



State Office of Rural Health
Bureau of Community Health Systems

Our vision is 'healthy Kansans living in safe and sustainable environments'.
The state belongs to all of us - "Kansas Don't Spoil It"

Webinar Objectives

- What is the MBQIP?
- What are the steps my hospital needs to take as part of this project?
- What resources and support is available my hospital to be part of this project?

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Medicare Beneficiary QI Project

*Improve rural quality care access for rural
Medicare beneficiaries served*

*Support critical access hospitals in quality data
reporting*

*Build a national data base of uniformly reported
data*

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*“Quality of Care and Patient Outcomes In
Critical Access Rural Hospitals”
2011 Journal of American Medical Association*

“Compared with non-CAHs, CAHs had fewer clinical capabilities, worse measured processes of care, and higher mortality rates for patients with AMI, CHF, or pneumonia.”

“CAHs ... less often provided care consistent with standard quality metrics and generally had worse outcomes than non-CAHS.”

Telling Our Story....

“Engaging in the process of collecting and reporting data is an important step toward developing an internal quality”

<http://youtu.be/hYbgvZUbTlg>

Hospital Participation in MBQIP

- Sign Participation Agreement form stating that your hospital:
 - Grants the Federal ORHP permission to access this hospital-level data in the CMS Q-Net Data Warehouse
 - Agrees to voluntarily collect and report rural-relevant specific measures to CMS Q-Net Data Warehouse

Starting September 2011

Phase I

Pneumonia: CMS Hospital Compare Core Measure

PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital

PN-4: Adult Smoking Cessation Advice/Counseling

PN-5c: Initial Antibiotic Received Within 6 Hours of Hospital Arrival

PN-6²: Initial Antibiotic Selection

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Starting September 2011

Phase I

Congestive Heart Failure: Core Measure

HF-1: Discharge Instructions

HF-2: Evaluation of LVS Function

HF-3: ACEI or ARB for LVSD

HF-4: Adult Smoking Cessation Advice/Counseling

Risk-standardized, 30-day readmission rate

READM-30-PN: Pneumonia

READM-30-HF: Heart failure

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Starting September 2012

Phase II

Outpatient 1-7: Hospital Compare CMS Measure

OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival in the Emergency Department

OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention in the Emergency Department

OP-4: Aspirin at Arrival in the Emergency Department

OP-5: Median Time to ECG in the Emergency Department

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Starting September 2012

Phase II

Outpatient 1-7: Hospital Compare CMS Measure (cont.)

OP-6: Timing of Antibiotic Prophylaxis (Prophylactic Antibiotic Initiated Within One Hour Prior to Surgical Incision) in Surgery

OP-7: Prophylactic Antibiotic Selection for Surgical Patients in Surgery

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

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Medicare Beneficiary Quality Improvement Program Participation Agreement

The Medicare Beneficiary Quality Improvement Project (MBQIP) is a new initiative of the Federal Office of Rural Health Policy through the Rural Medicare Hospital Flexibility (FLEX) Program to support all Critical Access Hospitals (CAH) in implementing quality improvement (QI) initiatives. Through this new program, the FLEX Monitoring Team will collect rural-relevant quality measures reported by CAHs nation-wide to develop a national bench-marking system that will be used to evaluate the effectiveness of rural QI initiatives and to identify QI best practices.

This initiative will have several positive outputs:

- The FLEX Monitoring Team will aggregate CAH-reported quality measures on a timely basis and routinely provide reports to each State FLEX program.
- Up-to-date information will be available to educate policy-makers on quality in CAHs and to answer policy discussion questions about value-based purchasing and CAH reimbursement.
- Aggregated quality data from CAHs will be used to develop a national toolbox of QI best practices.
- CAHs will have enhanced access to technical assistance regarding data collection and reporting, for example CART trainings.

