

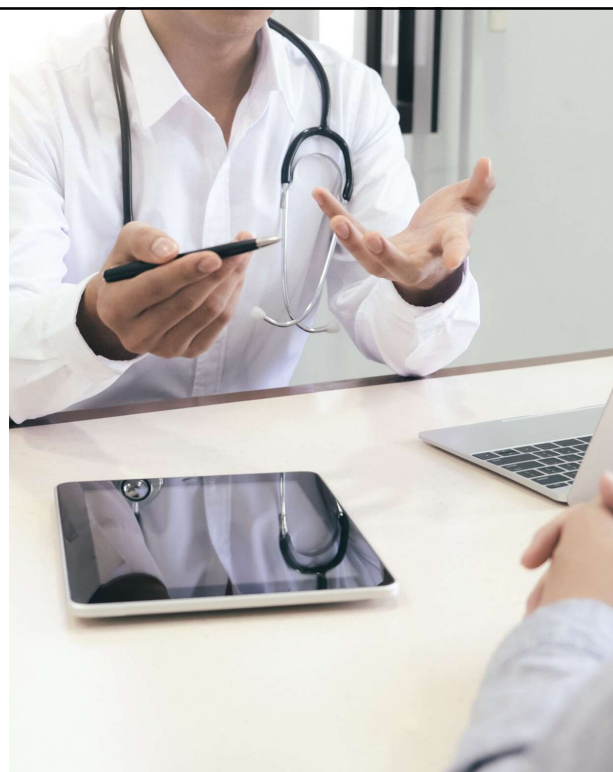


Reducing the Burden of MBQIP Participation: A Pilot and Case Study with Nebraska CAHs

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Presenters



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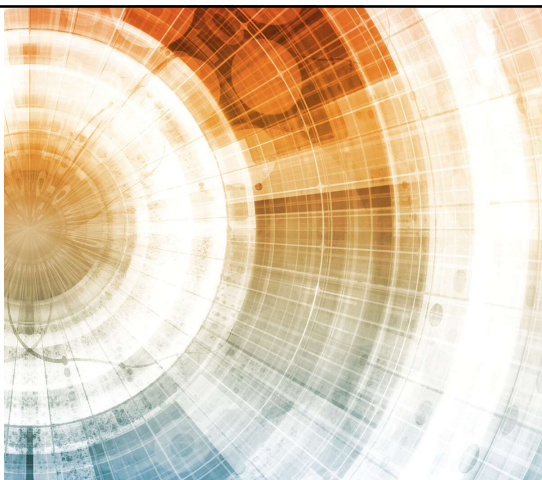
Kari Majors

Director of Grants and
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Renee Towne

Director of Quality Programs,
KPI Ninja



Objectives

DEFINE

...the Medicare Beneficiary Quality Improvement Program (MBQIP) and partnership drivers for program participation improvement

EXPLAIN

...the process of discovery, documentation and resources used to identify, aggregate, report and analyze quality results

DISCUSS

...emerging capabilities that leverage disparate data sources into a single view to produce insights into quality programs and initiatives while reducing the burden of participation

MBQIP Overview

- MBQIP is a quality improvement activity under the Medicare Rural Hospital Flexibility (Flex) grant program of the Health Resources and Services Administration's Federal Office of Rural Health Policy
- Goal is to improve the quality of care provided in critical access hospitals (CAHs) by increasing quality data reporting by CAHs and then driving quality improvement activities based on the data





MBQIP Overview

Provides an opportunity for individual CAHs to:

- 1** Look at their own data with other hospitals in the state around quality improvement initiatives to improve outcomes
 - 2** Provide the highest quality care to each and every one of their patients
 - 3** Measure their outcomes against other CAHs
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 Pilot with three Nebraska CAHs in 2019, including Saunders Medical Center

 Participating agencies included Nebraska State Office of Rural Health, NEHII and KPI Ninja

 Goal: Improve MBQIP reporting and efficiency through data and report automation to reduce the burden

**Project
Overview**

PILOT PARTNERS



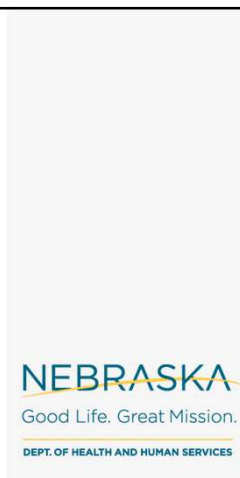
Nebraska State Office
of Rural Health

NEHII

KPI Ninja

Saunders Medical
Center

- Mission is to define and promote the development of a health care system that assures the availability and accessibility of quality health care services to meet the needs of people living in rural Nebraska
- Programs and activities are designed to assist rural Nebraskans in receiving high-quality health care through: recruitment and retention, hospital maintenance, community planning, health care networks and cooperative ventures, identifying community leaders, developing leadership skills and having an information clearinghouse



