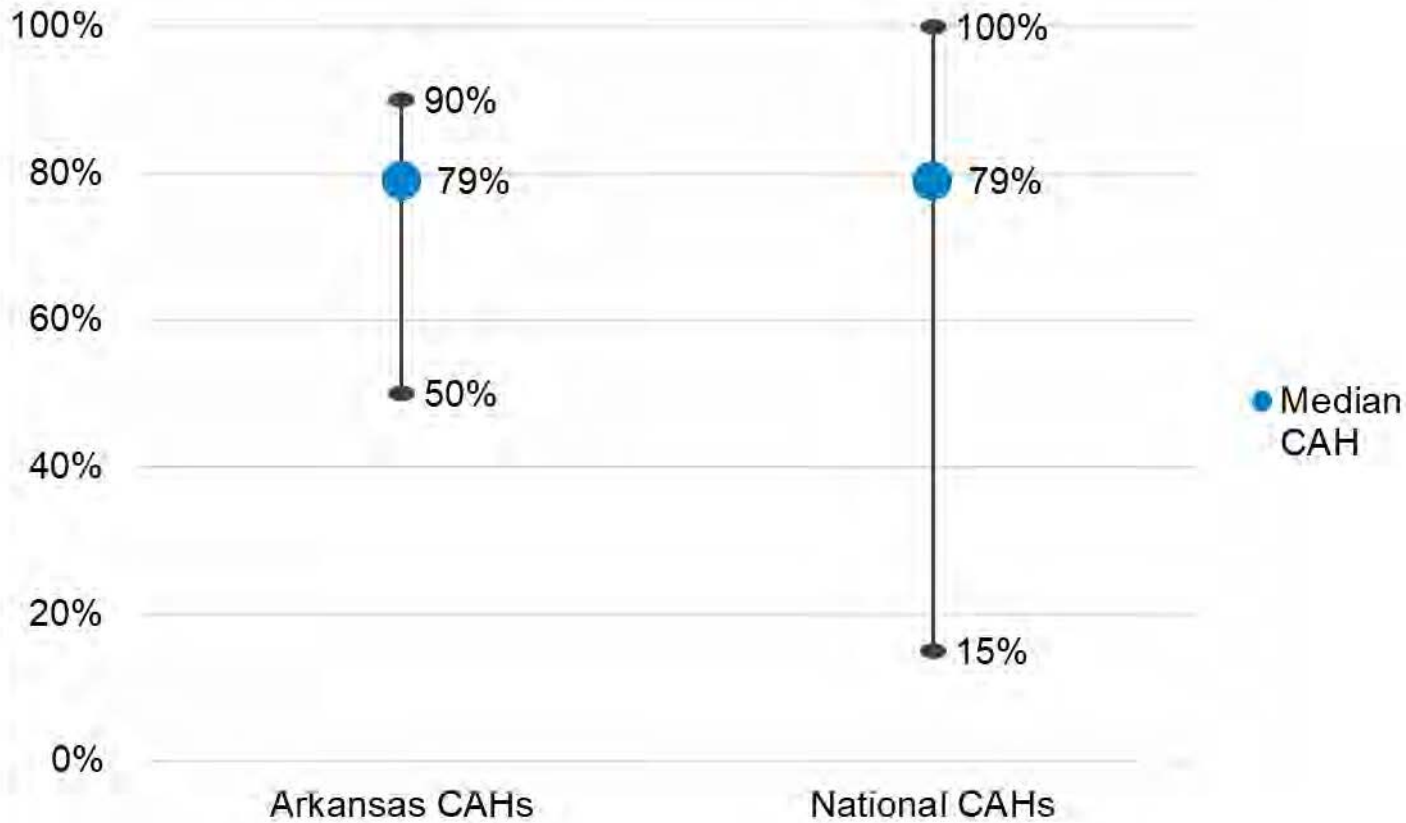


National average: 82%





### Responsiveness of Hospital Staff (Composite 3) Arkansas vs National Performance Ranges, 4Q 2018 - 3Q 2019

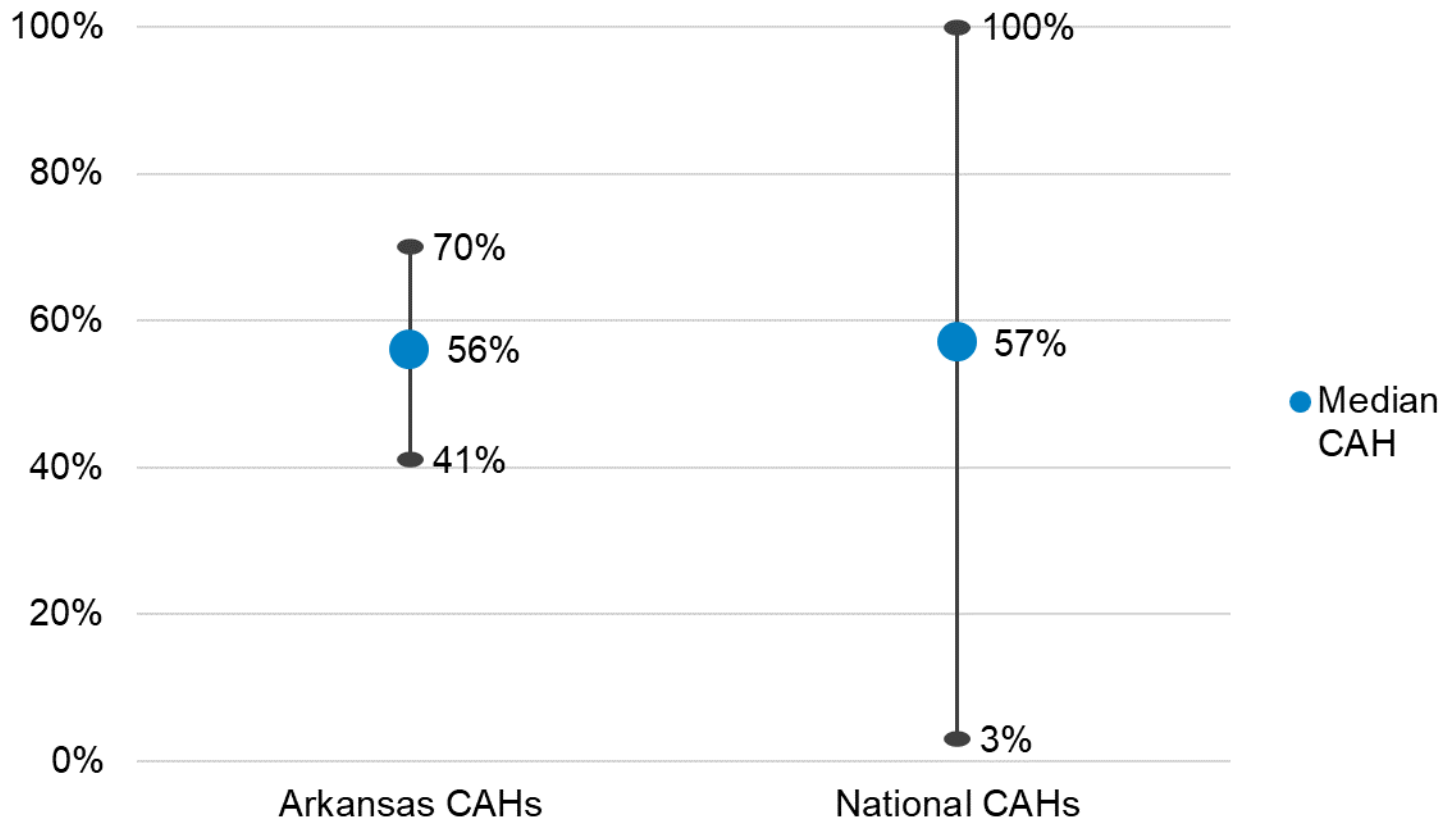


National average: 70%



# Care Transition (Composite 7)

Arkansas vs National Performance Ranges, 4Q 2018 - 3Q 2019



National average: 54%

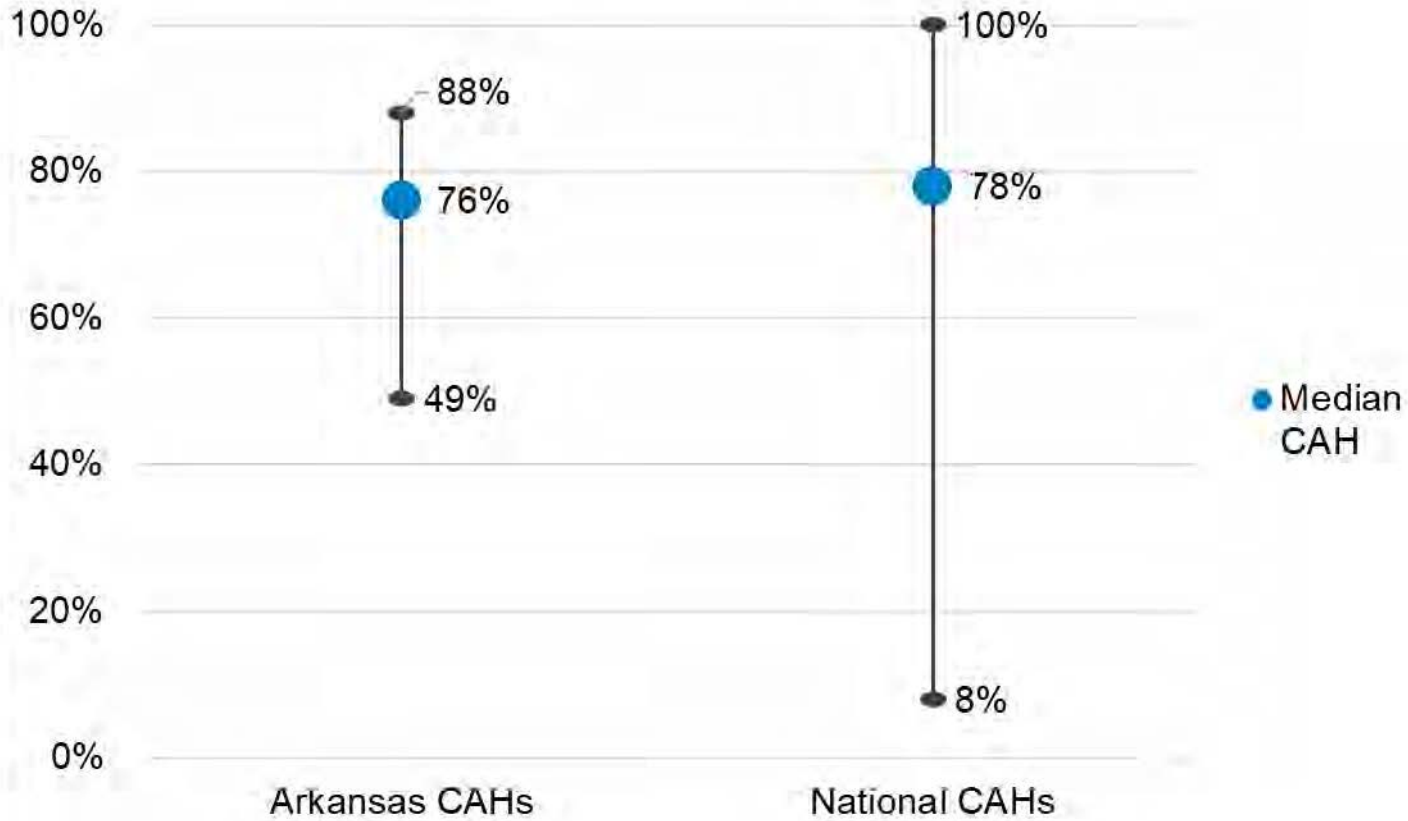


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# Overall Rating of Hospital (Question 21)

Arkansas vs National Performance Ranges, 4Q 2018 - 3Q 2019



National average: 73%



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# Core Elements of Hospital Antibiotic Stewardship

- Leadership Commitment
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education



# Core Elements - 2018

**Nationally:** 1141 out of 1340 CAHs (85%) completed the 2018 survey  
**AR:** 28 out of 29 CAHs (97%) completed the 2018 survey

# of Core Elements Met	% CAHs Nationally	AR CAHs	% AR CAHs
0	1%	2	7%
1	1%	0	0%
2	1%	0	0%
3	1%	1	3%
4	3%	0	0%
5	5%	0	0%
6	10%	3	10%
7	60%	22	76%



