NCHA
North Carolina Healthcare Association

Profiles in Innovation:

Small (Rural) Hospital Improvement Projects (SHIP)

Critical Access & Small Rural Hospital Statewide Meeting

Location: 2400 Weston Parkway, Cary, NC

February 18th-19th, 2020

Uniting hospitals, health systems and care providers for healthier communities

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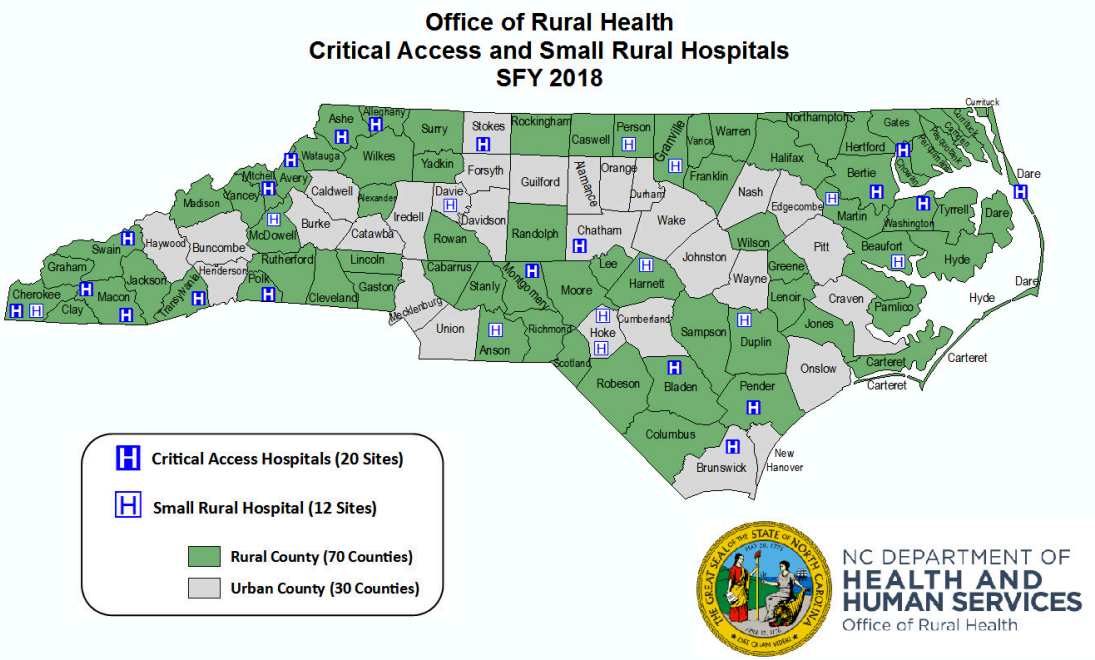
SHIP Updates

- FY 2019-2020
- 25 of 31 participating hospitals
  - 21 Value Based Purchasing Quality Improvement Activities
  - 2 Accountable Care Organization or Shared Savings Investment Activities
  - 4 Payment Bundling or Prospective Payment System Investment Activities
    - Stroudwater CAH Cost Assessment & Strategic Web Application (2)



North Carolina Healthcare Association

Profiles in Innovation:

MBQIP Data Trends

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CAH FLEX Funding Reporting Requirements

Time Period	Reporting Requirements
FY 2020	One Core MBQIP measures for at least 2 quarters in at least three domains
FY 2019	One Core MBQIP measure for at least one quarter in a least three domains; complete the appropriate "Notices of Participation for Public Reporting" as well as not opt to actively suppress their quality data from Hospital Compare
FY 2018	One Core MBQIP measure for at least one quarter in at least two domains
FY 2015-FY2018	One Core MBQIP measure for at least one quarter in any domain

Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Core MBQIP Measures	**HCP (formerly OP-27):** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey **Inpatient ED Measures:** • **ED-2:** Admit Decision Time to ED Departure Time for *Admitted* Patients*	**Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** *The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:* • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Communication about Pain† • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care *The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.*	**Emergency Department Transfer Communication (EDTC)** *7 sub-measures; 27 data elements; 1 composite* • EDTC-1: Administrative Communication (2 data elements) • EDTC-2: Patient Information (6 data elements) • EDTC-3: Vital Signs (6 data elements) • EDTC-4: Medication Information (3 data elements) • EDTC-5: Physician or Practitioner Generated Information (2 data elements) • EDTC-6: Nurse Generated Information (6 data elements) • EDTC-7: Procedures and Tests (2 data elements) • **All-EDTC:** Composite of All 27 data elements	**Chest Pain/AMI:** • **OP-2:** Fibrinolytic Therapy Received within 30 minutes • **OP-3:** Median Time to Transfer to another Facility for Acute Coronary Intervention **ED Throughput** • **OP-18:** Median Time from ED Arrival to ED Departure for *Discharged* ED Patients • **OP-22:** Patient Left Without Being Seen

revised

*ED-2 is being removed by the Centers for Medicare & Medicaid Services (CMS) following submission of Quarter 4 2019 data.

†HCAHPS questions related to *Communication about Pain* are being removed by CMS beginning with Quarter 4 2019 surveys.

Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

	Patient Safety/Inpatient	*Patient Engagement*	*Care Transitions*	*Outpatient*
Additional MBQIP Measures	**Healthcare Acquired Infections (HAI)** • **CLABSI:** Central Line-Associated Bloodstream Infection • **CAUTI:** Catheter-Associated Urinary Tract Infection • **CDI:** *Clostridioides difficile* (*C. diff*) Infection • **MRSA:** Methicillin-resistant *Staphylococcus aureus* • **SSIs:** Surgical Site Infections Colon or Hysterectomy **Perinatal Care** • **PC-01:** Elective Delivery **Falls**[§] Potential measurement around: • Falls with Injury • Patient Fall Rate • Screening for Future Fall Risk **Adverse Drug Events (ADE)**[§] Potential measurement around: • Falls with Injury • Opioids • Glycemic Control • Anticoagulant Therapy **Patient Safety Culture Survey** **Inpatient Influenza Vaccination**[§] **(formerly IMM-2)**	**Emergency Department Patient Experience Survey**[§]	**Discharge Planning**[§] **Medication Reconciliation**[§] **Swing Bed Care**[§] **Claims-Based Measures** *Measures are automatically calculated for hospitals using Medicare Administrative Claims Data* • **Reducing Readmissions** • **Complications** • **Hospital Return Days**	**Chest Pain/AMI** • **Aspirin at Arrival**[§] (formerly OP-4) • **Median Time to ECG**[§] (formerly OP-5) **ED Throughput** • **Door to Diagnostic Evaluation by a Qualified Medical Professional**[§] (formerly OP-20)

