

The Medicare Beneficiary Quality Improvement Project (MBQIP)

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**NAHQRS MEETING
AUGUST 5, 2011**

Outline

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- **What is the purpose of the MBQIP?**
- **What are the measures that must be reported?**
- **What are the benefits of participation?**
- **How can my hospital be part of this project?**

What is the Purpose of the MBQIP?

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- To improve the quality of care in CAHs across the nation
- To provide a rural appropriate system of measurement and comparison
- To learn from each other and share best practices
- Opportunity to demonstrate high quality of care in CAHs

Opportunity

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- **Nebraska CAH rankings on inpatient Hospital Compare increased for about 60 percent of the indicators between 2007-2009**
- **Findings from the July 6, 2011 *JAMA* article**
 - Compared with non-CAHs, CAHs had fewer clinical capabilities, worse measured processes of care, and higher mortality rates for patients with pneumonia, CHF, or AMI
 - Engaging in the process of collecting and reporting data is an important step toward developing an internal quality improvement strategy

MBQIP is not meant to ...

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- **Replace present valuable projects**
- **Add additional burden on CAHs**

What are the Key Measures in Each Phase?

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Phase I – Begins in September, 2011

- All Hospital Compare sub-measures of pneumonia that apply
- All Hospital Compare sub-measures of heart failure that apply

Measures (continued)

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Phase II – Begins in September, 2012

- All outpatient Hospital Compare measures that apply
 - Median time to transfer to another facility for acute coronary care
 - Aspirin on arrival
 - Median time to ECG
- HCAHPS

Measures (continued)

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Phase III – Begins in September, 2013

- **Pharmacist verification of medication orders within 24 hours**
- **Outpatient emergency department transfer communication (e.g., ...)**
 - Patient identification
 - Vital signs
 - Medication-related information
 - Procedures and tests

What are the Benefits of Participation?

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- Provides an opportunity to compare your CAH with others across the nation in a more timely manner
- Fulfills the QI project requirement for the CAH network
- Improves the CAH capacity to meet future QI targets that are tied to reimbursement

Benefits (continued)

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- 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

Response of CAHs

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- **61 CAHs have agreed to participate in the project**
- **Over 700 CAHs nationally are expected to participate**

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