Critical Access Hospital Collaborative

▸ Open Hours Office Call

May 29, 2020

Uniting hospitals, health systems and care providers for healthier communities

OBJECTIVES

▸ MBQIP

- FLEX Program Goals
- Key Challenges & Opportunities

▸ Population Health Community Profiles Update

- Timeline & Data Use Agreements
- Pre & Post Pandemic Data Insights

▸ Open Discussion

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MBQIP Measures

▶ FLEX Program Goals for 2019-2020

- Increase the number of CAHs meeting minimal reporting requirements (Baseline: 19 Target: 20)

- Increase the percentage of CAHs that have improved scores on HCAHPS (care transitions) through provision of TA (Baseline 53% Target: 54%)

- Increase submission of CDC National Health Safety Network Annual Facility Survey (March 2020 for 2019)

- ~~Completion of a performance improvement project in 4 CAHs to achieve ED-2 national median based on aggregate of most current 4 quarters~~ Revised

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Increase the number of CAHs meeting minimal reporting requirements (Baseline: 19 Target: 20)

▸ Minimum Reporting Requirements:

- Reported data on at least one MBQIP Core Measure, for at least one quarter, in at least three of the four quality domains, within a certain reporting period

- MBQIP Waivers

- CAHs are encouraged to report on as many of the measures that they are able

  - Additional Measures *New Findings*

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Current Medicare Beneficiary Quality Improvement Project (MBQIP) Measures

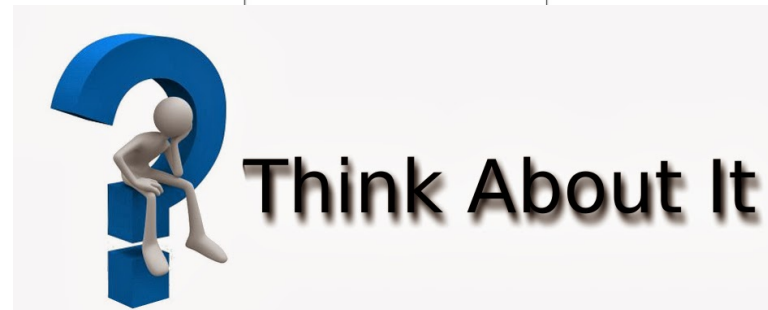|	*Patient Safety/Inpatient*	*Patient Engagement*	*Care Transitions*	*Outpatient*
Core MBQIP Measures	**HCP (formerly OP-27):** Influenza Vaccination Coverage Among Healthcare Personnel (HCP) **Antibiotic Stewardship:** Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) 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

*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)

Think About It

§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.

Additional Measures Clarity

▸ Most of the measures on the MBQIP Additional Measures list are no longer or never were CMS measures

▸ Measures that used to be CMS measures, such as the Aspirin at Arrival, Median Time to ECG, Inpatient Influenza Vaccination, etc. can no longer be submitted to CMS

▸ Once CMS removes a measure, they can no longer be submitted to QualityNet

• So what does this mean???

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Healthcare Acquired Infections

▸ The Healthcare Acquired Infection data can still be submitted through NHSN

  • Patient Safety Focus

    • PSO Work

    • Internal Monitoring Safety Huddles

▸ CDC NHSN site does have report capability

Claims Based Measures

▶ Readmissions, Complications, and Return Days

▶ Hospitals must make sure they have signed up for the CMS listserves to make sure they get the notices as to when that information is available

▶ Other

MBQIP Opportunities

▸ FLEX Program Goal: ED-2 measure has been retired, exploring additional options around Swing Bed Quality Metrics with NC ORH and Stroudwater

▸ Polling

How many of you are collecting data for Healthcare Acquired Infections in the CDC NHSN site? Ex. CLABSI, CAUTI, CDI, MRSA, SSIs

Yes, All of these

Yes, Only Some

No

Not sure

For hospitals with OB Care, how many are collecting data on Elective Deliveries?

Yes

No

How many of you are collecting data related to Falls? Ex. Falls with Injury, Fall Rate, Screening for Risk

Falls with Injury or Falls Rate

Screening for Future Falls Risk

All fo the Above

None of the Above

How many of you are collecting internal data around care transitions? Ex. Discharge Planning, Medication Reconciliation, Swing Bed Data

Yes

No

Thank You For Your Participation in the Poll!

Next Up…. Population Health Community Profile Discussions

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Population Health Profile Updates

▸ Flex Open Office Hours Webinar

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May 29, 2020

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Agenda

▸ Timeline

▸ Progress and next steps

▸ Data use agreements

▸ Discussion: post-covid data

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Timeline

Adjusted Timeline

▸ CAHs can focus on DUA completion not input on profile template

▸ CAHs will review their own complete profile, not a template

▸ CAH review of profile will be in June or July

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Progress and Next Steps

Reviewing and collecting CAH input on measures

▶ Surveyed hospitals not at the February 18th meeting

▶ Tallied measure endorsement

▶ Shared results with ORH

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Compiling data for one hospital

▸ Beginning with all originally proposed data elements

▸ Gathered public data sources for a single CAH

▸ Gathered NCHA patient data system data for the same CAH

▸ Shared with ORH

Data Use Agreements

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Why new data use agreements

▶ Standard shared across CAHs

▶ Set expectation for how profile data are used

▶ Beyond NCHA sharing with ORH, profile sharing is up to CAHs

▶ Re-iterate data protection protocols

Process for new data use agreements

▸ Data use agreement being drafted

▸ CAH responsibility:

- Provide signed DUA to NCHA within 2 weeks of receipt

Questions?

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Profiles in the Post-COVID Reality

Planning for a new reality

▸ What data would be useful to have in/linked to a population health profile now that the COVID-19 pandemic is ongoing?

Standard population health profile approaches:

Example 1: Focus on facility coverage
Example 2: Focus on health status relative to state, nation
Example 3: Focus on demographics, workforce, local sponsorship

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Questions or Concerns – Please Contact Me!
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