MBQIP Open Call for Minnesota Critical Access Hospitals (CAHs)

April 9, 2025

1:00 - 2:00 p.m.

Welcome! We are glad you are here!

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Happy Minnesota Spring!

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Today's Discussion

➢ Topic Spotlight: MN Perinatal Quality Collaborative Guest Presentation – Resources and Opportunities

➢ MBQIP Updates
  - Data Submission Deadlines
  - OP-18 Chart Abstracted Data Submission – **NEW PROCESS**
  - Latest Updates to MBQIP Reporting Documents
  - MBQIP Latest Reports

➢ Accessing MBQIP Reports on Sharefile

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Topic Spotlight: MN Perinatal Quality Collaborative Guest Presentation

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WHO WE ARE

As a statewide Perinatal Quality Collaborative (PQC), we partner with over 77 organizations—including hospitals, health systems, professional groups, government agencies, and community organizations—to improve birthing care in Minnesota.

WHAT WE DO

Mission

To support our healthcare and community partners in ensuring that safe, equitable, and high-quality perinatal care is accessible to all Minnesota families.

Vision

A Minnesota where every family receives culturally appropriate, equitable, and high-quality care supported by a network of partners working together to ensure safe and healthy outcomes for all.

Impact

Minnesota is proud to be recognized as one of the best states for giving birth, with lower preterm birth, maternal mortality, and infant mortality rates compared to the national average. However, significant challenges remain. African American and Native American women are disproportionately affected by maternal mortality, and 19.5% of Minnesota's counties are classified as 'maternal healthcare deserts.' There's still much work ahead to ensure every family receives the care they deserve.

OUR BOARD OF DIRECTORS

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OUR STAFF

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OUR PARTNERS

Diverse Statewide Network

- Hospitals
- Healthcare Centers
- Academic Institutions
- Professional Organizations
- Local and State Agencies
- Community Organziations

Breaking Down Healthcare Silos

- Promoting collaboration that breaks down existing barriers

OUR COMMUNITIES

141 Total Hospitals in MN

Urban vs Rural
53 Urban
88 Rural

Hospital Size
77% of hospitals are small; 109 are licensed for under 100 beds.

Critical Access Hospitals
There are 76 critical access hospitals in Minnesota, which means they receive cost-based federal payments to preserve access to care in rural areas.

82 Birthing Facilities in MN

Birthing Hospitals
73 Birthing Hospitals (31 are Critical Access Hospitals)

Free Standing
9 Free-standing Birth Centers

NICU Facilities

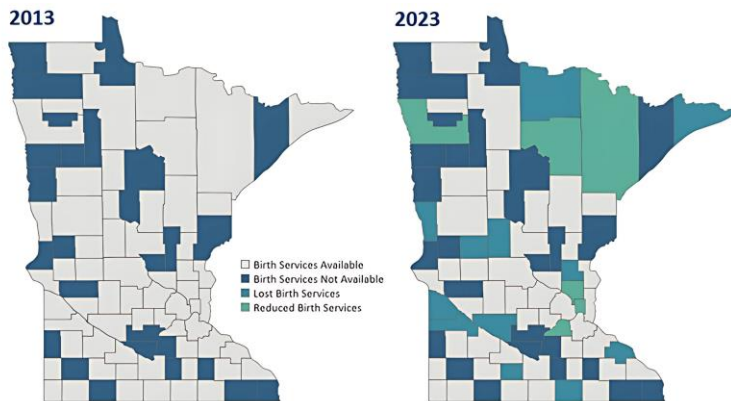**Neonatal Intensive Care Units**
17 NICU Facilities

19.5% of MN Counties are Considered Maternal Healthcare Deserts, compared with 35% in the United States.