Participating CAHs will agree to report the following quality measures to CMS Q-Net Data Warehouse for subsequent compilation and analysis by the FLEX Monitoring Team:

- Starting September 1, 2011, CAH will report Phase 1 Measures
 - oPneumonia: Hospital Compare CMS Core Measure (participate in all sub-measures); AND
 - oCongestive Heart Failure: Hospital Compare CMS Core Measure (participate in all sub-measures)
 - o30-day Readmission rates: Pneumonia and Congestive Heart Failure
- Starting September 1, 2012, CAH will also report Phase 2 Measures
 - oOutpatient 1-7: Hospital Compare CMS Measure (all sub-measures that apply); AND
 - oHospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Data Use Agreement

By checking here, the provider hereby confirms its written consent as required by 42 CFR section 480.140(d) to the release of the confidential Quality Review Study information for purposes as outlined below:

- The data from Phase 1 and 2 measures submitted by the hospital into CMS Q-Net Data Warehouse will be provided to the Federal Office of Rural Health Policy and the FLEX Monitoring Team, who will analyze the data.
- Beneficiary level data will not be accessed.
- Hospital level data will be analyzed by the FLEX Monitoring Team. Results reported by the FLEX Monitoring Team will be presented in an aggregated manner.
- Unidentifiable hospital level data will be reported to the Kansas Flex program for further comparison within the state.

Hospital - Next Steps

Is your hospital registered with My Quality Net?

*Does your hospital currently submit data to the
CMS QIO Clinical Data Warehouse for posting
on Hospital Compare?*

Getting Started – Quality Reporting

- Complete the [QualityNet Registration](#) process.
- Complete a Hospital quality Alliance [Pledge of Participation form](#) (PDF).
- Submit data via *My QualityNet* to the QIO Clinical Warehouse, according to the [Data Submission Deadlines](#). Hospitals utilizing a vendor to submit data on their behalf must first complete the online authorization process, accessible from *My QualityNet*.
- When notified via e-mail, view the HQA Preview Report on *My QualityNet*.

Hospital - Next Steps

Which inpatient quality measures is your hospital reporting?

Is your hospital reporting outpatient measures?

MBQIP Inpatient Measures

- Pneumonia: Hospital Compare CMS Core Measures
 - 6 sub measures: PN-2, PN-3b, PN-4, PN-5c, PN-6²
- Congestive Heart Failure: Hospital Compare CMS Core Measures
 - 4 sub measures: HF-1 through HF-4
- 30-day Readmission rates: Pneumonia and Congestive Heart Failure.
 - READM-30 PN, READM-30-HF

Getting Started

– Outpatient Measures

- Identify and maintain a QualityNet Security Administrator (SA) as outlined in the registration process located in the QualityNet Registration on the QualityNet website.
 - Existing QualityNet SAs under the inpatient hospital reporting program may be registered as the outpatient SA.
 - It is highly recommended that hospitals designate more than one SA for backup purposes.
- Complete and submit the HOP QDRP Online Pledge through My QualityNet.

Hospital - Next Steps

Is your hospital registered to use the Quality Health Indicators (QHi) web-tool?

Does your hospital currently reporting data into QHi?

Roberts
Work Mode: QHi Core
Measure Set ([switch modes](#))

Quality Health Indicators

August 2011
19 of 52 hospital submissions are activated
Inbox (0) | Outbox (0) | [Ask My Admin](#)



Welcome Center

Latest Updates

[QHi FAQs](#)
[Best Practice Story Form](#)

QHi and Quality Education Opportunities

QHi Back to Basics Training, Wednesday, October 5, 2:00 to 3:00 Central Time
Please join us for a Back to Basics Review of the Quality Health Indicator project website, QHi. The Webinar/Conference call is scheduled for Wednesday, October 5 from 2:00 to 3:00 Central Time. During this review we will walk through the basics of adding users, selecting measures, entering data and running reports through the Dashboard, Reports and the New Reports applications. Please click [here](#) to register for the webinar/conference call.

