

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			
<i>Patient Safety/Inpatient</i>	<i>Patient Engagement</i>	<i>Care Transitions</i>	<i>Outpatient</i>
<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)

MBQIP Focusing on 5 Social Determinants of Health

Food
insecurity

Housing
instability

Transportation
needs

Utility
difficulties

Interpersonal
safety



Screening for SDOH

Screening for Social Determinants of Health

Data Source: Chart Abstraction

Measure Name – Screening for Social Drivers of Health (SDOH Screening)	
MBQIP Domain	Care Coordination
Encounter Period	Calendar Year (January 1, 20XX – December 31, 20XX)
Submission Deadline	May 15, 20XX ; Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.
Measure Description	<p>The Screening for Social Drivers of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety.</p> <p>To report on this measure, hospitals will provide: (1) The number of patients admitted to the hospital who are 18 years or older at time of admission and who are screened for each of the five HRSNs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety; and</p> <p>(2) the total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.</p> <p>A specific screening tool is not required to be used, but all areas of health-related social needs must be included.</p>

- Looking at 5 health related social needs: Food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety

Why this measure?

Heightened attention to healthcare disparities and health-related social needs

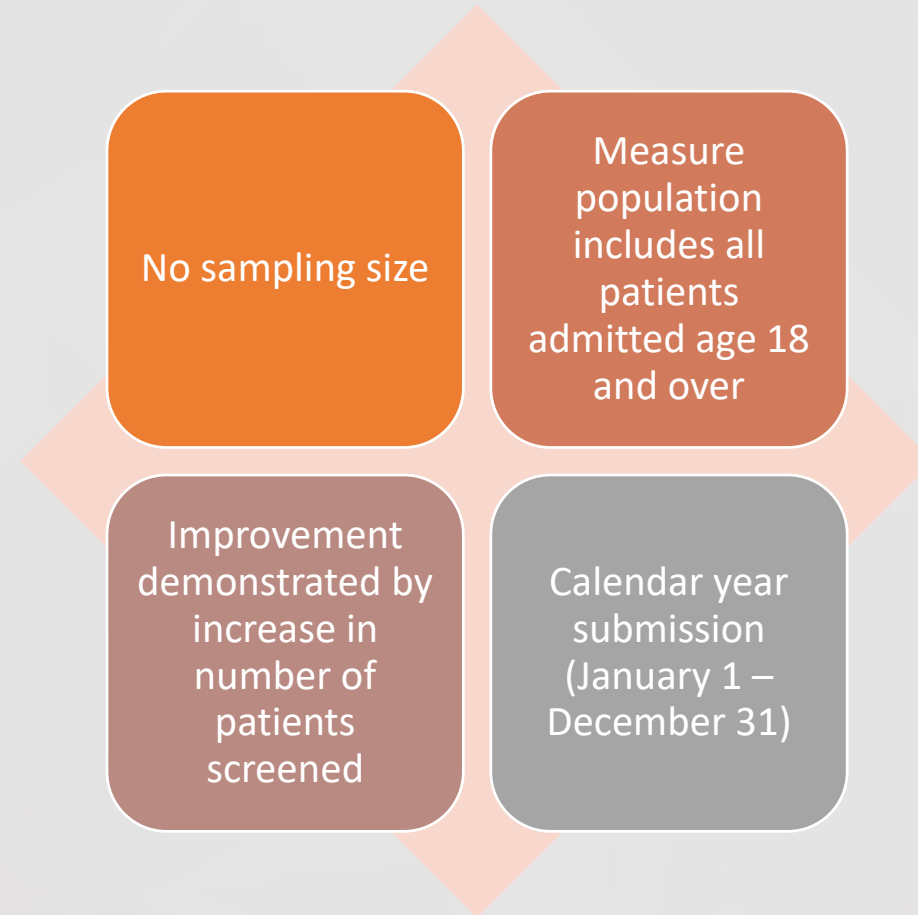
Economic and social factors impact health outcomes

Economic and social factors are drivers of health

Data Definition

- Numerator
 - Number of admitted patients age 18 or over on date of admission who are screened during hospital stay
- Denominator
 - Total number of patient admitted who are age 18 or over on date of admission
- Exclusions
 - Patients who opt out of screening
 - Patients who are unable to complete screening or have no legal guardian/representative able to do so on their behalf

Other measure specifics



Screening Positive for SDOH

Patients Screening Positive for Social Drivers of Health

Data Source: Chart Abstraction

Measure Name – Screen Positive for Social Drivers of Health (SDOH Screening Positive)	
MBQIP Domain	Care Coordination
Encounter Period	Calendar Year (January 1, 20XX – December 31, 20XX)
Submission Deadline	May 15, 20XX ; Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.
Measure Description	The Screen Positive Rate for Social Drivers of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five health-related social needs (HSRNs): Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.

