MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

January 10, 2023
1:00 p.m. - 2:00 p.m.
Happy New Year!!! Wishing you a healthy and prosperous 2024!
Agenda

- Follow up: 2025 Core MBQIP Measure Set Update and Overview

- Data Reporting:
  - Latest MBQIP Data Reports
  - Data Reporting Due Dates
  - CART Tool Version Update

- Staffing update
Follow up: 2025 MBQIP Core Measures
## Current MBQIP Core Measures

*CAHs continue to report for calendar years 2023 and 2024.*

<table>
<thead>
<tr>
<th>Core MBQIP Measures</th>
<th>Patient Safety/Inpatient</th>
<th>Patient Engagement</th>
<th>Care Transitions</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antibiotic Stewardship:</strong> Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</td>
<td><strong>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass eight key topics:</strong></td>
<td>Emergency Department Transfer Communication (EDTC)</td>
<td><strong>1 composite; 8 elements</strong></td>
<td><strong>OP-2:</strong> Fibrinolytic Therapy Received within 30 minutes</td>
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<td></td>
<td>- Communication with Doctors</td>
<td>- All EDTC Composite</td>
<td>- OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention</td>
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<td>- Communication with Nurses</td>
<td>- Home Medications</td>
<td><strong>ED Throughput</strong></td>
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<td>- Responsiveness of Hospital Staff</td>
<td>- Allergies and/or Reactions</td>
<td>- OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
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<td>- Communication about Medicines</td>
<td>- Medications Administered in ED</td>
<td><strong>OP-22:</strong> Patient Left Without Being Seen</td>
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<td></td>
<td>- Discharge Information</td>
<td>- ED provider Note</td>
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<td></td>
<td>- Cleanliness of the Hospital Environment</td>
<td>- Mental Status/Orientation Assessment</td>
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<td>- Quietness of the Hospital Environment</td>
<td>- Reason for Transfer and/or Plan of Care</td>
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<td></td>
<td>- Transition of Care</td>
<td>- Tests and/or Procedures Performed</td>
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<td></td>
<td><strong>The survey also includes screener questions and demographic items. The survey is 29 questions in length.</strong></td>
<td>- Test and/or Procedure Results</td>
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## MBQIP 2025: Updated Core Measure Set

### Current MBQIP Core Measure

### New MBQIP Core Measure

<table>
<thead>
<tr>
<th>Global Measures</th>
<th>Patient Safety</th>
<th>Patient Experience</th>
<th>Care Coordination</th>
<th>Emergency Department</th>
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</thead>
<tbody>
<tr>
<td>CAH Quality Infrastructure Implementation*</td>
<td>Healthcare Personnel Influenza Immunization*</td>
<td>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</td>
<td>Hybrid All-Cause Readmissions*</td>
<td>Emergency Department Transfer Communication (EDTC)</td>
</tr>
<tr>
<td>Hospital Commitment to Health Equity*</td>
<td>Antibiotic Stewardship Implementation*</td>
<td>Social Determinants of Health (SDOH) Screening*</td>
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<td>OP-18 Time from Arrival to Departure</td>
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<tr>
<td>Safe Use of Opioids (eCQM)*</td>
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<td>SDOH Screen Positive*</td>
<td></td>
<td>OP-22 Left without Being Seen*</td>
</tr>
</tbody>
</table>

Nine measures are reported once annually (* denotes annual submission)
Three measures reported quarterly (HCAHPS, EDTC, OP-18)
New Global Measures

• CAH Quality Infrastructure
• Hospital Commitment to Health Equity
Development of CAH Quality Infrastructure
Core Elements

Two-day facilitated consensus workshop with CAH Quality staff and rural quality experts from across the country to identify:

Core elements: Aspects of infrastructure that are necessary to have a successful and robust quality program

Criteria: Ways in which core elements can be achieved or demonstrated

Full Report available: [Critical Access Hospital Quality Infrastructure Summit Report (ruralcenter.org)](https://ruralcenter.org)
Core Elements of CAH Quality Infrastructure

- Leadership
  - Responsibility & Accountability

- Quality Embedded
  - Within the Organization’s Strategic Plan

- Workforce Engagement & Ownership

- Culture of Continuous Improvement
  - Through Systems

- Culture of Continuous Improvement
  - Through Behavior

- Integrating Equity into Quality Practices

- Engagement of Patients, Partners, & Community

- Collecting Meaningful & Accurate Data

- Using Data to Improve Quality
National CAH Quality Inventory and Assessment:

• With funding and support from FORHP, the Flex Monitoring Team (FMT) and other Flex partners developed a National CAH Quality Assessment a standardized mechanism for gathering information to:
  – Assess **CAH quality improvement infrastructure**
  – Better understand CAH **measurement and quality activities across different service lines**

• Initial survey implementation was completed in late 2023
  – 88% of CAHs nationally completed the survey
  – 94% of MN CAHs in Minnesota completed the survey – Thank you!!

