The Future of Quality Reporting and MBQIP

Sarah Brinkman, MBA, MA, CPHQ
Program Manager, Stratis Health

June 19, 2019
Arkansas CAH Workshop

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 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
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
MBQIP Measures
## MBQIP Core Measures

<table>
<thead>
<tr>
<th>Patient Safety/Inpatient</th>
<th>Patient Engagement</th>
<th>Care Transitions</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HCP/IMM-3 (formerly OP-27) – Healthcare personnel influenza vaccination</td>
<td>• Hospital Consumer Assessment of Healthcare Providers &amp; Systems (HCAHPS)</td>
<td>• Emergency Department Transfer Communication (EDTC) |</td>
<td>AMI:</td>
</tr>
<tr>
<td>• Antibiotic Stewardship – Implementation of core elements</td>
<td></td>
<td></td>
<td>• OP-2 – Fibrinolytic therapy w/in 30</td>
</tr>
<tr>
<td>• ED-2 – Admit to departure time §</td>
<td></td>
<td></td>
<td>• OP-3 – Time to transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• OP-5 – Time to ECG*</td>
</tr>
<tr>
<td>§ ED-2 – Removed by CMS after reporting for Q4 2019</td>
<td></td>
<td></td>
<td>ED Throughput:</td>
</tr>
<tr>
<td>EDTC - Only measure not collected through CMS or NHSN</td>
<td></td>
<td></td>
<td>• OP-18 – Time from arrival to departure</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• OP-22 – Left w/o being seen</td>
</tr>
<tr>
<td>*OP-5 – Removed by CMS after reporting for Q1 2019</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Quality Data Reporting Channels for MBQIP Required Measures

Quality Net
- CMS Inpatient Measures (Submitted via CART\(^\text{§}\) or vendor tool)
  - ED-2
- CMS Outpatient Measures (Submitted via CART\(^\text{§}\) or vendor tool)
  - OP-2, OP-3, OP-5, OP-18
- HCAHPS\(^\text{І}\) Survey (Vendor or self-administered)
- CMS Outpatient Measures (Submitted through QualityNet Secure Portal)
  - OP-22

NHSN\(^*\)
- Measure HCP/IMM-3 (formerly OP-27)
- ABX\(^\dagger\) Annual Facility Survey

State Flex Coordinator
- EDTC\(^\ddagger\)

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\(^\text{§}\) CMS Abstraction and Reporting Tool
\(^\text{І}\) Hospital Consumer Assessment of Healthcare Providers and Systems
\(^*\) National Healthcare Safety Network
\(^\dagger\) Antibiotic Stewardship
\(^\ddagger\) Emergency Department Transfer Communication

Rural Quality Improvement Technical Assistance
## MBQIP Additional Measures

<table>
<thead>
<tr>
<th>Patient Safety/ Inpatient</th>
<th>Patient Engagement</th>
<th>Care Transitions</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare-Associated Infections (HAIs)</td>
<td>Emergency Department Patient Experience Survey</td>
<td>Discharge Planning</td>
<td>Chest Pain/ Acute Myocardial Infarction</td>
</tr>
<tr>
<td>Perinatal Care</td>
<td></td>
<td>Medication Reconciliation</td>
<td>Emergency Department Throughput</td>
</tr>
<tr>
<td>Falls</td>
<td></td>
<td>Swing Bed Care</td>
<td></td>
</tr>
<tr>
<td>Adverse Drug Events (ADEs)</td>
<td></td>
<td>Claims-Based Measures</td>
<td></td>
</tr>
<tr>
<td>Patient Safety Culture Survey</td>
<td></td>
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</tr>
</tbody>
</table>
Current State of Reporting

• 99% of CAHs have signed a memorandum of understanding to participate in MBQIP

• Notable increases in CAH reporting in recent years
  – Percent of hospitals reporting at least 1 quarter in at least 2 domains increased from 91% in FY2016 to 95% in FY2017

• As of May 2019, 1,276 CAHs have registered with NHSN
Quality Reporting Resources