Data Definition

- Provides information on prevalence for SDOH in community
- Not an indication of hospital performance
- Numerator – Number of patients who screen positive for a SDOH
- Denominator – Number of patients screened for SDOH
- Exclusions –
 - Patients who opt out of screening
 - Patients who are unable to complete screening or have no legal guardian/representative able to do so on their behalf



More measure specifics

- No sampling size – report on all patients
- Results in five separate rates
 - Food insecurity
 - Housing stability
 - Transportation Needs
 - Utility Difficulties
 - Interpersonal Safety
- Calendar Submission (January 1 – December 31)

Rate of Hospital Inpatients who Screen Positive for Food Insecurity	Number of hospital inpatients who screened positive for food insecurity / total number of hospital inpatients screened for all five HRSNs
Rate of Hospital Inpatients who Screen Positive for Housing Instability	Number of hospital inpatients who screened positive for housing instability / total number of hospital inpatients screened for all five HRSNs
Rate of Hospital Inpatients who Screen Positive for Transportation Needs	Number of hospital inpatients who screened positive for transportation needs / total number of hospital inpatients screened for all five HRSNs
Rate of Hospital Inpatients who Screen Positive for Utility Difficulties	Number of hospital inpatients who screened positive for utility difficulties / total number of hospital inpatients screened for all five HRSNs
Rate of Hospital Inpatients who Screen Positive for Interpersonal Safety	Number of hospital inpatients who screened positive for interpersonal safety / total number of hospital inpatients screened for all five HRSNs

There are 100 total patients who are admitted to the hospital in a given year who are 18 or older at the time of admission. Ninety of those patients were screened for all five HRSNs. Ten were only screened for some HRSNs or not screened at all.

The Screening for Social Drivers of Health measure for this hospital would be calculated as: $90 / 100 = 90\%$ of hospital inpatients 18 or older at time of admissions were screened for all five HRSNs. If no exclusions are applicable, the 10 patients who were only screened for some HRSNs or not screened at all should be included in the denominator, but not the numerator.

Of the 90 patients who were screened for all five HRSNs: 9 screened positive for food insecurity, 9 screened positive for housing instability, 5 screened positive for transportation needs, 20 screened positive for utility difficulties, and 5 screened positive for interpersonal safety.

The Screen Positive Rate for Social Drivers of Health measure would be calculated as follows for each HRSN:

Rate of Hospital Inpatients who Screen Positive for Food Insecurity	$9/90 = 10\%$
Rate of Hospital Inpatients who Screen Positive for Housing Instability	$9/90 = 10\%$
Rate of Hospital Inpatients who Screen Positive for Transportation Needs	$5/90 = 6\%^*$
Rate of Hospital Inpatients who Screen Positive for Utility Difficulties	$20/90 = 22\%^*$
Rate of Hospital Inpatients who Screen Positive for Interpersonal Safety	$5/90 = 6\%$

*Percentages will be rounded to nearest full percent.