• Summary data and additional information from the assessment will be available in the coming months

• Anticipated reporting process will be annual survey completion
Hospital Commitment to Health Equity (HCHE)

- New CMS Inpatient Quality Reporting (IQR) measure
- Reporting Process: Annual attestation via HQR secure portal
- Structural measure to assess hospital commitment to health equity across five domains:
  - Domain 1 – Equity is a Strategic Priority
  - Domain 2 – Data Collection
  - Domain 3 – Data Analysis
  - Domain 4 – Quality Improvement
  - Domain 5 – Leadership Engagement
- Additional information:
  - Hospital score can be a total of zero to five points (one point for each domain, must attest “yes” to all sub-questions in each domain, no partial-credit)
  - First available reporting timeline is spring 2024 (reflecting CY 2023 activity)
  - Measure Specifications and Attestation Guidance
    Source: Hospital Inpatient Quality Reporting (IQR) Program Measures (cms.gov)
New Patient Safety Measure

• Safe Use of Opioids (eCQM)
CMS Vision: 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

• **Required for CAHs as part of the Medicare Promoting Interoperability Program** (FKA the EHR Incentive Program)
  
• List of available measures that hospitals can select from, updated annually by CMS
  
• CY 2023 Submission Deadline will be February 29, 2024
  
• Starting in CY 2024, increase to six measures, three self-selected, three required

<table>
<thead>
<tr>
<th>Reporting Period (CY)</th>
<th>Number of Calendar Quarters to Report</th>
<th>Number of Measures to Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>One self-selected quarter</td>
<td>Four self-selected eCQMs</td>
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<tr>
<td>2021</td>
<td>Two self-selected quarters</td>
<td>Four self-selected eCQMs</td>
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<tr>
<td>2022</td>
<td>Three self-selected quarters</td>
<td>Four: 3 self-selected + Safe Use of Opioids</td>
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<tr>
<td><strong>2023</strong></td>
<td><strong>Four quarters</strong></td>
<td><strong>Four: 3 self-selected + Safe Use of Opioids</strong></td>
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<tr>
<td>2024</td>
<td>Four quarters</td>
<td>Six: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07</td>
</tr>
</tbody>
</table>

*Meeting the eCQM requirement for the Medicare Promoting Interoperability Program also satisfies the Hospital IQR Program eCQM requirement for PPS Hospitals

Sources: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com), [2021 Final IPPS Rule](#), [2023 Final IPPS Rule](#)
Safe Use of Opioids eCQM

• **Definition:** Proportion of inpatient hospitalizations for patients 18 and older prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge.

• **Measure information:** Safe Use of Opioids - Concurrent Prescribing | eCQI Resource Center (healthit.gov) (select reporting year)

• **Public Reporting**
  – eCQM data is *not* currently reported on CMS Care Compare
  – CMS has indicated they will start public reporting of eCQM measures on CMS Care Compare – timeline TBD
  – eCQM data is currently available in the CMS Provider Data Catalog

• **For more information on eCQMs:** CAH eCQM Resource List CY 2023
New Care Coordination Measures

- Hybrid Hospital-Wide Readmissions (H-HWR)
- SDOH:
  - Screening for Social Drivers of Health
  - Screen Positive for Social Drivers of Health
Hybrid Hospital-Wide All-Cause Readmissions (HWR)

- **Background:** New CMS IQR measure. Submission of clinical variables and linking data elements are combined with claims data to calculate a risk-standardized readmission rate.

- **Description:** Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmissions 30 days of discharge from an acute hospitalization.

- **Reporting process:** Annual, patient-level file in QRDA 1 format to HQR.