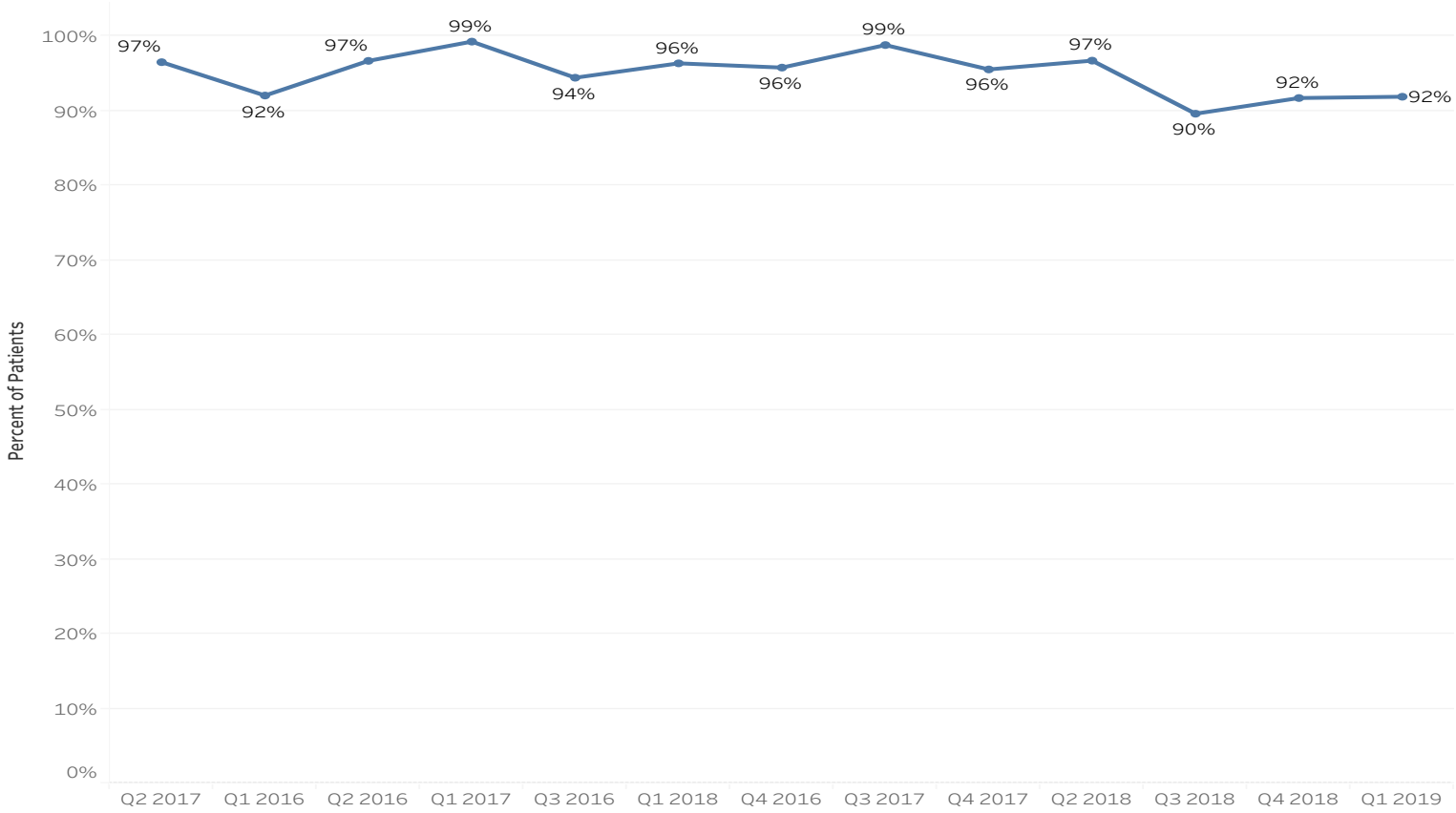
§No nationally standardized or standardly reported measure currently available, however, Flex programs can propose work on these measures if there is a data collection mechanism in place.

EDTC Measure

Recommended modifications to measure in Spring 2018 reduced the total measure elements from 27 to 8 in order to streamline data collection and Include measures/elements that are essential for continuity of care and care coordination

Elements to Keep	Rational for Retention
1. Medications administered in ED	Key aspect of coordination of care
2. Allergies	Key aspect of coordination of care
3. Home Medications	Key aspect of coordination of care
4. Provider Note	Key aspect of coordination of care
5. Mental Status/Orientation	Recognition as best practice and early indicator of deterioration and are key aspects of assessment and coordination of care
6. Reason for Transfer and/or Plan of Care	Key aspect of assessment and coordination of care
7. Tests and Procedures Done	Key aspect of assessment and coordination of care
8. Tests and Procedures Sent	Key aspect of assessment and coordination of care

All, All EDTC composite

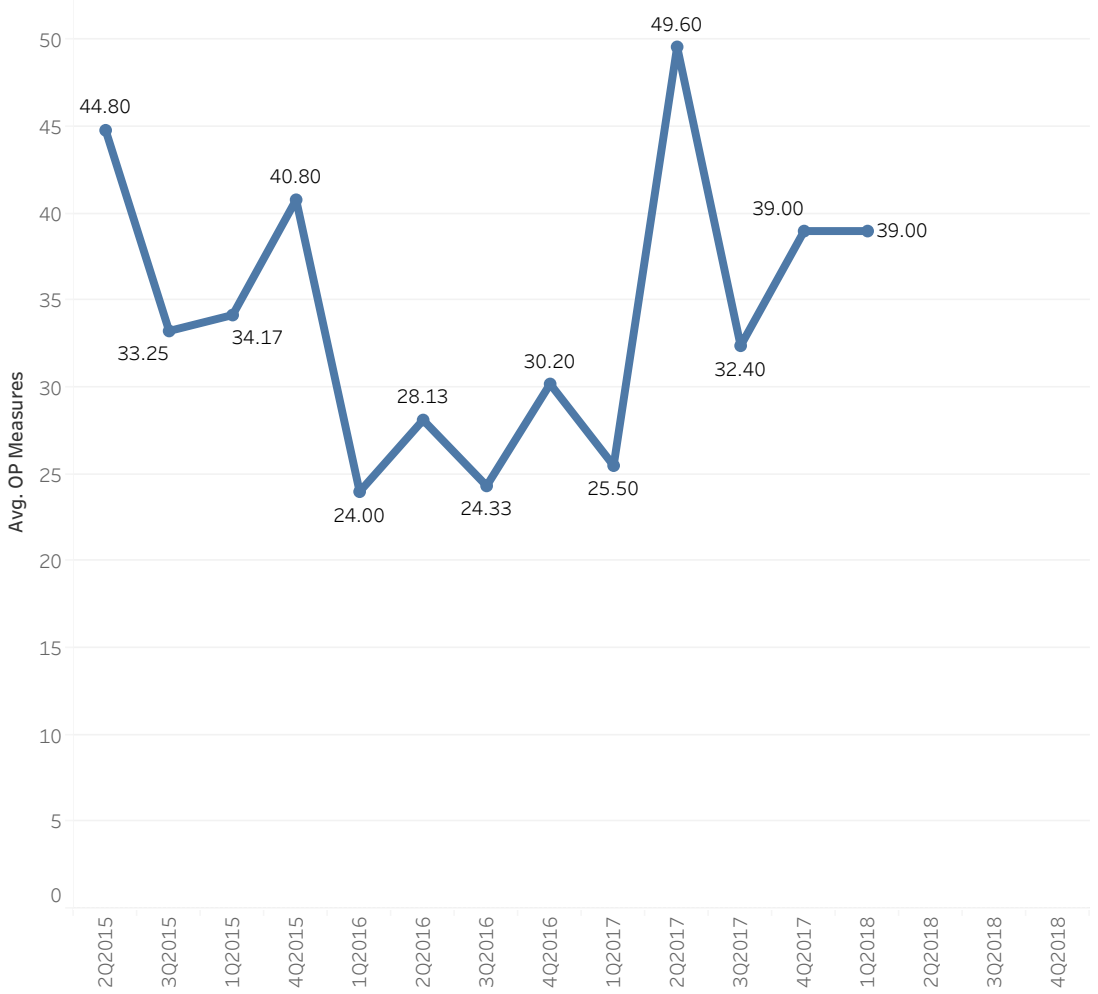


The trend of average of EDTC_Measures for End Quarter. The data is filtered on Participant and Name. The Participant filter keeps No and Yes. The Name filter keeps 19 of 19 members.