When to screen



SCREENING CAN OCCUR AT ANY
POINT IN HOSPITALIZATION STAY



SCREENING SHOULD OCCUR
WITH EACH INPATIENT STAY



SUBMISSION WINDOW APRIL 1 –
MAY 15

Food Insecurity

Not having access to sufficient food

Not having access to quality foods

Food was

- Unavailable
- Unaffordable
- Unequally distributed among members of household

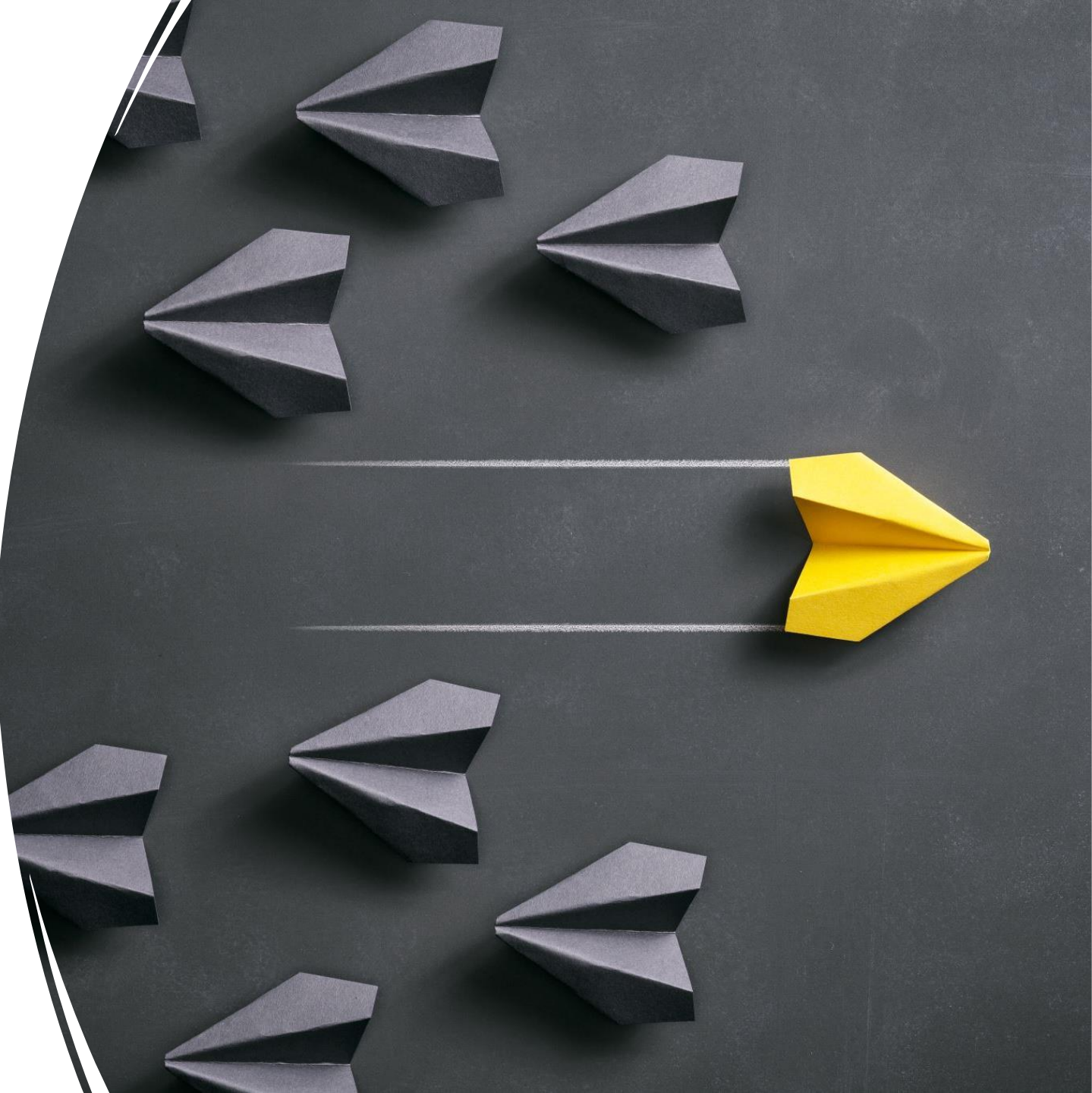
Housing Stability

- Homelessness
- Difficulty paying rent
- Frequent moves
- Cost burden
- Overcrowding