October Quality Education Session, October 19, 2011 Please join us on Wednesday, October 19 from 2:00 to 3:00 Central Time for our next Quality Education Session. Darlene Bainbridge will present on the topic of Medication Errors. More information to come. Please click [here](#) to register for the webinar/conference call.

Click [here](#) to download the **July 18 Quality Education Session PowerPoint "Surviving the Growing Number of Regulations"**. (no recording available)

June 14 Quality Education Session Recording Now Available
Please click [here](#) to view the recorded presentation by Darlene Bainbridge on "Getting to

Dashboard Options

View Options

[Tables view](#)
[Graph and table view](#)
[PDF File](#)

Email PDF of Dashboard

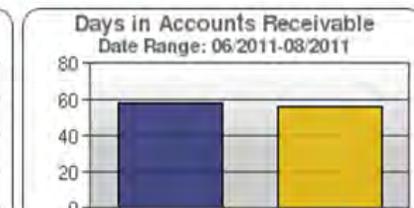
[To Myself](#)
Choose Recipients (hospital mode only)
[Create Schedule](#)

Change start month:

Core Measures Dashboard

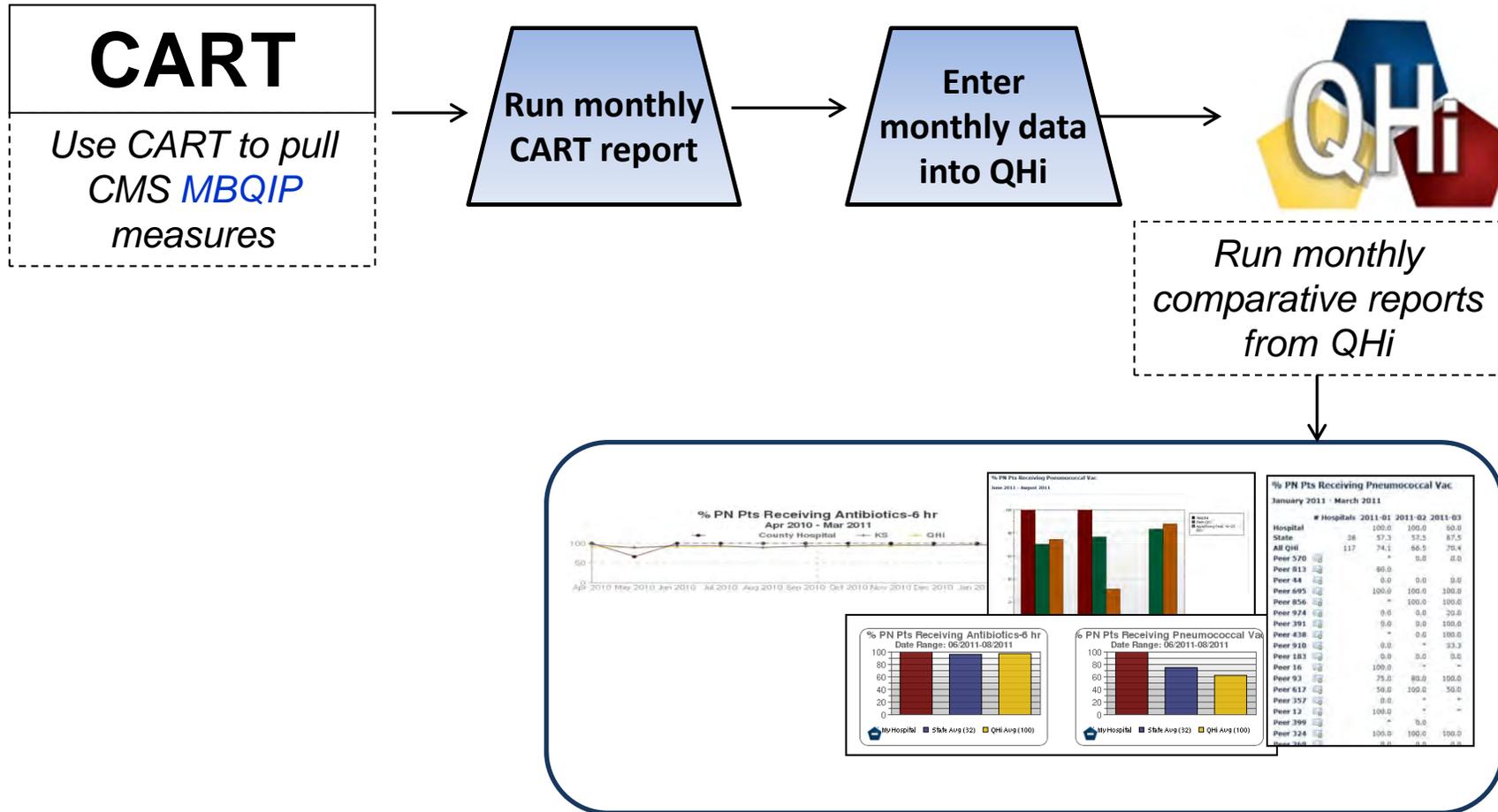
[View My Dashboard](#)