Preliminary EDTC trend data

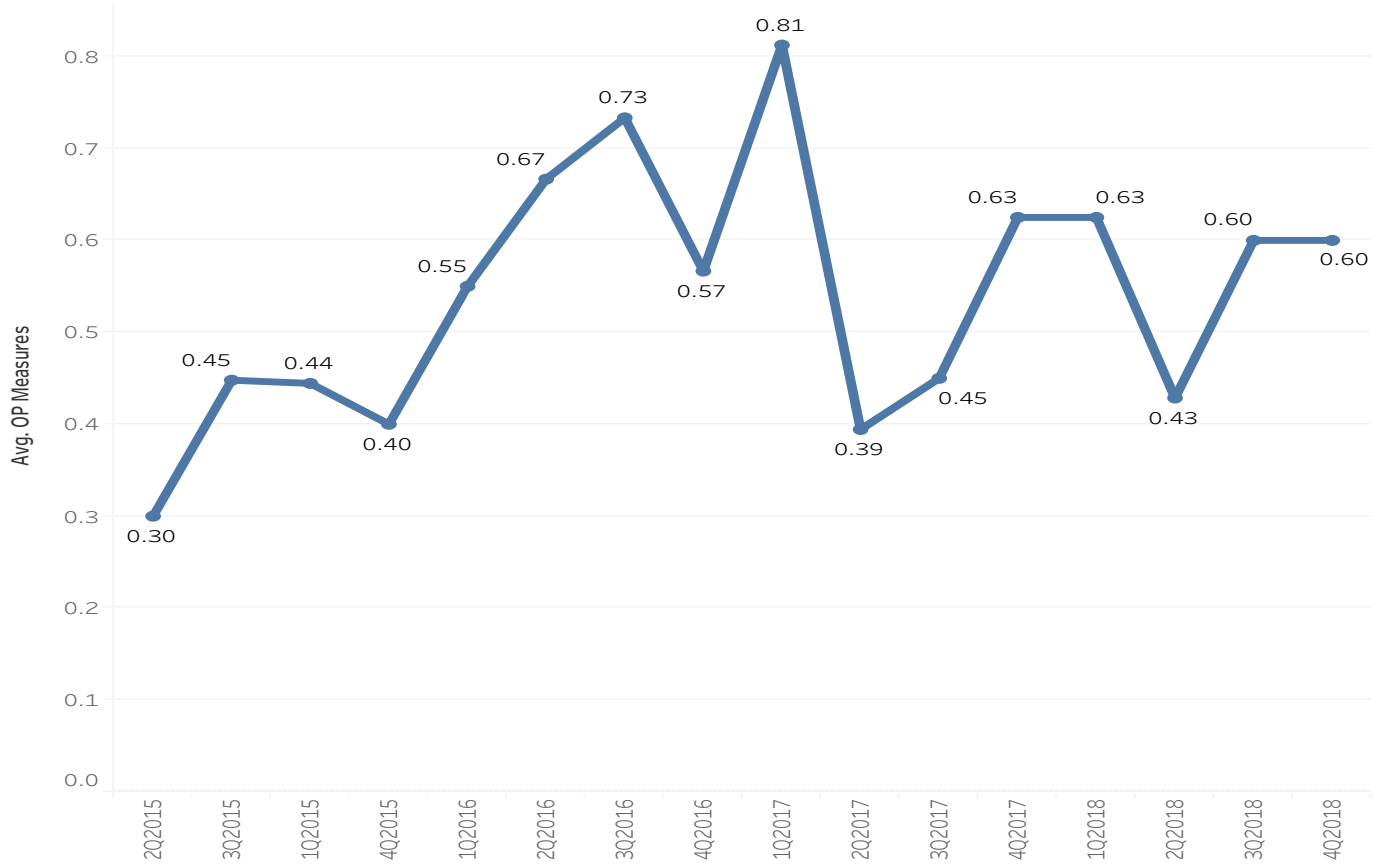
- 3rd Quarter: 83%
  - 15 of 20
  - Slight decline secondary to new reporting for some hospitals and still learning how to capture the data elements
- 4th Quarter: 95%
  - 18 of 20 CAHs reporting
  - Return to baseline performance
- Key Challenges: Staffing turnover and handoff communication around reporting requirements

All , OP 1- Median Time to Fibrinolysis



The trend of average of OP Measures for End Quarter. The data is filtered on Survey Id, Participant and Name. The Survey Id filter keeps multiple members. The Participant filter keeps No and Yes. The Name filter keeps 20 of 20 members.

All , OP 2- Percent Receiving Fibrinolytic Therapy in 30 Minutes



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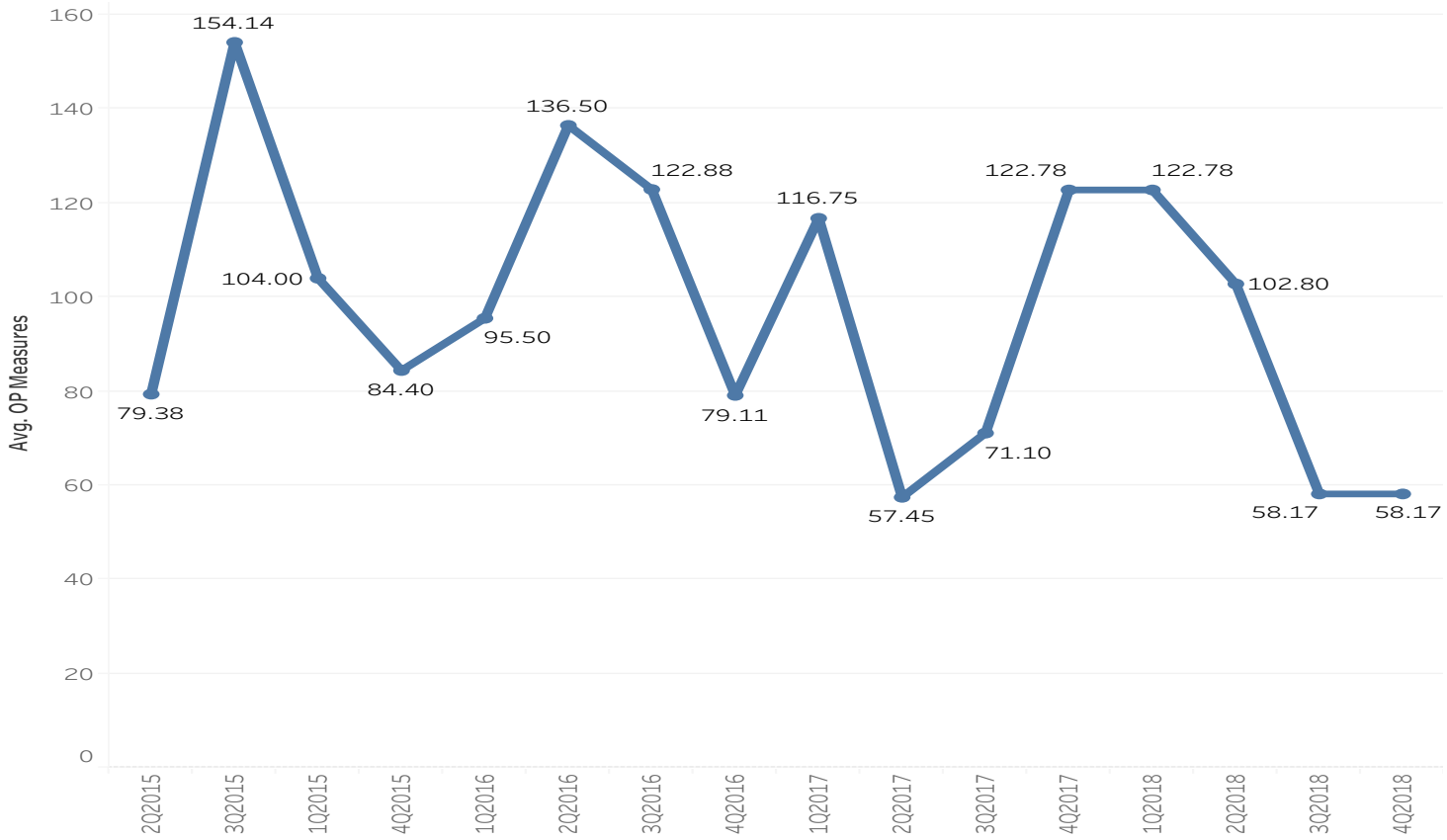
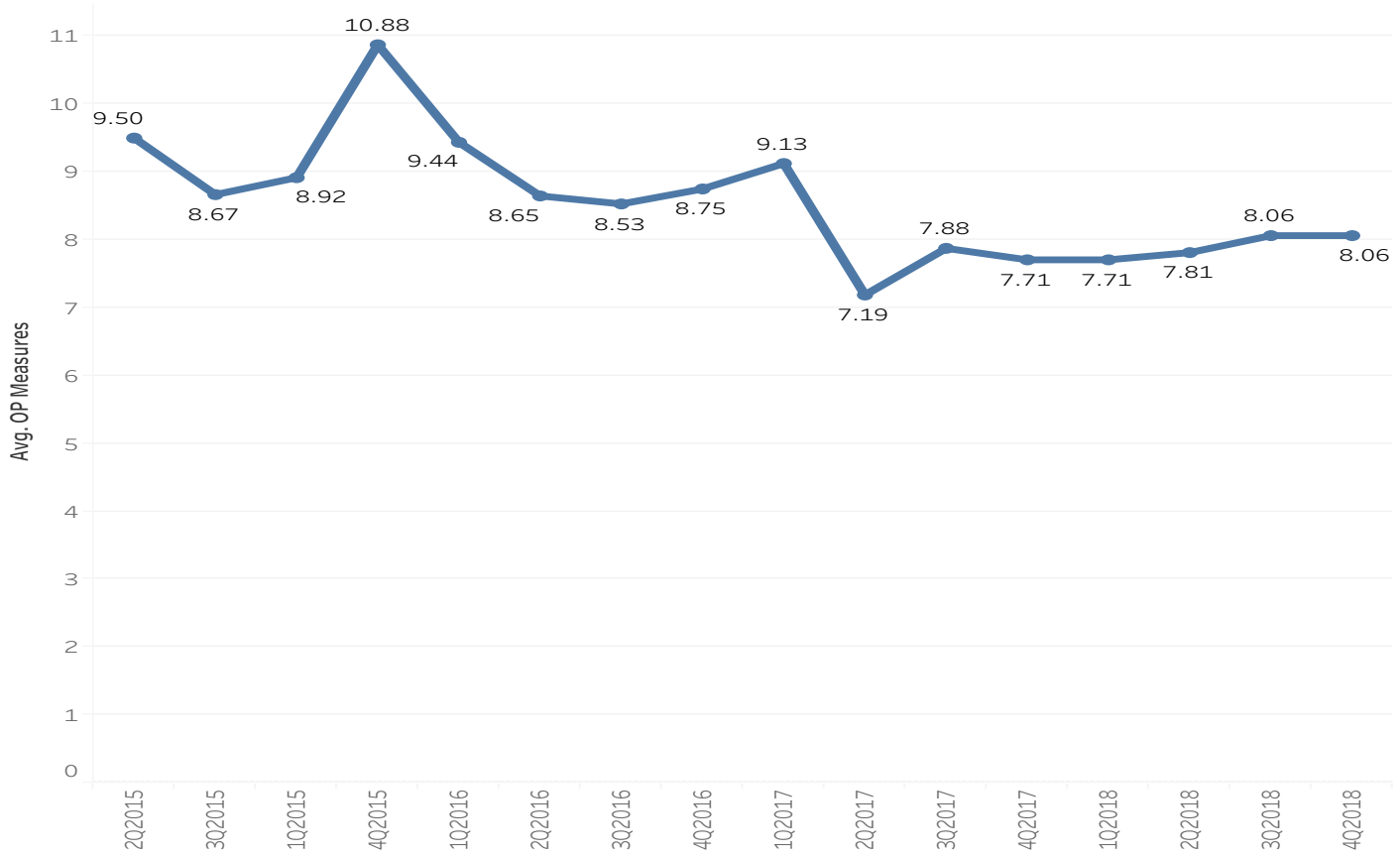
All , OP 3- Minutes to Transfer for Acute Coronary Intervention



