

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.

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

MBQIP 2025: Updated Core Measure Set

★ Current MBQIP Core Measure
New MBQIP Core Measure

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

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

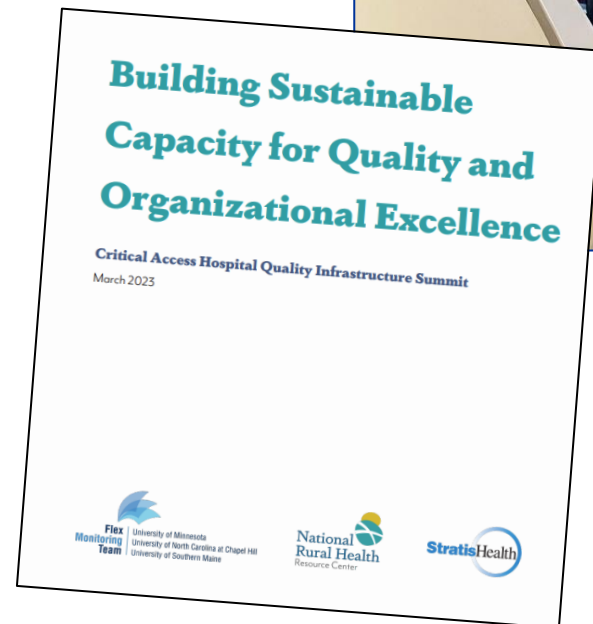
Development of CAH Quality Infrastructure Core Elements

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://www.ruralcenter.org/critical-access-hospital-quality-infrastructure-summit-report)

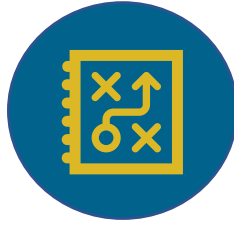


CAH Quality Summit Participants, March 2023

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

Reporting Period (CY)	Number of Calendar Quarters to Report	Number of Measures to Report
2020	One self-selected quarter	Four self-selected eCQMs
2021	Two self-selected quarters	Four self-selected eCQMs
2022	Three self-selected quarters	Four: 3 self-selected + Safe Use of Opioids
2023	Four quarters	Four: 3 self-selected + Safe Use of Opioids
2024	Four quarters	Six: 3 self-selected + Safe Use of Opioids, ePC-02, and ePC-07

*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, [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 addition 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)
 - [Measure Specifications](#) and [Frequently Asked Questions](#)
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								
Measure ID	Reported To	Q3 / 2023 Jul 1 - Sep 30	Q4 / 2023 Oct 1 - Dec 31	Q1 / 2024 Jan 1 - Mar 31	Q2 / 2024 Apr 1 - Jun 30	Q3 / 2024 Jul 1 - Sep 30	Q4 / 2024 Oct 1 - Dec 31	Q1 / 2025 Jan 1 - Mar 31
HCP/IMM-3	NHSN		May 15, 2024 (Q4 2023/Q1 2024 aggregate)				May 15, 2025 (Q4 2024 - Q1 2025 aggregate)	
Antibiotic Stewardship	NHSN			March 3, 2025 (CY 2024 data)				
HCAHPS	HQR via Vendor	January 3, 2024	April 3, 2024	July 3, 2024	October 2, 2024	January 2, 2025	April 2, 2025	July 2, 2025 anticipated
EDTC	MHA Portal	October 31, 2023	January 31, 2024	April 30, 2024	July 31, 2024	October 31, 2024	January 31, 2025	April 30, 2025
OP-18	HQR via Outpatient CART/Vendor	February 1, 2024	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025	May 1, 2025	August 1, 2025
OP-22	HQR via HARP Log In	May 15, 2024 (CY 2023 data aggregate)		May 15, 2025 (CY 2024 data aggregate)				

New MBQIP Measures Being Added Reporting Timeline

Submission Process and Deadlines													
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period									
				Q3 / 2023 Jul - Sep	Q4 / 2023 Oct - Dec	Q1 / 2024 Jan - Mar	Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan - Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec
TBD	CAH Quality Infrastructure	Global Measures	FMT via Qualtrics	MBQIP 2025 Core Measure starting with this measurement period due Dec 15, 2023		National CAH Inventory and Assessment Continues Due date TBD				National CAH Inventory and Assessment Continues Due date TBD			
TBD	Hospital Commitment to Health Equity	Global Measures	HQR Secure Portal	Hospitals encouraged to report. Data submission is available starting April 1, 2024. Deadline May 15, 2024 (CY 2023 data)		Hospitals encouraged to report Submission Deadline May 15, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			
TBD	Safe Use of Opioids	Patient Safety	HQR Secure Portal	Hospitals encouraged to report. Deadline February 29, 2024 (CY 2023 data)		Hospitals encouraged to report Submission Deadline February 28, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline February 27, 2026 (CY 2025 data)			
TBD	Hybrid Hospital-Wide Readmission	Care Coordination	HQR Secure Portal	Hospitals encouraged to report Submission Deadline September 30, 2024 (Q3 2023 - Q2 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline September 30, 2025 (Q3 2024 - Q2 2025 data)				Submission Deadline September 30, 2026 (Q3 2025 - Q2 2026 data)	
TBD	Social Determinants of Health (SDOH) Screening	Care Coordination	HQR Secure Portal	Hospitals encouraged to report. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)		Hospitals encouraged to report Submission Deadline May 15, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			
TBD	Social Determinants of Health (SDOH) Screening Positive	Care Coordination	HQR Secure Portal	Hospitals encouraged to report. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)		Hospitals encouraged to report Submission Deadline May 15, 2025 (CY 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			

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](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).
5. Under **Report** select **Case Status Summary**.
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

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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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