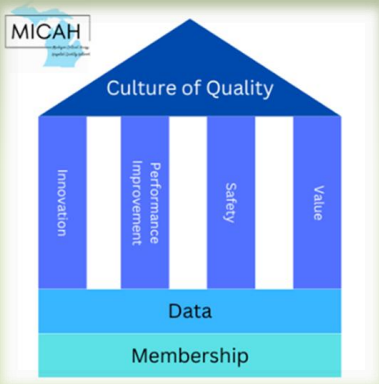# MICAH QN
2024 National CAH Quality Assessment

What: The CAH Assessment and Inventory MBQIP measure will provide state and national comparison information to assess your CAH infrastructure, QI processes, and areas of improvement for each facility. An Individualized report was sent to you last week with your hospitals results.

Why: Using this measure, MCRH and MICAH QN can plan quality activities to improve CAH quality infrastructure. Data will provide timely, accurate, and useful CAH quality-related information to help inform state-level technical assistance for CAH improvement activities. This measure will provide hospital and state specific information to help inform the future of MBQIP and national technical assistance and data analytic needs.

The CAH Assessment took place between
October 25 – December 31, 2023

Response Rates:

90% of all CAHs Nationally (n=1207) completed the survey

92% of CAHs in Michigan (n=33) completed the survey

This is an annual survey and will be release in the fall of 2024 for Calendar year 2023

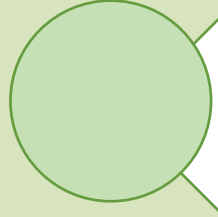# CAH Assessment Based on 9 Elements and 32 Criteria

Leadership Responsibility and Accountability

Quality Embedded with Organization Strategic Plan
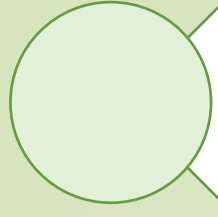
Workforce Engagement and Ownership

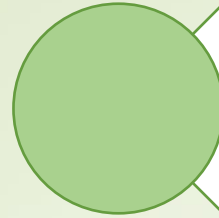Engagement of Patient, Partners and Community

Using Data to Improve Quality

Culture of Continuous Improvement Through Systems

Culture of Continuous Improvement Through Behavior

Integrating Equity into Quality Practices

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*CAH must meet 100% of an elements criteria to be considered meeting the element

CAHs Responding to Assessment	33	Leadership Responsibility and Accountability	Quality Embedded within the Organization's Strategic Plan	Workforce Engagement and Ownership	Culture of Continuous Improvement Through Systems	Culture of Continuous Improvement Through Behavior	Integrating Equity into Quality Practices	Engagement of Patients, Partners, and Community	Collecting Meaningful and Accurate Data	Using Data to Improve Quality
CAHs Meeting Element: Count		32	20	21	32	26	13	13	29	19
CAHs Meeting Element: Percentage		89%	56%	58%	89%	72%	36%	36%	81%	53%