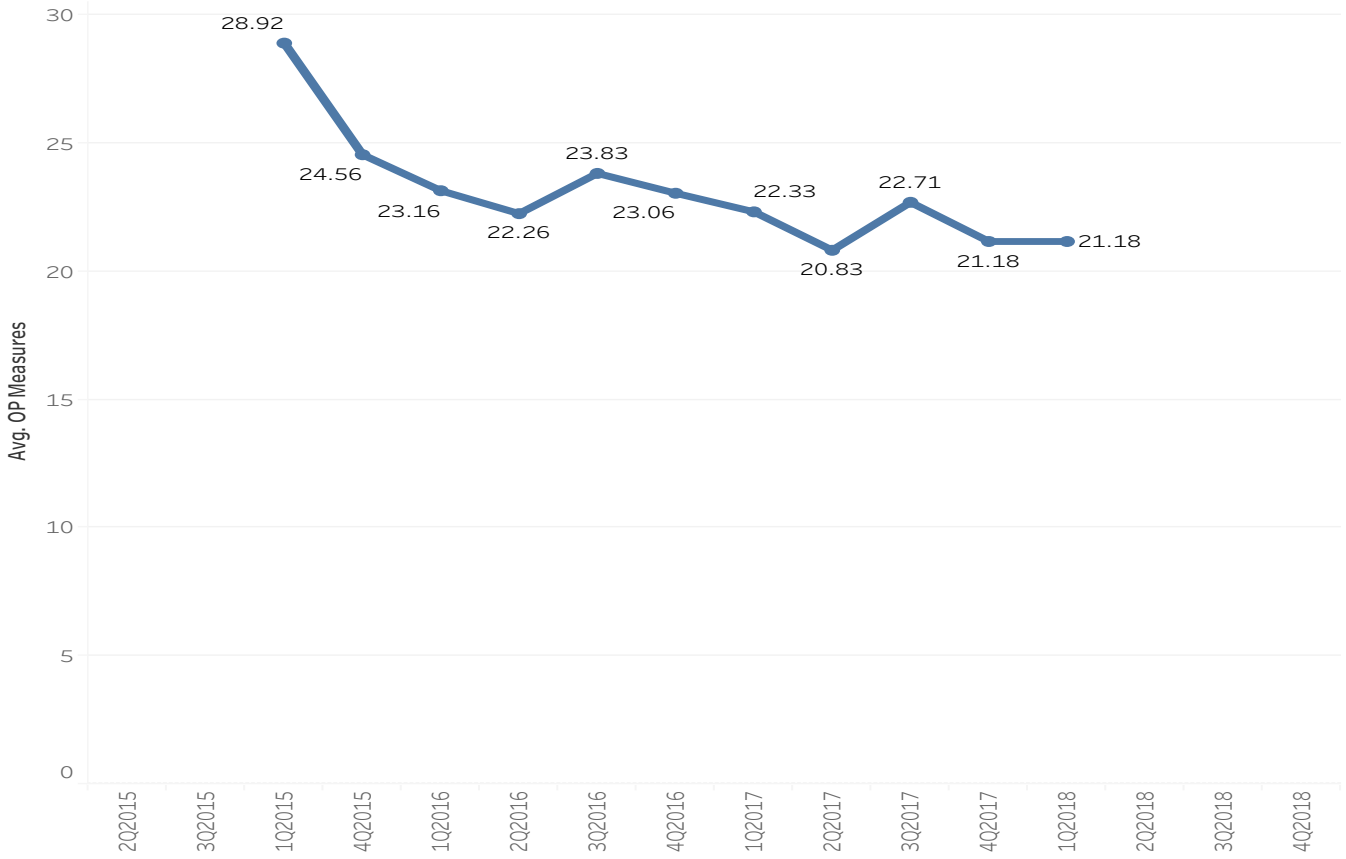
The trend of average of OP Measures for End Quarter. The data is filtered on Survey Id, Participant and Name. The Survey Id filter keeps multiple members. The Participant filter keeps No and Yes. The Name filter keeps 20 of 20 members.