• MBQIP Quality Reporting Guide *(Updated March 2019)*
  www.ruralcenter.org/resource-library/mbqip-quality-reporting-guide

• MBQIP Measures Fact Sheets
  www.ruralcenter.org/resource-library/mbqip-measures-fact-sheets

• MBQIP Data Reporting Reminders
  www.ruralcenter.org/resource-library/mbqip-data-reporting-reminders

• Ask Robyn Quarterly Open Office Hours *(July 17th)*

• Online MBQIP Data Abstraction Training Series
  www.ruralcenter.org/resource-library/online-mbqip-data-abstraction-training-series

• Abstracting for Accuracy
  www.ruralcenter.org/resource-library/abstracting-for-accuracy-project
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

<table>
<thead>
<tr>
<th>Flu Season</th>
<th>Average</th>
<th>90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AR CAHs</td>
<td>National CAHs</td>
</tr>
<tr>
<td>2015-2016</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>2016-2017</td>
<td>80%</td>
<td>88%</td>
</tr>
<tr>
<td>2017-2018</td>
<td>83%</td>
<td>89%</td>
</tr>
</tbody>
</table>

In the 2017-2018 flu season, 29 of 29 AR CAHs (100%) reported OP-27 data, compared to 77% of CAHs nationally.
Influenza Vaccination Coverage Among Healthcare Personnel (HCP)
Arkansas CAH Performance Ranges

- 2015-2016 (n = 29): 37.0%
- 2016-2017 (n = 29): 33.0%
- 2017-2018 (n = 29): 44.0%

Average for state

National CAH average for 2017-2018: 89%
National CAH 90th Percentile Benchmark: 99%

Rural Quality Improvement Technical Assistance
OP-18: Median time from ED Arrival to Departure (in minutes)

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Median</th>
<th>90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AR CAHs</td>
<td>National CAHs</td>
</tr>
<tr>
<td>4Q 2017</td>
<td>104</td>
<td>105</td>
</tr>
<tr>
<td>1Q 2018</td>
<td>107</td>
<td>108</td>
</tr>
<tr>
<td>2Q 2018</td>
<td>108</td>
<td>104</td>
</tr>
<tr>
<td>3Q 2018</td>
<td>102</td>
<td>105</td>
</tr>
</tbody>
</table>

In 3Q 2018, 26 of 29 AR CAHs (90%) reported OP-18 data, compared to 75% 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 2018: 105
National CAH 90th Percentile Benchmark: 78

Rural Quality Improvement Technical Assistance
### EDTC-All: Emergency Department Transfer Communication Composite

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Average</th>
<th>90&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AR CAHs</td>
<td>National CAHs</td>
</tr>
<tr>
<td>1Q 2018</td>
<td>88%</td>
<td>81%</td>
</tr>
<tr>
<td>2Q 2018</td>
<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>3Q 2018</td>
<td>87%</td>
<td>83%</td>
</tr>
<tr>
<td>4Q 2018</td>
<td>89%</td>
<td>84%</td>
</tr>
</tbody>
</table>

In 4Q 2018, 29 of 29 AR CAHs (100%) reported EDTC data, compared to 91% of CAHs nationally.
Emergency Department Transfer Communication Measure (EDTC-All)
Arkansas CAH Performance Ranges

1Q 2018 (n = 29) 2Q 2018 (n = 29) 3Q 2018 (n = 29) 4Q 2018 (n = 29)

- 1Q 2018: 33%
- 2Q 2018: 28%
- 3Q 2018: 29%
- 4Q 2018: 0%

National CAH average for 4Q 2018: 84%
National CAH 90th Percentile Benchmark: 100%
## HCAHPs Performance: 4Q 2017 – 3Q 2018

