Flex Medicare Beneficiary Quality Improvement Project (MBQIP) Concerns and Solutions

The federal Office of Rural Health Policy (ORHP) and its partners are charged with increasing current critical access hospital(CAH) Hospital Compare participation rates, and CAH dedication to quality improvement initiatives. While participation in the project is voluntary, MBQIP seeks to increase attention on quality health care to all CAH Medicare beneficiaries, both inpatient and outpatient. The following goals aim to achieve this broader focus via MBQIP*:

- Increase CAH Hospital Compare participation for Phase 1 measures (Pneumonia and Congestive Heart Failure) to 100% by FY2012 to improve publicly available data and motivate CAHs to implement related quality improvement initiatives.
- Achieve CAH Hospital Compare participation for Phase 2 measures (Outpatient and HCAHPS) and non-Hospital Compare Phase 3 measures (Pharmacy Review of Orders and Outpatient Emergency Department Transfer Communication) to 100% by FY2013 to motivate CAHs to implement quality improvement initiatives.
- Achieve a CAH participation rate of 75% by FY2013 and 100% by FY2014 in a quality improvement initiative to be reported to respective states.

* These goals are ambitious but the tangible benefits to CAHs should influence participation. We realize CAHs have individual priorities and staffing challenges that may preclude participation. Flex Coordinators should work with hospitals to understand their needs and challenges, and determine available resources.

The Office of Rural Health Policy has a great three-minute video on MBQIP.
www.hrsa.gov/ruralhealth/about/video/index.html

Concerns and Solutions

With a small case load, does it make sense to have CAHs publicly report?
Yes. Public reporting will expand in the future based on the Patient Protection and Affordable Care Act. In time, reimbursement across all hospitals will be tied to performance so it is to the advantage of CAHs to begin the process of publicly reporting to ensure preparedness for future federal requirements. Mindful of small case load, ORHP will roll the data up to ensure small patient numbers are not an issue. Hospitals with small numbers report the data, but it will not be listed publicly, unless the numbers are statistically significant. Regardless, this should not deter hospitals from engaging in quality improvement initiatives. Furthermore, ORHP invites your leadership and opinions to also propose additional measures in MBQIP that are rural-relevant and will improve patient care.

Why are we using Hospital Compare when my state already has an existing data collection and reporting system?
By reporting to Hospital Compare or another single entity nation-wide, you will have access to benchmark data and comparative analysis to all participating organizations to enable the identification of key opportunity areas. It is anticipated that future CMS reimbursement will be tied to participation in Hospital Compare. You are not required to replace or duplicate existing data collection systems. You should design your current system to support data transmission in to Hospital Compare. We will work with existing network partners to adjust their indicator sets to conform to Hospital Compare specifications and minimize the administrative burden of publicly reporting.

What if hospitals are already reporting on Phase 1 measures, can we start projects on Phase 2 or 3?
Yes. According to a 2008 Flex Monitoring Team report, 70% of critical access hospitals are reporting on at least part of a measure to CMS. In states where hospitals already reporte complete measures to CMS in Phase 1, they may use available data to begin benchmarking and quality improvement activities. Hospitals currently engaged in quality improvement initiatives around Phase 1 measures may work on future phase measures.

Center *for* Rural Health
The University of North Dakota School of Medicine & Health Sciences

How will MBQIP be funded?
This project will be funded out of existing Flex Program dollars within your state. These activities meet the Core Area of Quality Improvement requirements. Given that Flex funds are limited, we know states will need to prioritize the needs of CAHs and fund activities to target those specific needs, and encourage states to set aside funds for MBQIP activities.

How will data be submitted or reported?
Measures such as Congestive Heart Failure, Pneumonia and HCAHPS, currently collected in Hospital Compare via the CART tool or other mechanism, will be reported via that route. ORHP is still determining an alternative data tool for the non-Hospital Compare measures, but building onto the PIMS system (Flex Program uses this system to report Flex outcomes) is the likely option.

What happens if a state does not participate in MBQIP?
Although ORHP strongly encourages participation for the betterment of patient care and hospital services, this is a voluntary project. However, the benefits to quality improvement and the possibility of nation-wide knowledge share outweigh the decision to not participate.

Does MBQIP replace the CMS Core Measure program?
No, MBQIP does not replace the Core Measure program. If you are currently submitting Core Measures, continue this process.

How were these measures selected?
ORHP, with the input of rural experts who have worked with or within CAHs (CAH quality administrators, Flex Monitoring Team, State Flex Coordinators and rural clinical experts), selected these measures.

Who will have access to the data? How will it be used?
There are two uses for the data. At the ORHP level the data will be aggregated, reported nationally, and analyzed annually. No individual hospital data will be used in this report out. Flex personnel should use the data to determine the types of quality improvement activities to support through the Flex grant. Individual hospitals should be analyzing their data as they report it (monthly or quarterly) and state Flex coordinators are encouraged to work with hospitals to share the data among the CAHs in the state for benchmarking and for tying quality improvement activities based on the more current data.