Quality Infrastructure Tool - Infrastructure Element Summary

CAH Facility	# Elements Met	Leadership Responsibility and Accountability	Quality Embedded within the Organization's Strategic Plan	Workforce Engagement and Ownership	Culture of Continuous Improvement Through Systems	Culture of Continuous Improvement Through Behavior	Integrating Equity into Quality Practices	Engagement of Patients, Partners, and Community	Collecting Meaningful and Accurate Data	Using Data to Improve Quality
	9	Met	Met	Met	Met	Met	Met	Met	Met	Met
	9	Met	Met	Met	Met	Met	Met	Met	Met	Met
	8	Met	Met	Met	Met	Met	Met	Not Met	Met	Met
	8	Met	Met	Met	Met	Met	Met	Met	Met	Not Met
	8	Met	Met	Met	Met	Met	Met	Met	Met	Not Met
	8	Met	Met	Met	Met	Met	Met	Met	Met	Not Met
	8	Met	Met	Met	Met	Met	Not Met	Met	Met	Met
	8	Met	Met	Met	Met	Met	Not Met	Met	Met	Met
	8	Met	Met	Met	Met	Met	Not Met	Met	Met	Met
	8	Met	Met	Met	Met	Met	Met	Met	Met	Not Met
	7	Met	Met	Not Met	Met	Met	Met	Not Met	Met	Met
	7	Met	Met	Not Met	Met	Met	Met	Not Met	Met	Met
	7	Met	Met	Not Met	Met	Met	Met	Not Met	Met	Met
	7	Met	Met	Not Met	Met	Met	Met	Not Met	Met	Met
	7	Met	Met	Met	Met	Met	Met	Not Met	Met	Not Met
	7	Met	Not Met	Met	Met	Met	Not Met	Met	Met	Met
	7	Met	Not Met	Met	Met	Met	Not Met	Met	Met	Met
	6	Met	Not Met	Met	Met	Met	Not Met	Not Met	Met	Met
	6	Met	Not Met	Met	Met	Met	Not Met	Not Met	Met	Met
	6	Met	Not Met	Met	Met	Not Met	Met	Met	Met	Not Met
	6	Met	Not Met	Met	Met	Met	Not Met	Not Met	Met	Met
	6	Met	Met	Met	Met	Met	Not Met	Not Met	Met	Not Met
	6	Met	Met	Met	Met	Met	Not Met	Met	Met	Not Met
	5	Met	Not Met	Not Met	Met	Met	Not Met	Not Met	Met	Met
	5	Met	Met	Met	Met	Not Met	Not Met	Not Met	Not Met	Met
	4	Met	Met	Not Met	Met	Met	Not Met	Not Met	Not Met	Not Met
	4	Met	Not Met	Met	Met	Not Met	Not Met	Not Met	Met	Not Met
	4	Met	Not Met	Not Met	Met	Met	Not Met	Met	Not Met	Not Met
	4	Met	Not Met	Not Met	Met	Met	Not Met	Met	Not Met	Not Met
	4	Met	Not Met	Not Met	Met	Not Met	Not Met	Not Met	Met	Met
	3	Met	Met	Not Met	Not Met	Not Met	Not Met	Met	Met	Not Met
	3	Met	Not Met	Not Met	Met	Not Met	Not Met	Not Met	Met	Not Met
	2	Not Met	Not Met	Not Met	Met	Not Met	Not Met	Not Met	Not Met	Met
	0	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond
	0	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond
	0	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond	Did Not Respond

CAH Element Criteria

MICAH QN v National Data

Number of Elements Met	MI CAHs (n=36)	CAHs Nationally (n=1,207)
All 9 Elements	6%	10%
Median Number of Elements Met	7	6

	Leadership	Strategic Plan	Workforce	CQI Systems	CQI Behavior	Equity	Pt Engagement	Data Collection	Using Data
■ MI CAHs	89%	56%	58%	89%	72%	36%	36%	81%	53%
■ Nat'l CAHs	95%	58%	61%	91%	84%	22%	52%	78%	63%

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Takeaways from the 3 lowest scoring Elements and lowest scoring Criteria

Element:

Engagement of Patients, Partners, and Community.

    36% MI CAHs Met Element

    52% Nat 'l CAHs Met Element

Criteria:

Question with Opportunity for Improvement:

Leaders synthesize and develop action plans in response to patient, family, and community feedback.

- 57% MI CAHs Met Criteria
- 71% Nat 'l CAHs Met Criteria

Element:

Integrating Equity into Quality Practices.

    36% MI CAHs Met Element

    26% Nat 'l CAHs Met Element

Criteria:

Question with Opportunity for Improvement:

Leaders routinely assess quality interventions and processes to address identified inequities.

- 52% MI CAHs Met Criteria
- 36% Nat 'l CAHs Met Criteria

Element:

Using Data to Improve Quality:

    53% MI CAHs Met Element

    63% Nat 'l CAHs Met Element

Criteria:

Question with Opportunity for Improvement:

The organization incorporates external data sources to inform QI efforts.

- 70% MI CAHs Met Criteria
- 74% Nat 'l CAHs Met Criteria

Examples of an External Data Source according to the Federal Office: Community Health Needs Assessment, County Health Rankings, State Census Data or Community Health Improvement Plan Data.

CAH Characteristics

Compared to CAHs nationally, CAHs in Michigan (36%) were less likely to be independent.
When comparing patient volume of CAHs in Michigan to other CAHs nationally, Michigan CAHs had the same average daily census median value (4.0) and a higher annual median emergency department volume (7,013).