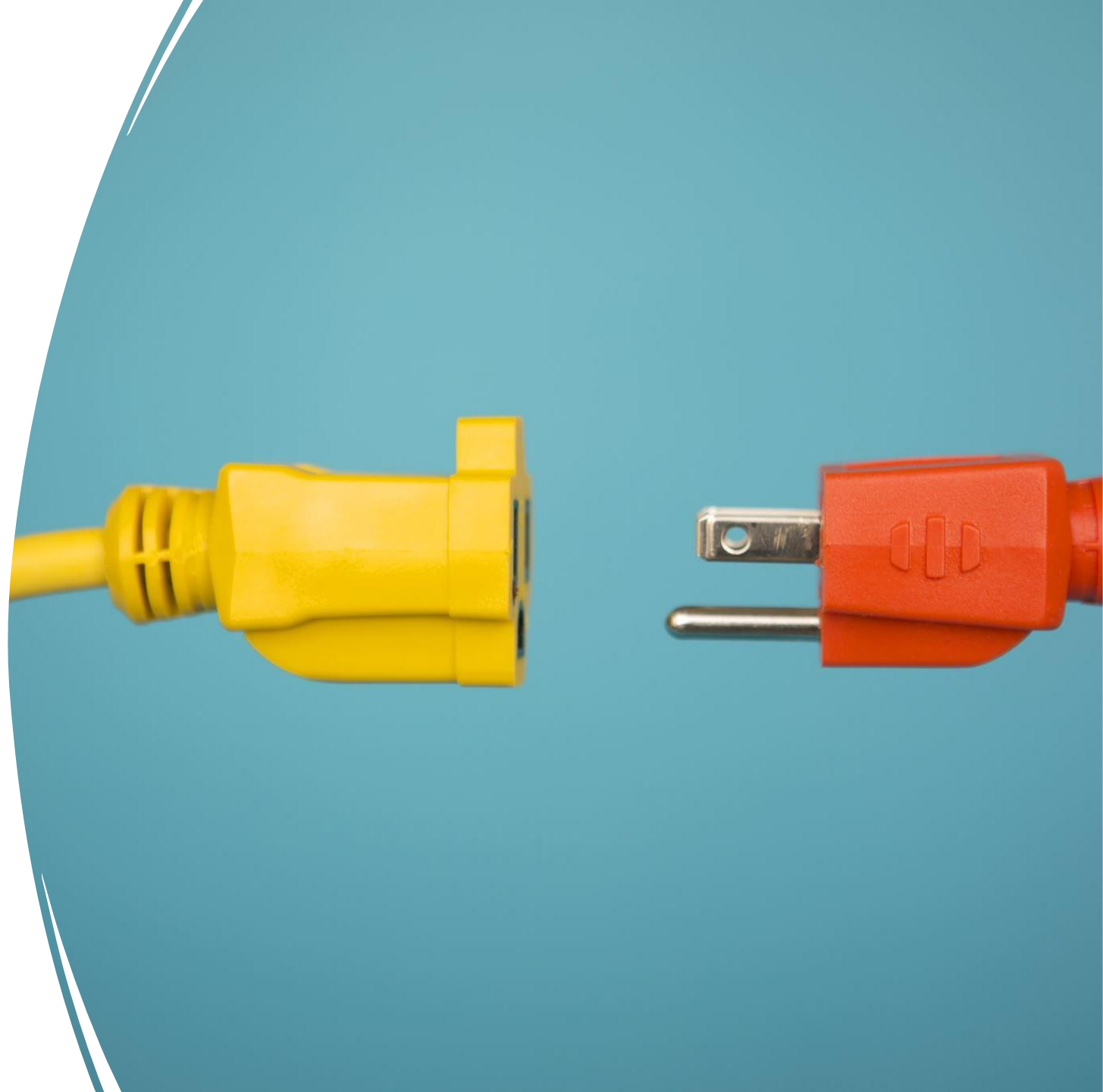
Transportation Needs

- Lack of personal transportation
- Lack of public transportation
- Lack of safe walking spaces
- Lack of specialized transportation for those with disabilities



Utility Difficulties

- Almost half of household's report difficulty paying utility bills
 - Electric
 - Gas
 - Internet/Cable
- Rising cost of utilities
- Lack of financial resources for improvements



Interpersonal Safety

Positive interpersonal relationships can:

- Reduce stress
- Promote mental wellness
- Promote physical healing

Lack of interpersonal safety:

- Increase stress
- Foster mental health issues such as depression / anxiety
- Result in physical injury or harm
- Lead to chronic health conditions



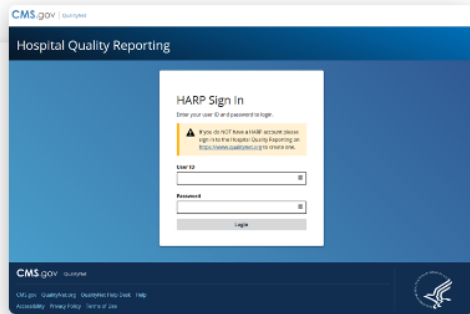
Where are
you at?