HOSPITALS AND HEALTHCARE SYSTEMS

Rural Hospitals Throughout Minnesota

18 MINNESOTA COUNTIES HAVE LOST OR REDUCED HOSPITAL BIRTH SERVICES BETWEEN 2013 AND 2023

2013

2023

Birth Services Available
Birth Services Not Available
Lost Birth Services
Reduced Birth Services

Source: MDH Health Economics Program analysis of hospital annual Reports

OUR COMMUNITIES

Hospitals and Healthcare Systems

Families

Community-Based Organizations

Academia

Local, State, and Federal Agencies

Professional Organizations

UPCOMING WORK

MNPQC is committed to strengthening rural maternal health by...

ESTABLISHING A DEDICATED RURAL HEALTH TEAM
- Offering hands-on technical assistance and QI coaching tailored to rural settings
- Creating space for peer learning and shared problem-solving across facilities
- Conducting a statewide landscape analysis to better understand rural perinatal care needs

IDENTIFYING & ADDRESSING FACILITY NEEDS
- Partnering with hospitals to assess gaps in prenatal, postpartum, and emergency care
- Co-developing practical solutions that align with your team's workflows and resources

PROVIDING FREE, EVIDENCE-BASED TOOLS & TRAINING
- Hosting simulation-based training to prepare for obstetric emergencies
- Sharing proven protocols and toolkits to strengthen maternal care and outcomes

IMPROVING COORDINATION ACROSS THE STATE
- Supporting robust referral networks for high-risk pregnancies
- Advocating for systems-level change to expand access to timely, quality care in rural communities

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GET INVOLVED!

NALOXONE ACCESS & INTEGRATION SPRINT
KICKS OFF THIS MONTH ON THE 22ND!

- Educational sprint focused on Naloxone access & integration into perinatal care
- Designed for hospitals and clinics interested in improving overdose prevention strategies
- Aims to reduce barriers to Naloxone access and improve maternal-infant health outcomes

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Naloxone Access & Integration Sprint

Explore practical strategies, policy considerations, and implementation approaches for hospitals and clinics to integrate naloxone distribution into routine perinatal care, reduce barriers to access, and enhance community-wide overdose prevention efforts.

SAVE THE DATES
- 12 PM April 22, 2025
- 12 PM April 29, 2025
- 12 PM May 13, 2025
- 12 PM May 20, 2025
- 12 PM June 24, 2025

GET INVOLVED!

LINK ECHO SERIES

- Virtual learning series focused on topics related to perinatal substance use and mental health
- Open to anyone statewide
- Features expert speakers, practical insights, and real-world applications
- Offers opportunities for shared learning, discussion, and collaboration

LINK ECHO SERIES

Session 3
Neonatal Toxicology
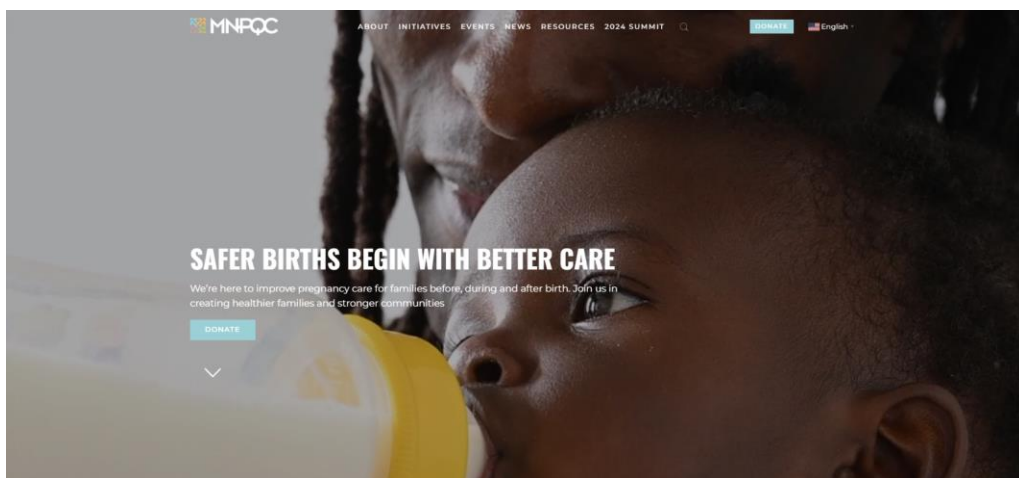Insights & Understanding
CPS Reporting Processes

Speaker
Fran Prekker, MD

REGISTER TODAY!
Monday, April 21, 2025,
from 12 - 1 PM CT

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FIND MORE!