<table>
<thead>
<tr>
<th>Measure</th>
<th>Median Top-Box</th>
<th>Lowest Top-Box</th>
<th>Highest Top-Box</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AR</td>
<td>Nation</td>
<td>AR</td>
</tr>
<tr>
<td>Composite 1</td>
<td>84%</td>
<td>85%</td>
<td>74%</td>
</tr>
<tr>
<td>Composite 2</td>
<td>87%</td>
<td>86%</td>
<td>74%</td>
</tr>
<tr>
<td>Composite 3</td>
<td>79%</td>
<td>78%</td>
<td>59%</td>
</tr>
<tr>
<td>Composite 7</td>
<td>55%</td>
<td>57%</td>
<td>39%</td>
</tr>
<tr>
<td>Question 21</td>
<td>78%</td>
<td>78%</td>
<td>67%</td>
</tr>
</tbody>
</table>

**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

26 of 29 AR CAHs (90%) reported HCAHPS data, compared to 87% of CAHs nationally.

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Rural Quality Improvement Technical Assistance
Communication with Nurses (Composite 1)
Arkansas vs National Performance Ranges, 4Q 2017 - 3Q 2018

Arkansas CAHs
National CAHs

Median CAH

National average: 81%
Communication with Doctors (Composite 2)
Arkansas vs National Performance Ranges, 4Q 2017 - 3Q 2018

Arkansas CAHs: 74% - 98%
National CAHs: 33% - 100%

Median CAH:
- Arkansas: 87%
- National: 86%

National average: 81%
Responsiveness of Hospital Staff (Composite 3)
Arkansas vs National Performance Ranges, 4Q 2017 - 3Q 2018

Arkansas CAHs

National CAHs

National average: 70%
Care Transition (Composite 7)
Arkansas vs National Performance Ranges, 4Q 2017 - 3Q 2018

National average: 53%
Overall Rating of Hospital (Question 21)
Arkansas vs National Performance Ranges, 4Q 2017 - 3Q 2018

National average: 73%

Median CAH

Arkansas CAHs
National CAHs

Rural Quality Improvement Technical Assistance
Antibiotic Stewardship
2017 Annual Facility Survey
Antibiotic Stewardship: 2017 NHSN Annual Facility Survey

In Arkansas:
- 29 of 29 CAHs (100%) are enrolled in NHSN
- 29 of 29 CAHs (100%) completed the 2017 annual facility survey, compared to 84% of CAHs nationally

In Arkansas:
- 14 out of 29 CAHs (48%) are meeting all Core Elements, compared to 58% of CAHs nationally

<table>
<thead>
<tr>
<th>Number of Core Elements Met</th>
<th>Arkansas Critical Access Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>14</td>
</tr>
</tbody>
</table>
Leadership

• Does your facility have a **written statement** from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?
• Does your facility provide any **salary support** for dedicated time for antibiotic stewardship leadership activities?

In Arkansas:
• **19 out of 29 CAHs** are meeting the **Leadership Core Element**
Accountability

• Is there a leader responsible for stewardship activities at your facility?

In Arkansas:
• 25 out of 29 CAHs are meeting the Accountability Core Element

- 3 CAHs – co-led
- 0 CAHs – physician
- 22 CAHs – pharmacist
- 0 CAHs – someone else
- 4 CAHs – did not respond
Drug Expertise

- Is there at least one pharmacist responsible for improving antibiotic use at your facility?

In Arkansas:
- 27 out of 29 CAHs are meeting the Drug Expertise Core Element
Action

• Does your facility have facility-specific **treatment recommendations**, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions?

• Does a physician or pharmacist **review courses of therapy** for specified antibiotic agents and communicate results with prescribers at your facility?

• Do any specified antibiotic agents need to be **approved** by a physician or pharmacist prior to dispensing at your facility?

• Does your facility have a policy that requires prescribers to document an **indication** for all antibiotics in the medical record or during order entry?

• Is there a formal procedure for all clinicians to review appropriateness of all antibiotics at or after 48 hours from initial orders (e.g. **antibiotic time out**)?

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In Arkansas:

• **27 out of 29 CAHs** are meeting the **Action** Core Element

• **4 out of 29 CAHs** are doing all of the **Action** items
Tracking

- Does your facility monitor antibiotic use (consumption) at the unit, service, and/or facility wide?
- (If your facility has facility-specific treatment recommendations based on national guidelines and local susceptibility to assist with antibiotic selection for common clinical conditions…) Has adherence to facility-specific treatment recommendations been monitored?
- (If your facility has a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry…) Has adherence to the policy been monitored?