# Leadership

Our facility has a formal statement of support for antibiotic stewardship (e.g., a written policy or statement approved by the board).

22 AR CAHs

Facility leadership has demonstrated a commitment to antibiotic stewardship efforts by:

- Communicating to staff about stewardship activities, via email, newsletters, events, or other avenues
- Providing opportunities for staff training and development on antibiotic stewardship
- Allocating information technology resources to support antibiotic stewardship efforts

17 AR CAHs

21 AR CAHs

11 AR CAHs

Our facility has a committee responsible for antibiotic stewardship.

25 AR CAHs

If a physician and/or pharmacist are leading antibiotic stewardship activities, are antibiotic stewardship responsibilities in their contract or job description?

6 AR CAHs



# Accountability

Our facility has a leader (or co-leaders) responsible for antibiotic stewardship outcomes.

26 AR CAHs

# Drug Expertise

Our facility has pharmacist lead or co-lead responsible for antibiotic stewardship

25 AR CAHs

Our facility has a physician or other lead responsible for antibiotic stewardship and at least one pharmacist is responsible for improving antibiotic use at the facility.

1 AR CAHs



# Leadership, Accountability, & Drug Expertise

	State Level (Arkansas)	Nationally
Leadership	26 out of 29 CAHs (90%)	1089 out of 1340 CAHs (81%)
Accountability	26 out of 29 CAHs (90%)	1043 out of 1340 CAHs (78%)
Drug Expertise	26 out of 29 CAHs (90%)	1018 out of 1340 CAHs (76%)





# Action

Our facility has a policy or formal procedure for:

- Required documentation of indication for antibiotic orders **14 AR CAHs**
- Required documentation of duration for antibiotic orders **9 AR CAHs**
- The treating team to review antibiotics 48-72 hours after initial order (i.e., antibiotic time-out) **13 AR CAHs**
- The stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treatment team (i.e., prospective audit and feedback) **10 AR CAHs**
- Required authorization by the stewardship team before restricted antibiotics on the formulary can be dispensed (i.e., prior authorization) **2 AR CAHs**



# Action Cont'd

Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections.