MNPQC   ABOUT INITIATIVES EVENTS NEWS RESOURCES 2024 SUMMIT   DONATE   English

SAFER BIRTHS BEGIN WITH BETTER CARE
We're here to improve pregnancy care for families before, during and after birth. Join us in creating healthier families and stronger communities

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MNPQC Website (mnpqc.org)

FIND MORE!

[Events Calendar (mnpqc.org/events)](mnpqc.org/events)
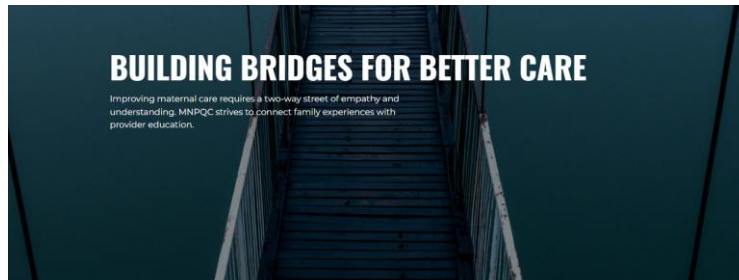
FIND MORE!

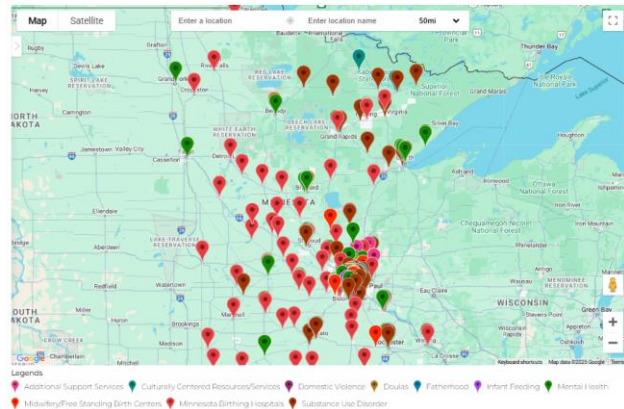**[Family Experiences (mnpqc.org/family-voices)](mnpqc.org/family-voices)**

FIND MORE!

Filter by
- Additional Support Services
- Culturally Centered Resources/Services
- Domestic Violence
- Doulas
- Fatherhood
- Infant Feeding
- Mental Health
- Midwifery/Free Standing Birth Centers
- Minnesota Birthing Hospitals
- Substance Use Disorder

[Resource Map (mnpqc.org/perinatal-resource-map)](mnpqc.org/perinatal-resource-map)

FIND MORE!

FIND VIRTUAL RESOURCES

FOR HEALTHCARE PROFESSIONALS
READ MORE

FOR FAMILIES
READ MORE

IS SOMETHING MISSING?

We are continually adding new resources and updating current resources to support both health professionals and families in the field of perinatal health. If you know of a valuable source that should be included, please take a moment to fill out the form below. Your help in providing accurate and up-to-date information is greatly appreciated.

SUBMIT A RESOURCE

FOR HEALTH PROFESSIONALS

Domestic Violence | Culturally Centered Resources/ Services | Doulas | Substance Use Disorder | Mental Health
Additional Support Services | Infant Feeding | Fatherhood | Professional Education & Resources

FOR FAMILIES

Domestic Violence | Culturally Centered Resources/ Services | Doulas | Substance Use Disorder | Mental Health
Additional Support Services | Infant Feeding | Fatherhood | Postpartum | Bereavement

[More Resources (mnpqc.org/resources)](mnpqc.org/resources)

FIND MORE!