In Arkansas:
- 25 out of 29 CAHs are meeting the Tracking Core Element
- 6 out of 29 CAHs are doing all three Tracking activities
Reporting

• Does a physician or pharmacist **review courses of therapy** for specified antibiotic agents and communicate results with prescribers at your facility?

• *(If your facility monitors antibiotic use…)* Are the facility- and/or unit- or service-specific **reports on antibiotic use** shared with prescribers?

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**In Arkansas:**

• **24 out of 29 CAHs** are meeting the **Reporting** Core Element

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22 AR CAHs

18 AR CAHs
Education

• Has your facility provided education to clinicians and other relevant staff on improving antibiotic use?

In Arkansas:
• 23 out of 29 CAHs are meeting the Education Core Element
From Quality Reporting to Quality Improvement
MBQIP Current State Assessment

- Significant increases in CAH quality reporting (consistency still a challenge)
- To date, improvement on individual metrics is mixed
- Seeing a shift in conversations - from a focus on reporting to more focus on improvement
- Growing set of resources to support reporting and improvement
Quality Improvement Resources

• CAH Quality Improvement Implementation Guide and Toolkit
  www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs

• MBQIP Monthly – CAHs Can!
  www.ruralcenter.org/tasc/mbqip/mbqip-monthly

• New! Quality Improvement Basics: Recorded Modules and Templates
  www.stratishealth.org/expertise/quality/QIBasics.html

• Interpreting MBQIP Hospital Data Reports for Quality Improvement
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)

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

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

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 - 2019

<table>
<thead>
<tr>
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<th>Patient Engagement</th>
<th>Care Transitions</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF-1</td>
<td>HCAHPS</td>
<td>Emergency Department Transfer Communication</td>
<td>OP-1</td>
</tr>
<tr>
<td>HF-2</td>
<td></td>
<td></td>
<td>OP-2</td>
</tr>
<tr>
<td>HF-3</td>
<td></td>
<td></td>
<td>OP-3</td>
</tr>
<tr>
<td>PN-6</td>
<td></td>
<td></td>
<td>OP-4</td>
</tr>
<tr>
<td>PN-3b</td>
<td></td>
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<td>OP-5</td>
</tr>
<tr>
<td>IMM-2</td>
<td></td>
<td></td>
<td>OP-6</td>
</tr>
<tr>
<td><strong>OP-27</strong> → HCP/IMM-3</td>
<td></td>
<td></td>
<td><strong>OP-7</strong></td>
</tr>
<tr>
<td>ED-1</td>
<td></td>
<td></td>
<td><strong>OP-18</strong></td>
</tr>
<tr>
<td>ED-2</td>
<td></td>
<td></td>
<td><strong>OP-20</strong></td>
</tr>
<tr>
<td><strong>Antibiotic Stewardship (NHSN Annual Facility Survey)</strong></td>
<td></td>
<td></td>
<td><strong>OP-21</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>OP-22</strong></td>
</tr>
</tbody>
</table>
HCAHPS: Pain Management

- Starting January 2018, CMS revised HCAHPS with three new questions that comprised a new composite measure “Communication About Pain.”
  - Removed from scoring for PPS Value-Based Purchasing (VBP) Program
- As of October 2019, all pain management questions are being removed from the HCAHPS survey.
Other CMS Changes

• OP-27 now called Health Care Provider Immunization (HCP) or IMM-3
  – Realignment of several measures across different CMS programs

• Removal of Notice of Participation (NoP) process from Outpatient Quality Reporting (OQR)
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
NQF Rural MAP Workgroup - Ongoing

• Technical Expert Panel in late 2018 to make recommendations on how to address low-case volume (statistical focus).
  – **Draft Final Report:** [Addressing the Low Case-Volume Challenge in Healthcare Performance Measurement of Rural Providers](#)

• Nominations for Rural MAP workgroup to provide input into the pre-rulemaking process (closed April 12, 2019)
“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

**Inpatient Quality Reporting (IQR)**

- **2019**: Submit 4 of 15 available eCQMs for one self-selected quarter. Program logic changes to CQL Standard. *Due 3/02/2020*

- **2020/2021**: Requirements stay the same as 2019 (proposed), reduction in number of available eCQMs from 15 to 8.

