MBQIP Basics

Virtual
November 8, 2024

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Kansas
Department of Health
and Environment
Bureau of Community Health Systems

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Polling Question

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KRHOP

- Kansas Rural Hospitals Optimizing Performance = KRHOP
- Kansas FLEX and SHIP activities
  - FLEX = Medicare Rural Hospital Flexibility Grant
  - SHIP = Small Hospital Improvement Program Grant
- Partnership between Kansas Department of Health and Environment (KDHE) and Healthworks
- Funding received through the Federal Office of Rural Health Policy, Health Services Research and Administration

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FLEX 101

- Created by Balanced Budget Act 1997

- Encourages the development of cooperative systems of care in rural areas, joining together CAHs, EMS and health practitioners to increase efficiencies and quality of care.

- CAHs are eligible to participate in activities

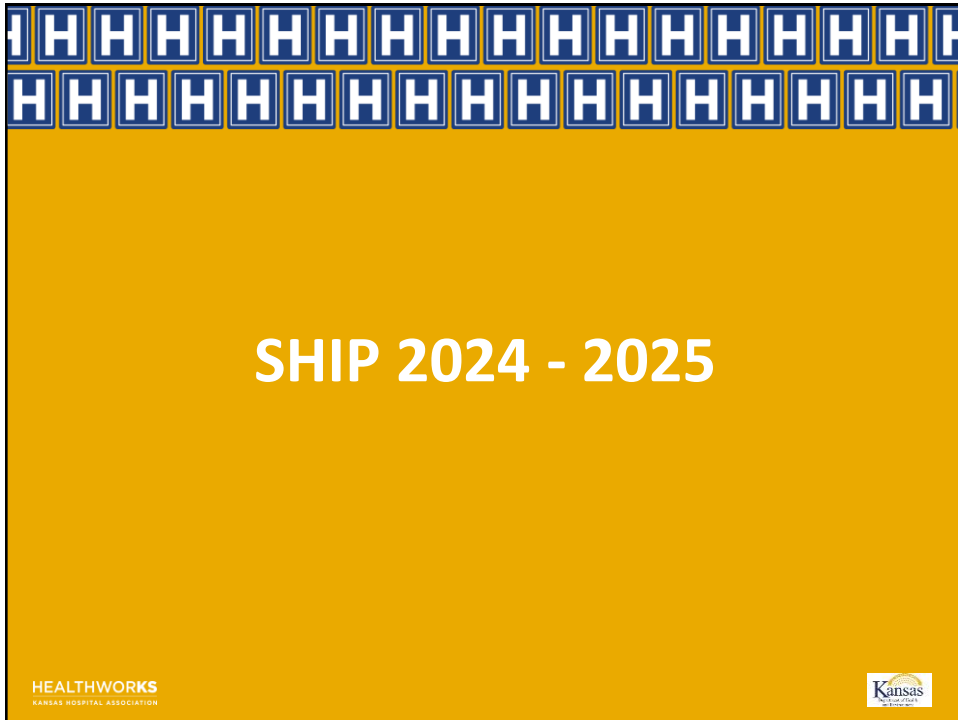HEALTHWORKS
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FLEX Priority Areas

- Quality improvement
- Financial and operational improvement
- Population health management
- EMS integration
- Designation of CAHs

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FLEX Projects

- Data abstraction/reporting training/TA
- Quality improvement educational offerings
- Financial and operational educational offerings
- Group projects: patient and family engagement, Lean, antibiotic stewardship, employee health, care coordination
- Swing Beds
- Rural Health Clinics
- Healthy Kansas Hospitals
- Workforce

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SHIP 2024 - 2025

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2024 – 2025 SHIP Overview

- FY 24 grant period
  - **June 1, 2024 to May 31, 2025**

- Funds hospitals will receive $11,922.31

- Funds must be spent on qualifying purchases during grant period

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2024-2025 SHIP Milestones

Milestone 1:

- Submission and approval of mid-year expense and activity report
- Due **December 31, 2024**
- Payment Amount **$2,461.31**

Milestone 2:

- Submission and approval of end-of-year SHIP expense and activity report
- Due **June 30, 2025**
- Payment Amount **$2,461.00**

Milestone 3:

- Data submission requirements met for Q4/2023 through Q3/2024
- Maximum Amount Available **$7,000.00**

Grant Period:	June 1, 2024 to May 31, 2025
Total Award:	$11,922.31

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2024-2025 Funding Priorities

The Federal Office of Rural Health Policy has identified the following two priorities for using SHIP funds:

- Meeting MBQIP Requirements (includes HCAHPS)
- ICD-11 Coding Readiness and/or Implementation

Once these priorities have been met, your hospital may select other activities listed on the SHIP Purchasing Menu