Resources

- Screening Tools
- [Social Needs Screening Tool Comparison Table | SIREN \(ucsf.edu\)](#)
- Guide to Screening
- [Guide to social needs screening \(aafp.org\)](#)

Welcome to the MBQIP Portal

All the MBQIP Information You Need
in One Location



QualityNet

LOGIN

Established by the Centers for Medicare & Medicaid Services



National Health Safety Network

LOGIN



MBQIP Database

LOGIN

ARCHI is working in collaboration with the State Office of Rural Health

Upcoming Deadlines

HCAHPS >>>

Apr 3rd

EDTC >>>

Apr 15th

OP-18 >>>

May 1st

OP-22 >>>

May 15th

Hospital
Commit...

Global May 2025

Hybrid
Hospital...

Feb 2025

Care Coordination

OP-18

Aug 2024

Emergency Department

OP-22

May 2025

Emergency Department

SDOH
Screening

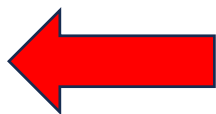
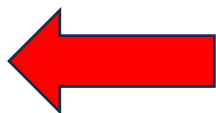
May 2025

Care Coordination


SDOH
Screening


May 2025


+ Care Coordination




MEASURES


 Core Measures

 Care Coordination

 Emergency Department

 Global Measures

 Patient Experience

 Patient Safety

 Additional

Screening for Social Drivers of Health

CARE COORDINATION

The Screening for Social Drivers of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety.

Importance

The recognition of health disparities and impact of health-related social needs (HRSN) has been heightened in recent years. Economic and social factors,



Data Reported To

 HARP

Data Source

Hospital tracking

Reporting Period



Accessing your
reports....

EDTC REPORTING

EDTC v.1 (Legacy) <

EDTC v.2 <

CONCURRENT DATA

HCAHPS <

HRSA REPORTING

Flex Reports

HRSA <

ARCHIVED MEASURES

IMM-2 <

Flex Reports

Home > Hrs:

FLEX REPORTS

Search:

Year	Quarter	Core Measures Report	HRSA Scorecard	EDTC Report	EDTC Scorecard	HCAHPS Report	Additional Measures Report
2023	4			EDTC Report: 2023Q4	EDTC Scorecard: 2023Q4		
2023	3	Core Measures Report: 2023Q3	HRSA Scorecard: 2023Q3	EDTC Report: 2023Q3	EDTC Scorecard: 2023Q3		
2023	2	Core Measures Report: 2023Q2	HRSA Scorecard: 2023Q2	EDTC Report: 2023Q2	EDTC Scorecard: 2023Q2	HCAHPS Report: 2023Q2	
2023	1	Core Measures Report: 2023Q1	HRSA Scorecard: 2023Q1	EDTC Report: 2023Q1	EDTC Scorecard: 2023Q1	HCAHPS Report: 2023Q1	Additional Measures Report: 2023Q1
2022	4	Core Measures Report: 2022Q4	HRSA Scorecard: 2022Q4	EDTC Report: 2022Q4	EDTC Scorecard: 2022Q4	HCAHPS Report: 2022Q4	Additional Measures Report: 2022Q4
2022	3	Core Measures	HRSA Scorecard:	EDTC Report:	EDTC Scorecard:	HCAHPS Report:	Additional Measures

Core Measure Report

Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report Quarter 3 - 2023

Generated on 03/06/24

Emergency Department – Quarterly Measure	Your Hospital's Performance by Quarter				State Current Quarter			National Current Quarter		Benchmark
	Q4 2022	Q1 2023	Q2 2023	Q3 2023	# CAHs Reporting	Median Time	90th Percentile	# CAHs Reporting	Median Time	Median Time
OP-18b	90	92	122	N/A	53	111	79	1,004	114	85
Median Time from ED Arrival to ED Departure for Discharged ED Patients										
Number of Patients (N)	N=94	N=99	N=96	N/A						

