

Understanding Changes to MBQIP

GETTING TO KNOW THE NEW MEASURES AND STRATEGIES TO
COLLECT THEM

Understanding New Measures for MBQIP Series



Webinars every two weeks

Total of 6 webinars
Last webinar August 27, 2024



Each webinar will focus on one measure



All webinars will be recorded



Put Questions in chat box

Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

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. The MBQIP Measures resource includes a list of potential additional measures, but that list is not meant to be exhaustive. Flex programs can propose to work on other quality improvement topics within the four MBQIP domains. If there is not a nationally standardized or standardly reported measure currently available, Flex programs can propose a data collection mechanism.

Core MBQIP Measures			
Patient Safety/Inpatient	Patient Engagement	Care Transitions	Outpatient
<p>HCP/IMM-3 (formerly OP-27): Influenza Vaccination Coverage Among Healthcare Personnel (HCP)</p> <p>Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p>	<p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</p> <p><i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:</i></p> <ul style="list-style-type: none"> • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care <p><i>The survey also includes screener questions and demographic items. The survey is 29 questions in length.</i></p>	<p>Emergency Department Transfer Communication (EDTC)</p> <p><i>1 composite; 8 elements</i></p> <ul style="list-style-type: none"> • All EDTC Composite • Home Medications • Allergies and/or Reactions • Medications Administered in ED • ED provider Note • Mental Status/Orientation Assessment • Reason for Transfer and/or Plan of Care • Tests and/or Procedures Performed • Test and/or Procedure Results 	<p>AMI:</p> <ul style="list-style-type: none"> • OP-2: Fibrinolytic Therapy Received within 30 minutes • OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention <p>ED Throughput</p> <ul style="list-style-type: none"> • OP-18: Median Time from ED Arrival to ED Departure for <i>Discharged</i> ED Patients • OP-22: Patient Left Without Being Seen

Retired
Retired

New Core Measure Set



Proposed New MBQIP Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
<ul style="list-style-type: none"> CAH Quality Infrastructure Implementation (annual submission) Hospital Commitment to Health Equity (required CY 2025) (annual submission) 	<ul style="list-style-type: none"> Healthcare Personnel Influenza Immunization (annual submission) Antibiotic Stewardship Implementation (annual submission) Safe Use of Opioids (eCQM) (annual submission) 	<ul style="list-style-type: none"> Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) (quarterly submission) 	<ul style="list-style-type: none"> Hybrid All-Cause Readmissions (required starting in 2025) (annual submission) SDOH Screening (required CY 2025) (annual submission) SDOH Screening Positive (required CY 2025) (annual submission) 	<ul style="list-style-type: none"> Emergency Department Transfer Communication (EDTC) (quarterly submission) OP-18 Time from Arrival to Departure (quarterly submission) OP-22 Left without Being Seen (annual submission)

Hospital Commitment to Health Equity

Why this measure.....

Heightened sense of awareness to health disparities and inequities

Particularly relevant in rural areas

Rural risk factors include:

- Geographic isolation
- Lower socioeconomic status
- Less access to specialty care
- Limited job opportunities
- Higher rate of risky health behaviors

Residents less likely to have insurance or be covered by medicaid

Hospital Commitment to Health Equity

- Domain 1 – Equity is a Strategic Priority
 - Domain 2 – Data Collection
 - Domain 3 – Data Analysis
 - Domain 4 – Quality Improvement
 - Domain 5 – Leadership Engagement
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- No partial credit for domains. Hospital score will be 0 to 5 based on 1 point per domain.
 - Must answer “YES” to ALL sub-questions in each domain to receive credit