SUBSCRIBE TO OUR NEWSLETTER!

https://mnpqc.activehosted.com/f/3

CONTACT US

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Maternal Morbidity Structural Measure

- Submitted annually each spring, reflecting the prior CY activity:
  - **Next deadline May 15, 2025 (reflecting CY 2024 activity)**

- Reporting mechanism - Attestation in HQR Portal –
  - Hospital participation in perinatal quality improvement program *and*
  - Implementation of safety bundles related to maternal morbidity to address complications (e.g. hemorrhage, severe hypertension, sepsis)
  - Response Options: Yes, No, Not Applicable

- Reporting is required as part of the Hospital Inpatient Quality Reporting (IQR) Program for PPS hospitals, reporting is voluntary for Critical Access Hospitals (CAH)

- CY 2023 MN CAH Reporting (submitted spring 2024):
  - 37 MN CAHs reported the measure: 15 reported 'yes' and 22 reported 'N/A'
  - 39 MN CAHs did not report the measure

Reporting Information: Hospital Inpatient Quality Reporting (IQR) Program Measures (cms.gov) (Scroll down to Structural Measures)

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CMS Birthing-Friendly Hospital

- Birthing Friendly Hospital Designation first noted on Care Compare in 2023, updated annually.
  - Birthing-Friendly Hospitals and Health Systems | Provider Data Catalog (cms.gov)

- Currently, the designation is based on a hospital's attestation to the *Maternal Morbidity Structural Measure.*

- In the future rulemaking, CMS intends to propose a more robust set of metrics for the designation, potentially including:
  - Two maternal health electronic clinical quality measures (eCQMs) the Cesarean Birth eCQM and Severe Obstetric Complications eCQM
  - Additional future measures that capture patient-reported outcomes or experiences of care

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MBQIP Updates

MBQIP Core Measure Set

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

Minnesota Critical Access Hospital Reporting and Improvement Assistance - Stratis Health

Eight measures are reported annually (* denotes annual submission)
Three measures are reported quarterly (HCAHPS, EDTC, OP-18)

Upcoming MBQIP Reporting Deadlines

- EDTC Q1 2025 due April 30, 2025 (MHA Portal)
- OP-18 Q4 2024 due May 1, 2025 (Hospital Quality Reporting) – **NEW PROCESS**
- **DUE May 15th:**
  - HCP/IMM-3 aggregate Q4 2024 - Q1 2025 due May 15, 2025 (NHSN)
  - OP-22 for CY 2024 data aggregate due May 15, 2025 (Hospital Quality Reporting)

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MBQIP Reporting Deadlines

- Encouraged to report:
  - SDOH-1 CY 2024 aggregate data (Hospital Quality Reporting)
  - SDOH-2 CY 2024 aggregate data (Hospital Quality Reporting)
  - Population and Sampling (Hospital Quality Reporting).

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Update MBQIP Reporting Resources

- MBQIP Core Measures Reporting Deadlines (updated as of April 7, 2025): MBQIP 2025 Core Measure Set and Data Submission Deadlines
- MBQIP Quality Reporting Guide (updated as of April 7, 2025): MBQIP-Quality-Reporting-Guide Minnesota
- Stratis Health MBQIP Website: Minnesota Critical Access Hospital Reporting and Improvement Assistance - Stratis Health

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OP-18 New Process for Abstraction

- Starting with Q4 2024 data, abstraction and reporting for OP-18 is integrated into the Hospital Quality Reporting (HQR) portal.
- Instructions and video on how to abstract and submit OP-18 data via HQR are in the MBQIP Quality Reporting Guide, pages 8-9.
- How to Verify Your Data was Accepted in HQR is on page 9.
- **Important:** You will need HARP account to submit data into HQR. See pages 6-7.