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SHIP Purchasing Menu

- **MBQIP** data collection process/related training or software (includes HCAHPS)
- Provider based clinic-based (Rural Health Clinic) quality measures education
- Alternative payment model and quality payment program training/education
- Computerized provider order entry implementation and/or training
- Pharmacy services training, hardware/software, and machines (not pharmacists)
- Population health or disease registry training and/or software/hardware
- Social determinants of health screening software/training
- Systems performance training in support of ACO or shared savings related initiatives
- Telehealth and mobile health hardware and/software (not telecommunications)
- Community paramedicine training and hardware/software
- Health information technology training for value and ACOs including training, software and risk assessments associated with cybersecurity
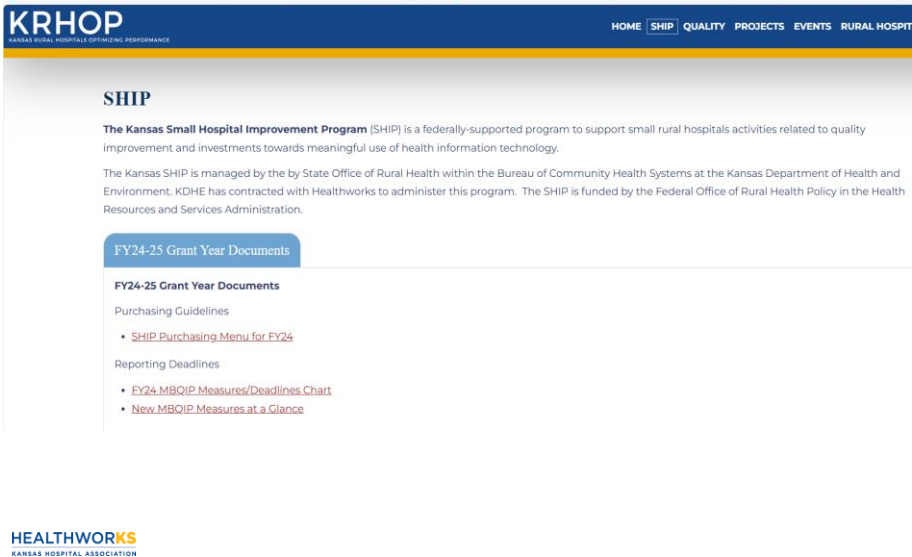
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SHIP Purchasing Menu

- ICD-11 software/training
- S-10 Cost Reporting training (charity care)
- Pricing transparency training (chargemaster training)
- Efficiency or quality improvement training – no projects

  - Patient experience of care
  - Patient safety
  - Immunizations
  - Reducing readmissions, reducing readmission disparities
  - Antibiotic stewardship
  - Discharge planning
  - Hospital safety training and emergency preparedness
  - Lean, IHI Plan/Do/Study/Act, root cause analysis
  - Team STEPPS
  - Care coordination
  - Health information exchange
  - Swing bed utilization and quality measures
  - Population health, social determinants of health
  - Medicare spending per beneficiary
  - Financial and operational strategies
  - 340B

- Efficiency or quality improvement software

  - Medicare spending per beneficiary
  - Non-clinical operations
  - Health information exchange
  - Swing bed utilization and quality measures
  - Care coordination
  - Population health
  - Social determinants of health

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Kansas FAQs for FY24 SHIP – www.krhop.net

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MBQIP

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MBQIP's Tie to SHIP

Kansas CAHs must actively participate in the Medicare Beneficiary Quality Improvement Project [MBQIP] to qualify for full funding.

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Medicare Beneficiary Quality Improvement Project = MBQIP

MBQIP was created by Federal Office of Rural Health Policy to help rural and Critical Access Hospitals prepare for value-based payments.

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Polling Question

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MBQIP Evolution

- HF/PN Inpatient Measure Reporting
- Outpatient Measure Reporting
- Patient Engagement/Satisfaction Measures (HCAHPS)
- Emergency Department Transfer Communication Measures
- Patient Safety/Immunization Measures
- Antibiotic Stewardship

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Measurement: Past & Present

MBQIP Measure Changes Since 2011

Patient Safety/Inpatient	Patient Engagement	Care Transitions	Outpatient
HF-1	HCAHPS	Emergency Department Transfer Communication	OP-1
HF-2			OP-2
HF-3			OP-3
PN-6			OP-4
PN-3b			OP-5
IMM-2			OP-6
OP-27 → HCP/IMM-3			OP-7
ED-1			OP-18
ED-2			OP-20
Antibiotic Stewardship			OP-21
			OP-22

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Measurement: Present & Future

Measures in gold denote ^new measures added for MBQIP reporting within the Flex Program and are to be added to reporting data by calendar year 2025.

Measures in *blue denote existing measures within the MBQIP Flex Program.

MBQIP 2025 Core Measure Set				
Global Measures	**Patient Safety**	**Patient Experience**	**Care Coordination**	**Emergency Department**
*^CAH Quality Infrastructure *(annual submission)* ^Hospital Commitment to Health Equity *(annual submission)*	*HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) *(annual submission)* *Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey *(annual submission)* ^Safe Use of Opioids (eCQM) *(annual submission)*	*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) *(quarterly submission)*	^Hybrid Hospital-Wide Readmission *(annual submission)* ^Social Drivers of Health Screening *(annual submission)* ^Social Drivers of Health Screening Positive *(annual submission)*	*Emergency Department Transfer Communication (EDTC) *(quarterly submission)*: *OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients *(quarterly submission)* *OP-22: Patient Left Without Being Seen *(annual submission)*

^Gold text
*Blue Text: Measures in the current MBQIP core measure set
+Data collection began in 2023 to inform state Flex quality programs. Data will continue to be collected going forward.