22 AR CAHs

Our facility targets select diagnoses for active interventions to optimize antibiotic use (e.g., intervening on duration of therapy for patients with community-acquired pneumonia according to clinical response)

16 AR CAHs

	State Level (Arkansas)	Nationally
Action	25 out of 29 CAHs (86%)	1098 out of 1340 CAHs (82%)



# Tracking

Our facility has a policy or formal procedure for required documentation of indication for antibiotic orders and our stewardship team monitors adherence to that policy or formal procedure.

13 AR CAHs

Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections and our stewardship team monitors adherence to those guidelines or recommendations.

17 AR CAHs

Our stewardship team monitors:

21 AR CAHs

- Antibiotic resistance patterns
- Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly
- Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly
- Antibiotic expenditures (i.e., purchasing costs), at least quarterly

15 AR CAHs

1 AR CAHs

9 AR CAHs



# Reporting

Our facility has a policy or formal procedure for the stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treatment team (i.e., prospective audit and feedback)

10 AR CAHs

If antibiotic use in DOT, DDD, or some other means of monitoring are selected, our stewardship team provides individual-, unit-, or service-specific reports on antibiotic use to prescribers, at least annually.

16 AR CAHs

Our stewardship team provides the following updates or reports, at least annually:

- Updates to facility leadership on antibiotic use and stewardship efforts
- Outcomes for antibiotic stewardship interventions to staff

21 AR CAHs

8 AR CAHs



# Tracking & Reporting

	State Level (Arkansas)	Nationally
Tracking	25 out of 29 CAHs (86%)	1036 out of 1340 CAHs (77%)
Reporting	24 out of 29 CAHs (83%)	968 out of 1340 CAHs (72%)



# Education

Which of the following groups receive education on appropriate antibiotic use at least annually? (Check all that apply)

- Prescribers

18 AR CAHs

- Nursing staff

15 AR CAHs

- Pharmacists

20 AR CAHs

	State Level (Arkansas)	Nationally
Education	23 out of 29 CAHs (79%)	967 out of 1340 CAHs (72%)



# From Quality Reporting to Quality Improvement



# MBQIP Current State Assessment

- Significant increases in CAH quality reporting (consistency still a challenge)
- Improvement on individual metrics is mixed
- Shift in conversations - from a focus on reporting to more focus on improvement
- Growing set of resources to support reporting and improvement





# MBQIP Improvement Resources

- **CAH Quality Improvement Implementation Guide and Toolkit**
  - Hub and Spoke Model & 10 Step Guide to Quality Improvement
  - MBQIP Best Practices & QI Tools

<https://www.ruralcenter.org/tasc/resources/quality-improvement-implementation-guide-and-toolkit-critical-access-hospitals>
- **MBQIP Monthly – CAHs Can! Rural Success**

<https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>
- ***New!* Quality Time: Sharing PIE (performance improvement experience)**

<https://www.ruralcenter.org/resource-library/virtual-qi-mentors-quality-time-sharing-pie-performance-improvement-experience>
- **Quality Improvement Basics Course**

<https://www.ruralcenter.org/resource-library/quality-improvement-basics-course>
- **Quality Improvement Basics: A Collection of Helpful Resources for Rural Health Care Organizations**

<https://www.ruralcenter.org/tasc/resources/quality-improvement-basics-collection-helpful-resources-rural-health-care>