- **Additional Information:**
  - Next reporting deadline is **September 30, 2024** for July 1, 2023, through June 30, 2024 hospitalizations.
  - Hybrid HWR will be publicly reported starting with the July 2025 refresh of Care Compare (replacing the current claims-based HWR measure).
  - Starting with the July 1, 2024 – June 30, 2025 discharge data, the denominator will include Medicare Advantage members in additional to Traditional (FFS) Medicare beneficiaries.
Hybrid HWR Measure: Clinical Data Elements & Linking Variables

• Clinical Data Elements (first captured):
  ✓ Heart Rate
  ✓ Systolic Blood Pressure
  ✓ Respiratory Rate
  ✓ Temperature
  ✓ Oxygen Saturation
  ✓ Weight
  ✓ Hematocrit
  ✓ White Blood Cell Count
  ✓ Potassium
  ✓ Sodium
  ✓ Bicarbonate
  ✓ Creatinine
  ✓ Glucose

• Linking Variables:
  ✓ CMS Certification Number
  ✓ Health Insurance Claims Number or Medicare Beneficiary Identifier
  ✓ Date of birth
  ✓ Sex
  ✓ Admission date
  ✓ Discharge date.

• Reporting Resources (QualityNet); Measure Information and Specifications (ECQI Resource Center)
Screening for Social Drivers of Health (SDOH)

- **Background:** New CMS IQR measure
- **Description:** Percent of patients 18 and older admitted for an inpatient stay that are screened for all of the following health-related social needs (HRSNs):
  - Food insecurity
  - Housing instability
  - Transportation needs
  - Utility difficulties
  - Interpersonal safety
- **Reporting Process:** Annual numerator and denominator submission through HQR
- **Additional Information:**
  - CMS is not requiring a specific screening tool be used, but all five areas of HRSN must be included. A list of suggested tools is available.
  - First available reporting deadline to CMS is spring 2024 (reflecting patients admitted in CY 2023)

Source: Hospital Inpatient Quality Reporting (IQR) Program Measures (cms.gov)
Screen Positive to Social Drivers of Health

- **Background:** New CMS IQR measure
- **Description:** Screen positive rate for social drivers of health calculated as five separate rates:
  - Numerators: Number that screen positive for each of the five HRSNs (see previous slide)
  - Denominator: Total number of patients 18 or older screened for an HRSN
- **Submission:** Annual numerator and denominator submission through HQR
- **Additional Information:**
  - Screen positive rate is not a measure of performance
  - Timeline, specifications and FAQ align with the SDOH Screening measure
2025 MBQIP Core Measures Set Reporting Timelines
2025 MBQIP Measures Reporting Timeline

• Existing MBQIP core measures set: continue to report as usual (see slide with the 2024 reporting timeline)

• New MBQIP measures being added to the core set:
  – CAHs are encouraged to start reporting in 2025 for 2024 encounters
  – CAH are expected to report data in 2026 for CY 2025 encounters
    • Exception is Hybrid HWR (readmission) measure – 2025 submission deadline includes encounters from Q3 2024 – Q2 2025.
## Existing MBQIP Measures Reporting Timeline for 2024

### Submission Process and Deadlines

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<tbody>
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<td>HCP/IMM-3</td>
<td>NHSN</td>
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<tr>
<td>Antibiotic</td>
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<tr>
<td>HCAHPS</td>
<td>HQR via Vendor</td>
<td>January 3, 2024</td>
<td>April 3, 2024</td>
<td>July 3, 2024</td>
<td>October 2, 2024</td>
<td>January 2, 2025</td>
<td>April 2, 2025</td>
<td>July 2, 2025 anticipated</td>
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<td>EDTC</td>
<td>MHA Portal</td>
<td>October 31, 2023</td>
<td>January 31, 2024</td>
<td>April 30, 2024</td>
<td>July 31, 2024</td>
<td>October 31, 2024</td>
<td>January 31, 2025</td>
<td>April 30, 2025</td>
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<tr>
<td>OP-18</td>
<td>HQR via Outpatient</td>
<td>February 1, 2024</td>
<td>May 1, 2024</td>
<td>August 1, 2024</td>
<td>November 1, 2024</td>
<td>February 1, 2025</td>
<td>May 1, 2025</td>
<td>August 1, 2025</td>
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<td></td>
<td>CART/Vendor</td>
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<tr>
<td>OP-22</td>
<td>HQR via HARP Log In</td>
<td>May 15, 2024 (CY 2023 data aggregate)</td>
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<td>May 15, 2025 (CY 2024 data aggregate)</td>
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</tbody>
</table>