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MBQIP and KRHOP

SHIP – Reporting quality measures and evaluating results

FLEX – Supporting activities/education to help hospitals improve results

MBQIP Reporting Required for FLEX and SHIP

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MBQIP is a "Safe Zone"

- Provides rural and Critical Access Hospitals the opportunity to build internal capacity

- Helps the federal office prioritize funding resources and tell "rural/Critical Access Hospital" story to policy and decision makers

SAFE ZONE

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Watch Kansas Grow

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Flex Monitoring Team
University of Minnesota
University of North Carolina at Chapel Hill
University of Southern Maine

MBQIP Quality Measures Annual Report
Kansas - 2022

Key Findings

- Patient Safety/Inpatient Measures: The Patient Safety/Inpatient reporting rate of 100.0% for Kansas in 2022 was higher than the national reporting rate of 97.1%. Compared with all CAHs nationally, CAHs in Kansas scored significantly better on 0 measures, significantly worse on 0 measures, and did not have significantly different performance on 2 measures.
- Outpatient Measures: The Outpatient reporting rate of 98.8% for Kansas in 2022 was higher than the national reporting rate of 89.0%. Compared with all CAHs nationally, CAHs in Kansas scored significantly better on 2 measures, significantly worse on 0 measures, and did not have significantly different performance on 2 measures.
- Patient Engagement Measures: The HCAHPS reporting rate of 98.8% for Kansas in 2022 was higher than the national reporting rate of 94.6%. Compared with all CAHs nationally, CAHs in Kansas scored significantly better on 4 measures, significantly worse on 1 measure, and did not have significantly different performance on 5 measures.
- Care Transitions Measures: The EDTC reporting rate of 100.0% for Kansas in 2022 was higher than the national reporting rate of 92.4%. Compared with all CAHs nationally, CAHs in Kansas scored significantly better on 0 measures, significantly worse on 9 measures, and did not have significantly different performance on 0 measures.

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Figure 1: Percentage of CAHs Reporting at Least One Patient Safety/Inpatient Measure
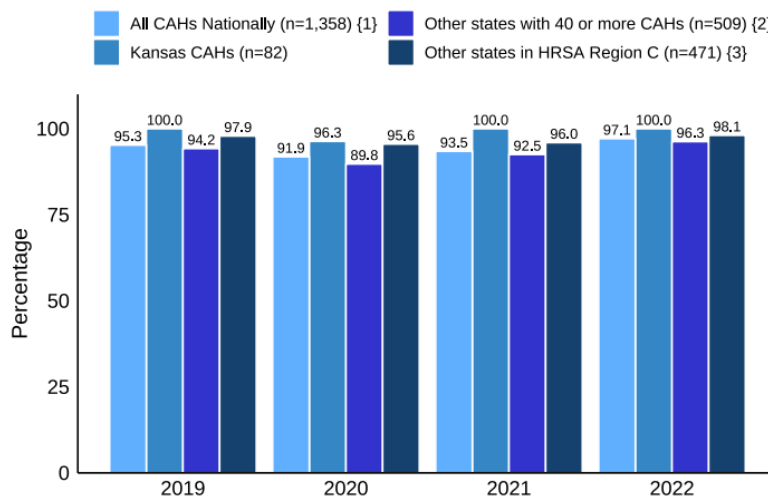
Legend:
- All CAHs Nationally (n=1,358) {1}
- Kansas CAHs (n=82)
- Other states with 40 or more CAHs (n=509) {2}
- Other states in HRSA Region C (n=471) {3}

Year	All CAHs Nationally	Kansas CAHs	Other states with 40+ CAHs	Other states in HRSA Region C
2019	95.3	100.0	94.2	97.9
2020	91.9	96.3	89.8	95.6
2021	93.5	100.0	92.5	96.0
2022	97.1	100.0	96.3	98.1

Footnotes:

{1} Listed n values refer to most recent data (2022) only
{2} Group includes states with 40 or more CAHs: IA(82), IL(52), MN(77), MT(49), NE(63), OK(40), TX(88), WI(58)
{3} HRSA Region C includes: IA(82), IL(52), IN(34), MI(37), MN(77), MO(35), NE(63), OH(33), WI(58)

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Table 1: State Ranking of CAH Reporting Rates for Patient Safety/Inpatient Quality Measures, 2022

Rank	State	CAHs reporting	% of CAHs	Rank	State	CAHs reporting	% of CAHs
1	Kansas	82	100.0	1	Alabama	5	100.0
1	Wisconsin	58	100.0	1	Massachusetts	3	100.0
1	Illinois	52	100.0	1	South Carolina	3	100.0
1	Montana	49	100.0	27	Minnesota	76	98.7
1	South Dakota	39	100.0	28	Iowa	80	97.6
1	Michigan	37	100.0	29	Oklahoma	39	97.5
1	California	36	100.0	30	Washington	38	97.4
1	Indiana	34	100.0	31	North Dakota	36	97.3
1	Colorado	32	100.0		National	1,319	97.1
1	Georgia	30	100.0	32	Mississippi	31	96.9
1	Arkansas	28	100.0	33	Nebraska	61	96.8
1	Idaho	27	100.0	34	Kentucky	27	96.4
1	Oregon	25	100.0	35	New York	17	94.4
1	West Virginia	21	100.0	36	Missouri	33	94.3
1	Arizona	16	100.0	37	Ohio	31	93.9

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Table 2: Patient Safety/Inpatient Quality Measure Results in Kansas and All CAHs Nationally, 2022

■ Significantly better than all CAHs nationally   ■ Significantly worse than all CAHs nationally

Measure	Description	KS CAHs (n=82)		All CAHs (n=1,358)		Bench-mark (%)
		CAHs reporting	Performance (%) {1}{2}	CAHs reporting	Performance (%) {2}	
HCP/IMM-3	Healthcare workers given influenza vaccination	61	78.3	671	78.8	100.0
Antibiotic Stewardship	Fulfill antibiotic stewardship core elements	79	84.8	1,238	91.3	100.0