# MBQIP Performance Score



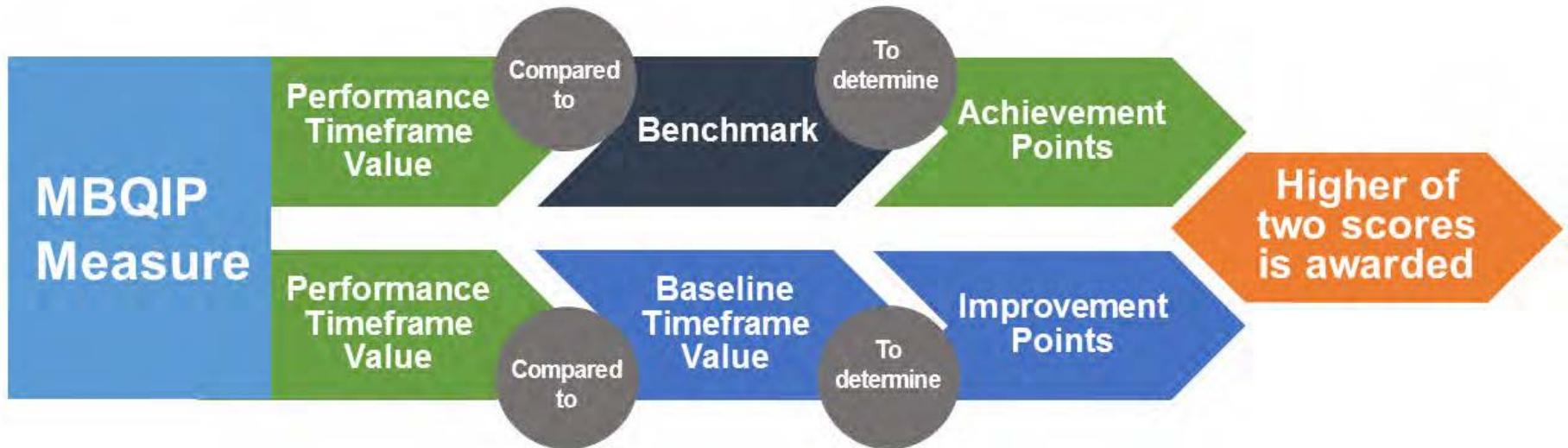
# Purpose

- Set national goals for MBQIP
- Evaluate performance improvement
  - From national level to hospital level
  - From programmatic level to measure level
- FORHP exploring ways to incorporate into MBQIP



# Methodology

- Eligible hospitals are allotted the higher of two potential scores per measure:
  - Improvement in a performance period compared to a baseline period (0 or .5 points)
  - Achievement in a performance period compared to a benchmark (0 or 1 point)

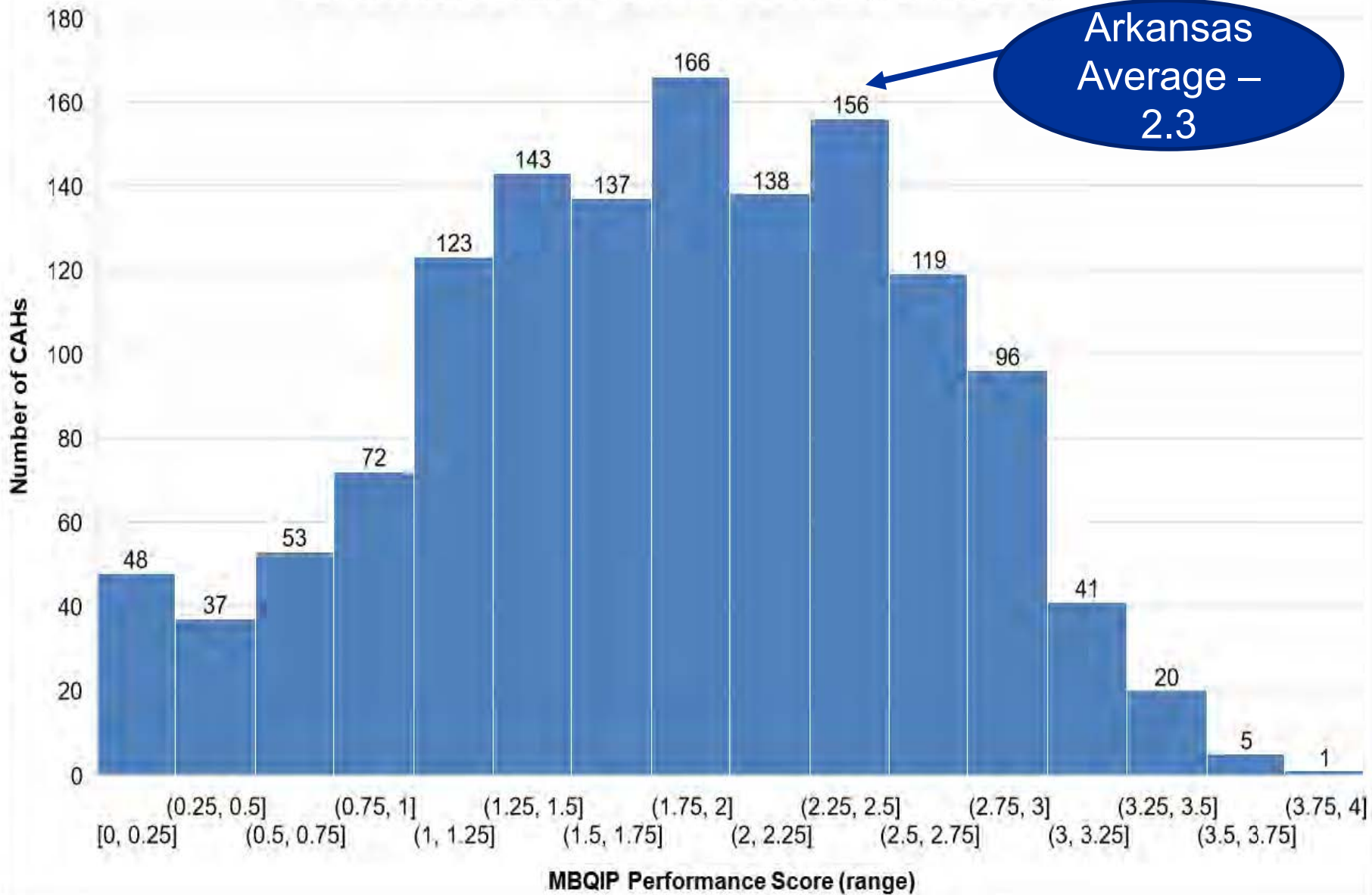


# Methodology Continued

- Measure scores are added up to a domain score and weighted
- Weighted domain scores are added up to the MBQIP Performance Score
- For more information on the methodology, check out -  
<https://www.ruralcenter.org/resource-library/mbqip-performance-score>