Emergency Department – Annual Measure	Your Hospital's Performance by Calendar Year			State Current Year			National Current Year		Benchmark
	CY 2020	CY 2021	CY 2022	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
OP-22	N/A	N/A	N/A	29	1%	0%	963	1%	0%
Patient Left Without Being Seen									
Number of Patients (N)	N/A	N/A	N/A						

NHSN Immunization Measure	Your Hospital's Reported Adherence Percentage			State Current Flu Season			National Current Flu Season		Benchmark
	4Q20 - 1Q21	4Q21 - 1Q22	4Q22 - 1Q23	# CAHs Reporting	CAH Overall Rate	90th Percentile	# CAHs Reporting	CAH Overall Rate	CAH Overall Rate
HCP/IMM-3	94%	N/A	88%	32	79%	91%	1,063	79%	100%
Healthcare Provider Influenza Vaccination									

“N/A” indicates that a CAH either:

- Did not submit any measure data, or
- Submitted data that was rejected/not accepted into the CMS Clinical Warehouse.

“#” indicates that the CAH did not have a signed MOU at the time of reporting for this time period.

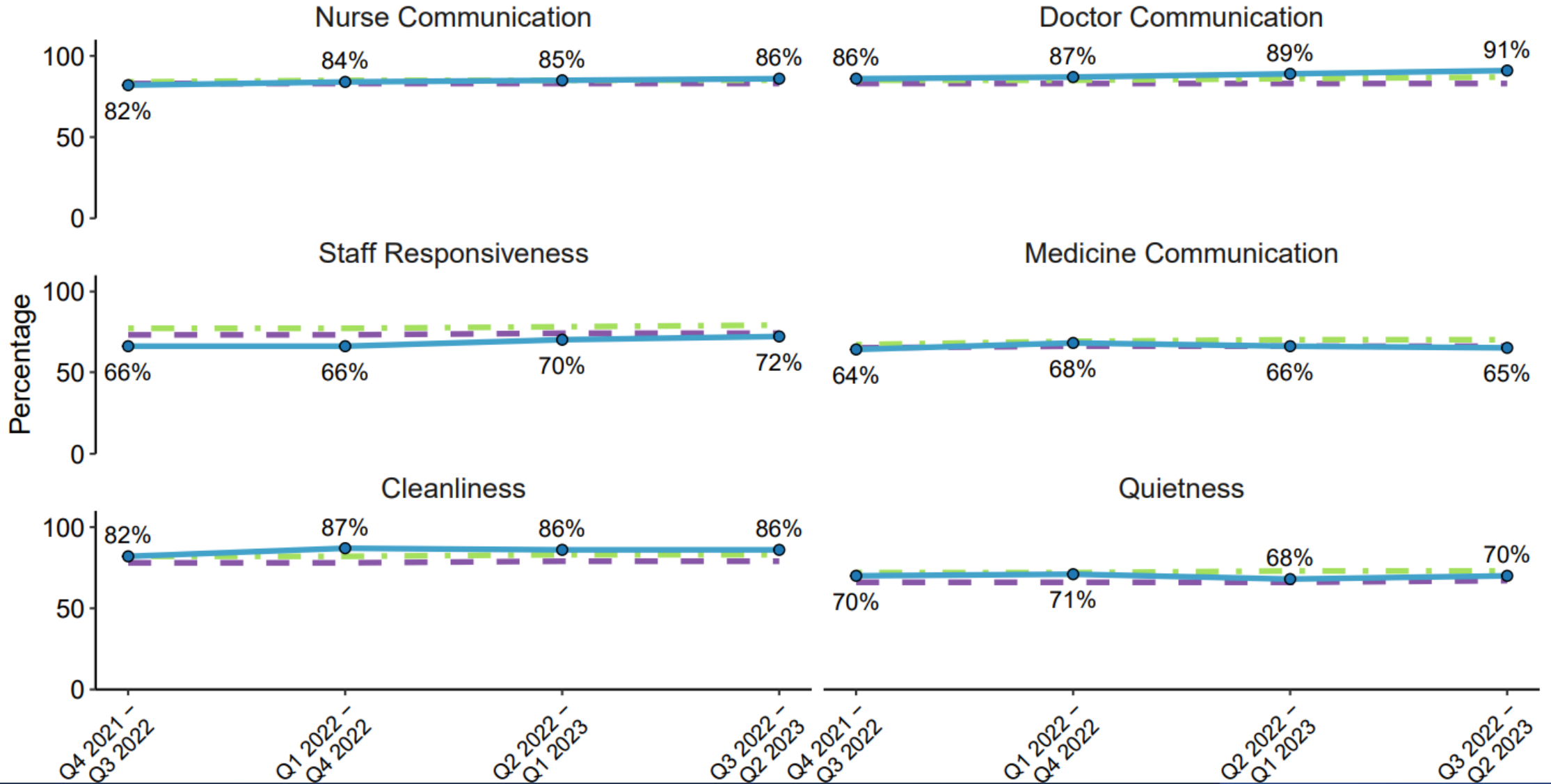
Discharge Information Composite	HCAHPS Star Rating	Your Hospital's Adjusted Score		Your State's CAH Data		National CAH Data		Benchmark
	Star Rating (0-5)	No	Yes	No	Yes	No	Yes	Yes
Composite 6 (Q16 & Q17) Discharge Information	N/C	14%	86%	12%	88%	12%	88%	92%