Description	Michigan (n=33)	National (n=1,207)
CAH Independent	36%	54%
CAH Owned by System	64%	29%
CAH Contact Managed (not owned)	0%	16%
Median Average Daily Census (2022)	4	4
Median Emergency Department Volume (2022)	7,013	5,138

CAH Service Line Data

 The Assessment captured information on a variety of service lines provided in CAHs. Several are listed here compared to the national average. This is not all-inclusive list of service lines.

Service Line	Michigan (n=33)	National (n=1,207)
Ambulance	30%	33%
Inpatient Surgery	64%	59%
Labor & Delivery	27%	31%
Obstertics/Gynecology	52%	45%
Oncology	58%	35%
Outpatient Substance Use Services	33%	20%
Psychiatric Outpatient Counseling	21%	40%
Rural Health Clinic (RHC)	88%	73%
Skilled Nursing Facility/Long-Term Care	27%	37%
Swing Beds	81%	96%

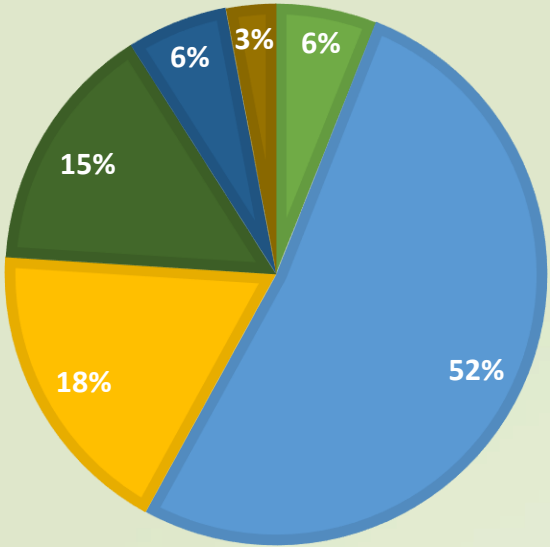MICHIGAN CENTER for RURAL HEALTH

MI CAH EHR Vendor

The Assessment captured information on Primary EHR Vendor and Quality Abstraction Uses

VENDOR

- Allscripts
- Epic
- Cerner
- CPSI
- Meditech
- Athenahealth

Epic 52%, Cerner 18%, CPSI 15%, Meditech 6%, Athenahealth 3%, Allscripts 6%

VENDOR USE

- Manual Data Abstraction
- Pre-Defined Reports
- Manually Developed Reports
- Upload Data to Quality Platform

Manual Data Abstraction 97%, Pre-Defined Reports 82%, Manually Developed Reports 97%, Upload Data to Quality Platform 45%
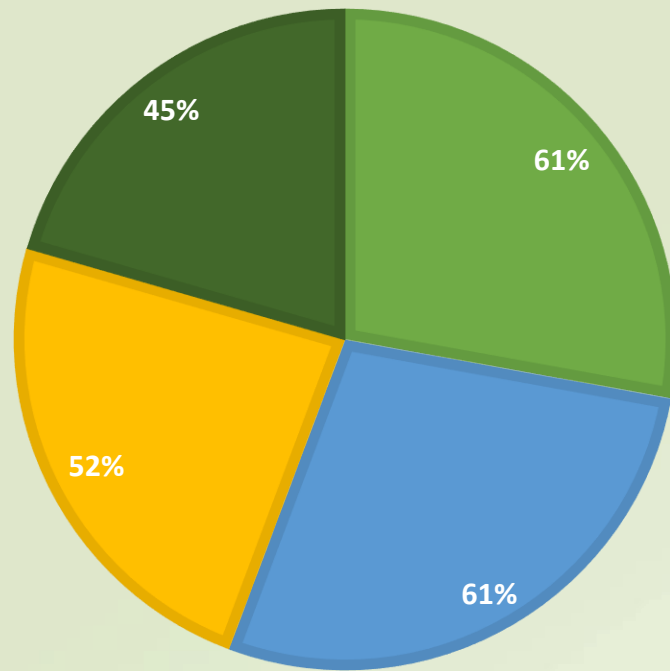
MICHIGAN CENTER for RURAL HEALTH
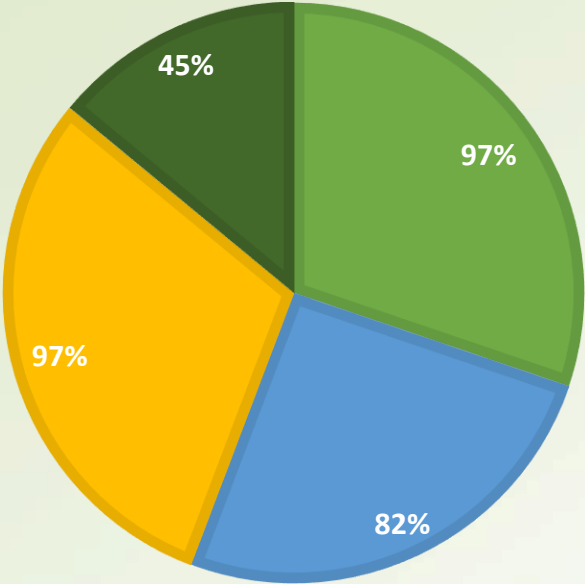
Quality Initiatives/Collaborative Models & Time Spent

