

New MBQIP Core Measure Set

MICAH QN Presentation

11/9/2023

MBQIP Quality Measures Annual Report Michigan - 2022

Key Findings

Patient Safety/Inpatient Measures Ranking #1 along with 25 other reporting states

The Patient Safety/Inpatient reporting rate of 100% for Michigan in 2022 was higher than the national reporting rate of 97.1%.

Up 8.1% from 2021

Outpatient Measures Ranking #1 along with 11 other reporting states

The Outpatient reporting rate of 100% for Michigan in 2022 was higher than the national reporting rate of 89%.

Same as 2021

Patient Engagement Measures Ranking #36

The HCAHPS reporting rate of 89.2% for Michigan in 2022 was lower than the national reporting rate of 94.6%.

Up 2.7% from 2021

Care Transition Measures Ranking #35

The EDTC reporting rate of 89.2% for Michigan in 2022 was lower than the national reporting rate of 92.4%.

Down 8.1% from 2021

MBQIP Measurement Arm: Hospital and State Expectations 2024/2025

Hospital Reporting

- 12 Measures are expected to be reported.
 - 6 New Measures
 - 6 Existing Measures
- Hospital are already reporting most measures to other CMS Programs.

Proposed New MBQIP Measure Core Set

- Building from existing MBQIP measures★(Now organized by 5 measure topic areas instead of 4 "domains")
- 12 measures in total, 9 of the measures are reported once annually (* denotes annual submission)
- 3 of the measures are reported quarterly (~ denotes quarterly submission)

Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
CAH Quality Infrastructure Implementation *	Health Personnel Influenza Immunization ★ *	HCAHPS ~ ★	Hybrid All-Cause Readmissions * (required starting in 2025)	EDTC ~ ★
Hospital Commitment to Health Equity * (required CY2025)	Antibiotic Stewardship Implementation * ★		SDOH Screening * (required CY2025)	OP 18 Time from Arrival to Departure ~ ★
	Safe Use of Opioids (eCQM)*		SDOH Screening Positive* (required CY2025)	OP 22 Left without being Seen * ★

New ~ Global Measures

Hospital Commitment to Health Equity Measure

- Background – New CMS Inpatient Quality Reporting Measure
- Submission – Annual Attestation via HQR secure portal
- Description – Structural Measure to Assess Hospital Commitment to Health Equity across 5 Domains
 - Domain 1 – Equity is a Strategic Priority
 - Domain 2 – Data Collection
 - Domain 3 – Data Analysis
 - Domain 4 – Quality Improvement
 - Domain 5 – Leadership Engagement
- First Available Reporting Timeline
 - Spring 2024 – Reflecting CY2023 Activity

CAH Quality Infrastructure Implementation

- Background – New FORHP collected measure through the National CAH Quality Inventory and Assessment – Was finalized and made available to state offices on October 25 and is due on December 15.
- Submission – Annual through FMT-Administered Qualtrics platform
https://umn.qualtrics.com/jfe/form/SV_8J0Jqjek8T3s2MK

- Description – Structural measure to assess CAH quality infrastructure base on 9 core elements.

Leadership Responsibility & Accountability	Quality Embedded within the Organization's Strategic Plan	Workforce Engagement & Ownership
Culture of Continuous Improvement Through Behavior	Culture of Continuous Improvement Through Systems	Integrating Equity into Quality Practices
Engagement of Patients, Partners, and Community	Collecting Meaningful and Accurate Data	Using Data to Improve Quality

- MCRH sent access to the assessment this week along with full instructions and questions.
- It is highly recommended that you enter all of your responses in a single session. You will receive a confirmation email with your responses after you submit.
- You can expect to spend approximately 60 minutes to collect and complete the Assessment and are encouraged to submit one Assessment on behalf of your CAH with input from a variety of team members.

New ~ Patient Safety

eCQM: Safe Use of Opioids

Definition: Proportion of patients 18 and older prescribed or continued with 2 or more opioids or an opioid and benzodiazepine concurrently at discharged for a hospital-based encounter (inpatient or ED).

- Background – CMS IQR and Promoting Interoperability (PI) Program
- **Submission – Annual QRDA Category 1 File via HQR**
- Additional Information –
 - eCQM data is not currently reported on CMS Care Compare.
 - eCQM measures were included in the January 2023 Care Compare Preview Reports and released in the Provider Data Catalog.
 - It is likely that future releases will be included on Care Compare.

New ~ Care Coordination

SDOH Screening

- Background –New CMS IQR Measure
- Submission - Annual Numerator and Denominator through HQR.
- Description - Percent of patients 18 and older admitted for an inpatient stay that are screened for all of the following health related social needs: Food Insecurity, Housing Instability, Transportation Needs, Utility Difficulties, Interpersonal Safety
- First Available Reporting Timeline
 - Spring 2024 –Reflecting Patients Admitted in CY2023
- Additional Information
 - CMS is not requiring a specific screening tool to be used, but all 5 areas of HRSN must be included

Positive Screen for SDOH

- Background –NEW CMS IQR Measure
- Submission –Annual numerator and denominator submission through HQR
- Description - Screen Positive rate for social drivers of health calculated as 5 separate rates.
 - Numerator –Number that screen positive for each of the 5 HRSNs
 - Denominator –Total number of patients 18 or older screened for and HRSN
- First Available Reporting Timeline
 - Spring 2024 –Reflecting Patients Admitted in CY2023

Exclusions: The following patients would be excluded from the denominator: (1) Patients who optout of screening; and (2) patients who are themselves unable to complete the screening during their inpatient stay and have no legal guardian or caregiver able to do so on the patient's behalf during their inpatient stay.