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Figure 4: Percentage of CAHs Reporting at Least One Outpatient Measure

Footnotes:

{1} Listed n values refer to most recent data (2022) only
{2} Group includes states with 40 or more CAHs: IA(82), IL(52), MN(77), MT(49), NE(63), OK(40), TX(88), WI(58)

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Table 4: State Ranking of CAH Reporting Rates for Outpatient Quality Measures, 2022

Rank	State	CAHs reporting	% of CAHs	Rank	State	CAHs reporting	% of CAHs
1	South Dakota	39	100.0	24	Oklahoma	36	90.0
1	Michigan	37	100.0	24	Florida	9	90.0
1	North Dakota	37	100.0	26	Arkansas	25	89.3
1	Georgia	30	100.0		National	1,209	89.0
1	New York	18	100.0	27	Missouri	31	88.6
1	Pennsylvania	16	100.0	28	Oregon	22	88.0
1	Tennessee	16	100.0	29	Ohio	29	87.9
1	Nevada	13	100.0	30	Alaska	11	84.6
1	New Hampshire	13	100.0	30	Utah	11	84.6
1	Hawaii	9	100.0	32	Colorado	27	84.4
1	Virginia	8	100.0	33	Arizona	13	81.2
1	Massachusetts	3	100.0	34	California	29	80.6
13	Kansas	81	98.8	35	North Carolina	16	80.0
14	Minnesota	76	98.7	35	Alabama	4	80.0
15	Nebraska	61	96.8	37	Illinois	39	75.0

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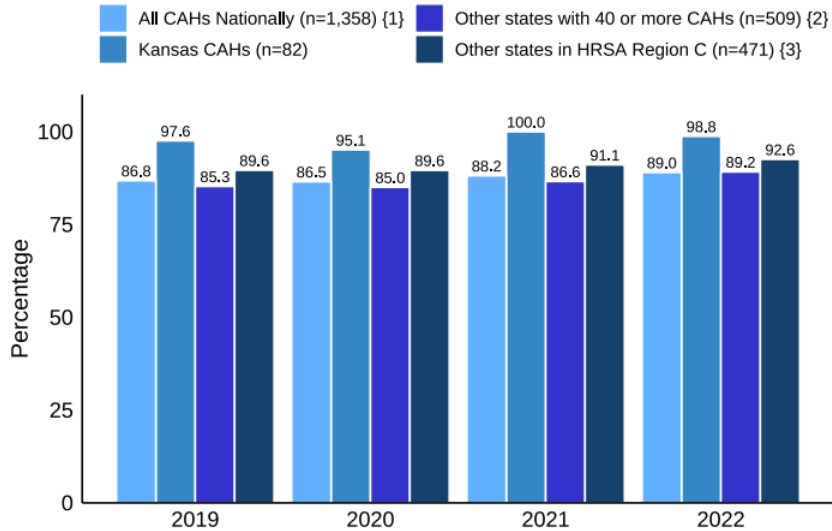**Table 5: Outpatient Quality Measure Results in Kansas and All CAHs Nationally, 2022**

Significantly better than all CAHs nationally   Significantly worse than all CAHs nationally

		KS CAHs (n=82)		All CAHs (n=1,358)		
Measure	**Description**	**CAHs reporting**	**% of patients {1}**	**CAHs reporting**	**% of patients**	**Benchmark (%)**
OP-2	Fibrinolytic therapy received within 30 minutes	80	46.0	1,131	48.4	100.0
OP-22	Patients left without being seen (lower is better)	70	0.4	976	1.5	0.1

Footnotes:

{1} Rates without highlights were not significantly different from comparable rates in all CAHs nationally.
† Indicates insufficient data to calculate rate (<25 patients)
∗ Indicates that no CAHs in the state submitted data values for eligible patients, but that one or more CAHs in the state either reported a population of 0 or submitted eligible cases to CMS that were excluded for the measure.

Table 6: Outpatient Median Quality Measure Results in Kansas and All CAHs Nationally, 2022

Significantly better than all CAHs nationally   Significantly worse than all CAHs nationally

		KS CAHs (n=82)		All CAHs (n=1,358)		
Measure	**Description**	**CAHs reporting**	**Minutes {1}**	**CAHs reporting**	**Minutes**	**Benchmark (minutes)**
OP-3b	Median time to transfer to another facility - acute coronary intervention	80	128.0	1,131	72.0	38.0
OP-18b	Median time from ED arrival to ED departure for discharged patients	79	112.0	1,147	115.0	85.0

Footnotes:

{1} Median minutes to receiving care. Lower is better for all measures. Rates without highlights were not significantly different from comparable rates in all CAHs nationally.
† Indicates insufficient data to calculate rate (<25 patients)
∗ Indicates that no CAHs in the state submitted data values for eligible patients, but that one or more CAHs in the state either reported a population of 0 or submitted eligible cases to CMS that were excluded for the measure.