The Assessment captured information on Quality Initiative Participation and the time spent submitting data quarterly.
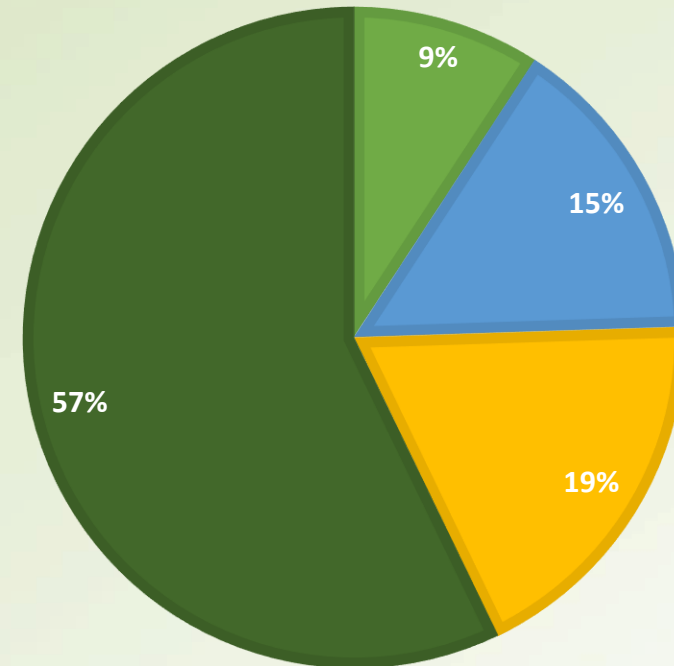
MBQIP 2025 – Measures Being Added to Core Set

				Submission Process and Deadlines[1,2]									
Measure ID	Description	MBQIP Domain	Reported To	Encounter Period									
				Q3 / 2023 Jul - Sep	Q4 / 2023 Oct - Dec	Q1 / 2024 Jan - Mar	Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan - Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec
TBD	CAH Quality Infrastructure	Global Measures	FMT via Qualtrics	MBQIP 2025 Core Measure starting with this measurement period due Dec 15, 2023	National CAH Inventory and Assessment Continues Due date TBD					National CAH Inventory and Assessment Continues Due date TBD			
TBD	Hospital Commitment to Health Equity	Global Measures	HQR Secure Portal	Hospitals may choose to report to CMS. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)	Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data)					MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			
TBD	Safe Use of Opioids	Patient Safety	HQR Secure Portal	Hospitals may choose to report to CMS. Deadline February 29, 2024 (CY 2023 data)	Hospitals may choose to report to CMS Submission Deadline February 28, 2025 (CY 2024 data)					MBQIP 2025 Core Measure starting with this measurement period Submission Deadline February 27, 2026 (CY 2025 data)			
TBD	Hybrid Hospital-Wide Readmission	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS Submission Deadline September 30, 2024 (Q3 2023 - Q2 2024 data)				MBQIP 2025 Core Measure starting with this measurement period Submission Deadline September 30, 2025 (Q3 2024 - Q2 2025 data)				Submission Deadline September 30, 2026 (Q3 2025 - Q2 2026 data)	
TBD	Social Determinants of Health (SDOH) Screening	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)	Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data)					MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			
TBD	Social Determinants of Health (SDOH) Screening Positive	Care Coordination	HQR Secure Portal	Hospitals may choose to report to CMS. Data submission is available starting April 1, 2024 Deadline May 15, 2024 (CY 2023 data)	Hospitals may choose to report to CMS Submission Deadline May 15, 2025 (CY 2024 data)					MBQIP 2025 Core Measure starting with this measurement period Submission Deadline May 15, 2026 (CY 2025 data)			