Care Transition Composite	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Disagree to Strongly Disagree	Agree	Strongly Agree	Strongly Agree
Composite 7 (Q20 to Q22) Care Transition	N/C	6%	45%	49%	4%	38%	58%	4%	41%	55%	64%

HCAHPS Global Items	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data			Benchmark
	Star Rating (0-5)	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	0-6 rating	7-8 rating	9-10 rating	9-10 rating
Q18 Overall Rating of Hospital (0 = worst hospital, 10 = best hospital)	N/C	4%	12%	84%	6%	15%	80%	5%	18%	77%	86%
	Star Rating (0-5)	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	Definitely Not or Probably Not	Probably	Definitely	No Benchmark
Q19 Willingness to Recommend This Hospital	N/C	2%	25%	73%	3%	20%	77%	4%	22%	74%	

“N/A” indicates that a CAH did not report data in at least 10 of the 12 months for the current reporting period.

U.S. TX Your Hospital



Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Additional Measures Report

Quarter 1 - 2023

Generated on 09/13/23

Healthcare-Associated Infection		Your Hospital's Performance by Quarter								State Current Quarter			National Current Quarter		
		Q2 2022		Q3 2022		Q4 2022		Q1 2023		# CAHs Reporting	Total # Cases	Overall SIR	# CAHs Reporting	Total # Cases	Overall SIR
		# Cases	SIR	# Cases	SIR	# Cases	SIR	# Cases	SIR						
CAUTI	Catheter-associated urinary tract infections	0	N/C	0	N/C	0	N/C	0	N/C	56	0	0.0	1,160	53	0.6
CDI	Clostridium difficile (C.diff) intestinal infections	0	N/C	N/A	N/A	1	N/C	0	N/C	53	8	0.9	951	151	0.8
CLABSI	Central-line associated bloodstream infections	0	N/C	0	N/C	0	N/C	0	N/C	55	0	N/C	1,122	7	0.6
MRSA	Methicillin-resistant Staphylococcus aureus blood infections	1	N/C	N/A	N/A	0	N/C	0	N/C	53	0	N/C	929	9	0.6
SSI:C	Surgical site infections from colon surgery	0	N/C	0	N/C	0	N/C	0	N/C	15	0	N/C	460	17	1.1
SSI:H	Surgical site infections from abdominal hysterectomy	0	N/C	0	N/C	0	N/C	0	N/C	14	1	N/C	420	8	2.3

“N/A” indicates that the CAH did not submit data for this measure.

“#” indicates that the CAH did not have a signed MOU at the time of reporting for this period.

“N/C” indicates that a SIR was not able to be calculated.

