MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

A publication for Flex Coordinators to share with their critical access hospitals

In This Issue

1 CAHs Can!
Quality Time: Sharing PIE (performance improvement experience) Conversations

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2 Data: CAHs Measure Up: New Trend Line Feature in CAHMPAS Quality Data

———————

4 Tips: Robyn Quips – tips and frequently asked questions: Abstracting for Accuracy

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5 Tools and Resources: Helping CAHs succeed in quality reporting & improvement

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Contact your Flex Coordinator if you have questions about MBQIP.

Find your state Flex Coordinator on the Technical Assistance and Services Center (TASC) website.

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Find past issues of this newsletter and links to other MBQIP resources on TASC's MBQIP Monthly webpage.

Second Episode Now Available: Quality Time: Sharing PIE (performance improvement experience) Conversations

As part of Stratis Health's National Rural Virtual Quality Improvement Mentor program, the second installment of Quality Time: Sharing PIE (performance improvement experience) recorded conversations is online and ready for listening!

In this series, the mentors, experienced critical access hospital quality improvement (QI) staff from across the country, come together to share PIE—their performance improvement experience. They discuss key topics that help drive quality improvement in their rural hospitals. You can hear their lessons learned, strategies, tips, and ideas. Included with each episode are supportive resources for the topic, along with one of the mentor's favorite real pie recipes!

In the second session of Quality Time: Sharing PIE, Mariah Hesse from Sparrow Clinton Hospital in St. Johns, Michigan, and Ben Power from Barrett Hospital & HealthCare in Dillon, Montana, discuss the impact COVID-19 had on their hospitals with regards to QI, and how they adapted their work accordingly.

You can listen from the Sharing PIE webpage, or on the go by subscribing to the podcast version through your favorite streaming service.

Burning QI Question? Ask a QI Mentor.

The virtual QI mentors want to share their performance improvement experience in critical access hospitals with you. Have a burning question? Want to suggest a PIE conversation topic? Just submit this short form.

The National Rural Virtual Quality Improvement Mentor program is led by Stratis Health. Contact Sarah Brinkman for more information.

New Trend Line Feature in CAHMPAS Quality Data

The Flex Monitoring Team (FMT) is a partnership of rural health researchers at three universities with funding from the Federal Office of Rural Health Policy (FORHP) to monitor the Medicare Rural Hospital Flexibility (Flex) Program and the critical access hospitals (CAHs) the program serves. As part of its work to evaluate the Flex Program, the FMT maintains the Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS), an online data tool with CAH data with financial, community impact, and quality improvement data.