All , OP 5- Median Time to ECG



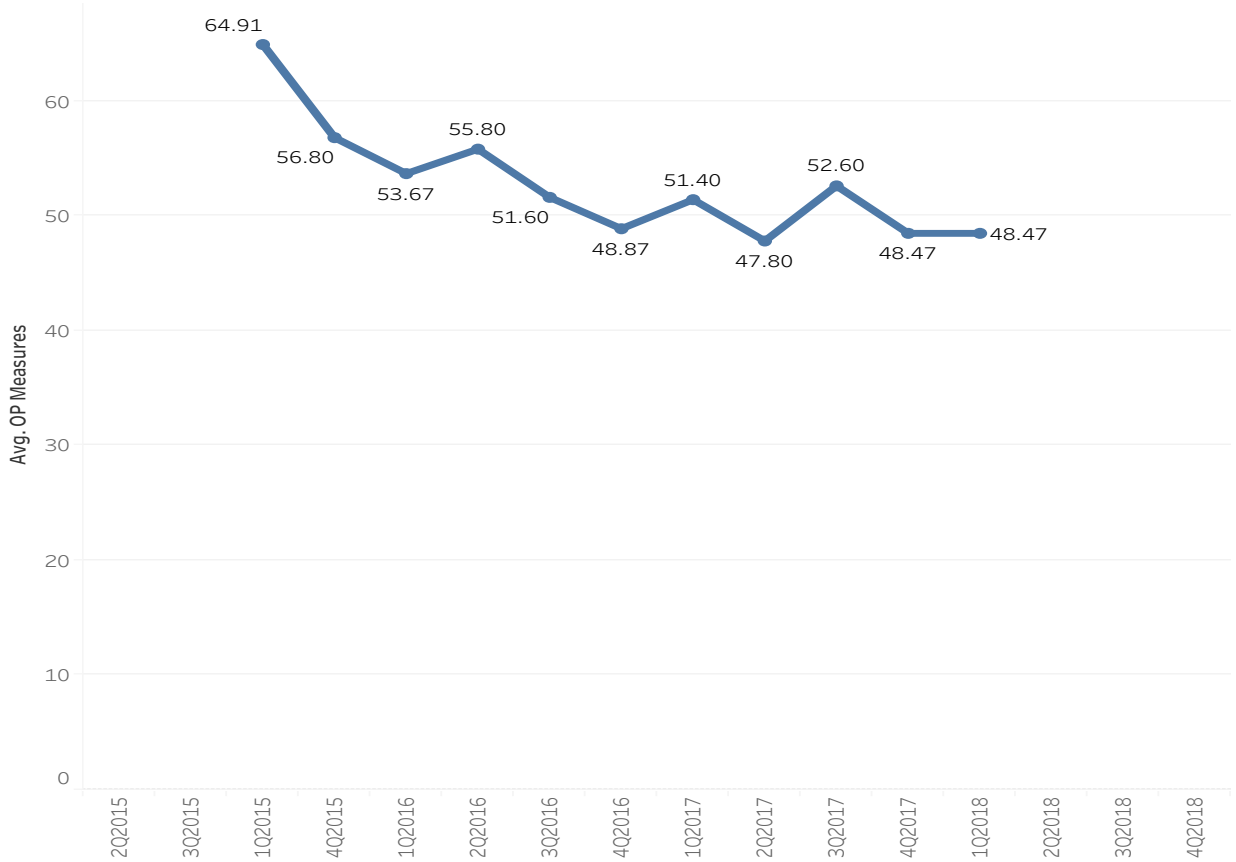
The trend of average of OP Measures for End Quarter. The data is filtered on Survey Id, Participant and Name. The Survey Id filter keeps multiple members. The Participant filter keeps No and Yes. The Name filter keeps 20 of 20 members.

All , OP 20- Minutes from Door to Diagnostic Evaluation



The trend of average of OP Measures for End Quarter. The data is filtered on Survey Id, Participant and Name. The Survey Id filter keeps multiple members. The Participant filter keeps No and Yes. The Name filter keeps 20 of 20 members.

All , OP 21- Minutes to Pain Management for Long Bone Fracture

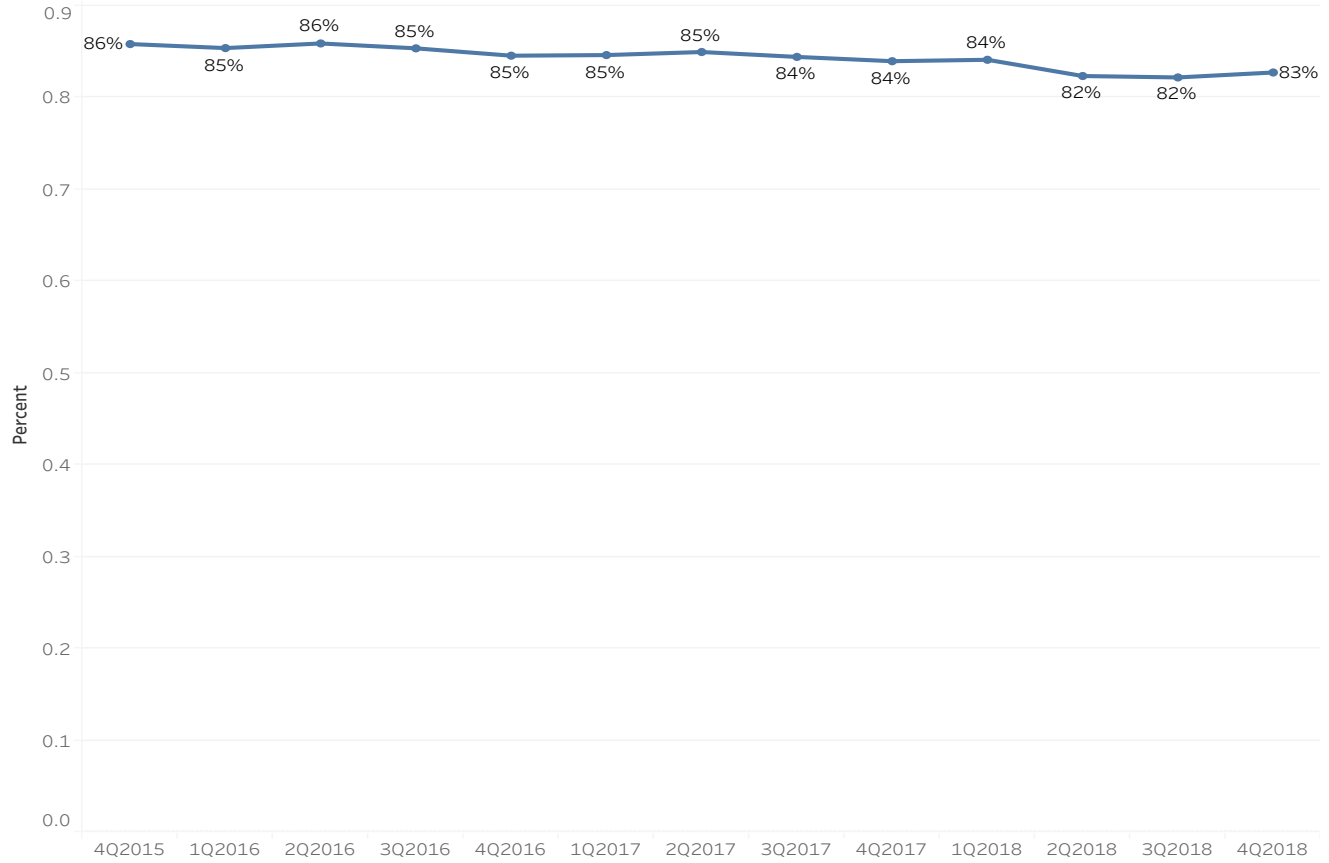


The trend of average of OP Measures for End Quarter. The data is filtered on Survey Id, Participant and Name. The Survey Id filter keeps multiple members. The Participant filter keeps No and Yes. The Name filter keeps 20 of 20 members.

