Medicare Rural Hospital Flexibility Grant Program

• Assist CAHs by providing funding to state governments to encourage quality and performance improvement activities.
• Ensure access to quality healthcare in rural areas.
FLEX PROGRAM 2015-2018
“Every Patient Matters”

Office of Rural Health Policy Goals

• Demonstrate value of Flex Program
• Prepare rural health for the changes and expectations ahead
• Improve the quality of care provided by CAHs
• Establish and measure outcomes consistently across the program nationally
Program Goals

• Improve the quality of healthcare provided by CAHs and other rural health care providers.
• Improve the financial and operational outcomes of CAHs.
• Population health improvement.
• Improve identification and management of time critical diagnoses and emergency systems of care.
• Support the transition to value based payment models and health care transformation.
Flex QI in Washington

Partnership with Rural Health Care Quality Network and WSHA
MBQIP success
Laying a new foundation for rural QI
Critical Access Hospitals

WSHA Rural Quality Leadership
WSHA Rural Quality Leaders Group

Columbia County Health System
Forks Community Hospital
Jefferson Healthcare
Kittitas Valley Healthcare
Mason General Hospital & Family of Clinics
Othello Community Hospital
PeaceHealth United General Hospital
Providence Mount Carmel Hospital
Pullman Regional Hospital
Quincy Valley Medical Center
Three Rivers Hospital
Whidbey General Hospital
Role

• Provide guidance in state-wide rural quality work to support best value for members and community
  • Rural input and guidance
  • Capture new innovative ideas
• Linkage to the WSHA Patient Safety Committee
• Meet bi-monthly and as needed
• Feedback on work plan
  • Technical assistance
  • Collaboratives
  • Training and development needs
MBQIP
Medicare Beneficiary Quality Improvement Project

- Improve the quality of care in CAHs across the nation
- Provide a rural appropriate system of measurement and comparison
- Learn from each other and share best practices
- Demonstrate high quality of care in CAHs
MBQIP - Benefits

• Opportunity to compare your CAH with others across the nation in a more timely manner
• Improves the CAH capacity to meet future QI targets that are tied to reimbursement
• HIT “meaningful use” will require ALL hospitals to report on selected quality measures to qualify for the reimbursement incentives
• Greater opportunity to share “best practices” sooner
• Your CAH can participate in other Flex activities
Phase One – Inpatient Metrics

- Pneumonia: CMS Hospital Compare Core Measure (participate in all sub-measures)
- PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital
- PN-6b: Initial Antibiotic Selection for CAP in Immunocompetent Patient
- Congestive Heart Failure: CMS Hospital Compare Core Measure
- HF-1: Discharge Instructions
- HF-2: Evaluation of LVS Function
- HF-3: ACEI or ARB for LVSD
# MBQIP – Inpatient Metrics

<table>
<thead>
<tr>
<th>State: WA</th>
<th>MBQIP Quality Measures</th>
<th>Your State Performance by Quarter</th>
<th>Aggregate Rate For All Four Quarters</th>
<th>State Average Current Quarter</th>
<th>National Average Current Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>3Q13</td>
<td>4Q13</td>
<td>1Q14</td>
<td>2Q14</td>
</tr>
<tr>
<td>Heart Failure (HF)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HF-1</td>
<td>Discharge Instructions</td>
<td>69%</td>
<td>78%</td>
<td>87%</td>
<td>82%</td>
</tr>
<tr>
<td>HF-2</td>
<td>Evaluation of LVS Function</td>
<td>92%</td>
<td>96%</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>HF-3</td>
<td>ACEI or ARB for LVSD</td>
<td>87%</td>
<td>85%</td>
<td>94%</td>
<td>83%</td>
</tr>
<tr>
<td>Pneumonia (PN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PN-3b</td>
<td>Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in State</td>
<td>96%</td>
<td>96%</td>
<td>95%</td>
<td>93%</td>
</tr>
<tr>
<td>PN-6</td>
<td>Initial Antibiotic Selection for CAP in Immunocompetent Patient</td>
<td>91%</td>
<td>89%</td>
<td>93%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Phase Two MBQIP – Outpatient Metrics

Outpatient 1-7: Hospital Compare CMS Measure

- **OP-1**: Median Time to Fibrinolysis in the ED
- **OP-2**: Fibrinolytic Therapy Received Within 30 Minutes of Arrival in the Emergency Department
- **OP-3**: Median Time to Transfer to another Facility for Acute Coronary Intervention in the ED
- **OP-4**: Aspirin at Arrival in the Emergency Department
- **OP-5**: Median Time to ECG in the ED
- **OP-6**: Timing of Antibiotic Prophylaxis (Propylactic ABX Initiated Within One Hour Prior to Surgical Incision)
- **OP-7**: Propylactic Antibiotic Selection for Surgical Patients

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
# MBQIP – Outpatient Metrics