CAHMPAS receives regular updates, with new data added annually for quality and community measures, and twice annually for financial measures. Quality data on CAHMPAS are aggregated at the state level and are available publicly. For the years 2016 through 2018, users can view data for a variety of quality measures with options to see national data, a single state's data, or data comparing two different states. As a part of the updates to the quality data this year, the FMT added 2018 data, and a new feature: trend lines!
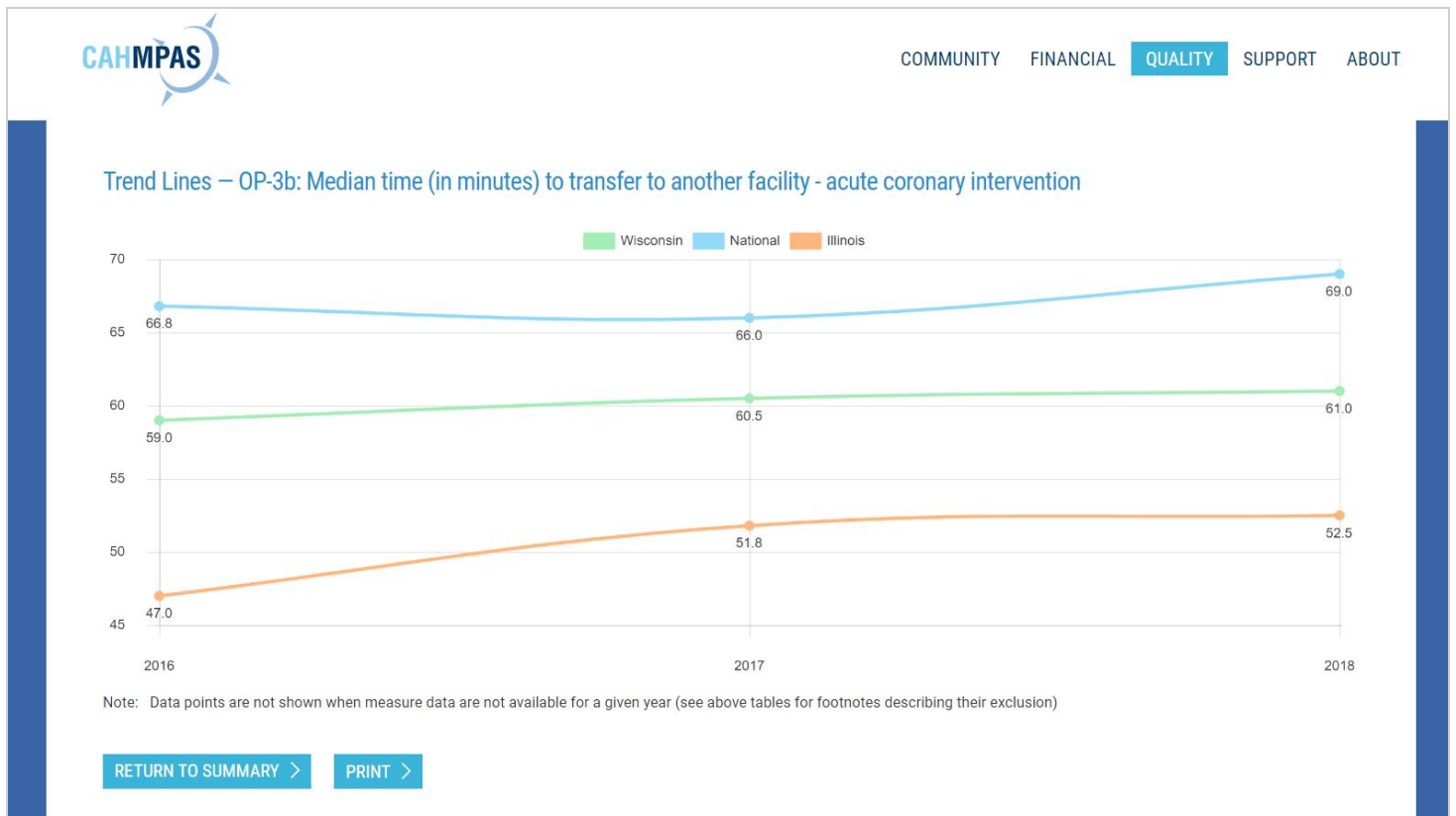
The new trend lines appear on line graphs showing data on individual measures for all available years of data within CAHMPAS (currently 2016 - 2018). You can view national data, compare a single state with national data, or compare two states to national data with this feature.

To view a trend line, navigate to the CAHMPAS Quality page and select the Data View that you would like to explore. From here, select the National option to see data for all CAHs in the U.S. that reported data, or By State to view one state's data for reporting CAHs, or compare two states. You can select any year in this section, and regardless of the year you choose, you will see a trend line for all available years.