Outpatient MBQIP trends

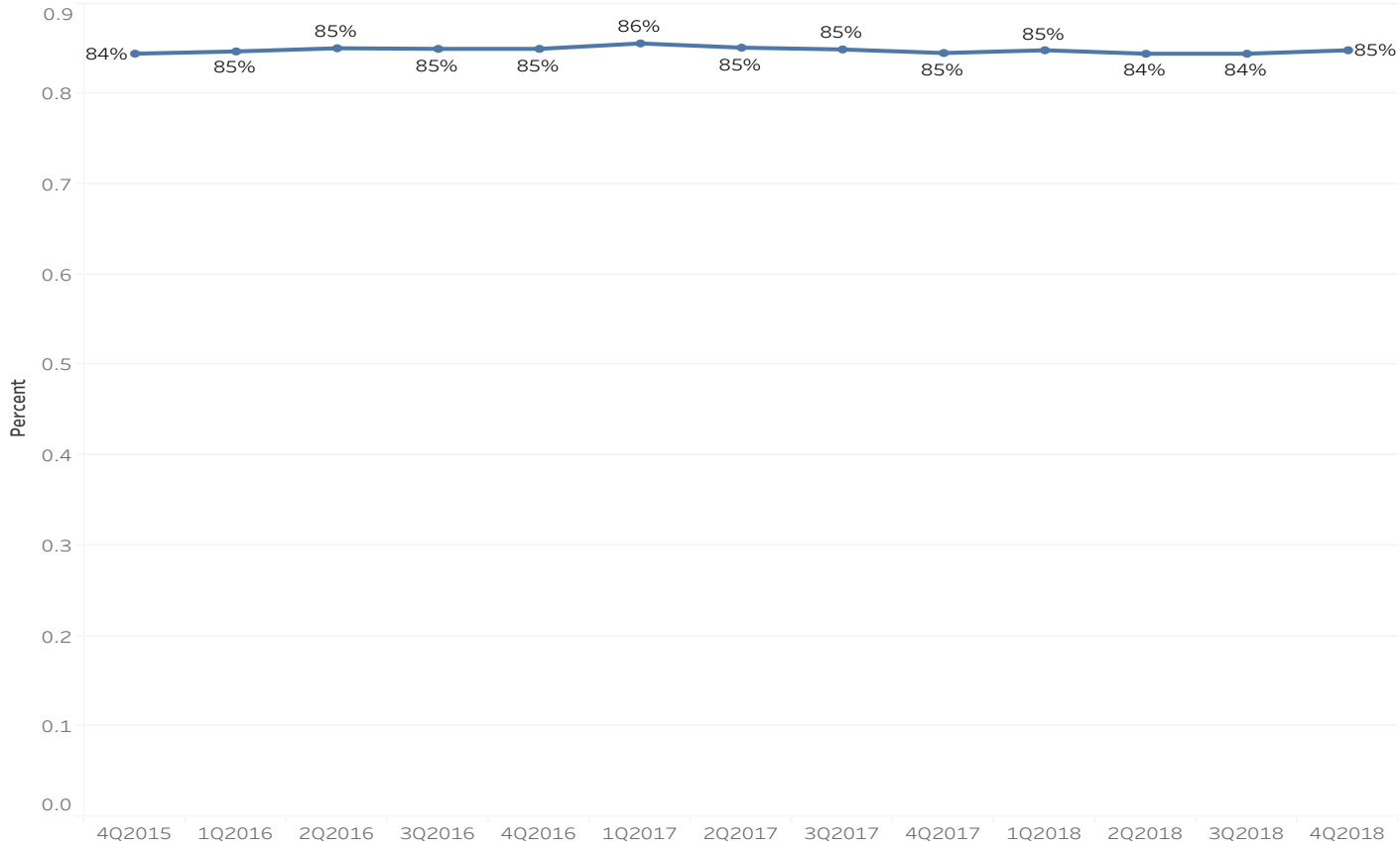
- Small volume can impact the overall performance from one quarter to the next when there are only a few hospitals reporting
- Steady improvement overall in reducing time for critical treatments:
  - Fibrinolytics
  - Transfer times for Acute Coronary Syndrome
  - Door to diagnostics
  - Pain Management for Long Bone Fractures

All, HCAHPS 2- Communication With Doctors



The trend of average of HCAHPS_Measures for End Quarter. The data is filtered on Participant and Name. The Participant filter keeps Yes. The Name filter keeps 20 of 20 members.

All, HCAHPS 1- Communication With Nurses



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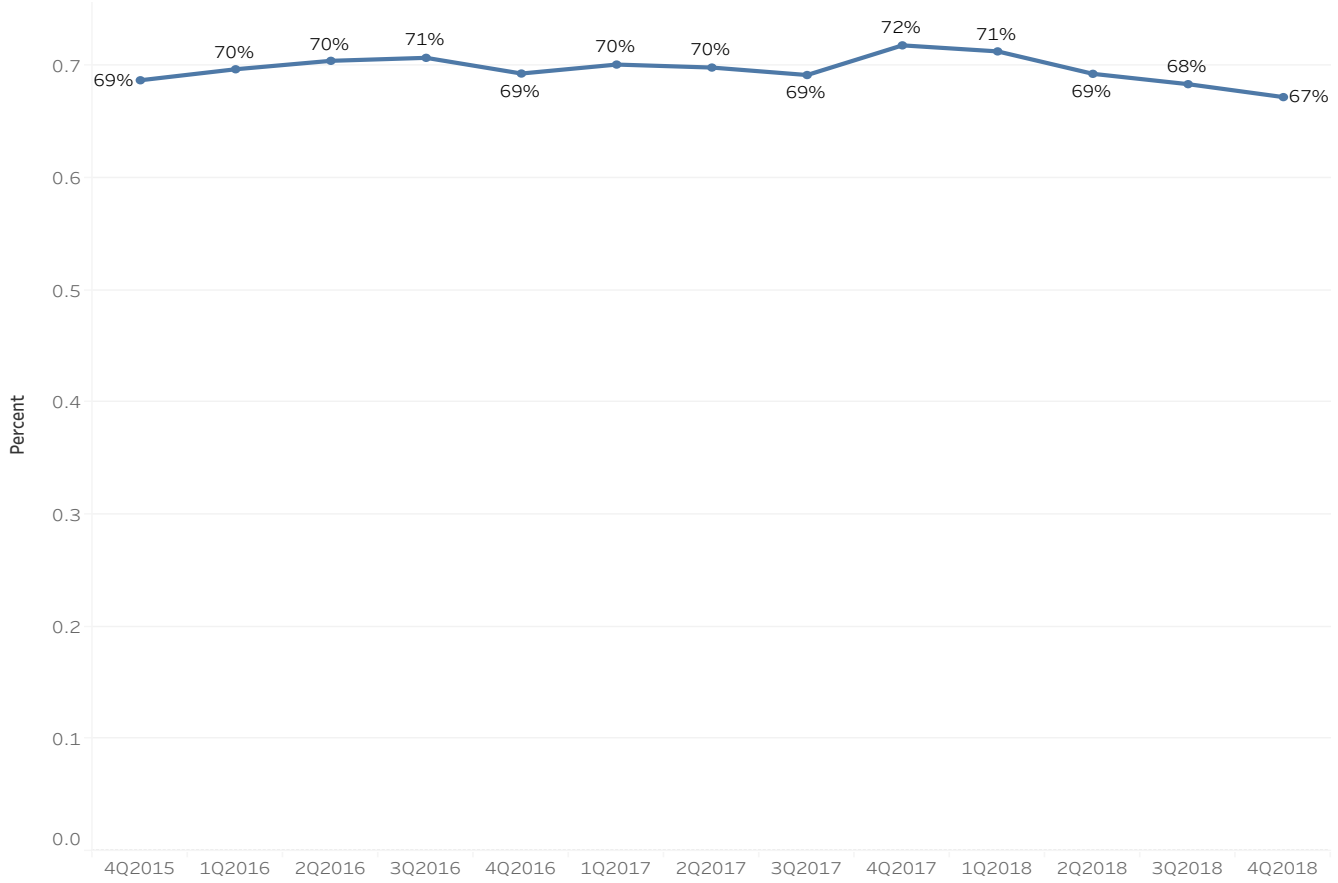
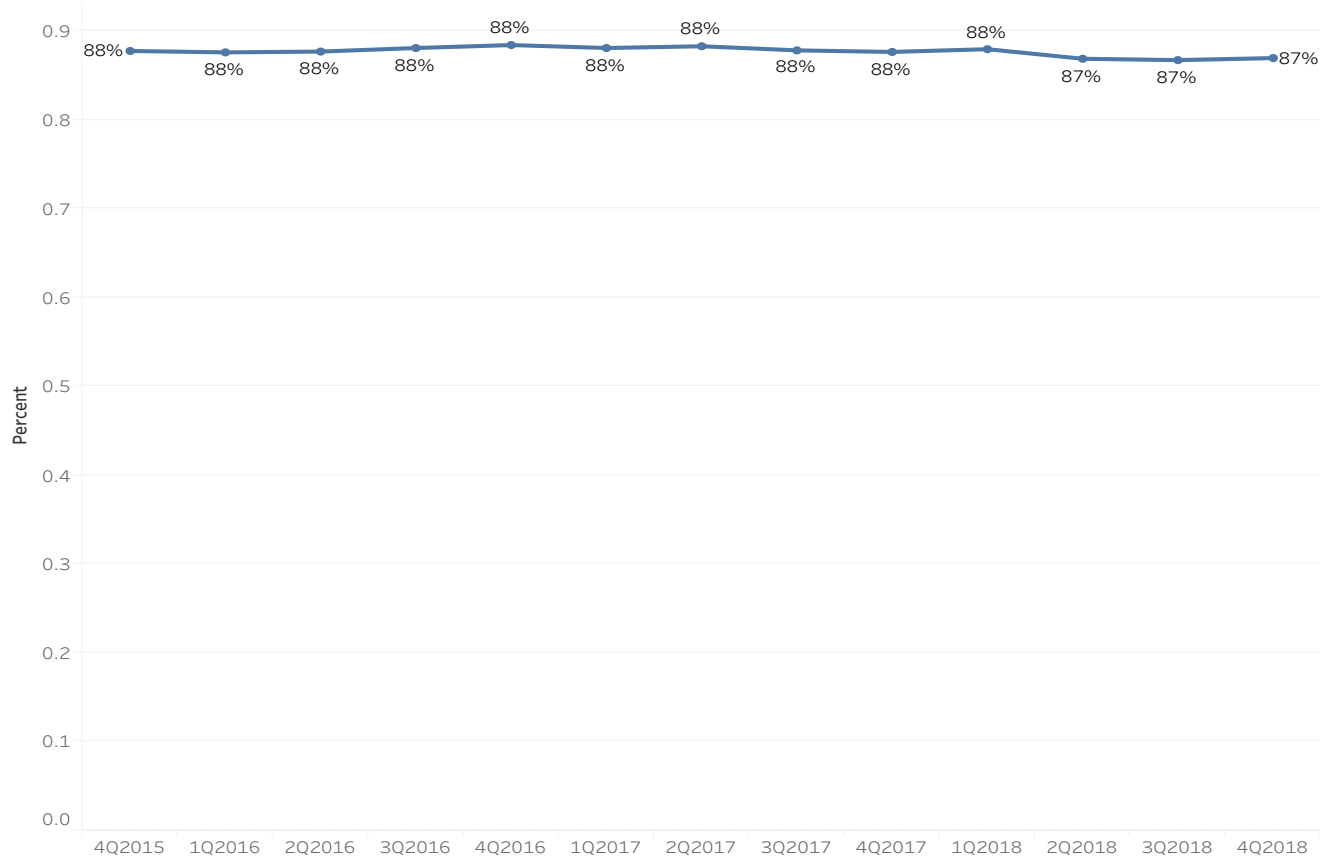
All, HCAHPS 5- Communication About Medicines