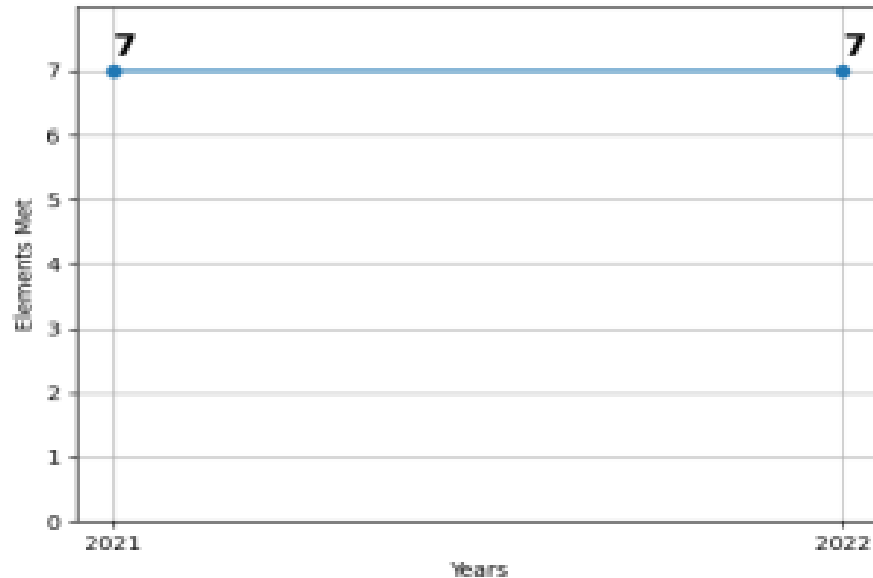
Trending Scorecard

Antibiotic Stewardship

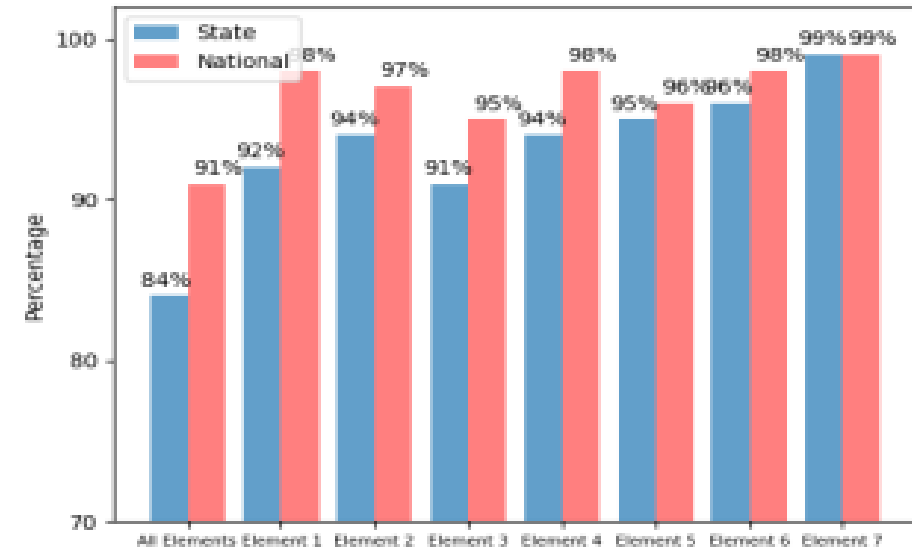
Positive Outcome: High Core Elements Met

(Reported Annually)
2021 through 2022

Your Hospital's Performance



Current Survey Year



CDC Core Elements Across Time		
	2021	2022
Elements Met	7	7
Element 1: Leadership	Y	Y
Element 2: Accountability	Y	Y
Element 3: Drug Expertise	Y	Y
Element 4: Action	Y	Y

Percentage of CAHs Meeting Elements			
	Facility	State	National
All Elements Met	Y	84%	91%
Element 1: Leadership	Y	92%	98%
Element 2: Accountability	Y	94%	97%
Element 3: Drug Expertise	Y	91%	95%
Element 4: Action	Y	94%	98%

A 3D rendering of a field of dark grey question marks. In the center, one question mark is highlighted in a bright orange color. The text "Questions???" is overlaid in white on the orange question mark.

Questions???

Upcoming Events

- **Policy and Procedure Virtual Series**
 - **Begins October 23, 2024**
- **CNO Bootcamp**
 - **July 31 - August 1, 2025 – Austin, Tx**
- **Frontline Staff Documentation Workshop**
 - **August 30, 2024 – Austin, Tx**
 - **Physician Documentation Webinar Series TBD**
- **Frontline webinar series on Quality Improvement**
 - **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](tel:512-970-9829) / sdolbow@tha.org

THANK YOU FOR
JOINING US!!!