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Figure 8: Percentage of CAHs Reporting at Least One Patient Engagement Measure (HCAHPS)
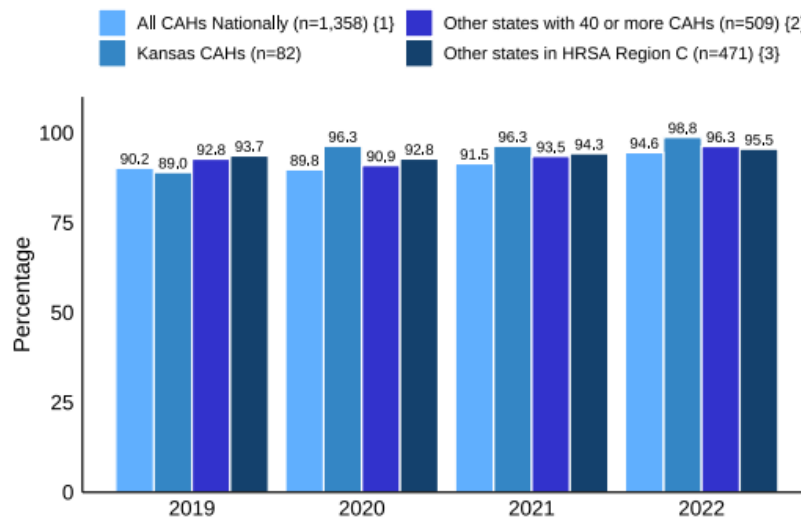
Legend: All CAHs Nationally (n=1,358) {1}; Kansas CAHs (n=82); Other states with 40 or more CAHs (n=509) {2}; Other states in HRSA Region C (n=471) {3}

Footnotes:
1} Listed n values refer to most recent data (2022) only
2} Group includes states with 40 or more CAHs: IA(82), IL(52), MN(77), MT(49), NE(63), OK(40), TX(88), WI(58)
3} HRSA Region C includes: IA(82), IL(52), IN(34), MI(37), MN(77), MO(35), NE(63), OH(33), WI(58)

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Table 8: State Ranking of CAH Reporting Rates for HCAHPS Quality Measures, 2022

Rank	State	CAHs reporting	% of CAHs	Rank	State	CAHs reporting	% of CAHs
1	Nebraska	63	100.0	24	California	35	97.2
1	Wisconsin	58	100.0	25	Ohio	32	97.0
1	Illinois	52	100.0	26	Colorado	31	96.9
1	South Dakota	39	100.0	27	Minnesota	74	96.1
1	Georgia	30	100.0	28	Oklahoma	38	95.0
1	Idaho	27	100.0		National	1,284	94.6
1	Oregon	25	100.0	29	North Dakota	35	94.6
1	West Virginia	21	100.0	30	Montana	46	93.9
1	New York	18	100.0	31	Mississippi	30	93.8
1	Maine	16	100.0	32	Arkansas	26	92.9
1	Pennsylvania	16	100.0	32	Kentucky	26	92.9
1	Wyoming	16	100.0	34	Utah	12	92.3
1	Nevada	13	100.0	35	North Carolina	18	90.0
1	New Hampshire	13	100.0	36	Michigan	33	89.2
1	New Mexico	11	100.0	37	Texas	78	88.6
1	Hawaii	9	100.0	37	Missouri	31	88.6
1	Vermont	8	100.0	39	Washington	34	87.2
1	Virginia	8	100.0	40	Tennessee	13	81.3
1	Alabama	5	100.0	41	Florida	8	80.0
1	Massachusetts	3	100.0	42	Louisiana	21	77.8
1	South Carolina	3	100.0	43	Indiana	26	76.5
22	Iowa	81	98.8	44	Arizona	12	75.0
22	Kansas	81	98.8	45	Alaska	9	69.2

Table 9: HCAHPS Results for CAHs in Kansas and All CAHs Nationally, 2022

■ Significantly better than all CAHs nationally   ■ Significantly worse than all CAHs nationally

HCAHPS Measure	Percentage of patients that gave the highest level of response (e.g., "always")		
	KS CAHs (n=82)	All CAHs (n=1,358)	Benchmark (%)
CAHs Reporting	n=81	n=1,284	
Nurses always communicated well	84.0	83.0	87.7
Doctors always communicated well	86.7	83.1	88.0
Patients always received help as soon as wanted	74.1	73.4	81.2
Staff always explained medications before giving them to patients	66.7	65.9	74.1
Staff always provided information about what to do during recovery at home	86.6	88.1	92.2
Patients strongly understood their care when they left the hospital	57.1	54.7	63.6
Patient's room and bathroom were always clean	79.9	78.1	79.6
Area around patient's room was always quiet at night	67.8	66.3	79.6
Patient gave a rating 9 or 10 [high] on a 1-10 scale	80.4	76.0	85.7
Patient would definitely recommend the hospital to friends and family	77.7	73.8	NA

Footnotes:

† Indicates insufficient data to calculate rate (<25 patients)
∗ Indicates that no CAHs in the state submitted data values for eligible patients, but that one or more CAHs in the state either reported a population of 0 or submitted eligible cases to CMS that were excluded for the measure.

Figure 11: Percentage of CAHs Reporting Care Transitions Measure (EDTC)
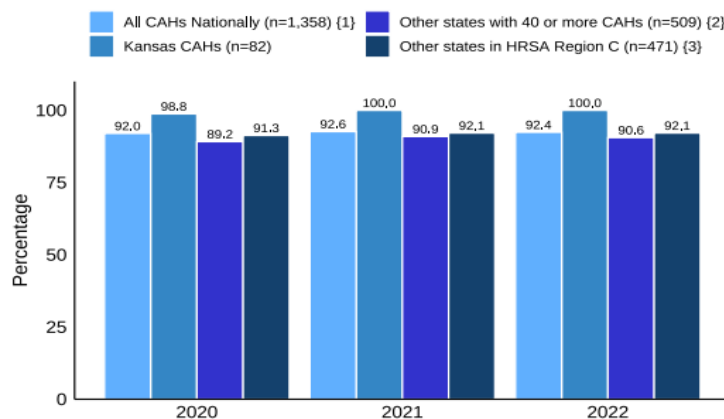
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{3} HRSA Region C includes: IA(82), IL(52), IN(34), MI(37), MN(77), MO(35), NE(63), OH(33), WI(58)