The trend of average of HCAHPS_Measures for End Quarter. The data is filtered on Participant and Name. The Participant filter keeps Yes. The Name filter keeps 20 of 20 members.

All, HCAHPS 6- Discharge Information



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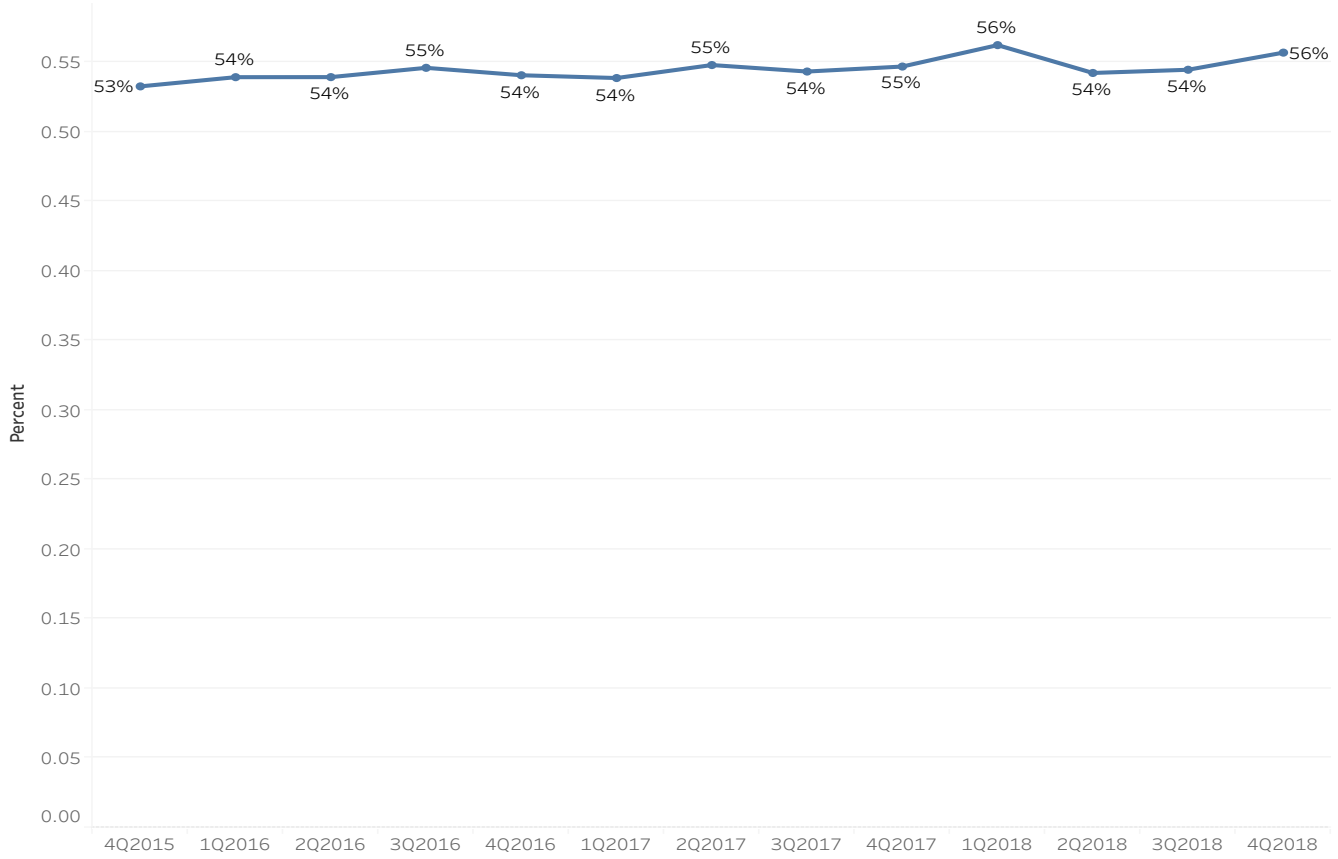
All, HCAHPS 7- Care Transitions