[At A Glance Dashboard](#) | [New Reports](#)



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Quality Health Indicator Project



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MBQIP Resources & Support

*CMS CART (Chart Abstraction and Review Tool)
Trainings*

CMS Chart Abstract and Review Project

Kansas Foundation for Medical Care

Quality Health Indicators web-tool

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ReadyTalk

**QHi Back to Basics Review Oct 5
2:00 - 3:00 CT**

Please register below. Following your registration, you will receive a confirmation email with webinar and call in connection information.

Date & Time

Date: Wed, Oct 5, 2011
Time: 02:00 PM CDT
Duration: 1 hour
Host(s): Sally Perkins and Stu Moore

Meeting Description:

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Register for this Meeting:

First Name *

Last Name *

Email *

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Kansas Foundation for Medical Care, Inc.

We Facilitate the Improvement of Healthcare

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- Home Health
- Hospital
- Nursing Home
- Physician Offices
- Adverse Drug Events

Review Services

EQRO

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Welcome to KFMC, Inc.

The Kansas Foundation for Medical Care, Inc. is a not-for-profit organization focused on improving healthcare quality.

We ensure that Medicare and Medicaid patients receive appropriate and quality healthcare.

KFMC, Inc. also educates consumers so that they can make informed decisions about healthcare.

[Learn more](#) about KFMC, Inc. and the services that we provide.

If you require further information or assistance, don't hesitate to contact us at:

2947 SW Wanamaker Drive
Topeka, KS 66614-4193
Toll-Free: (800) 432-0770
Local: (785) 273-2552



Corporate News

2011 Annual Medical Services Review Report

Medicare Contract Information

Moving Forward
Aug 1, 2011 - Jul 31, 2014

Improving Individual Patient Care

Recent Accomplishments
Aug 1, 2008 - Jul 31, 2011

QIO Program Progress Report July 2011

Spotlight

QIO News

Patient Safety Videos

REC Services Free for PPCPs

...Telling Our Story

*Rural communities are a wonderful place to live
and work*

Health care in rural America is unique

*Rural hospitals are sources of innovation and
resourcefulness that are able to reach beyond
geographical boundaries and deliver quality
care.*



Better Care, Lower Costs

National public-private partnership Goals

By the end of 2013...

- ❖ Decrease preventable hospital-acquired conditions by 40%
- ❖ Reduce hospital re-admissions by 20%

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Next Steps – MBQIP Phase 3

E.D. Patient Transfer Communication
(care transitions)

Pharmacist CPOE or Verification of Medication
Orders within 24 hours
(patient safety)

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Join the Celebration!

National Rural 2011 Health Day

Celebrating the Power of Rural!



November 17, 2011

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