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Table 10: State Ranking of CAH Reporting Rates for EDTC Quality Measure, 2022

Rank	State	CAHs reporting	% of CAHs	Rank	State	CAHs reporting	% of CAHs
1	Kansas	82	100.0	24	Wisconsin	56	96.6
1	Oklahoma	40	100.0	25	New York	17	94.4
1	South Dakota	39	100.0	26	Arizona	15	93.8
1	North Dakota	37	100.0	26	Maine	15	93.8
1	California	36	100.0	26	Wyoming	15	93.8
1	Georgia	30	100.0	29	Louisiana	25	92.6
1	Arkansas	28	100.0		National	1,255	92.4
1	Idaho	27	100.0	30	Washington	36	92.3
1	West Virginia	21	100.0	30	Alaska	12	92.3
1	Pennsylvania	16	100.0	32	Mississippi	29	90.6
1	Nevada	13	100.0	33	Iowa	74	90.2
1	New Hampshire	13	100.0	34	Kentucky	25	89.3
1	Utah	13	100.0	35	Michigan	33	89.2
1	New Mexico	11	100.0	36	Missouri	31	88.6
1	Florida	10	100.0	37	Montana	42	85.7
1	Hawaii	9	100.0	38	Illinois	44	84.6
1	Virginia	8	100.0	39	Colorado	27	84.4
1	Alabama	5	100.0	40	Tennessee	13	81.3
1	Massachusetts	3	100.0	41	Oregon	20	80.0
1	South Carolina	3	100.0	41	North Carolina	16	80.0
21	Minnesota	76	98.7	43	Ohio	26	78.8
22	Indiana	33	97.1	44	Texas	68	77.3
23	Nebraska	61	96.8	45	Vermont	2	25.0

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Table 11: EDTC Results for CAHs in Kansas and All CAHs Nationally, 2022

🟩 Significantly better than all CAHs nationally   🟧 Significantly worse than all CAHs nationally

EDTC Measure	Average Percentage		
	Kansas CAHs (n=82)	All CAHs (n=1,358)	Benchmark (%)
CAHs Reporting	n=82	n=1,255	
EDTC-All: Composite	82.6	90.3	100
Home Medications	91.8	94.3	100
Allergies and/or Reactions	94.4	96.0	100
Medications Administered in ED	94.2	96.3	100
ED Provider Note	90.3	94.9	100
Mental Status/Orientation Assessment	92.5	95.7	100
Reason for Transfer and/or Plan of Care	95.4	96.8	100
Tests and/or Procedures Performed	93.8	96.5	100
Tests and/or Procedures Results	92.9	96.0	100

Footnotes:

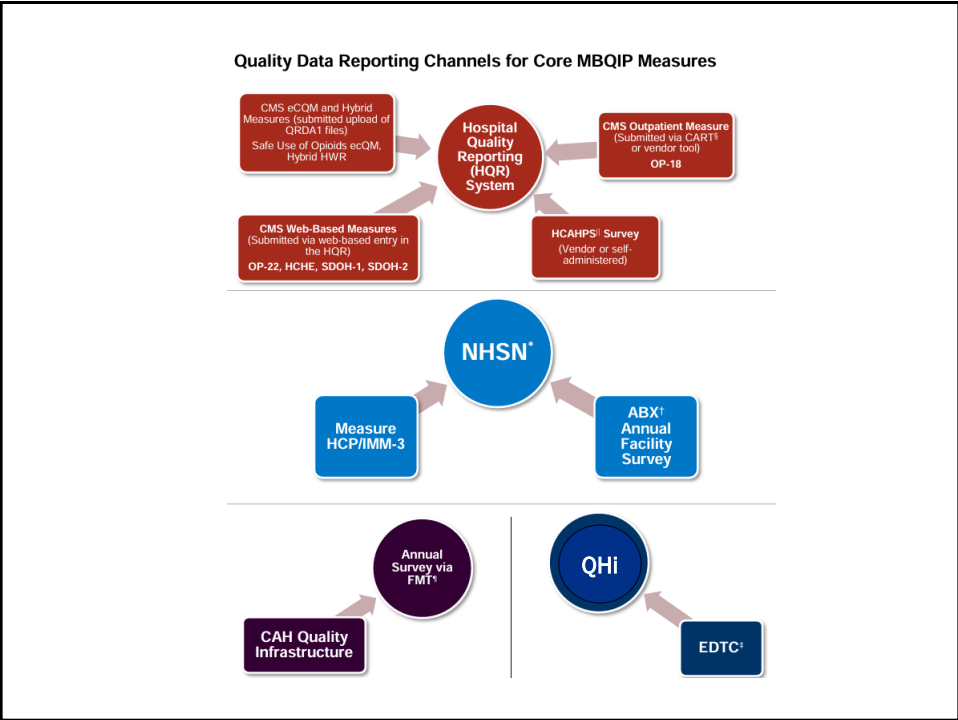† Indicates insufficient data to calculate rate (<25 patients)

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Medicare Beneficiary Quality Improvement Project (MBQIP)