On that same screen, click on the Select Specific Measures button, which will bring you to the screen below. Here you can choose one or more individual measures on the right side of the page. After making your selections, add them to the measure list, and click on the View Refined Data button.
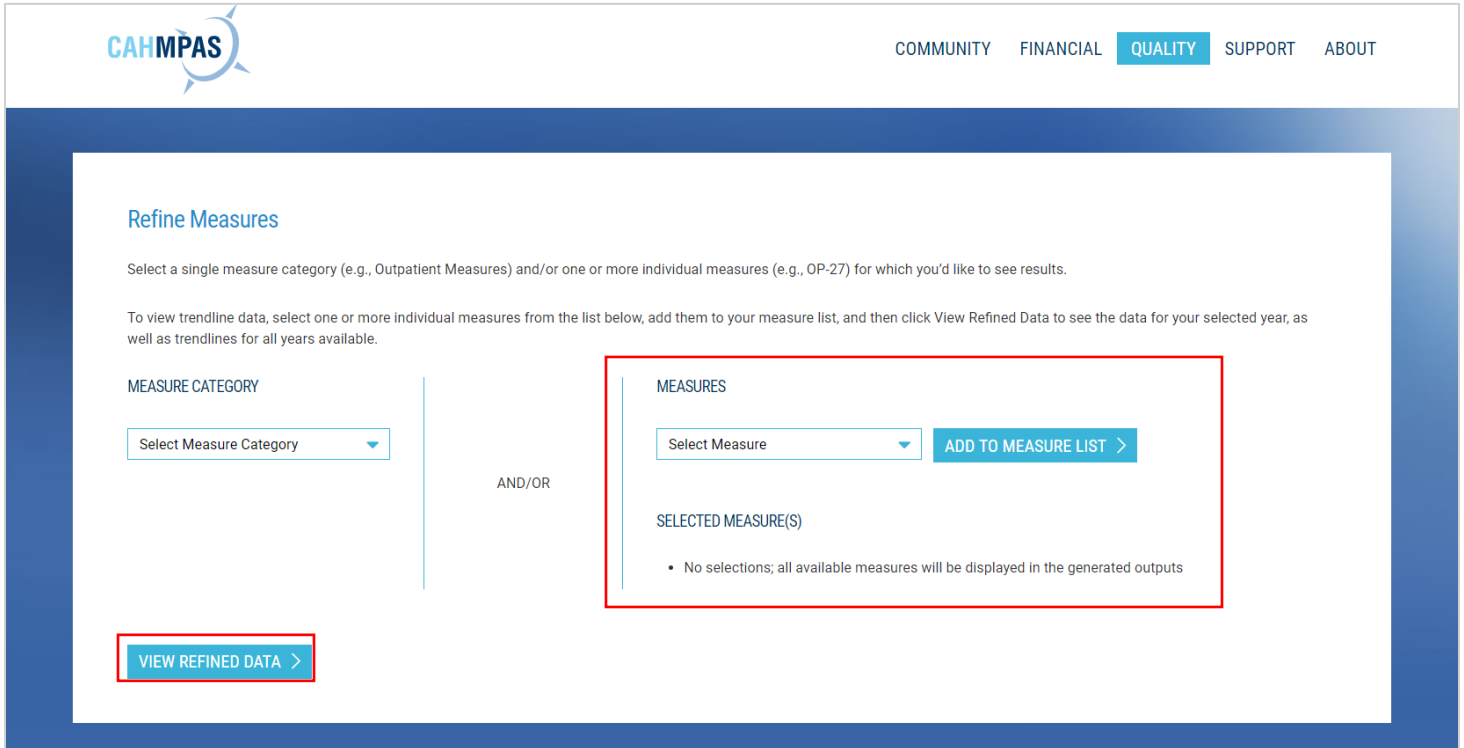
You will then be able to see data tables for the measure(s) you selected. At the top of your screen, under Data Summary, the trend line graphs will be hyperlinked to click, or you can scroll to the bottom of the screen to see individual trend line graphs for each measure.

Some states do not have data available for individual measures, and trend lines will not appear for any states without data. Further information on why data are not available is visible in the respective tables for the measure(s) on the same display page.

If multiple trend lines and data values overlap, hover over the data point with your cursor, and a pop-up will display the data values for each selected state and/or the national value for that year.

This trend feature was added in response to requests for the visualization of data over time. Hopefully, it will allow for state Flex programs and others to be able to visualize the changes in their state over time and compare their data to that of the U.S. and other states.

FORHP recently announced that the FMT would be taking over the creation of quarterly MBQIP reports. The FMT will also be producing annual reports starting in 2021 with 2020 data. These annual reports will include trend data visualizations, similar to these trend line graphs, and will allow CAHs and state Flex programs to track state-level and national data. Feedback or additional ideas are always welcome as the FMT continues to adapt CAHMPAS and begins to create quarterly and annual MBQIP data reports. Access CAHMPAS any time at https://cahmpas.flexmonitoring.org/, and feel free to reach out to the FMT with any questions by emailing monitoring@flexmonitoring.org.

Tips
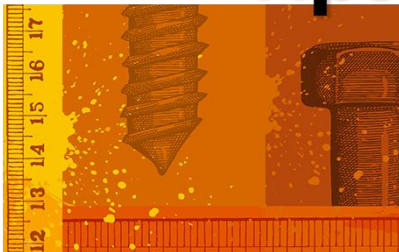
Go to Guides

Hospital Quality Measure Guides

- MBQIP Quality Reporting Guide
- Emergency Department Transfer Communication
- Inpatient Specifications Manual
- Outpatient Specifications Manual

Quality Reporting Updates Due to COVID-19

In recognition of the strain COVID-19 is putting on healthcare providers, FORHP announced exceptions for reporting. See the April MBQIP Monthly for more details. Hospitals that can report MBQIP measures are asked to continue reporting.

Robyn Quips - tips and frequently asked questions

Abstracting for Accuracy

I'd like to remind everyone that Abstracting for Accuracy is still available for all critical access hospitals (CAHs). If you are unfamiliar, RQITA offers a customized abstraction review process and phone consultation that will provide each participating hospital an opportunity to receive one-on-one education and assistance on how to abstract the core MBQIP measures.

The process consists of comparing abstraction results between two abstractors (the hospital and me) to assess the comparability of findings. This process ensures quality improvement measures are abstracted from the patient medical record consistently by all abstractors using standardized abstraction definitions. I abstract a sample of abstracted medical records done by the hospital and perform an element to element comparison. This helps to identify problem areas in the abstraction process, as well as areas that may need further explanation or clarification. It also provides an opportunity for hospital abstractors to comment on variables that may be confusing and need more explanation.