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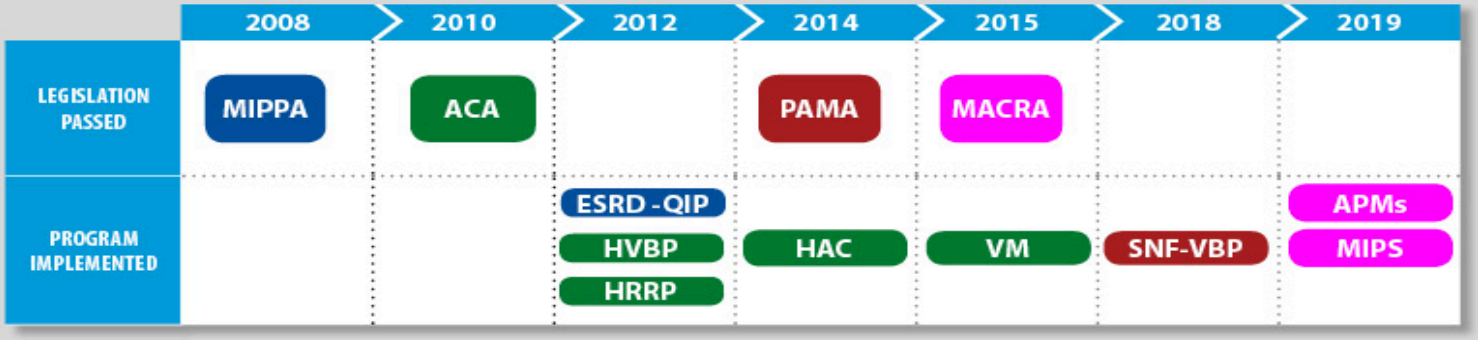
VALUE-BASED PROGRAMS



LEGISLATION

ACA: Affordable Care Act
MACRA: the Medicare Access & CHIP Reauthorization Act of 2015
MIPPA: Medicare Improvements for Patients & Providers Act
PAMA: Protecting Access to Medicare Act

PROGRAM

APMs: Alternative Payment Models
ESRD-QIP: End-Stage Renal Disease Quality Incentive Program
HACRP: Hospital-Acquired Condition Reduction Program
HRRP: Hospital Readmissions Reduction Program
HVBP: Hospital Value-Based Purchasing Program
MIPS: Merit-Based Incentive Payment System
VM: Value Modifier or Physician Value-Based Modifier (PVBM)
SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

CMS Authorized Programs & Activities

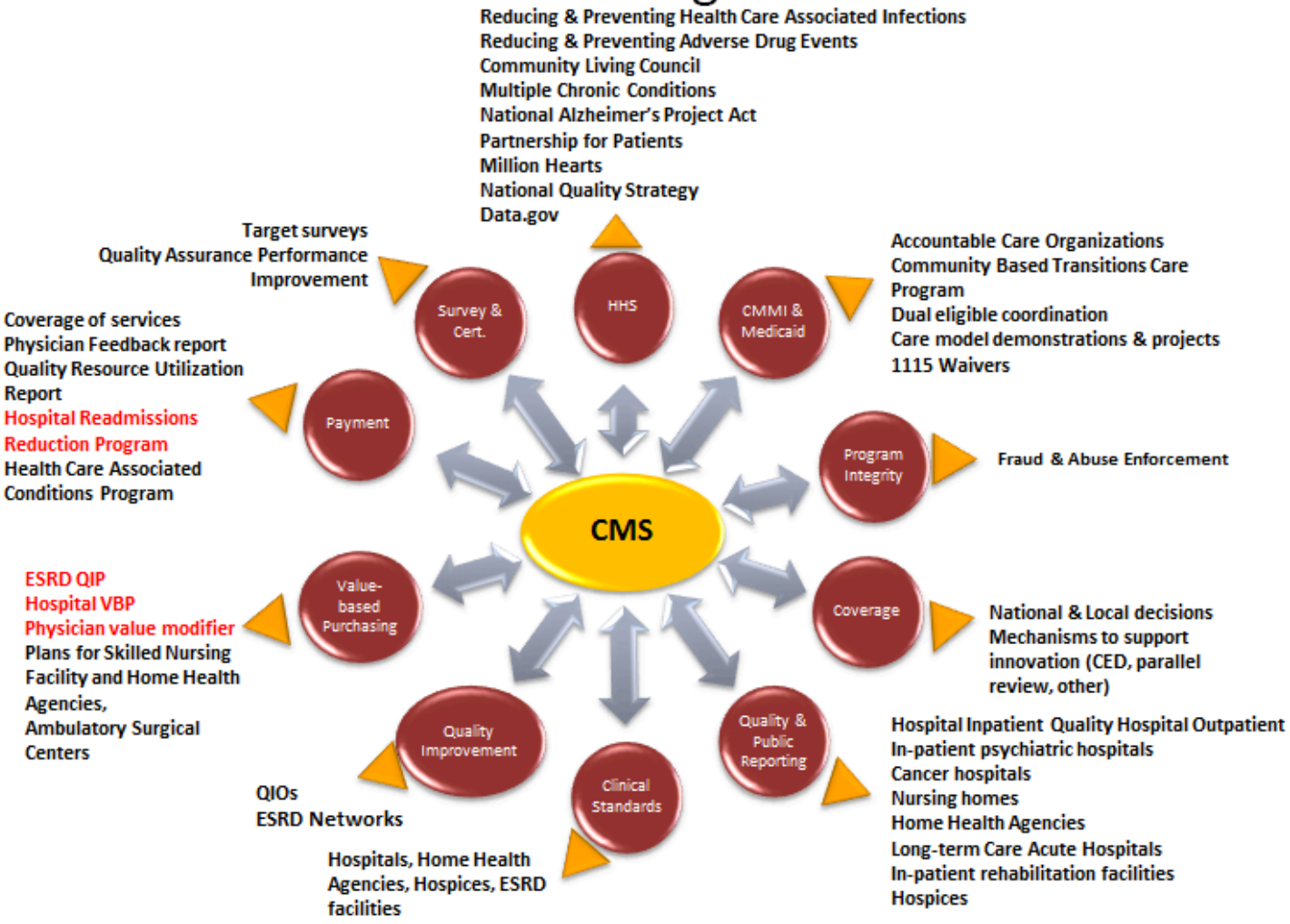


Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF HENRY J KAISER FAMILY FOUNDATION

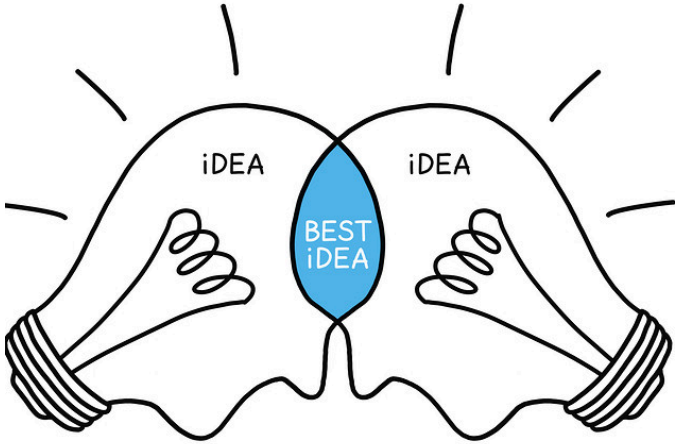
NCHA

Understanding Patient Flow… pre and post acute care

- Communication: ED visits, inpatient, and observation discharges with community providers
- Home Health, Hospice, and Skilled Nursing Facility Relations
- Personal Care Services- skill matching
- Community Based Organizations

Community Collaborations… becoming better, together

- Becoming very intentional….
  - Relationships
  - Partnerships
  - Making data meaningful
  - Crossing networks
  - Awareness for Your Community Narrative
  - Accessing resources for pilot testing and long-term sustainability options



Just A Few Reminders…..

- Day 2 CAH Critical Access & Small Rural Hospital Meeting February 19th to begin at 9:00 a.m.
- NCHA Winter Meeting February 20th- 21st, 2020
- CMS Request For Public Input:
  - Deadline is April 12th, 2020
  - Opportunities to improve health care access, quality, and outcomes before, during, and after pregnancy for women and infants in rural communities
  - Readiness of rural providers to respond to obstetric emergencies
  - Responses used to inform its programs and policies to ensure rural family access to high-quality health care that will result in optimal health outcomes
  - Visit go.cms.gov/ruralhealth

Questions???