CMS Clinical Data Warehouse (QualityNet)	CDC National Healthcare Safety Network (NHSN)	Quality Health Indicators (QHi)

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Quality Data Reporting Channels for Core MBQIP Measures

CMS eCQM and Hybrid Measures (submitted upload of QRDA1 files)
Safe Use of Opioids ecQM, Hybrid HWR

Hospital Quality Reporting (HQR) System

CMS Outpatient Measure (Submitted via CART§ or vendor tool)
OP-18

CMS Web-Based Measures (Submitted via web-based entry in the HQR)
OP-22, HCHE, SDOH-1, SDOH-2

HCAHPS‖ Survey (Vendor or self-administered)

NHSN*

Measure HCP/IMM-3

ABX† Annual Facility Survey

Annual Survey via FMT¶

QHi

CAH Quality Infrastructure

EDTC‡

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Medicare Beneficiary Quality Improvement Project (MBQIP)
Hospital Data Submission Deadlines
Reporting Quarters Applicable to SHIP 2024-2025 Grant (FY24)

Measure ID	Measure Name	Reported To	Submission Deadline by Encounter Period			
			Q4 / 2023 Oct 1 - Dec 31	Q1 / 2024 Jan 1 - Mar 31	Q2 / 2024 Apr 1 - Jun 30	Q3 / 2024 Jul 1 - Sep 30
OP-18	Median time from ED Arrival to ED Departure for Discharged ED Patients	HQR portal via Outpatient CART/Vendor	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025
OP-22	Patient left without being seen	Hospital Quality Reporting (HQR) portal	May 15, 2025 (Aggregate based on full calendar year 2024)			
HCAHPS	Hospital Consumer Assessments of Healthcare Providers and Systems	Hospital Quality Reporting (HQR) portal via Vendor	April 3, 2024	July 3, 2024	October 2, 2024	January 3, 2025
HCP/IMM-3	Influenza vaccination coverage among health care personnel	National Healthcare Safety Network (NHSN)	May 15, 2025 (Aggregate based on Q4 2024/Q1 2025)			
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	National Healthcare Safety Network (NHSN)	March 1, 2025 (Survey year 2024)			
EDTC	Emergency Department Transfer Communication	QHi	Submit each month by the end of the following month			
Quality Program Assessment	National CAH Quality Inventory and Assessment	Healthworks	October 18, 2024			
Social Drivers of Health	Identification of Team Leader	Healthworks	Submitted as part of SHIP agreement			
Health Equity	Identification of Team Leader	Healthworks	Submitted as part of SHIP agreement			

* Please note Hybrid Hospital-Wide All Cause Readmission, Safe Use of Opioids, Screening for Social Drivers of Health, Screen Positive for Social Drivers of Health, and Hospital Commitment to Health Equity will be required as part of MBQIP reporting in the next grant cycle (FY25).

Updated 09/10/2024

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Population and Sampling

Table 3: Sample Size Requirements per Quarter per Hospital for OP-18

Population Per Quarter	0–900
Quarterly Sample Size	63
Monthly Sample Size	21
Population Per Quarter	**≥ 901**
Quarterly Sample Size	96
Monthly Sample Size	32

Hospital OQR Specifications Manual

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Quality Data Collection/Reporting

Abstraction Tools and Reporting Locations

- QualityNet
- CMS Abstraction Reporting Tool – CART
- Health Care Quality Information System – HCQIS
- HCQIS Access Roles and Profile – HARP
- National Healthcare Safety Network – NHSN
- QHi
- Vendor

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Quality Data Collection/Reporting

Measure Sets

MBQIP

- Hospital OP – OQR
- Emergency Department Transfer Communication – EDTC
- Hospital Consumer Assessment of Healthcare Providers and Systems – HCAHPS

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Polling Question

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CMS Abstraction Reporting Tool

- Find CART on QualityNet
- OP side must be downloaded to your computer
  - Two administrators
- CART versions are based on date of service of abstractions
- Enable/Disable questions as appropriate
- Upload file to QualityNet AND QHi

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HQR (QualityNet)

- Specification Manuals
  - How to find your population (appendices)
  - Algorithms for each measure set
  - Population and Sampling
- Paper Tools
- On-Line User Manual
- Have two administrators

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QualityNet – HARP Account

- HCQIS Access Roles and Profile – HARP
- Health Care Quality Information Systems – HCQIS
- Hospital Quality Reporting – HQR
- HQR Portal: https://hqr.cms.gov
- Review Screenshots for QualityNet HARP Acct

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Quality Health Indicators (QHi)

Types of Measures
- Hospital Characteristics
- Clinical Quality
  - In-Patient (IP)
  - Outpatient (OP)
  - Infection Prevention
- Financial/Operational
- Workforce

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Quality Health Indicators (QHi)

Measure Sets

- KS MBQIP
- Emergency Department Transfer Communication (EDTC)
- Kansas Swing Bed
- KHC Compass HQIC
- KU Care Collaborative (KU CC)
- BC/BS QBRP (CAH or PPS)

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Emergency Department Transfer Communication (EDTC)

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Kansas vs National

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State-Level Care Transition Core Measures/EDTC Report
Quarter 2 - 2024