MBQIP 2025 – Measures Continuing in Core Set from Prior Years

				Submission Process and Deadlines[1,2]										
Measure ID	**Description**	**MBQIP Domain**	**Reported To**	**Encounter Period**										
				Q3/ 2023 Jul - Sep	Q4 / 2023 Oct - Dec	Q1 / 2024 Jan - Mar	Q2 / 2024 Apr - Jun	Q3 / 2024 Jul - Sep	Q4 / 2024 Oct - Dec	Q1 / 2025 Jan - Mar	Q2 / 2025 Apr - Jun	Q3 / 2025 Jul - Sep	Q4 / 2025 Oct - Dec
HCP/IMM-3[3]	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	N/A	May 15, 2024 (Q4 2023 - Q1 2024 aggregate)		N/A	N/A	May 15, 2025 (Q4 2024 - Q1 2025 aggregate)		N/A	N/A	May 15, 2026 (Q4 2025 - Q1 2026 aggregate)
Antibiotic Steward-ship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2024[4] (CY 2023 data)		March 3, 2025[4] (CY 2024 data)				March 2, 2026[4] (CY 2025 data)			
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR via Vendor	January 3, 2024	April 3, 2024	July 3, 2024	October 2, 2024	January 2, 2025	April 2, 2025	July 2, 2025 anticipated	October 1, 2025 anticipated	January 7, 2026 anticipated	April 1, 2026 anticipated
EDTC[5]	Emergency Department Transfer Communica-tion	Emergency Department	Submission process directed by state Flex Program	October 31, 2023	January 31, 2024	April 30, 2024	July 31, 2024	October 31, 2024	January 31, 2025	April 30, 2025	July 31, 2025	October 31, 2025	January 31, 2026
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR via Outpatient CART/ Vendor	February 1, 2024	May 1, 2024	August 1, 2024	November 1, 2024	February 1, 2025	May 1, 2025	August 1, 2025	November 1, 2025	February 1, 2026	May 1, 2026
OP-22	Patient left without being seen	Emergency Department	HQR Secure Portal	May 15, 2024 (CY 2023 data aggregate)		May 15, 2025 (CY 2024 data aggregate)				May 15, 2026 (CY 2025 data aggregate)			

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MBQIP Quality Measure Resources

- [MBQIP 2025 Information Guide](#)

- [MBQIP Quality Reporting Guid](#)e - This guide is intended to assist in understanding the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported to the site, and how to submit those measures to the site.

- [MBQIP Submission Deadlines](#)

- [MBQIP Measures](#) - Updated table that incorporates the new MBQIP 2025 measures and includes the table of suggested additional.
-
- This entire [webpage](#) is a good resource to review

- Specific Resources related to the EDTC measure within MBQIP
    - [Webpage](#) that houses the tool that CAHs need to use to abstract the data

- [How to upload a Population and Sampling File](#) – Video link on how to Upload a Population and Sampling File to HQR

- [How to submit HCHE and SDOH data](#) - Video link on how to submit HCHE and SDOH data to HQR

- [How to submit Hybrid Measures and View Outcomes](#) - Video link on how to submit Hybrid Measures and View Outcomes to HQR

2024 MBQIP Open Office

March - MBQIP Q&A

- MBQIP Q&A - Presentation
  - Video

January - The Future of MBQIP - Are You Ready?

- The Future of MBQIP - Are You Ready? - Presentation
  - Video

Thank you!

For Questions, please reach out to:

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