About the Measure

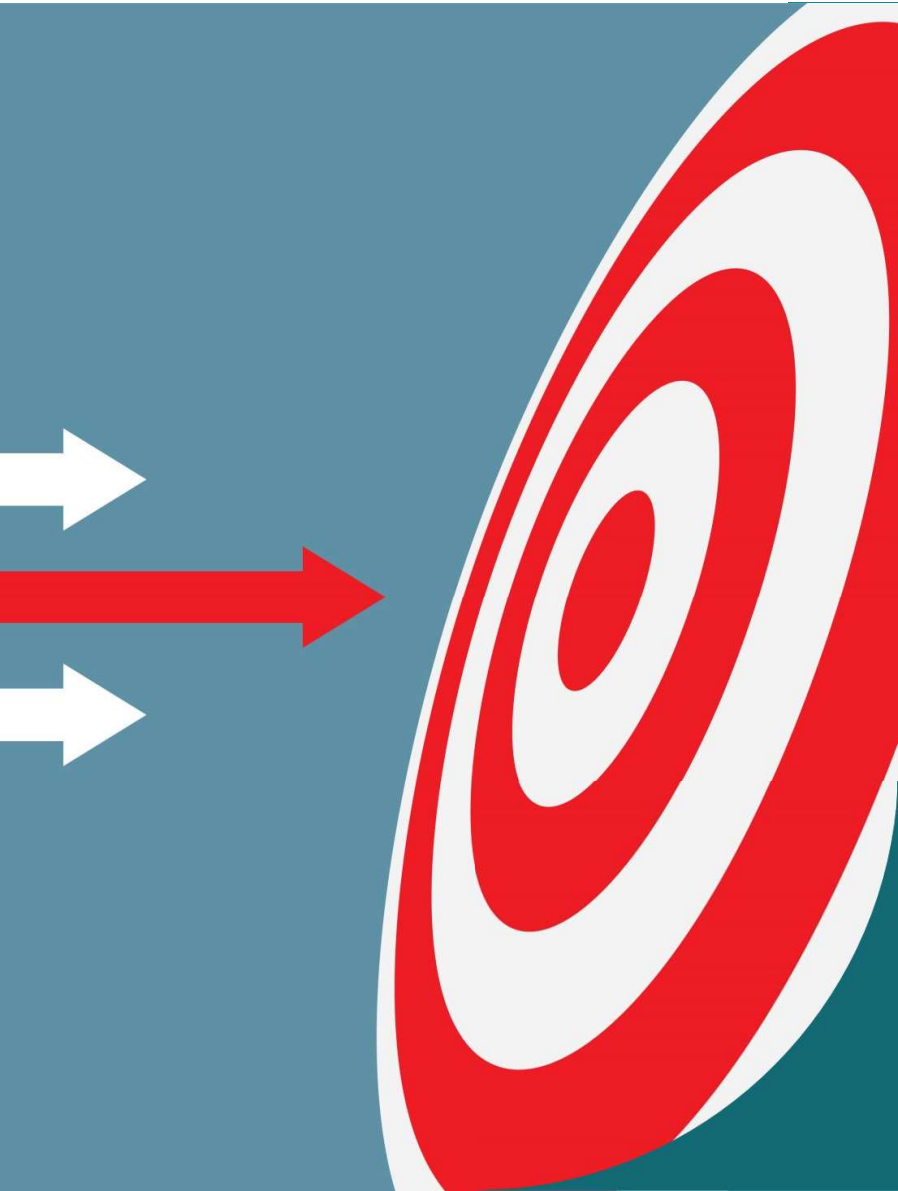
- Global Structural Measure
 - New CMS Inpatient Quality Reporting (IQR) measure
 - First available reporting is Spring 2024 (2023 calendar year activity)
 - Improvement shown through increase in total score (up to 5 total points)
 - Annual Attestation
 - HQR secure portal
- Aimed at achieving health equity for
 - Racial and ethnic minorities
 - People with disabilities
 - Members of LGBTQ community
 - Individuals with limited English proficiency
 - Rural populations
 - Religious minorities
 - People living near or below poverty level

Domain 1: Equity is a Strategic Priority

- Hospital strategic plan identifies priority populations who currently experience disparities
- Hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving those goals
- Hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals
- Hospital strategic plan describes approach for engaging key stakeholders / community-based organizations

Who are your priority populations?

- Minority racial / ethnic groups
- Religious minorities
- Persons with disabilities
- LGBTQ
- Those at / below poverty level
- Those positive for social determinants of health
 - Language proficiency
 - Food / housing insecurity
 - Low health literacy levels
 - Transportations difficulties
 - Utility difficulties
 - Interpersonal safety



Organizational Goals / Action Steps

- Goals identified in strategic plan
 - More likely to achieve goals when put in writing
- Goals must be actionable / attainable
 - Short and long term
 - Realistic
- Action steps to begin achieving goals are identified and included in strategic plan

Specific Resources

Dedicated Staffing

Funding

Training

Structural resources

Key Stakeholders

Community –
based
organizations

Patient and
family advisory
groups

Elected
officials

Institutional
partnerships

Existing
coalitions

Domain 2: Data Collection

Hospital collects demographic information to include self-reported race and ethnicity, and/or social determinant of health information on majority of patients

Hospital has training for staff on culturally sensitive data collection related to patient demographics and/or social determinants of health

Hospital inputs demographic and/or social determinant of health information collected into structured, interoperable data elements using certified EHR technology

Possible data elements

- Race / ethnic status
- Primary language
- Usual source of healthcare
- Housing status
- LGBTQ
- Transportation status
- Food insecurity information
- Disability status
- Utility status

Education / Training

Relates back to Domain 1

Resources for ongoing education / training
for staff

Training should include

Cultural awareness

How to collect sensitive
information in patient-
centered manner

Why the information is
important to organization
and community



Domain 3: Data Analysis

- Hospital reviews and analyzes demographic and/or social determinants of health variables collected
- Utilizes data to identify equity gaps
- Includes information on hospital performance dashboards
- Utilizes data to develop strategies to address disparities or inequities

Purpose of data analysis



Identify gaps in equity



Provide reporting on hospital performance



Take a deeper dive into subgroups of patient populations



Identify priority populations



Identify opportunities for improvement and develop quality improvement activities

Domain 4: Quality Improvement

- Hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities
 - RAC
 - Local health district
 - Regional / State coalitions
 - Federal programs / projects like MBQIP