Generated on 08/28/24

	MBQIP Quality Measure	Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Bench-mark
		Q3 2023	Q4 2023	Q1 2024	Q2 2024	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All	Composite	87%	88%	90%	90%	89%	82	90%	100%	1,205	92%	100%
	Home Medications	94%	95%	95%	95%	95%	82	95%	100%	1,205	96%	100%
	Allergies and/or Reactions	96%	97%	97%	97%	97%	82	97%	100%	1,205	97%	100%
	Medications Administered in ED	96%	97%	96%	97%	97%	82	97%	100%	1,205	97%	100%
	ED Provider Note	94%	95%	95%	94%	94%	82	94%	100%	1,205	96%	100%
	Mental Status/Orientation Assessment	95%	95%	97%	96%	96%	82	96%	100%	1,205	97%	100%
	Reason for Transfer and/or Plan of Care	97%	97%	98%	97%	97%	82	97%	100%	1,205	98%	100%
	Tests and/or Procedures Performed	95%	96%	96%	96%	96%	82	96%	100%	1,205	98%	100%
	Tests and/or Procedures Results	95%	95%	96%	95%	95%	82	95%	100%	1,205	97%	100%
	Total Medical Records Reviewed (N)	N=2,487	N=2,445	N=2,323	N=2,568	N=9,823	N=2,568			N=53,556		

"N/A" indicates that no CAH data were submitted for this state.

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Kansas BCBS QBRP

QM13: Emergency Department Transfer Communication (MBQIP)

Numerator: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all the following relevant elements were documented and communicated to the receiving hospital in a timely manner.

1. Home Medications
2. Allergies and/or Reactions
3. Medications Administered in ED
4. ED Provider Notes
5. Mental Status/Orientation Assessment
6. Reason for Transfer and/or Plan of Care
7. Tests and/or Procedures Performed
8. Tests and/or Procedures Results

Denominator: Transferred from an ED to another healthcare facility

The incentive will be earned if EDTC rate is greater than or equal to 79% during the reporting period.

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EDTC Data Collection Tool

Patient Information Data Entry Form

Enter name of person doing data collection	
Enter patient medical record number (or other identifier)	
Select patient discharge disposition (from drop down list)	
Enter date of patient encounter (MM/DD/YYYY)	

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EDTC Review

Data Specification Manual

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EDTC Review

Monthly QHi Reporting

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Resources

- www.qualitynet.org
  - QualityNet Help Desk
  - Phone: (866) 288-8912
  - Email: qnetsupport@hcqis.org
- When calling the national help desk **do not** mention MBQIP. It doesn't matter you are a CAH or what program you are doing it for
- Say: "I need assistance getting the CMS measure data submitted to the warehouse"

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Resources

- www.qualityhealthindicators.org
  - Email: smoore@kha-net.org

- www.stratishealth.org/toolkit/emergency-department-transfer-communication/
  - Specification Manual
  - Data Collection Resources

- www.cdc.gov/nhsn/
  - Email: nhsn@cdc.gov

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Resources

- www.krhop.net
  - SHIP
    - SHIP 24-25
  - Quality
    - MBQIP
    - Abstraction
- www.kha-net.org
  - Education
    - Education Brochures
    - Register for Healthworks/KHA Events Online https://registration.kha-net.org/

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2024/2025 Upcoming Webinars

- SHIP Quarterly Webinars
  - December 12
  - March 11

- Quality Corner Calls
  - November 14: Awards and Best Practices
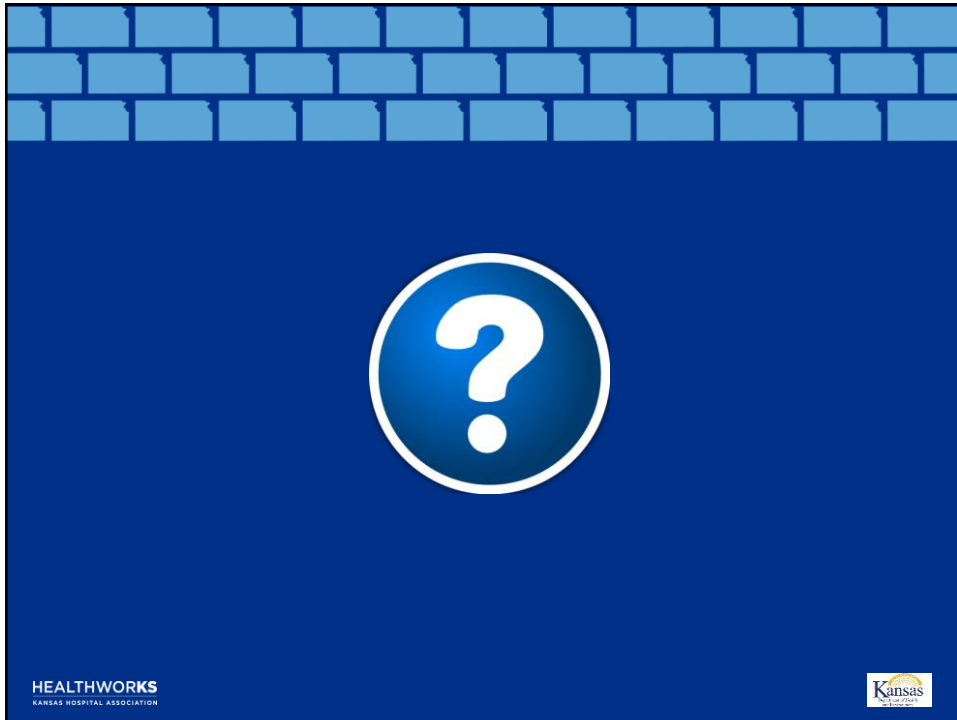 - January 10: New Year, New You
  - February 11: TBD

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Polling Question

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Funding Acknowledgement

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