## AMI Cardiac Care

<table>
<thead>
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<th>MBQIP Quality Measures</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>OP-1</strong> Median Time to Fibrinolysis</td>
<td>32 Minutes based on 20 patients</td>
<td>36 Minutes based on 2 patients</td>
<td>31 Minutes based on 5 patients</td>
<td>31 Minutes</td>
</tr>
<tr>
<td></td>
<td>38 Minutes based on 12 patients</td>
<td>36 Minutes based on 2 patients</td>
<td>32 Minutes based on 39 patients</td>
<td>31 Minutes</td>
</tr>
<tr>
<td><strong>OP-2</strong> Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival</td>
<td>45% of 20 patients</td>
<td>50% of 2 patients</td>
<td>40% of 5 patients</td>
<td>44% of 39 patients</td>
</tr>
<tr>
<td><strong>OP-3</strong> Median Time to Transfer to Another Facility for Acute Coronary Intervention</td>
<td>62 Minutes based on 22 patients</td>
<td>66 Minutes based on 13 patients</td>
<td>60 Minutes based on 73 patients</td>
<td>56 Minutes</td>
</tr>
<tr>
<td><strong>OP-4</strong> Aspirin at Arrival</td>
<td>96% of 194 patients</td>
<td>96% of 148 patients</td>
<td>96% of 138 patients</td>
<td>96% of 621 patients</td>
</tr>
<tr>
<td><strong>OP-5</strong> Median Time to ECG</td>
<td>8 Minutes based on 201 patients</td>
<td>8 Minutes based on 143 patients</td>
<td>8 Minutes based on 845 patients</td>
<td>8 Minutes</td>
</tr>
</tbody>
</table>

## Surgical Care

<table>
<thead>
<tr>
<th>MBQIP Quality Measures</th>
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<th>National Average Current Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OP-6</strong> Timing of Antibiotic Prophylaxis</td>
<td>93% of 48 patients</td>
<td>92% of 25 patients</td>
<td>98% of 26 patients</td>
<td>97% of 160 patients</td>
</tr>
<tr>
<td><strong>OP-7</strong> Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>94% of 52 patients</td>
<td>97% of 31 patients</td>
<td>98% of 186 patients</td>
<td>100%</td>
</tr>
</tbody>
</table>
Phase 3 MBQIP*

Emergency Department Transfer Communication (EDTC)
7 sub-measures; 27 data elements
- **EDTC-1**: Administrative Communication
- **EDTC-2**: Patient Information
- **EDTC-3**: Vital Signs
- **EDTC-4**: Medication Information
- **EDTC-5**: Physician or practitioner generated information
- **EDTC-6**: Nurse generated information
- **EDTC-7**: Procedures and Tests

CPOE
*Reported to state Flex program and FORHP*
MBQIP 2015-2018

4 Domains:

• Patient Safety
• Patient Engagement
• Care Transitions
• Outpatient Care
Required MBQIP Activities

Assist CAHs in implementing QI activities to improve patient outcomes

1. Improve patient safety in CAHs and the community by ensuring all health care providers and eligible patient populations receive their influenza vaccinations.

2. Improve the patient experience of care through use of the Hospital Consumer Assessment of Healthcare Providers and Systems survey
Required MBQIP Activities

3. Improve the transitions of care from the CAH to other healthcare settings in order to improve patient outcomes.

4. Improve the care provided in CAH outpatient settings in order to improve patient outcomes.

5. **Assist CAHs to consistently publicly report data on all required measures**
Optional Activities

Improve patient safety and health outcomes in CAHs through other measures. Specific areas of focus may include:

- Healthcare Acquired Infections (HAI)
- Stroke Care
- Venous Thromboembolism (VTE)
- Pneumonia Care
- Surgical Care

- Perinatal Care
- Falls
- Adverse Drug Events (ADE)
- Reducing Readmissions
- Patient Safety Culture Survey
MBQIP Measures September 2015*

- **HCP / OP-27**: Influenza vaccination coverage among healthcare personnel (*Facilities report a single rate for inpatient and outpatient settings*)

- **IMM-2**: Influenza Immunization

*HCAHPS

*ED Transfer Communication

*Important!* CAHs must report MBQIP measures to receive any Flex or SHIP support
MBQIP Measures September 2015*

Outpatient

★ **OP-1**: Median time to Fibrinolysis
★ **OP-2**: Fibrinolytic Therapy Received within 30 minutes
★ **OP-3**: Median Time to Transfer to another Facility for Acute Coronary Intervention
★ **OP-5**: Median time to ECG
  - **OP-20**: Door to diagnostic evaluation by a qualified medical professional
  - **OP-21**: Median time to pain management for long bone fracture
  - **OP-22**: Patient left without being seen

*Important! CAHs must report MBQIP measures to receive any Flex or SHIP support*
Support – MBQIP

• Training and technical assistance on MBQIP reporting to all CAHs

• Assistance to QI directors with identifying and implementing QI projects to improve performance on MBQIP measures.

• Track CAH improvement on MBQIP measures.

• Monthly MBQIP calls for sharing challenges and best practices.

• Susan Rivera-Lee WSHA Consultant - svrlee@icloud.com
Support – Training and Development

• Quality improvement (QI) leadership

• Comprehensive QI basics course for new CAH QI directors

• Lead 2 multi-hospital QI collaborative specifically for CAHS, at least one related to MBQIP measures

• QI networking and best practice sharing meetings
Questions?
Focus 2015

- OP-3 Median time to transfer
- ED Transfer data
- CPOE until 8/31/15
- HCAHPS jumpstart
- Survey to see where we’re at
- Susan’s visits
- MBQIP calls
• Kim Kelley, DOH kim.kelley@doh.wa.gov or 360-236-2807
• Amber Theel, Executive Director Patient Safety ambert@wsha.org or 206-577-1820
• Susan Rivera-Lee, Consultant WSHA svrlee@icloud.com or 360-791-3505