What Quality Improvement Looks Like



Participation in local/regional/national collaboratives



Quality improvement initiatives to address specific needs



Utilizing the PDSA process to tackle identified disparities



Looking at root causes of health disparities



Looking at and identifying cost savings by addressing disparities

Domain 5: Leadership Engagement



Hospital senior leadership annually review strategic plan for achieving health equity

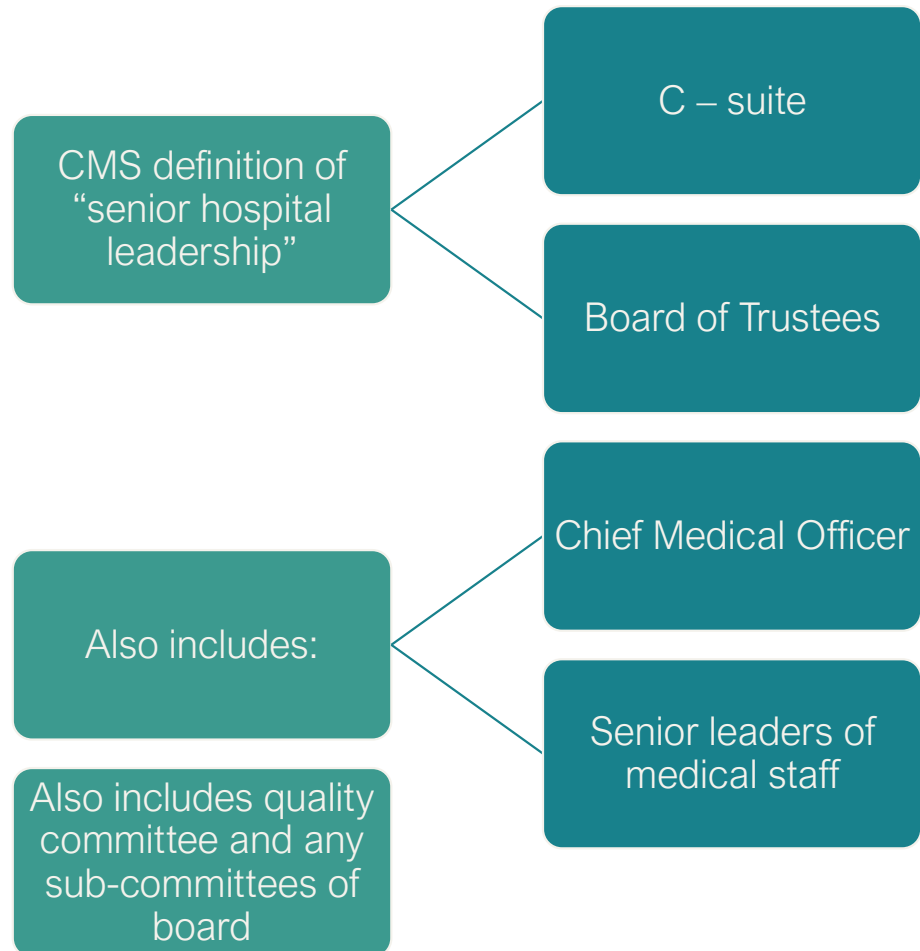


Hospital senior leadership annually reviews key performance indicators stratified by demographic and/or social factors



Senior leadership expresses commitment to addressing health equity and disparities

Hospital Leadership



Senior Leadership Engagement

Active engagement

Allocates appropriate
resources

Supports quality
improvement efforts

Understands value add to
improving health equity

Next Steps.....

- Evaluate current systems
 - What data are you collecting?
 - What are you doing with the data?
 - What activities do you currently have to address disparities?
- Have conversation with senior leadership
 - Be involved in strategic planning process
 - Share the data
 - Develop strategies
- Identify local partners
 - First responder agencies
 - Local / regional clinics
 - Faith based community



Questions???



Upcoming Events

- CNO Bootcamp
 - August 1-2, 2024 – Austin, Tx
- Frontline Staff Documentation Workshop
 - August 30, 2024 – Austin, Tx
 - Physician Documentation Webinar Series TBD
- Frontline webinar series on Quality Improvement
 - July 24 – Social Determinants of Health / Health Literacy
 - July 31 – Basics of Quality Improvement
 - Aug 7 – Healthcare Mistakes and Their Impact
 - Aug 14 – Trauma Informed Care
 - Aug 21 – Workplace Violence



Who To Contact

- Regional Coordinator with SORH
- **EVA CRUZ** Rural Health Coordinator | State Office of Rural Health
- 512-936-7880 / eva.cruz@texasagriculture.gov

- Need access or have issues with MBQIP Portal?
 - **Sherry Jennings, MSN, RN** | Director Quality Texas A&M Rural and Community Health Institute | Texas A&M Health
 - ph: 979.436.0391 | sherry.jennings@tamu.edu

- Need quality improvement technical assistance, all questions in general or want to schedule a site visit?
 - **Sheila Dolbow, MSN, RN, CFN, CPHQ** / Quality Improvement Manager
 - Texas Hospital Association Foundation
 - 512-970-9829 / sdolbow@tha.org

**THANK
YOU FOR
JOINING
US!!!**