CAH Currently Tracking SDOH

CAH

- Scheurer Hospital
- Sparrow Clinton
- Corewell Health –Gerber
- Corewell Health –Pennock
- Corewell Health –Reed City
- St. Francis Hospital
- My Michigan Medical Center Gladwin
- Sheridan Community Hospital
- McKenzie Health System
- Sparrow Ionia
- Sparrow Eaton

Collection Method

- EHR
- EHR
- EHR
- EHR
- EHR
- Other
- EHR
- EHR
- EHR
- EHR
- EHR

Screening Questions Asked

- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Housing Instability, Transportation Needs
- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety
- Food Insecurity, Housing Instability, Transportation Needs, Utility Needs, Interpersonal Safety

Survey Results

36% Response Rate

10 track SDOH; 77%

3 do not track SDOH; 23%

92% use EHR

8% use Other Methods



New ~ Care Coordination

Hybrid All-Cause Readmissions

- Background – CMS IQR Measure
- Submission – Annual, patient-level file in QRDA 1 format to HQR
- Description – Hospital-level, all-cause, risk-standardized readmission measure that focuses on unplanned readmission 30 days of discharge from an acute hospitalization.
- Next reporting deadline
 - **September 2024**
- Additional Information
 - Hybrid HWR will be publicly reported starting with the July 2023 refresh of Care Compare.
 - Replacing the claims based HWR measure.

Update to HCAHPS Measure: New Low Volume Option

The impact of this measure for some hospitals is affected by the ability to gather eligible respondents to the survey.

FORHP identified a solution to the low volume issue:

- States could identify facilities that will potentially meet the low volume threshold as defined by FORHP (definition is forthcoming)
- The HCAHPS low volume option applied to SHIP and FLEX and will be available when new MBQIP measure core set is launched for implementation.
- FORHP will be exploring other patient experience measure options that are feasible and low-cost for facilities to report in order to use data for improvement activities.

CMS is considering new options for surveying patients

- Digital Surveys
- Patient Family Member will be able to fill out and submit survey

Update to MICAHA QN Relevant Measures for MI Peer Group 5

RELEVANT MEASURES FOR MI PEER GROUP 5 CAHs November 2022								
Measure	Narrative	MBQIP	HQIC Measures	BCBSM	MICAHA Recommended	Reported to	Submission Method	Deadlines
Inpatient Measures								
Antibiotic Stewardship	Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey	X			X			
Outpatient Measures								
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	X			Retired End 3/31/23	Quality Net via Outpatient Cart/Vendor	Core Measures Vendor uploads your data to QNet or enter your data directly in the QNet CART	1Qtr - August 1 2Qtr - November 1 3 Qtr - February 4th Qtr - May 1
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Reporting Measure	X			Retired End 3/31/23			
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients - Reporting Measure	X			X	Quality Net via Outpatient Cart/Vendor	Core Measures Vendor uploads your data to QNet or enter your data directly in the QNet CART	1Qtr - August 1 2Qtr - November 1 3 Qtr - February 4th Qtr - May 1
OP -22	ED-Left Without Being Seen	X			X	Quality Net via Secure Log-In (See instructions below or Click here)	Enter your data directly into QNet Web-Based tool- Outpatient Web-Based Measures	Annually - Due May 15th Note: You are entering for the Payment Year (PY) two years ahead (i.e. entering 2018 data for PY 2020)
HCP/IMM-3 (formerly OP-27)	Influenza Vaccine Coverage Among Healthcare Personnel (NHSN)	X			X			
ED Transfer Communication (EDTC) Measures								
EDTC-1	Home Medications	X			X			
EDTC-2	Allergies and/or Reactions	X			X			
EDTC-3	Medications Administered in ED	X			X			
EDTC-4	ED Provider note	X			X			
EDTC-5	Mental Status/Orientation Assessment	X			X			
EDTC-6	Reason for Transfer and/or Plan of Care	X			X			
EDTC-7	Tests and/or Procedures Performed	X			X			
EDTC-8	Tests and/or Procedure Results	X			X			
HCAHPS Measures								
HCAHPS	Communication with Nurses	X			X			
HCAHPS	Communication with Doctors	X			X			
HCAHPS	Responsiveness of Hospital Staff	X			X			
HCAHPS	Communication about Medicines	X			X			
HCAHPS	Cleanliness of Hospital Environment	X			X			
HCAHPS	Quietness of Hospital Environment	X			X			
HCAHPS	Discharge Information	X			X			
HCAHPS	Care Transitions	X			X			
HCAHPS	Willingness to Recommend Hospital	X			X			