**Nebraska State Office
of Rural Health**

- Medicare Rural Hospital Flexibility Program (FLEX) is one of Nebraska SORH's programs
- SORH's previous recruitment of CAHs for MBQIP participation has been challenging as the program
 - Is voluntary and
 - Has traditionally taken extensive amounts of resources to report



Nebraska State Office of Rural Health

- Mission: Provide Nebraska and the region with a platform for the aggregation of health information to facilitate quality, safety and value in healthcare delivery
- Vision: Enable a healthier Nebraska and region through the availability of health information needed to facilitate quality, safety and value in the population's health
- Non-profit, neutral collaborator, convener of the healthcare ecosystem
- Designated statewide information exchange, integrator and HISP
- Population Health Utility



Nebraska Health Information Initiative

Quality value-adds:

- MBQIP
- CPC+
- QCDR for MIPS
- Chronic disease management
- Readmission dashboards
- HEDIS care gap reporting (NCQA-certified measures)



**Nebraska Health
Information Initiative**

- Healthcare technology company primarily focused on data analytics
- Analytics as a service
 - Ninja Universe (tech platform) + Ninja Advisors (analytics advisors)
- Passionate toward improving the outcomes that matter to organizations and patients
- Big data-driven; one-stop solution for analytics needs



KPI Ninja

- Mission: To improve the health of the people of Saunders County and beyond by providing convenient and timely access to high-quality comprehensive care with exceptional service and compassion
- 16-bed CAH located in Wahoo
- Served as one of three pilot sites for this project



Saunders Medical Center

PILOT PHASES



Discovery
Design
Implementation

Discovery Phase

IDENTIFY

- MBQIP measures reported
- Electronic Health Record (EHR) used by the pilot site and understand its capabilities for data extraction

UNDERSTAND

- Pattern of work completed by care team members and the degree of variability within documentation processes
- Team members' roles and level of proficiency with reporting tasks

EXAMINE

- Inputs needed, steps performed and timing of resources in the reporting process

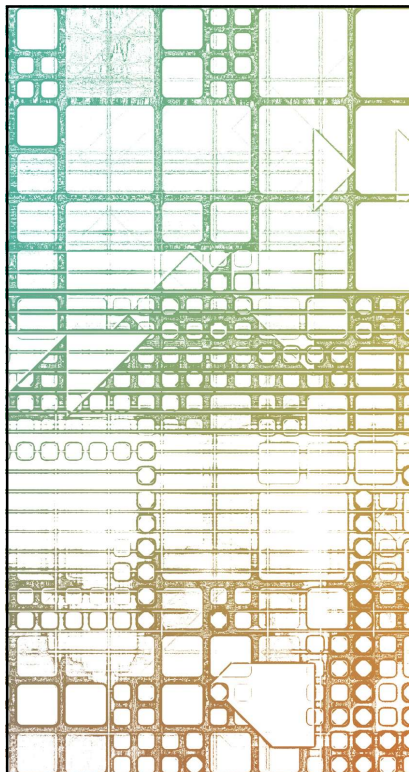
PROVIDE

- The VPN access and data integration form to the pilot site IT team



- Collect current MBQIP quality specifications
- Build measures in reports and scorecard
- Creation of quarterly reports and scorecard highlighting:
 - Numerator/denominator
 - Benchmarking
 - Categories
 - Quarterly trends for ease of interpretation and use for reporting and to drive improvements

Design Phase



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- Extract preliminary data
 - Identify data gaps
 - Improve documentation gaps
 - Validate data accuracy
 - Conduct ongoing monitoring and validation as gaps close
 - Review and validate reports