*EHRs must be certified to all available eCQMs

**Promoting Interoperability Program**

(Formerly the Medicare EHR Incentive Program)

- **2019**: Eligible hospitals and CAHs must electronically submit 4 of the 16 available eCQMs using CEHRT when feasible.*  *Due 3/02/2012*

- **2020 and beyond**: CMS indicates requirements will align with IQR program.

  **Starting with CY 2018 submission:**
  
  *Attestation no longer an option except in circumstances where electronic reporting is not feasible.*

Source: www.qualityreportingcenter.com and 2020 Proposed IPPS Rule
<table>
<thead>
<tr>
<th>Short Name</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-8a</td>
<td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
</tr>
<tr>
<td>CAC-3</td>
<td>Home Management Plan of Care Document Given to Patient/Caregiver (pediatric asthma)</td>
</tr>
<tr>
<td>ED-1</td>
<td>Median Time from ED Arrival to ED Departure for Admitted ED Patients</td>
</tr>
<tr>
<td>ED-2</td>
<td>Median Admit Decision Time to ED Departure Time for Admitted Patients</td>
</tr>
<tr>
<td>ED-3*</td>
<td>Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
</tr>
<tr>
<td>EHDI-1a</td>
<td>Hearing Screening Prior to Hospital Discharge (newborn)</td>
</tr>
<tr>
<td>PC-01</td>
<td>Elective Delivery</td>
</tr>
<tr>
<td>PC-05</td>
<td>Exclusive Breast Milk Feeding</td>
</tr>
<tr>
<td>STK-2</td>
<td>Discharged on Antithrombotic Therapy</td>
</tr>
<tr>
<td>STK-3</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
</tr>
<tr>
<td>STK-5</td>
<td>Antithrombotic Therapy By End of Hospital Day 2</td>
</tr>
<tr>
<td>STK-6</td>
<td>Discharged on Statin Medication</td>
</tr>
<tr>
<td>STK-8</td>
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</tr>
<tr>
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<td>Assessed for Rehabilitation</td>
</tr>
<tr>
<td>VTE-1</td>
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</tr>
<tr>
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</tr>
</tbody>
</table>

*ED-3 is considered an Outpatient measure, so submission does not meet requirements for the IQR program.*
<table>
<thead>
<tr>
<th>Short Name</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-8a</td>
<td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
</tr>
<tr>
<td>CAC-3</td>
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</tr>
<tr>
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</tr>
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<td>Median Admit Decision Time to ED Departure Time for Admitted Patients</td>
</tr>
<tr>
<td>ED-3* (OP-18)</td>
<td>Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
</tr>
<tr>
<td>EHDI-1a</td>
<td>Hearing Screening Prior to Hospital Discharge (newborn)</td>
</tr>
<tr>
<td>PC-01</td>
<td>Elective Delivery</td>
</tr>
<tr>
<td>PC-05</td>
<td>Exclusive Breast Milk Feeding</td>
</tr>
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<td>Discharged on Antithrombotic Therapy</td>
</tr>
<tr>
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<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
</tr>
<tr>
<td>STK-5</td>
<td>Antithrombotic Therapy By End of Hospital Day 2</td>
</tr>
<tr>
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Blue: Relevant for most CAHs; Orange: Depending on service availability; **MBQIP alignment**
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MBQIP and eCQMs

• Three currently available eCQMs align with current chart-abstracted MBQIP measures:
  – ED-1 (Removed after Q4 2018 submission)
  – ED-2 (Removed after Q4 2019 submission)
  – ED-3 (OP-18)

• Chart abstracted data for these measures must be submitted to meet MBQIP requirements:
  – Mirrors requirements for IQR program
  – FORHP exploring options for using eCQMs as part of MBQIP
eCQMs and Public Reporting