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Latest MBQIP Reports

Update on CAH Infrastructure Measure

- 2nd Year of reporting for this important measure
- MN CAH Reporting Rate for 2024 was at 94% (an increase from 92% in 2023) Goal: 100% of all MN CAHs reporting.
- This data will help state Flex Program assess the supports that CAHs will need to advance your efforts.
- Overall, 38% of MN CAHs (out of total 71) met all 8 criteria with a median of 7 elements met.
- Nationally, 27.5% of all CAHs (out of total 1281) met all 8 criteria with a median of 6 elements met.

Minnesota vs. National Results
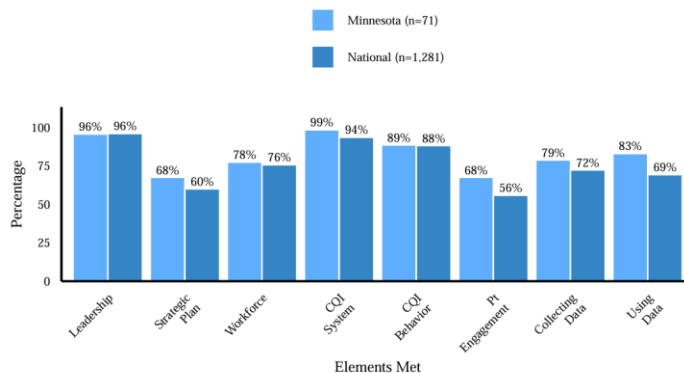
Figure 3: Percentage of CAHs Meeting Each Element

Chart from National CAH Quality Inventory and Assessment Minnesota - 2024 by FMT

Minnesota 2023 vs. 2024 Results

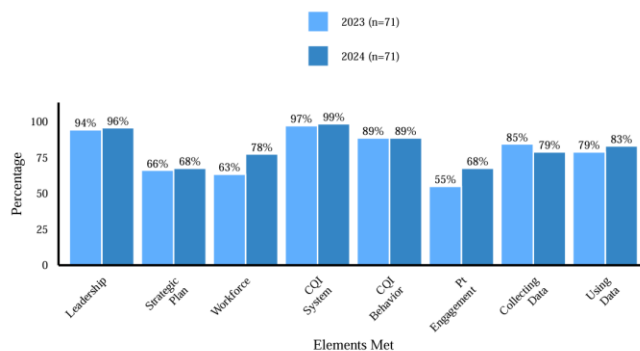Figure 4: Percentage of Minnesota CAHs Meeting Each Element, 2023 vs 2024

Chart from National CAH Quality Inventory and Assessment Minnesota- 2024 by FMT

Core Measures Submission

- EDTC Q4 2024 is at 100% reporting (no change in trend). The goal across all MN CAHs is to reach >80% overall composite score performance.

  EDTC-Measure-Improvement-Ongoing-Lessons-Learned-August-2023.pdf

- OP-18 Q2 2024 is at 95% reporting (72 out of 76 CAHs; small variability trend in reporting mostly due to CART issues).

- HCAHPS Q1 2024 is at 97% reporting (74 out of 76 CAHs).

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Connecting Reporting and Quality

- Make sure to review your quarterly MBQIP reports
- Share with your quality committee
- If seeing a decreasing trend in performance scores, discuss with your committee to identify opportunities for improvement. Consider including in your QAPI.
- *Stay tuned for upcoming activities to improve MBQIP measures.*

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Accessing MBQIP Reports on Sharefile

- ShareFile - Sign In
- Three types of reports:
  - MBQIP Report - contains the reporting status and performance on all core measures except HCAHPS
  - HCAHPS – contains HCAHPS composite data elements
  - CAH Quality Infrastructure Implementation Assessment

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Next Steps

- Next MBQIP Open Call is on July 9, 2025 from 1–2:00 pm.
  - Meeting Registration – Zoom
- 1:1 MBQIP check in calls coming up
- Monthly Quality Connect Newsletter – let us know if you are not receiving this and would like to be added to the list
- We are here to support you!
  - Stratis Health Minnesota MBQIP website
  - Questions: Jodi Winters at jwinters@stratishealth.org.

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Thank you!

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