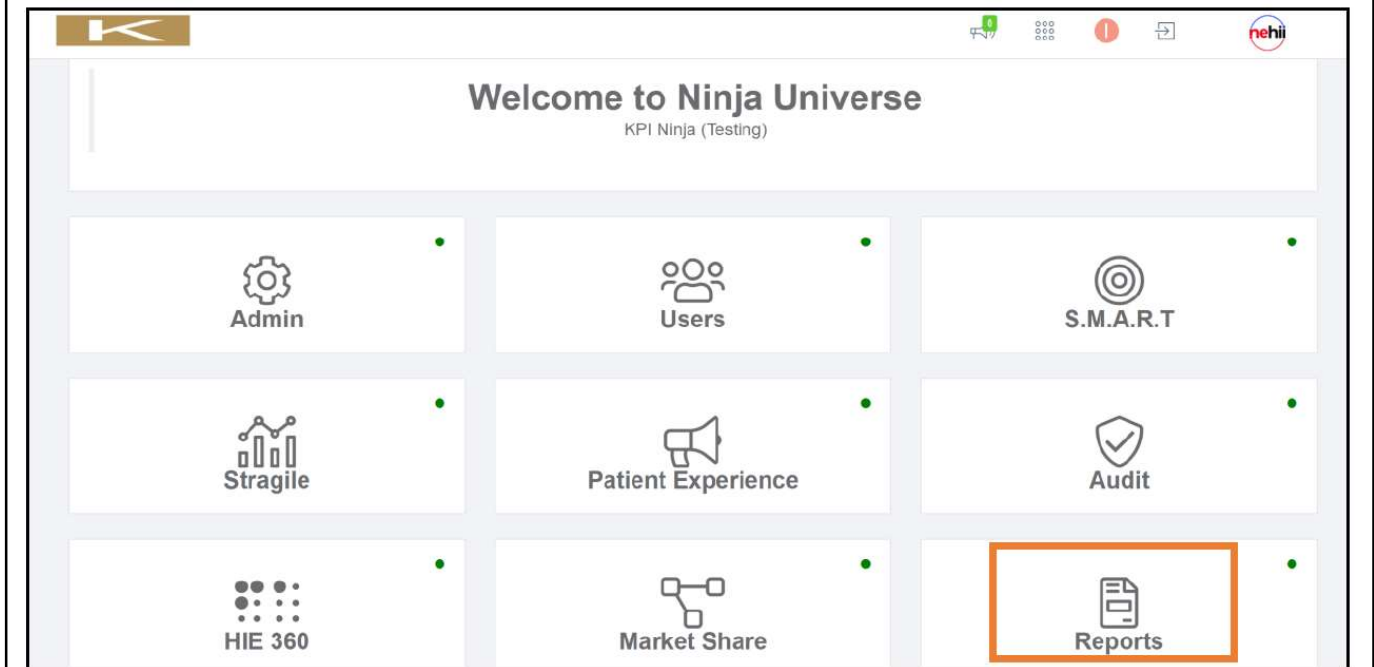
Implementation Phase

MBQIP SCORE CARD



Reports module
Score card example

Reports Module



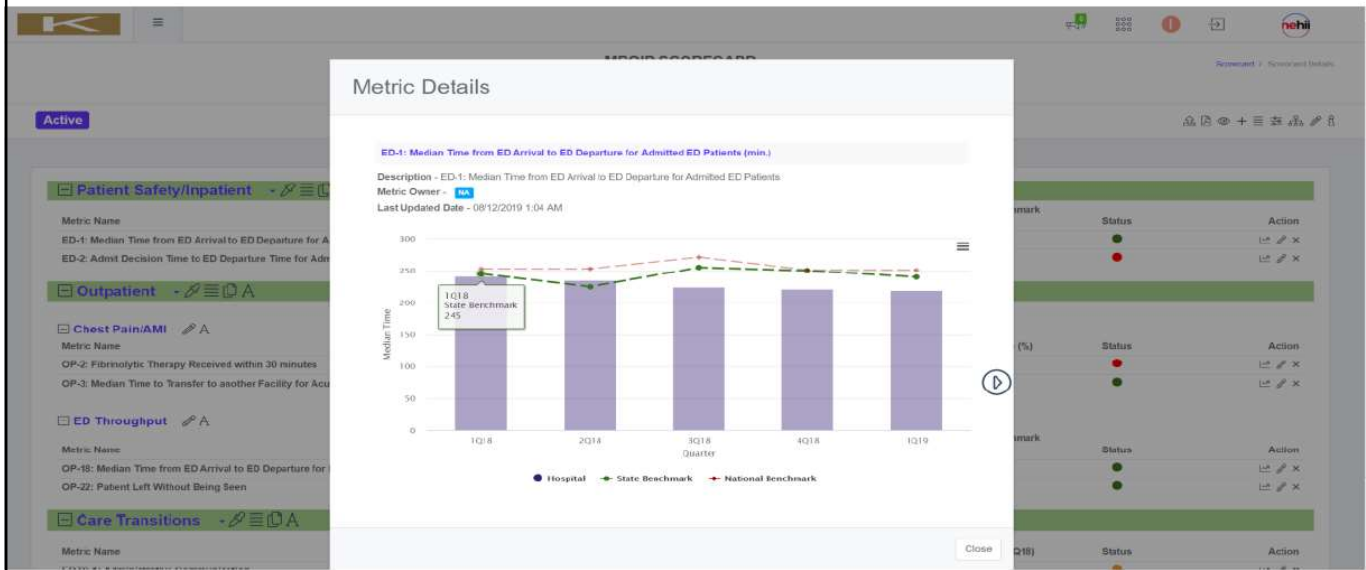
Score Card Example

2019Q1

Active

Metric Name	2019Q1	State Benchmark (3Q18)	National Benchmark (3Q18)	Status	Action
Patient Safety/Inpatient					
ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients (min.)	220	240	251	Green	⌵ ⌶ ⌵
ED-2: Admit Decision Time to ED Departure Time for Admitted Patients (min)	86	85	83	Red	⌵ ⌶ ⌵
Outpatient					
Chest Pain/AMI					
OP-3: Fibrinolytic Therapy Received within 30 minutes	65%	99.3%	59%	Red	⌵ ⌶ ⌵
OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention (min.)	30	31	61	Green	⌵ ⌶ ⌵
ED Throughput					
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	85	90	134	Green	⌵ ⌶ ⌵
OP-22: Patient Left Without Being Seen	2%	3%	4.5%	Green	⌵ ⌶ ⌵
Care Transitions					
EDTC-1: Administrative Communication	96%	96%	96%	Yellow	⌵ ⌶ ⌵
EDTC-2: Patient Information	93%	96%	96%	Red	⌵ ⌶ ⌵
EDTC-3: Vital Signs	94%	94%	94%	Yellow	⌵ ⌶ ⌵
EDTC-4: Medication Information	95%	92%	94%	Green	⌵ ⌶ ⌵
EDTC-5: Physician or Practitioner Generated Information	92%	92%	95%	Yellow	⌵ ⌶ ⌵
EDTC-6: Nurse Generated Information	85%	85%	91%	Yellow	⌵ ⌶ ⌵
EDTC-7: Procedures and Tests	97%	96%	97%	Green	⌵ ⌶ ⌵
All EDTC	75%	72%	83%	Green	⌵ ⌶ ⌵