- eCQM data is *not* currently reported on Hospital Compare
- CMS implemented a validation pilot in 2018 with 200 hospitals (results not yet available)
- CMS has indicated potential public reporting to be announced in future rule-making
Proposed changes for eCQMs – 2020 IPPS Proposed Rule

• Addition of two new opioid-related measures in CY 2021:
  – Safe Use of Opioids – concurrent prescribing (opioids and benzodiazepines)
  – Hospital Harm – Opioid related adverse events

• Proposed shift in reporting requirements for CY 2022:
  – 3 self-selected measures for one self-selected quarter
  – Safe Use of Opioids (all hospitals)

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)
What’s coming…

• Comments requested on three potential new measures:
  – Hospital Harm – Severe Hypoglycemia (NQF endorsement pending)
  – Hospital Harm – Pressure Injury (NQF endorsement pending)
  – Cesarean Birth (NQF #0471e)

Provide Input! Comments on the 2020 IPPS Proposed Rule are due by June 24, 2019


Key Resource

CAH eCQM Resource List:
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

• Ongoing focus on measures that align with other Federal programs and priorities
  – While advocating for increased availability of rural-relevant measures

• Anticipate continued step-wise approach to increasing minimum MBQIP participation criteria for Flex participation

• Continued changes and updates to metrics.
  – Upcoming changes: EDTC
  – Other areas of interest
EDTC Measure Updates

• Stratis Health convened a Technical Expert Panel (TEP) to review the EDTC measure in early 2018
  – In conjunction with the University of Minnesota Rural Health Research Center the NQF ‘measure owner’
  – Nine national experts with range of expertise

• TEP goal:
  – To gain insight and input from experts to prepare and submit EDTC measure changes to the National Quality Forum
EDTC TEP Recommendations

Significant changes:

• Measure and measure element changes
  – Eliminate 16 measure data elements
  – Combine two elements into one
  – Revise names, descriptions, or specifications

• Population and data collection
  – Confirm inclusion of long-term care/nursing home transfers
  – Remove patients under Observation status
  – Updating language regarding EHR/HIE communications

• **Summary Brief of TEP Recommendations**
EDTC Measure: Next Steps

• U of MN “measure owner and steward” working with National Quality Forum to update endorsement of revised measure.

• Roll-out of revised EDTC Measure:
  – Pilot testing new specifications with volunteer CAHs Spring-Summer 2019
  – Updated measure specifications and data collection tool available in Fall 2019
  – Full implementation of updated measure as part of MBQIP starting with January 1, 2020 transfers.
Other Areas of Interest

• FORHP considered moving three HAI measures to MBQIP Required:
  – CAUTI (Catheter Associated Urinary Tract Infection)
  – MRSA (Methicillin-Resistant Staphylococcus Aureus Infection)
  – CDI (Clostridioides difficile Infection)

• Decision to leave as ‘additional’ for MBQIP due to lack of meaningful data feedback (SIR)

• HAI reporting continues to be strongly encouraged as appropriate for CAH services
Other Areas of Interest (2)

• Swing Bed Quality
  – Need to show ‘value’
  – Exploratory efforts related to functional improvement and utilization metrics

• ED-CAHPs (patient experience)
  – CMS working on Emergency Department Patient Experiences with Care (EDPEC) Survey
    • Testing supplemental HCAHPS questions for inpatients admitted from the ED
    • Feasibility discussions for survey focused on patients discharged to the community
  – National implementation unclear (if/when)

Other Areas of Interest (3)

- Opioid/substance abuse related measures
- Patient Safety – Falls, Adverse Drug Events, Pressure Ulcers
- Appropriate Use Measures
  - Readmissions
  - Ambulatory Sensitive Admissions
  - Inappropriate ED Use
- Patient Reported Outcome Measures (PROMs)
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?

Sarah Brinkman
Program Manager
Stratis Health
952-853-8552 or 877-787-2847
sbrinkman@stratishealth.org
www.stratishealth.org
Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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