

# FEDERAL OFFICE OF RURAL HEALTH POLICY (ORHP)

## FLEX MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROJECT (MBQIP)

ORHP created MBQIP as a Flex Grant Program activity within the core area of quality improvement. This project puts patients first by focusing on Critical Access Hospital (CAH) improvements to health care services, processes and administration. This goal will be achieved by asking you, the CAHs, to report a specific set of CAH-relevant measures and engage in quality improvement projects to benefit patient care. Data will be aggregated into a national outcome for CAHs and shared with your State Flex Coordinator. This initiative takes a proactive approach to ensure CAHs are well-prepared to meet future quality requirements.

### What **CAHS** need to do:

1. Watch Paul Moore's brief YouTube video on MBQIP ([www.hrsa.gov/ruralhealth/about/video/index.html](http://www.hrsa.gov/ruralhealth/about/video/index.html))
2. Report on the rural-relevant MBQIP measures
3. Return your consent form or Memorandum of Understanding to your State Flex Program to enable ORHP access to your non-beneficiary level reported data
4. Use the quarterly quality data results, provided to you by your Flex Coordinator, to drive your internal quality improvement activities

### At a Glance:

Currently, 71% of CAHs publically report inpatient measures to Hospital Compare

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By state, CAH reporting to Hospital Compare ranges from 11 - 100%

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Only 35% of CAHs report to HCAHPS

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753 CAHs have committed to participate in MBQIP as of 10/12/2011

#### Phase 1 Measures (Begin September 2011)

- Pneumonia: Hospital Compare CMS Core Measure (participate in all sub-measures); AND
- Congestive Heart Failure: Hospital Compare CMS Core Measure (participate in all sub-measures)

#### Phase 2 Measures (Begin September 2012)

- Outpatient 1-7: Hospital Compare CMS Measure (all sub-measures that apply); AND
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

#### Phase 3 Measures\* (Begin September 2013)

- Pharmacist CPOE/Verification of Medication Orders Within 24 Hours; AND
- Outpatient Emergency Department Transfer Communication
- *\*Reporting tool for Phase 3 Measures is yet to be determined*