- May 15, 2024 (Q4 2023/Q1 2024 aggregate)
- May 15, 2025 (Q4 2024 - Q1 2025 aggregate)
- August 15, 2024 (Q4 2023/Q1 2024 aggregate)
- May 15, 2025 (CY 2024 data aggregate)
<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>MBQIP Domain</th>
<th>Reported To</th>
<th>Submission Process and Deadlines</th>
<th>Encounter Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD</td>
<td>CAH Quality Infrastructure</td>
<td>Global Measures</td>
<td>FMT via Qualtrics</td>
<td>MBQIP 2025 Core Measure starting with this measurement period, due Dec 15, 2023</td>
<td>National CAH Inventory and Assessment Continues, Due date TBD</td>
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<td>Global Measures</td>
<td>HCQ Secure Portal</td>
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<td>Safe Use of Opioids</td>
<td>Patient Safety</td>
<td>HCQ Secure Portal</td>
<td>Hospitals encouraged to report. Deadline February 29, 2024 (CY 2023 data)</td>
<td>MBQIP 2025 Core Measure starting with this measurement period Submission Deadline February 27, 2026 (CY 2025 data)</td>
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<td>Hybrid Hospital-Wide Readmission</td>
<td>Care Coordination</td>
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What can you do next?

• Understand what eCQMs your hospital is submitting and performance on those measures
• Talk with your IT/HIM regarding the submission of hybrid readmissions measure elements
• Consider reporting the Hospital Commitment to Health Equity structural measure (May 15th deadline for submission reflecting 2023 activities)
• Understand your hospital’s screening and follow-up process for health-related social needs and capture of data in your EHR

What do you think you will need to prepare for submission of the new measures in the 2025 MBQIP Core Measure set?
MBQIP Data Reporting Updates
Updates

• MBQIP Data Reports
• Upcoming Data Reporting Due Dates
• Review the steps to ensure your data was accepted to Hospital Quality Reporting (HQR)
• CART Tool Re-installation reminder
MBQIP Data Reporting Status

• Q3 2023: 74 CAHs reported on OP-18 to HQR (75 reported in Q2 2023)
• 76 CAHs submitted EDTC data for Q3 2023 (All reported in Q2 2023)

Keep up the good work!!!
MBQIP Data Reporting Upcoming Due Dates

- EDTC Q4 2023 due January 31 (MHA Portal)

- ED Throughput (OP-18) Q3 2023 due February 1 (HQR/HARP)
Reminder:

- Abstraction Training Modules:
  - [Minnesota Critical Access Hospital Reporting and Improvement Assistance - Stratis Health](#)
New Version of Outpatient CART

• Latest outpatient CART version – 1.23.0
  Download at: https://qualitynet.cms.gov/outpatient/data-management/cart/download

• Not compatible with prior CART versions so will need to do a new initial installation, not an upgrade.

• **Install before February 1st** you won’t be able to submit OP-18 data without the new installation

• Instructions on how to uninstall/reinstall: CART 1.23.0 INSTALLATION INSTRUCTIONS (stratishealth.org). Please review and work with your IT to re-install.

• See 12/6/23 email on directions on how to uninstall/re-install (we will re-send instructions in follow up email)
How to make sure your HQR data submission was accepted and not rejected

After your data is submitted you should get confirmation that the data was received. To check and make sure the data was accepted and not rejected, run the Case Status Summary Report. This report is run from the Hospital Quality Reporting portal. To Run the Case Status Summary Report:

1. Log in to HQR via your HARP account.
2. Under the Dashboard on the left-hand side of the screen, select Data Results and Chart Abstracted.
3. Select the File Accuracy tab.
4. Under Program chose OQR (Outpatient Quality Reporting).
6. Under Encounter Quarter select the quarter for the data you have just submitted.
7. Click on Export CSV. Your report will appear in an Excel format showing the number of cases that made it to the warehouse for each measure submitted and the number accepted and/or rejected.

If your Case Status Summary Report shows that cases have been rejected, run the Submission Detail Report. This report will show you why your cases have been rejected. Correct the errors and resubmit those cases. Follow the above steps but select Submission Detail as your report.

If your Case Status Summary Report shows no data fits the criteria, then the data you submitted did not make it to the warehouse. Something must have gone wrong with your submission so try again.

Do not wait until right before the data due date to submit and check on your data. If you have rejected cases, you will want to have time to correct the errors and resubmit. Once the due date has passed, no further data will be accepted for the quarter.
Staffing Update
Stratis Health Project Team

Senka Hadzic, Program Manager
shadzic@stratishealth.org

Karla Weng, Senior Program Lead
kweng@stratishealth.org

Jodi Winters, Executive Assistant
jwinters@stratishealth.org
Wrap up

• Open Call Schedule/Register:
  Minnesota Critical Access Hospital Reporting and Improvement Assistance - Stratis Health

• EDTC Open QI Call – March 13, 11-12 pm CT

• Next MBQIP Open Call – April 10, 1-2 pm CT

• Contact us with questions: jwinters@stratishealth.org
Thank you!

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