# Distribution of MBQIP Performance Scores (Summer 2020)





# Changing Landscape of Quality Reporting

# Overview

- Move to Value: Rural Context
- CMS Meaningful Measures Framework
- National Quality Forum Rural Workgroup
- eCQMs
- MBQIP Going Forward





# Move to Value: Rural Context

- Value-Based Purchasing (VBP) programs have typically launched with 'reporting' efforts:
  - Progression to CMS Hospital VBP
- Continued roll-out across health care sectors:
  - Hospitals, ESRD, Home Health, Long Term Care, Physicians...
  - Most programs include metrics related to cost/efficiency, including hospital readmissions or admissions
- Increasing engagement by rural providers in alternative models
- Broad movement across payers



# Focus on value is not diminishing...

*“There is no turning back to an unsustainable system that pays for procedures rather than value. In fact, the only option is to charge forward — for HHS to take bolder action, and for providers and payers to join with us.”*

**Alex M. Azar II, Secretary of HHS,**

**March 5, 2018**

**(Remarks to the Federation of American Hospitals)**

<https://www.hhs.gov/about/leadership/secretary/speeches/2018-speeches/remarks-on-value-based-transformation-to-the-federation-of-american-hospitals.html>



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# CMS Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

- Address high impact measure areas that safeguard public health
- Patient-centered and meaningful to patients
- Outcome-based where possible
- Relevant and meaningful to providers
- Minimize level of burden for providers
  - Remove measures where performance is already very high and that are low value
- Significant opportunity for improvement
- Address measure needs for population-based payment through alternative payment models
- Align across programs and/or with other payers

Source: [https://www.qualityreportingcenter.com/wp-content/uploads/2018/04/Inpatient\\_FY2019\\_IPSPProposedRule\\_Slides\\_vFINAL508.1pdf.pdf](https://www.qualityreportingcenter.com/wp-content/uploads/2018/04/Inpatient_FY2019_IPSPProposedRule_Slides_vFINAL508.1pdf.pdf)

# Meaningful Measures Framework

## Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication management
- Admissions and readmissions to hospitals
- Transfer of health information and interoperability

## Strengthen Person & Family Engagement as Partners in Their Care

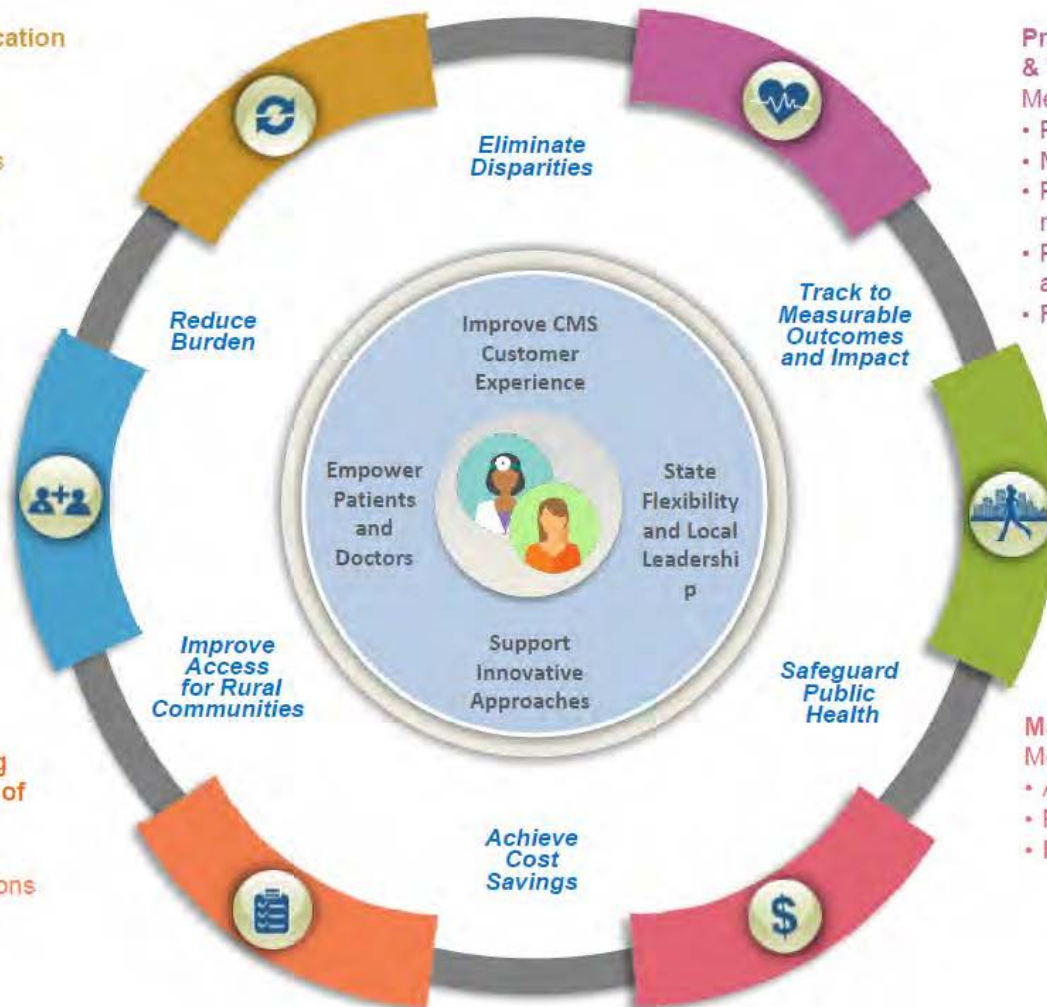
Meaningful Measure Areas:

- Care is personalized and aligned with patient's goals
- End-of-life care according to preferences
- Patient's experience of care
- Patient-reported functional outcomes

## Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated infections
- Preventable healthcare harm



## Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive care
- Management of chronic conditions
- Prevention, treatment, and management of mental health
- Prevention and treatment of opioid and substance use disorders
- Risk-adjusted mortality

## Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of care
- Community engagement

## Make Care Affordable

Meaningful Measure Areas:

- Appropriate use of healthcare
- Patient-focused episode of care
- Risk-adjusted total cost of care

Source: [https://www.qualityreportingcenter.com/wp-content/uploads/2018/04/Inpatient\\_FY2019\\_IPSPProposedRule\\_Slides\\_vFINAL508.1pdf.pdf](https://www.qualityreportingcenter.com/wp-content/uploads/2018/04/Inpatient_FY2019_IPSPProposedRule_Slides_vFINAL508.1pdf.pdf)

# Process for CMS Quality Measure Identification

- CMS measures are identified and updated through the annual rule-making process
  - IPPS Rule (Inpatient Prospective Payment System) defines **IQR** (Inpatient Quality Reporting Program)
  - OPPS Rule (Outpatient Prospective Payment System) defines **OQR** (Outpatient Quality Reporting Program)
- Measures must be endorsed by the National Quality Forum (NQF), and reviewed by the NQF Measures Application Partnership (MAP)
- Measures are regularly “topped-out” and retired, or removed



# MBQIP Measure Changes 2014 - 2020

Inpatient/Patient Safety	Patient Engagement	Care Transitions	Outpatient
<del>HF-1</del>	HCAHPS	Emergency Department Transfer Communication	<del>OP-1</del>
<del>HF-2</del>			<b>OP-2</b>
<del>HF-3</del>			<b>OP-3</b>
<del>PN-6</del>			<del>OP-4</del>
<del>PN-3b</del>			<del>OP-5</del>
<del>IMM-2</del>			<del>OP-6</del>
<b>OP-27</b> → <b>HCP/IMM-3</b>			<del>OP-7</del>
<del>ED-1</del>			<b>OP-18</b>
<del>ED-2</del>			<del>OP-20</del>
<b>Antibiotic Stewardship (NHSN Annual Facility Survey)</b>			<del>OP-21</del>
			<b>OP-22</b>



# National Quality Forum (NQF)

## Rural Health Project - 2015

- [Final Report](#) -  
Recommendations included:
  - **Mandatory** participation in CMS QI programs for all rural providers using a phased approach
  - Encourage voluntary groupings of rural providers for payment incentive purposes
  - Fund development of rural-relevant measures.

## MAP Workgroup - 2018

- [Final Report](#) includes:
  - Includes 'core set' of rural relevant measures for hospitals and ambulatory care settings
  - Considerations for addressing access in rural areas as a metric of quality



# Ongoing NQF Rural MAP Workgroup

- 2018 Technical Expert Panel Report:  
[Addressing the Low Case-Volume Challenge in Healthcare Performance Measurement of Rural Providers](#)
- Draft Report for Comment:  
[Rural-Relevant Quality Measures for Testing of Statistical Approaches to Address Low Case-Volume](#) (closes July 30)
- [Upcoming Events:](#)
  - Public Comment Period Closes July 30
  - Post Public Comment Meeting – August 26





# eCQMs

*“We believe that in the near future, collection and reporting of data elements through EHRs will greatly simplify and streamline reporting for various CMS quality reporting programs, and that **hospitals will be able to switch primarily to EHR-based data reporting** for many measures that are currently manually chart abstracted and submitted to CMS for the Hospital IQR Program.”*

**Federal Register** / Vol. 81, No. 81 / Wednesday, April 27, 2016 / IPPS  
Proposed Rules/page **25174**



# eCQM Reporting Requirements

Beginning with CY 2020 reporting, CMS fully aligned eCQM requirements between:

- The Promoting Interoperability Program (formerly known as the Medicare EHR Incentive Program)
- The Inpatient Quality Reporting Program (IQR):

Reporting Period	Number of Calendar Quarters to Report	Number of Measures to Report Each Quarter**
CY 2020	One self-selected quarter	Four self-selected eCQMs
CY 2021*	Two self-selected quarters	3 self-selected eCQMs+Safe Use of Opioids eCQM
CY 2022*	Three self-selected quarters	3 self-selected eCQMs + Safe Use of Opioids eCQM
CY 2023*	Three self-selected quarters	3 self-selected eCQMs + Safe Use of Opioids eCQM

\*CY 2021-2023 requirements are proposed

\*\*EHRs must be 2015 CHERT and certified to all available eCQMs

Source: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)  
and [2021 Proposed IPPS Rule](#)



# eCQM Reporting Requirements (2)

Submission Deadlines: CY 2020 due February 28, 2021

Successful eCQM Submission includes any combination of:

- Accepted QRDA Category I patient level files
- Zero denominator declarations
- Case threshold exemptions

Changing measure availability:

- Number of available eCQMs reduced from 16 to 8 for 2020 reporting (Limited availability of rural-relevant metrics)
- Starting in 2021, new required measure: *Safe Use of Opioids—Concurrent Prescribing* becomes available
- No additional eCQM measures proposed in the 2021 IPPS Proposed rule

Source: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) and [2021 Proposed IPPS Rule](#)



# CY 2020 Available eCQMs

Short Name	Measure
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival
CAC-3	Home Management Plan of Care Document Given to Patient/Caregiver (pediatric asthma)
ED-1	Median Time from ED Arrival to ED Departure for Admitted ED Patients
<b>ED-2</b>	<b>Median Admit Decision Time to ED Departure Time for Admitted Patients</b>
ED-3*	Median Time from ED Arrival to ED Departure for Discharged ED Patients
EHDI-1a	Hearing Screening Prior to Hospital Discharge (newborn)
PC-01	Elective Delivery
PC-05	Exclusive Breast Milk Feeding
STK-2	Discharged on Antithrombotic Therapy
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-5	Antithrombotic Therapy By End of Hospital Day 2
STK-6	Discharged on Statin Medication
STK-8	Stroke Education
STK-10	Assessed for Rehabilitation
VTE-1	Venous Thromboembolism Prophylaxis
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis

Blue: Relevant for most CAHs; Orange: Depending on service availability; **MBQIP alignment**



# MBQIP and eCQMs

- None of the available eCQMs align with current chart-abstracted MBQIP measures
- FORHP exploring options for using eCQMs as part of MBQIP

# eCQMs and Public Reporting

- eCQM data is *not* currently reported on Hospital Compare
- CMS has proposed to start public reporting on Hospital Compare with CY 2021 data, available publicly as early as Fall 2022.
- CMS is proposing to combine the validation processes for eCQMs with the process for IQR chart-abstracted measure data.



# Hybrid Hospital-Wide All-Cause Readmissions

- Submission of clinical variables and linking data elements that are combined with claims data to calculate a risk-standardized readmission rate
- Timeline:
  - Voluntary pilot in CY 2018
  - Proposed timeline for full implementation:
    - Two voluntary reporting periods:
      - July 1, 2021 through June 30, 2022
      - July 1, 2022 through June 30, 2023
    - First required IQR reporting period:
      - July 1, 2023 – June 30, 2024
    - Anticipate Hybrid HWR measure data to be publically reported starting with the July 2025 refresh of *Hospital Compare* (replacing the claims-based only HWR measure)



# Key Resource

## CAH eCQM Resource List:

[www.ruralcenter.org/resource-library/critical-access-hospital-ecqm-resource-list](http://www.ruralcenter.org/resource-library/critical-access-hospital-ecqm-resource-list)

Includes summary of requirements, steps, and links to resources for each component.



# MBQIP Going Forward

FORHP continuously assesses the structure of MBQIP with goals to:

- Encourage ongoing engagement and MBQIP participation
- Support areas of need related to quality improvement for CAHs
- Enhance relationships with federal partners while pursuing development and maintenance of meaningful rural relevant measures
- Identify opportunities for alignment at Federal, state, and local levels



# Provide Input!

## Your input is needed to improve quality measurement and reporting:

- Provide comments in proposed rules and regulations
- Participate in discussions at a state and national level
- National Quality Forum
  - Rural recommendations as framework
  - Provide feedback on NQF Rural MAP Workgroup Drafts
  - Consider participation in a TEP or Workgroup
- Share what works (or doesn't) for your hospital



# Discussion

- Are there other changes or themes that you see as shifts related to quality reporting and improvement?
- Stepping back from all current requirements and currently available measures, **what quality measure(s) is on your “wish list” and why?**



# Questions?

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Rural Quality Improvement Technical Assistance



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