This process is not just for those who do the chart abstraction directly from the record themselves. Even if your hospital has the data element information downloaded to your data entry tool, do you know that the correct information is being selected? Are the right data fields in your electronic health record (EHR) being chosen? Were the Specification Manual instructions being followed in choosing the data field selected? I was doing abstracting for accuracy with one hospital, and when looking at the record, there were four different times listed for the patient time of arrival in their EHR. Since a patient can only arrive once, which one is correct and should be used for data submission?

What about the EDTC measures? Is your CAH really at 100% of the data elements being "sent" on every case you have selected for abstraction? Just because you have a shared electronic health record that isn't an automatic 'yes' answer, you still need to make sure the data is available within 60 minutes of the patient's discharge for most of the data elements. Are you selecting the right population? Is your CAH looking worse than it should be because you are answering the data element "ED Provider Note" incorrectly?

The way to find out is to participate in Abstracting for Accuracy. It's great that you're submitting data, now let's make sure it is accurate.

Sign up for Abstracting for Accuracy, or if you have questions, contact Robyn Carlson rcarlson@stratishealth.org.

Help CMS Make the QualityNet Submission Process Better – Sign Up for Feedback and Testing

CMS is investing in changes to the Hospital Quality Reporting site, and they are interested in feedback from the people who use *QualityNet* to submit data.

Participating in a feedback session is typically a 30–60-minute call with screen share. They'll ask about how you work with and submit data to the system and may ask you to take a test drive of possible updates. They will use your feedback to improve the process so you can get the most benefit from the HQR system. If you're interested in participating, please fill out this short form.

If you have any questions, email the research team, hqrresearch@bellese.io.

Tools
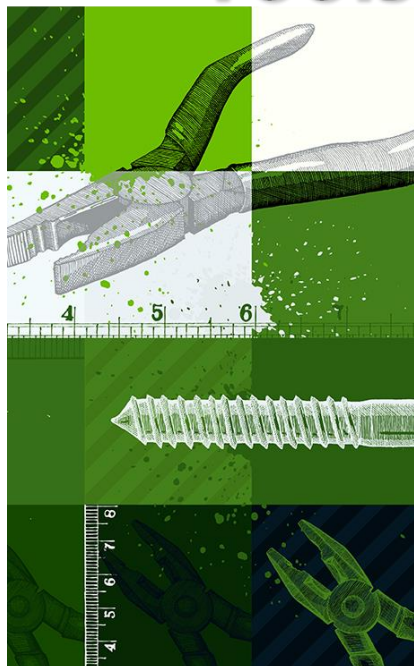
We recognize that our friends and colleagues in critical access hospitals and across the care continuum are deeply affected by the current pandemic. Thank you for the amazing and important work you do. You are appreciated!

COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually being updated. The Rural Health Information Hub is regularly updating and adding links for Rural Response to COVID-19:

- Federal and National Response Resources
- State Response Resources
- Rural Healthcare Surge Readiness

COVID-19 Funding Sources Impacting Rural Providers Developed by the National Rural Health Resource Center, intended to support rural health care providers, along with their state and local partners, navigate the availability of federal funds to support the COVID-19 pandemic response and recovery efforts.

HHS/ASPR COVID-19 Clinical Rounds
In partnership with Project ECHO, the U.S. Department of Health and Human Services and the Assistant Secretary for Preparedness and Response are hosting free weekly training to develop a virtual peer-to-peer community of practice to support EMS, critical care, and emergency departments in addressing COVID-19. They have also launched an HHS Telemedicine Hack to accelerate telemedicine implementation for ambulatory providers. CME credits are available.

MBQIP Resources

Abstracting for Accuracy Consultation
Sign up for this customized abstraction review process and phone consultation that will provide your hospital the opportunity to receive one-on-one education and assistance on how to abstract the core MBQIP measures.

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
Thursday, October 22, 2020, 2:00 – 3:00 p.m. CT – **Register**
Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will be offering open office hour calls to discuss your MBQIP abstraction questions. Sessions are free, but registration is required. For more information, contact Robyn Carlson, rcarlson@stratishealth.org.

2020 Critical Access Hospital National Patient Safety Goals
The updated 2020 Joint Commission National Patient Safety Goals incorporate information about emerging patient safety issues from widely recognized experts and stakeholders.

Patient Safety Essentials Toolkit
This Institute for Healthcare Improvement (IHI) toolkit includes documents on improving teamwork and communication, tools to help you understand the underlying issues that can cause errors, and guidance about how to create and maintain reliable systems. Free log-in required.