Score Card Example



SAUNDERS CASE STUDY



Pre-intervention state
Current state
Next steps

Barriers



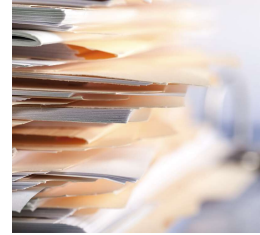
Large patient data extraction by multiple team members (limited consistency); 120 hours of manual data extraction annually



3+ month lagging performance data



Limited ability to "see" trend performance



Quality staff validating all tools prior to data entry

Pre-intervention state



Manually having to identify if a patient was a direct admit, SNF or came from the ED (to be aligned with measure specs)



Delay in performance monitoring/reporting secondary to the need for coding process to be completed at the end of each month



Higher risk for manual entry error



Increased delay due to billing department having to run necessary reports

Pre-intervention state

Current state

- 100% extraction automation success
- Currently receiving quarterly reports for submission
- Provisioning for dashboard scorecard underway
- Integration of real-time information into standard management and improvement processes
- Leveraging increased to use time for other value-add work

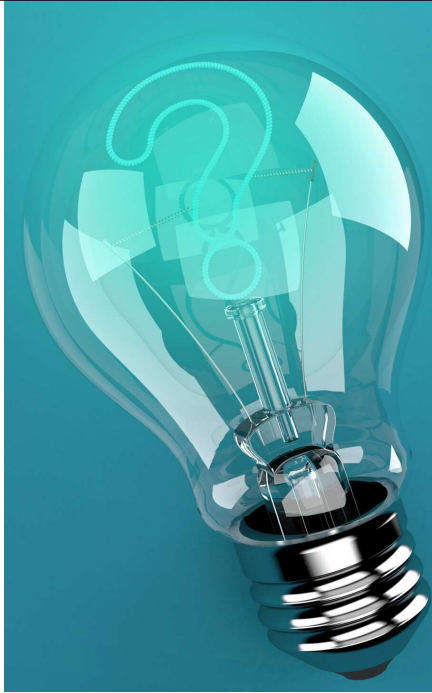

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Exploring and seeking funding for scaling to other CAHs



NEXT STEPS

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Q&A